

PM 9-14-87

9/23/87

9-15-87  
1 pm  
Well pump inspection

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 41708

A 32478

DISTRICT 5th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

**INDEXED**

DATE 9/09/87

DATE SYSTEM APPROVED 9/23/87

INSPECTOR C. W. [Signature]

05-396301

Pucillo Builders IS PERMITTED TO INSTALL  ALTER

ADDRESS 12101 Duckett Lane, Laurel, Maryland 20708 PHONE 262-1435

SUBDIVISION Lime Kiln Valley ROAD 12755 Lime Kiln Road LOT 9

PROPERTY OWNER Edward & Christy Enrico

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

209  
5 (625) ft  
125.4 ft trench

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 209 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Beginning from left front lot corner, place the distribution box 210 feet down left lot line and 270 feet off the left (431.94') lot line as seen when facing lot from Lime Kiln Road. Run the 1st trench along contour toward right lot line (470.99') lot line and any additional trenches towards the right and left lot lines as seen when facing lot from Lime Kiln Road.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Sid Abel DATE 2/24/87

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

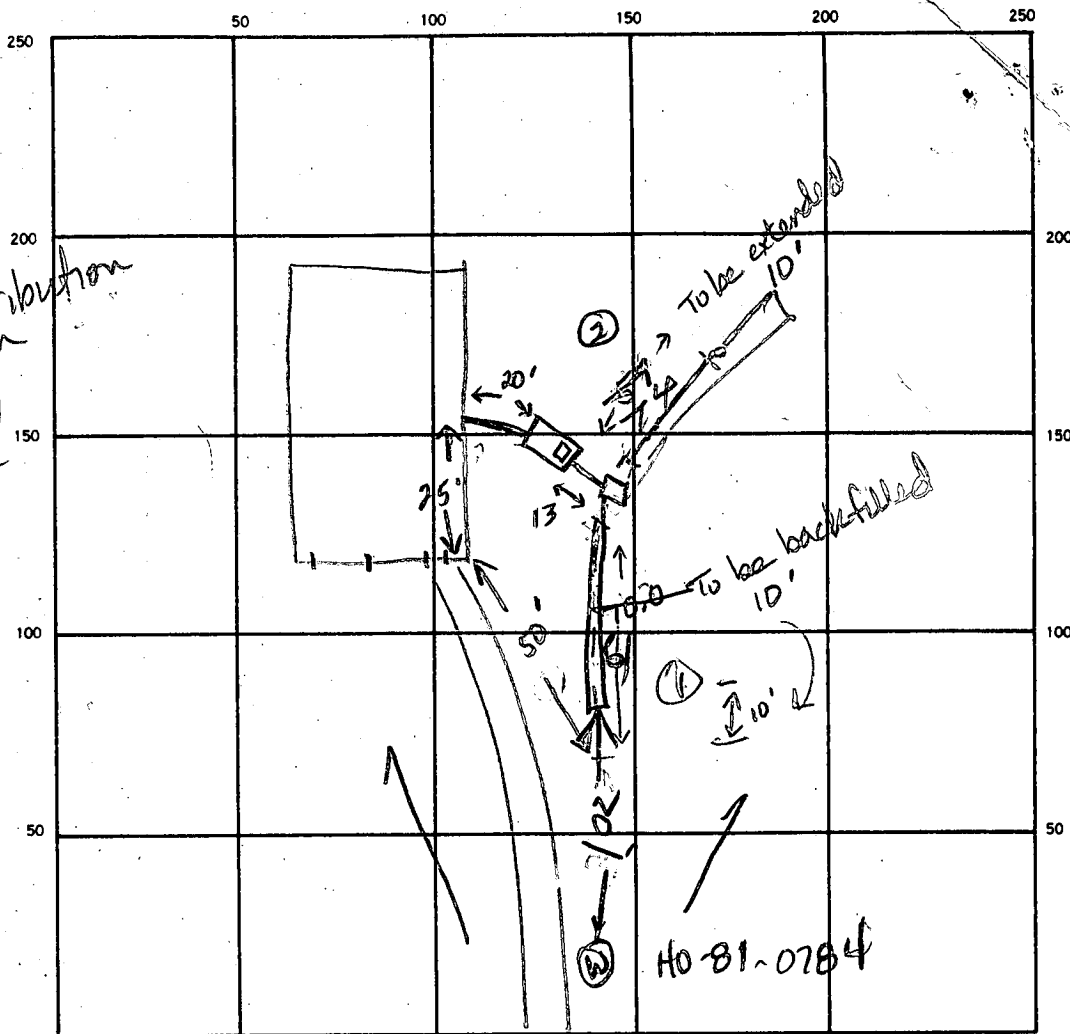
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 32478

Return plastic gasket for distribution box on 9-15-87 @ 1 pm



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Lime Kiln Drive

SEPTIC TANK LEVEL 1500 gal CLEANOUTS Manhole on tank

DISTRIBUTION BOX LEVEL OK, plastic gaskets used to level pipes into trenches

DRAIN FIELD/TILE FIELD DEPTH 9.5 9.0 FT. TRENCH WIDTH 2/2 FT. INLET DEPTH \_\_\_\_\_ FT.

EFFECTIVE GRAVEL DEPTH 5.5 5 FT. TOTAL LENGTH 57 70 FT.

NUMBER OF TRENCHES	<u>2</u>	ONE SIDEWALL/BOTTOM AREA	<u>395 370</u>	SQ. FT.	<u>70.5 627</u>
--------------------	----------	--------------------------	----------------	---------	-----------------

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 9-14-87 OK to add stone pipe & paper to trenches.  
OK to cover lower end on septic tank to dist. box. Backfill trench 1 ten feet at end closest to well. Extend trench 2 ten feet more. VEN 9/15/87 TRENCH MEASUREMENTS CHANGED TO KEEP FROM WELL. FINISH ADDING STONE TO TRENCHES RH  
9/15/87 COVER TRENCHES CALL FOR INSPECTION OF HOUSE WORK  
9/23/87 converted  
 DATE SYSTEM APPROVED 9/23/87 INSPECTOR C. Miller

C1

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32478  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE February 7, 1983

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

EDWARD V CHRISTY ENRICO

PROPERTY OWNER Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE HOME 490 6670  
Ellicott City, Md. 21043 (301) 465-6105  
WORK 1-710 1570

PROPERTY LOCATION: 12755

SUBDIVISION Child's Lime Kiln Valley LOT NO. 9  
12755

ROAD AND DESCRIPTION Brown Bridge Road at Lime Kiln ROAD

SIZE OF LOT 4.064 TYPE BLDG. N/A  
4.008 Acres (NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Edward Christy Enrico  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_

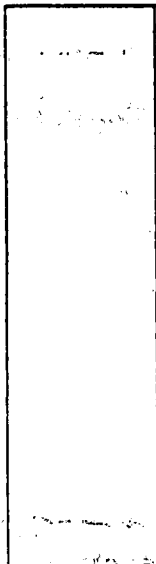
**BIDG. PERMIT SIGNED  
AND RETURNED**  
DATE 2/24/87

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 3/10/83 - PERC OK HOLD FOR MAT RIT

# THIS IS NOT A PERMIT

SOIL PROFILE




0  
 3  
 (8)  
 RED CLAY  
 RED BROWN SANDY LOAM  
 12 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST: 1" DROP		TIME
			START	STOP	START	STOP	
3/9/82	91V	12 1/2	LOOKS OK				

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_

ALSO PRESENT \_\_\_\_\_

# APPLICATION

A 32478

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STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

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Ellicott City, Md. 21043

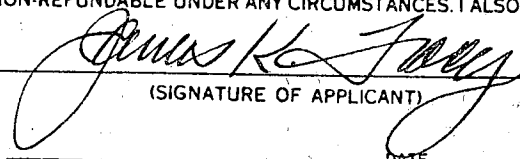
PROPERTY LOCATION:

SUBDIVISION Child's Limekiln Valley LOT NO. 9

ROAD AND DESCRIPTION Brown Bridge Road at Lime Kiln

SIZE OF LOT ~~4.008~~ <sup>4.064</sup> Acres TYPE BLDG. N/A  
(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

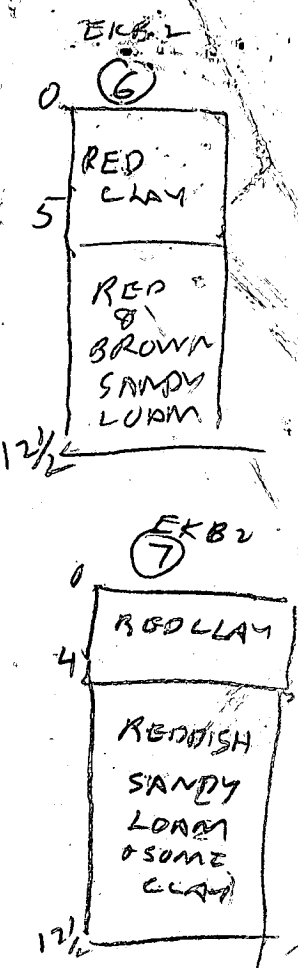
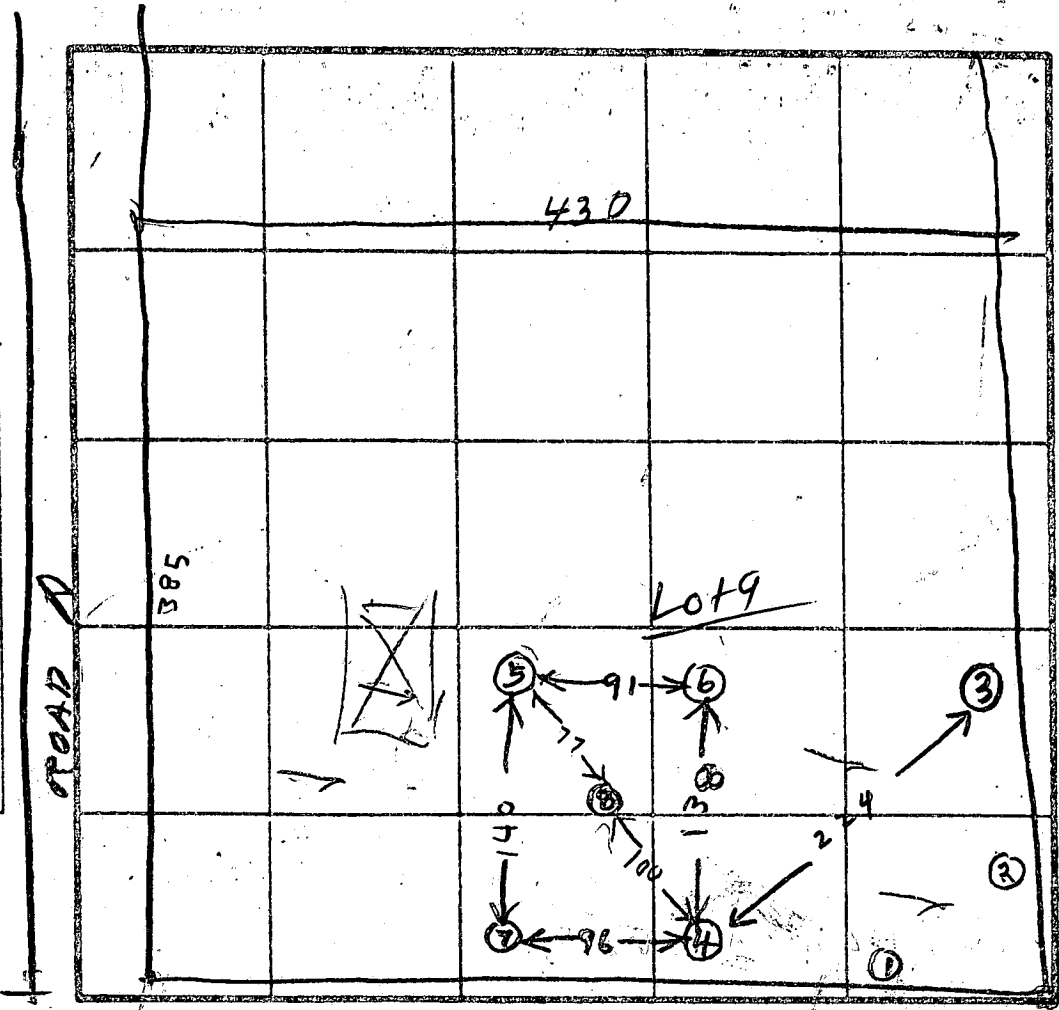
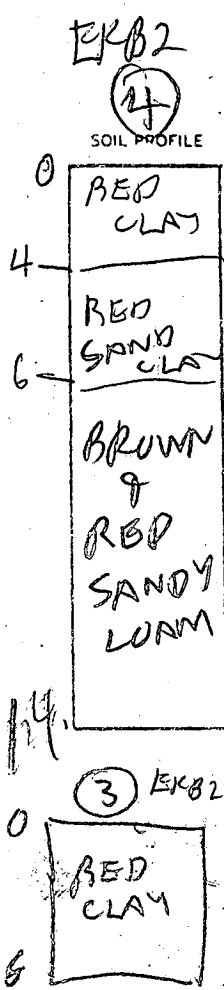
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

Lot 9



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/83	1 & 2	SEE REMARKS					
3/19/83	(35)	6	1051	1121	little per	SLOW	
	4 D	10	1055	1059	1059	1110	11
	4 S	4 1/2	1056	1107	1107	1118	11
	4 V	14	LOOKS OK		SEE SOIL PROFILE		
3/19/83	5 S	4 1/2	249	257	257	319	23
	5 D	8 1/2	249	257	257	305	8
	5 V	12 1/2	LOOKS OK				
	6 S	5 1/2	253	320	320	retained slow	
	6 D	9	253	357	357	302	5
	6 V	13	LOOKS OK				
	7 S	4 1/2	308	323	323	350	29
	7 D	8	308	323	323	352	29
3/19/83	7 V	12 1/2	LOOKS OK		see soil profile		
	6 M	6 1/2	33	340	340	350	10

HOLE ELEVATIONS

(5) HIGHEST  
 (2) NEXT HIGH  
 (4)(6)(3) NEXT LOW  
 (1)(7) LOWEST

SEE SOIL PROFILE

max depth 4 ft  
 36 min

3/17/83 Observed 2 here Holes on this lot but did not have time to test. Both holes were 13 ft deep & dry. Both holes had 5 to 6 FT of clay soil near top which may not pass & 6-7 FT of S body loam near bottom which would pass.

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

10' x 30' REVERTIBLE GRADING EASEMENT

TEMPORARY TYPE 'A' BARRICADE HO. CO. STD. DETAIL R-5.05

BUILDING ROAD

BUILDING

HOUSE

RESTRICTION

DRAINAGE AND UTILITY EASEMENT

LOT #9  
4.008 AC

LOT #10  
10.338 AC

LIMIT OF SUBMISSION

APPROXIMATE 100 YR. FLOODPLAIN

MIRB?

Fig 2

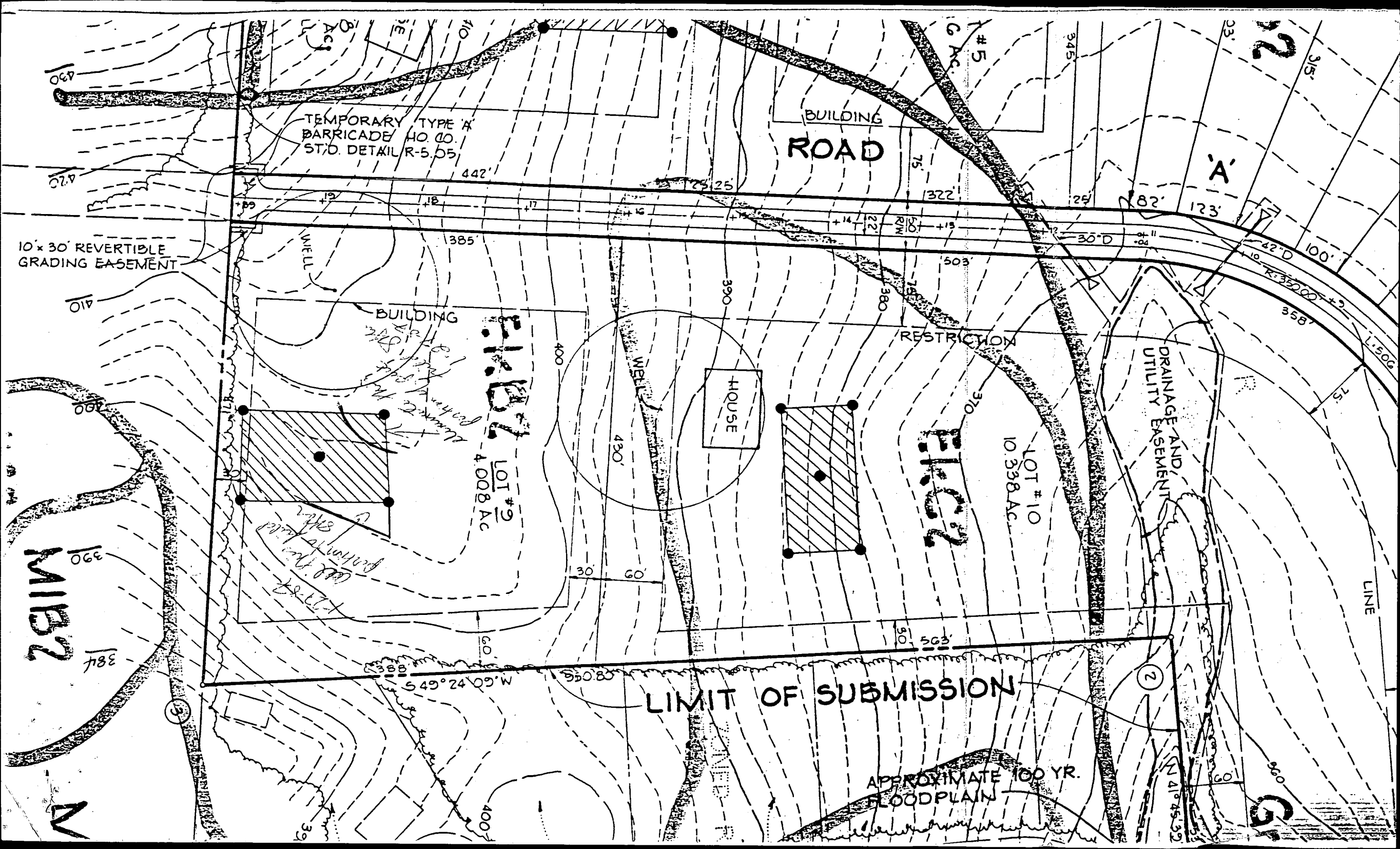
2

A

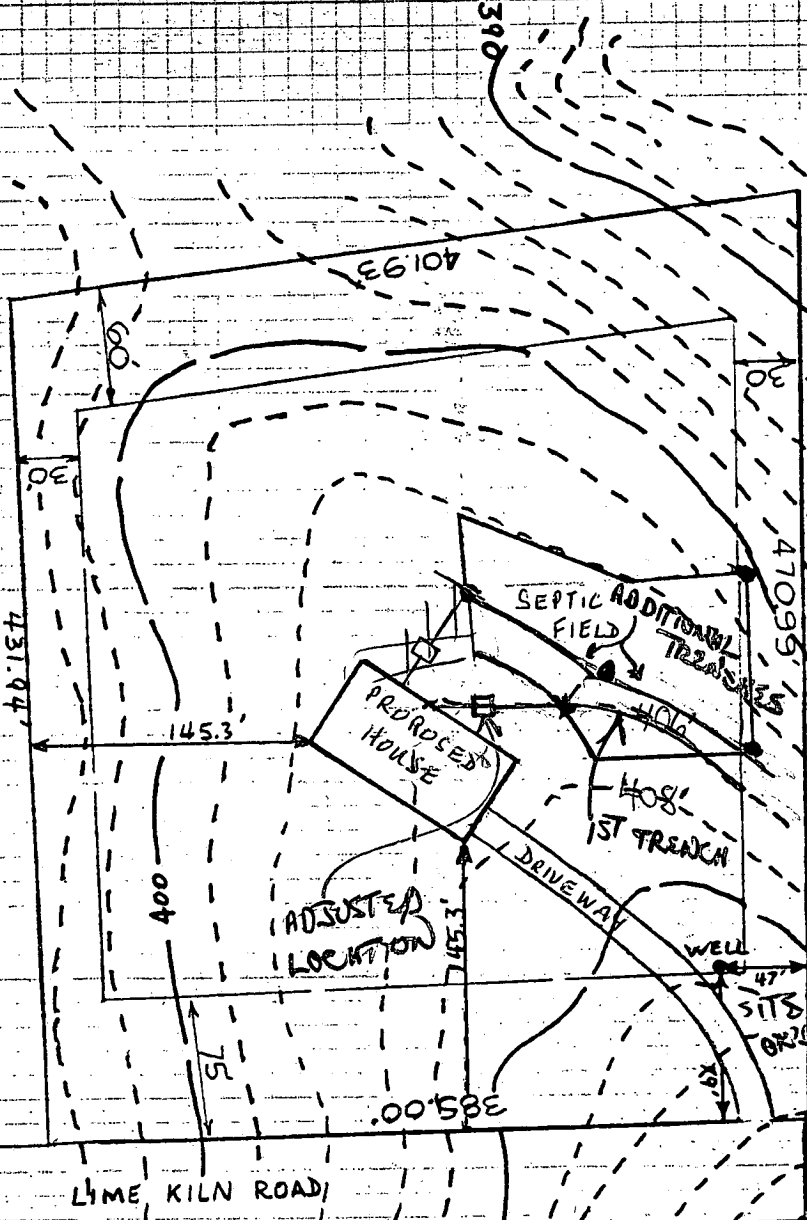
LINE

A

G



12755 LIME KILN ROAD



2/24/87  
 called Mr. [unclear]  
 w/ changes to original  
 elev + to inlet into  
 trenches  
 ALL DONE OK ✓  
 CHANGE TO 406'

- ORIGINAL ELEV. AT TIME OF PERC 405'
- EXISTING ELEV. 405'
- (4' BELOW) CHANGE TO 402.75
- TRENCHES
- INLET ELEVATION 402.75
- INVERT OUT OF SEPTIC TANK 403.5
- INVERT INTO SEPTIC TANK 403.7
- INVERT OUT OF HOUSE 404.0
- 1ST FLOOR ELEVATION 406.0
- BASEMENT ELEVATION 398.0
- WATER WELL EXIST. ELEV. 410.0'

BLDG. PERMIT SIGNED  
 AND RETURNED Bed Room  
 2/24/87

SCALE

1 BLOCK = 12.368' OR 1" = 100'  
 HOUSE DIMENSIONS 93' BY 48' (AT LEAST 4' BEDROOMS)  
 1" = 100'  
 4.064 ACRES

2/24/87 THIS REPRESENTS  
 ADJUSTMENT TO ORIGINAL  
 PERC FIELD. OK'D BY  
 S. ABEL  
 HOWEVER, LOCATION OF  
 SEPTIC TANK / PIPE INTO  
 SEPTIC FIELD  
 UNACCEPTABLE. START  
 AT 406' LINE

B 1 **5191** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

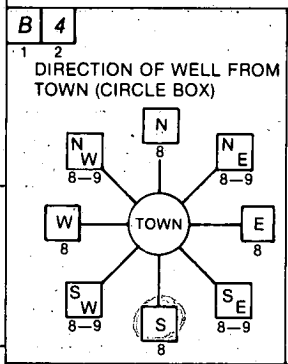
STATE OF MARYLAND  
 PERMIT TO DRILL WELL *ZMA*  
 please print or type

OEP PERMIT NUMBER  
**40-81-0784**  
 fill in this form completely

Date Received, *12/18/84*  
**709089**  
 OWNER INFORMATION  
**ENRICO EDWARD** Owner First Name  
**6**  
**704 BALTIMORE RD** Street or RFD  
**ROCKVILLE** Town **MD 20850** State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**LIME KILN VALLEY** SUBDIVISION  
 SECTION **9** LOT **9**  
**HIGHLAND** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
*Ralph Mayne*  
 Driller's Name **273** License No. 80  
*Ralph Mayne (well Driller)*  
 Firm Name  
*120 Brown Church Rd. Mt. Airy*  
 Address  
*Ralph Mayne* *10/27/84*  
 Signature Date



**Lime Kiln Rd.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH [ ] WEST [ ] EAST [ ] SOUTH [ ]  
 DISTANCE FROM ROAD **150** FEET  
 ENTER FT or MI

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

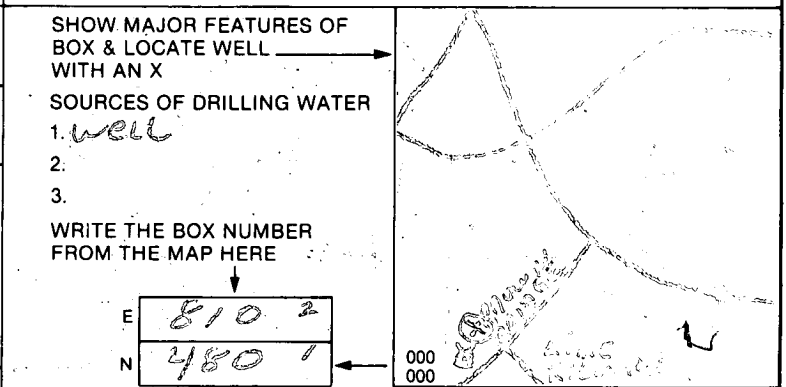
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
 OEP SIGNATURE \_\_\_\_\_ COUNTY NO. \_\_\_\_\_  
 DATE ISSUED **11 07 84** STATE HEALTH INSERT S  
 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 NORTH GRID **4810'0"** EAST GRID **081200'0"**

APPROXIMATE DEPTH OF WELL **150** FEET

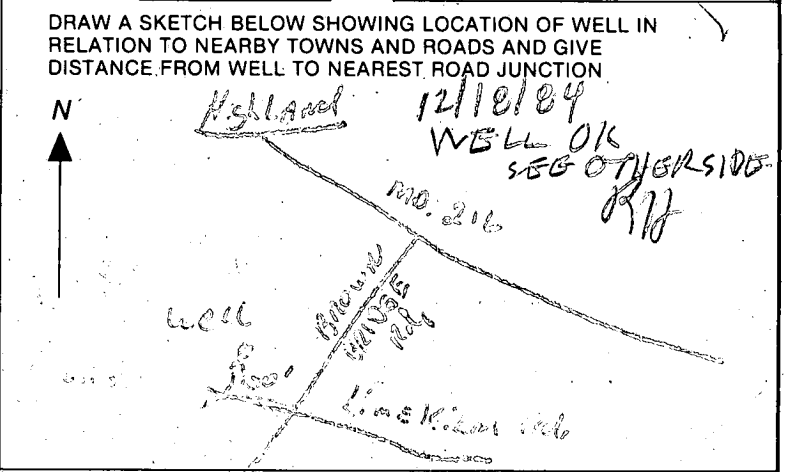
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic-Rotary)  
 CABLE  REVerse-ROTary  DRive-POINT  
 other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEAN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

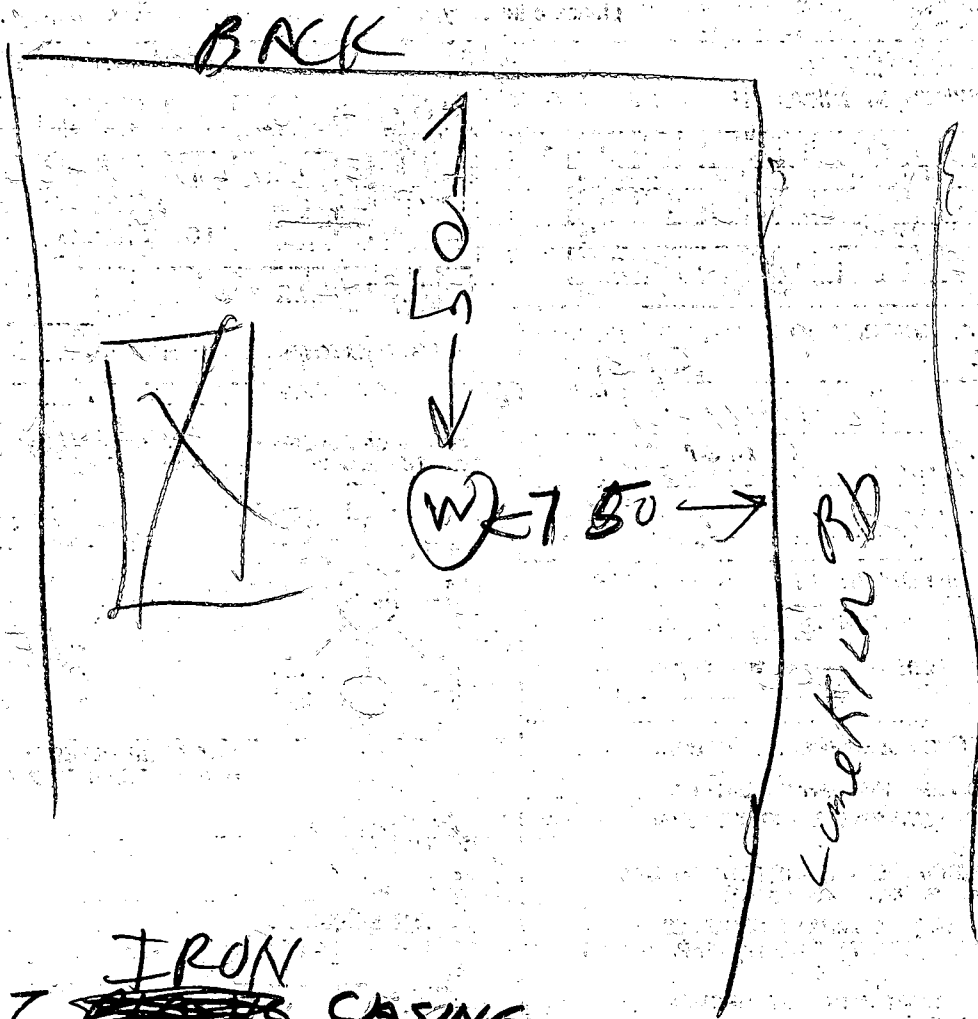


Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **20** WRITE INITIALS IN BOX PERMIT NO. **40-81-0784**



SPECIAL CONDITIONS

16

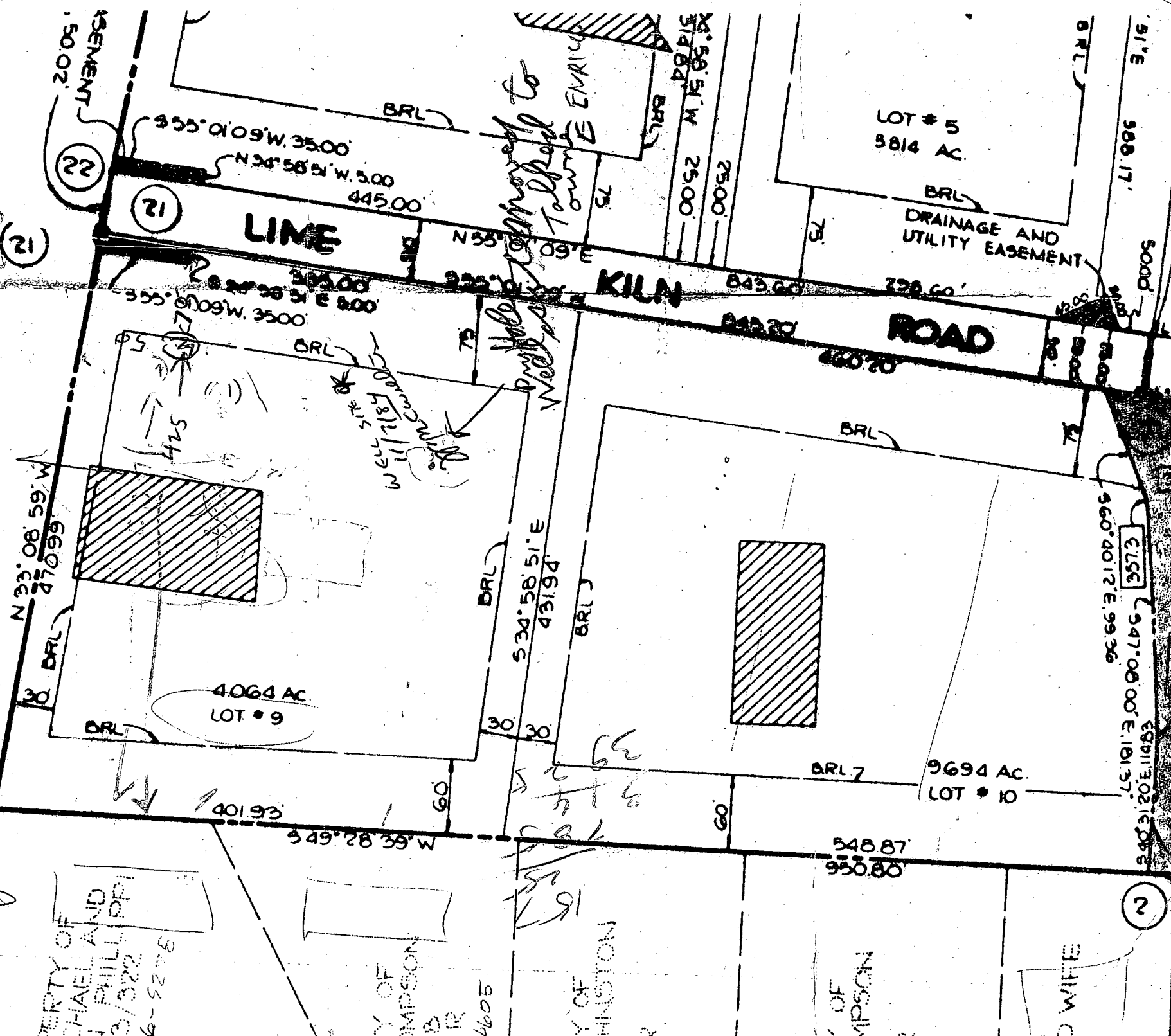


- ① 76 FT ~~WELL~~ IRON CASING
- ② 37 FT OPEN HOLE MEASURED
- ③ LOCATION LOOKS OK BUT NOT SAME LOCATION AS SHOWN ON WELL SITE PLANS
- ④ 14 BAGS USED
- ⑤ well OK

12/20/04  
 B. Rodger

PROPERTY OF  
HARRY B. RAUTH AND WIFE  
183/377  
ZONED R

170  
125  
850  
3450



(21)  
(22)

(3)

PROPERTY OF  
CHARL AND  
PHILLIP  
12/322  
6-5278

PROPERTY OF  
DIMPSON  
1605

PROPERTY OF  
JOHNSTON

PROPERTY OF  
DIMPSON

PROPERTY OF  
D WIFE

Approved to  
Town of ENRIK  
Wed 11/18/11  
Will site  
Circuit

LOT # 5  
8814 AC.

4064 AC  
LOT # 9

9694 AC.  
LOT # 10

6356  
947.0800'E.181.37  
5811.3021885

(2)

Sub Division LIMB KILN VALLEY

LOT # 9

MAP 40

BLOCK 22+23

ZONING R

ELECTION DIST 5

Ed ENRICO 424-6813

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
OCT 30 2 45 PM '84  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

OCT 30 9 20 PM '84

ELICOTT CITY, MD.





HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

De Lucia

(Name)

704 BALTIMORE ROAD  
(Address)  
ROCKVILLE MD 20850

H0-81-0784  
(OEP Well Permit Number)

10/22/34  
(Date)

C1 **8303** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A-3297**

DATE Received: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: **12 18 84**  
 Depth of Well: **300** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-81-0784**

OWNER: **FERRICO EDWARD**  
 last name **LIME KILM Rd** first name **Highland MD**  
 SUBDIVISION: **LIMEKILM VALLEY** SECTION: **-** TOWN: **Highland MD** LOT: **9**

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	68	✓
Sandstone	68	75	
Micka	75	100	
Sandstone	100	105	✓
Micka	105	300	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **16** NO. OF POUNDS **1600**  
 GALLONS OF WATER **96**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **50** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **79**

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO**  
 STEEL BRASS BRONZE HOLE PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.)  
 1 **140** **79** **300**  
 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **273**  
**Nash Wayne**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Nash E. Wayne**

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

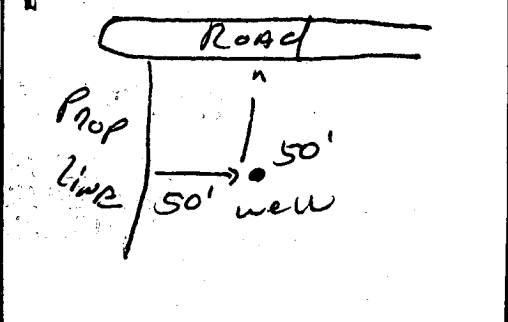
GRAVEL PACK from to  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **2**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **70** WHEN PUMPING **200**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE **2** (nearest foot)  
**-** below }

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement  Receipt # 41187  
Date 9/9/87  
Name of Installer SCA ENTERPRISE Telephone \_\_\_\_\_  
License Number \_\_\_\_\_  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner Edward Enrico Telephone \_\_\_\_\_  
Subdivision Lime Kiln Valley Lot # 9 Well Tag # HD-81-0784  
Site Address 12755 Lime Kiln Road

Pump Motor Pitless Adapter  
1. Type 1. Horsepower \_\_\_\_\_ 1. Make \_\_\_\_\_  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
c. Submersible \_\_\_\_\_ a. 110 \_\_\_\_\_  
2. Make \_\_\_\_\_ b. 220 \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity \_\_\_\_\_ GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_  
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Tank Piping Well data  
1. Capacity \_\_\_\_\_ 1. Type \_\_\_\_\_ 1. Depth 300 ft.  
2. Pressure relief valve? \_\_\_\_\_ 2. Size \_\_\_\_\_ 2. Yield 2 GPM  
3. NSF and/or BOCA Code approved  3. Static water level 70 ft.  
4. Depth of supply line \_\_\_\_\_ 4. Will water supply be disinfected by installer? \_\_\_\_\_

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

9/15/87 OK TO COVER OUTSIDE WORK Date: \_\_\_\_\_

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

PRESSURE TANK TO BE INSTALLED LATER  
HD-215