

Approved 9/13/83  
Stayed

9/13/83  
before work

9/13/83

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 32944

A REPAIR  
(A-18762 original)

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-361516

ELLCOTT CITY  
DISTRICT 5th

## INDEX

DATE 7/13/83

MR. SAM LYONS

Robert T. Tucker IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 10709 Judy Lane, Columbia, Maryland 21044 PHONE 596-9230  
*work 1-794-7700*

SUBDIVISION Riverside Estates ROAD 10709 Judy Lane LOT 18

PROPERTY OWNER Robert T. Tucker

ADDRESS \_\_\_\_\_

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

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

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS NUMBER OF BEDROOMS \_\_\_\_\_

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

(1) Trench 60' long, 2' wide, 1/2" of stones to be added  
pipe - concrete 2" of stone + sand paper + for newspaper  
discussed with Mr. F. Froumald - ok to do in P.M. + then  
have owner certify, pipe, + for paper on. attempted T/c 596-9230  
No stone - 2:45's per Carolyn Tucker - did not go. C.B.C.  
C.B.C.

PLANS APPROVED BY Frank Skinner DATE 7/13/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

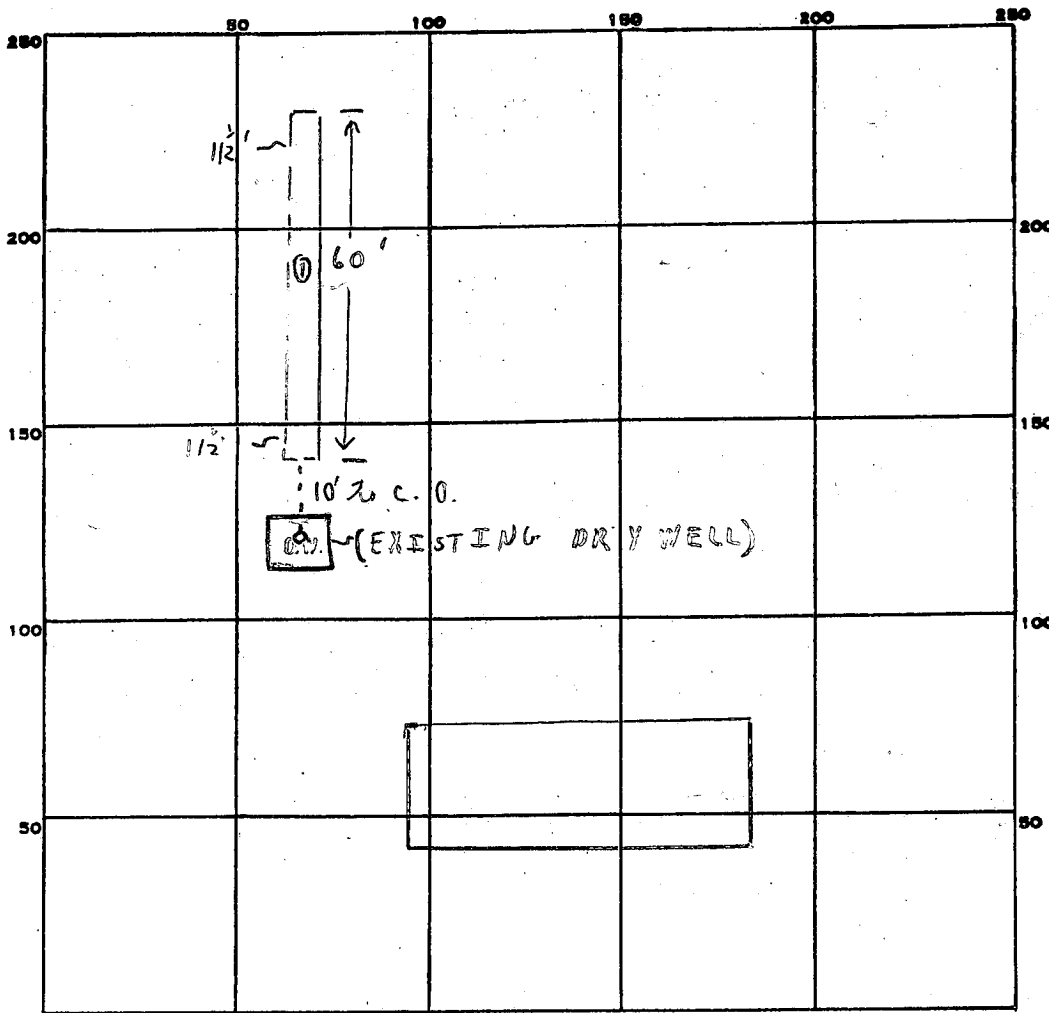
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

X  
P  
32944



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

JUDY LANE

PERMIT CARD ✓ @ D. Wall Clean out

SEPTIC TANK, LEVEL N/A CLEANOUTS N/A

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 1 1/2' avg FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8" or 1' IN. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 480

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

1 SIDEWALL  
ABSORBENT AREA 480 SQ. FT.

REMARKS (1) 9/9/83 (1) TRENCH - OK FOR STONE IN 60' L; TRENCH 10' FROM  
CLEAN OUT OF EXISTING DRY WELL. (2) No CHANGE, (3)

9/13/83 OK to cover all work JR

DATE SYSTEM APPROVED 9/13/83 INSPECTOR Stayer

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

P 20350  
A 18762

ELLICOTT CITY

DISTRICT 5th

DATE 7/16/74

## INDEXED

*7/30/74  
Ready*

Roland Barth IS PERMITTED TO INSTALL  ALTER

ADDRESS Clarksville Pike, Ellicott City, Md. PHONE 730-8495

A SEWAGE DISPOSAL-SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Riverside Estates ROAD Judy Lane LOT 18

PROPERTY OWNER Dolores Investments

ADDRESS 17512 Bowie Mill Road, Derwood, Md. Phone: 948-5115

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - Is to have 140 sq. ft. effective absorbent sidewall area per bedroom, below the first 3 1/2 ft. of non-absorbent ground at original grade. Maximum depth of dry well to be 11 feet. Locate dry well 20 ft. from the left lot line and 130 ft, ~~from~~ from the front lot line as seen when facing lot from Judy Lane.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

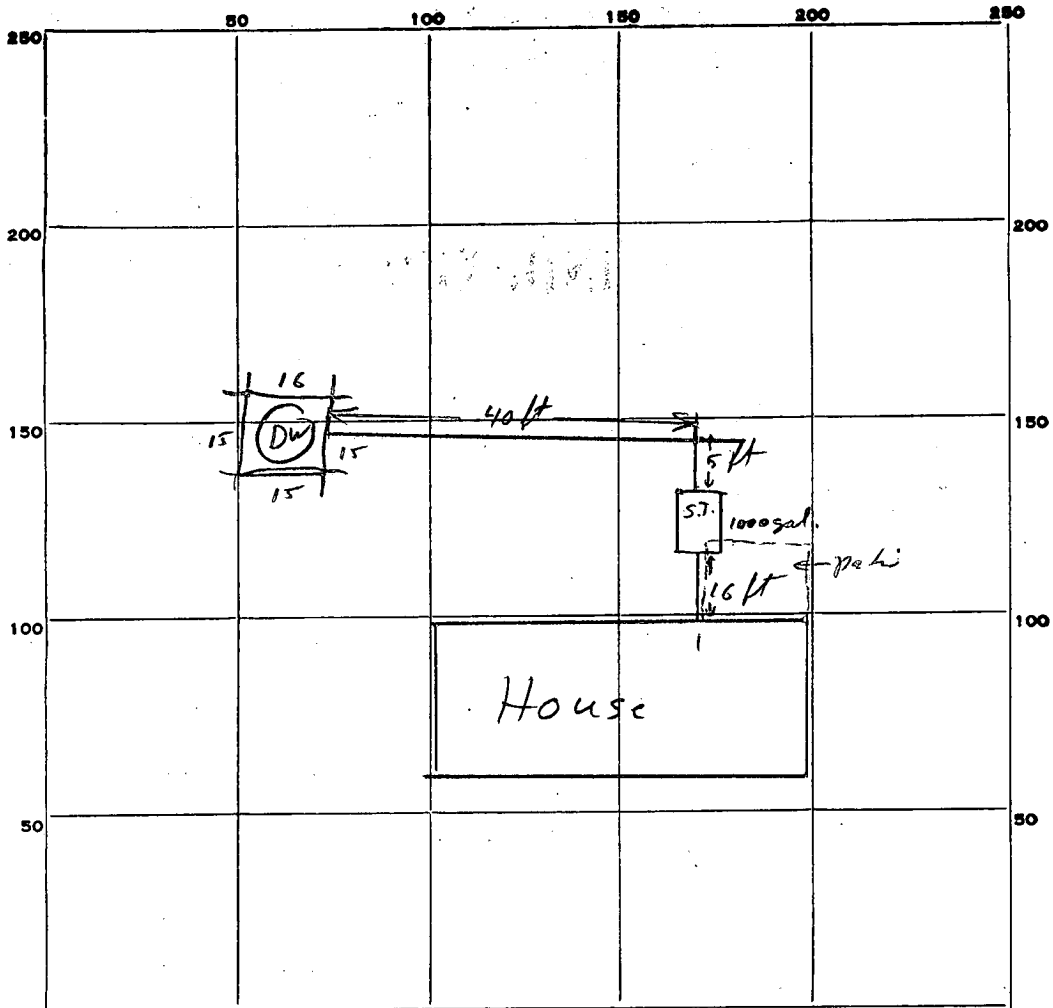
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY William W. Zepp DATE 9/17/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 18762



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← Judy Lane →

PERMIT CARD 20350

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEE PAGE PITS, INSIDE DIAMETER Perimeter 61 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 488 SQ. FT.

61  
8  
-----  
488

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SYSTEM APPROVED 7/30/74

INSPECTOR R. Mansfield S.A.S.

*filed 4-15-1973*

# APPLICATION

A 18762

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5th

HOWARD COUNTY HEALTH DEPARTMENT 3 hr - 1000 gal 50 DISTRICT July 12, 1973  
ENVIRONMENTAL HEALTH SERVICES 4 hr - 1250 gal 50 DATE \_\_\_\_\_  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 463-8000, EXT. 356

*Dry well is to have 140 sq ft effective absorbent sidewall area per bedroom below the first 3 1/2 ft of non-absorbent ground at original grade. Maximum depth of DW to be 11 ft. Locate dry well 20 ft from the left lot line and 130 ft from the front lot line as seen when facing lot from Judy Lane.*

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.

**Dolores Investments (contract owner)**

PROPERTY OWNER \_\_\_\_\_  
17512 Bowie Mill Rd., Derwood, Maryland 301-948-5115  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_  
Subdivision Riverside Estates 18

SUBDIVISION directions From Ellicott City South on Rt. 29 Approximately 1000 feet LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION South of Rt. 32 to Vista Drive; West on Vista Drive to Long View

SIZE OF LOT Approximately one acre 43,658 sq TYPE BLDG. 4 Bedroom + -  
NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT William J Miller

APPROVED BY W.W. Zapp FOR D.W. DATE 9/17/73  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS W.W.Z DATE 8/15/73

REASONS FOR REJECTION OR HOLDING final plot w certified holes

THE SYSTEM UNDER THIS PERM.T  
IS ACCEPTABLE ONLY UNTIL  
PUBLIC FACILITIES BECOME AVAILABLE.

# THIS IS NOT A PERMIT



# APPLICATION

A 18762

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th  
DATE July 12, 1973

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.

PROPERTY OWNER Dolores Investments (contract owner)

ADDRESS 17512 Bowie Mill Rd., Derwood, Maryland PHONE 301-948-5115

### PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 18

ROAD AND ~~DESCRIPTION~~ directions From Ellicott City South on Rt. 29 Approximately 1000 feet South of Rt. 32 to Vista Drive; West on Vista Drive to Long View *Judy Lane*

SIZE OF LOT Approximately one acre *43,658*  $\text{sq}$  TYPE BLDG. 4 Bedroom + -  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *William J. Miller*

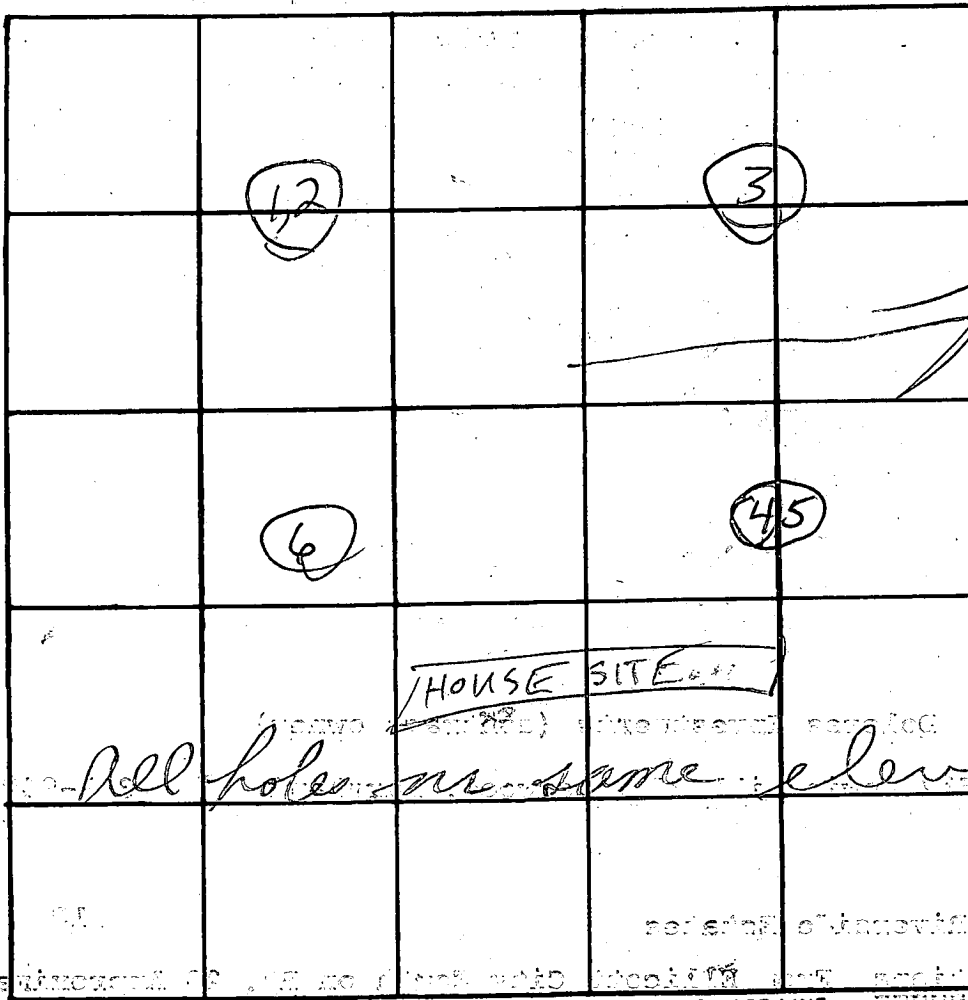
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
THE SYSTEM UNDER THIS PERMIT IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

# THIS IS NOT A PERMIT



Lot 18

Diamond shaped

HOUSE SITE

All holes on same elevation

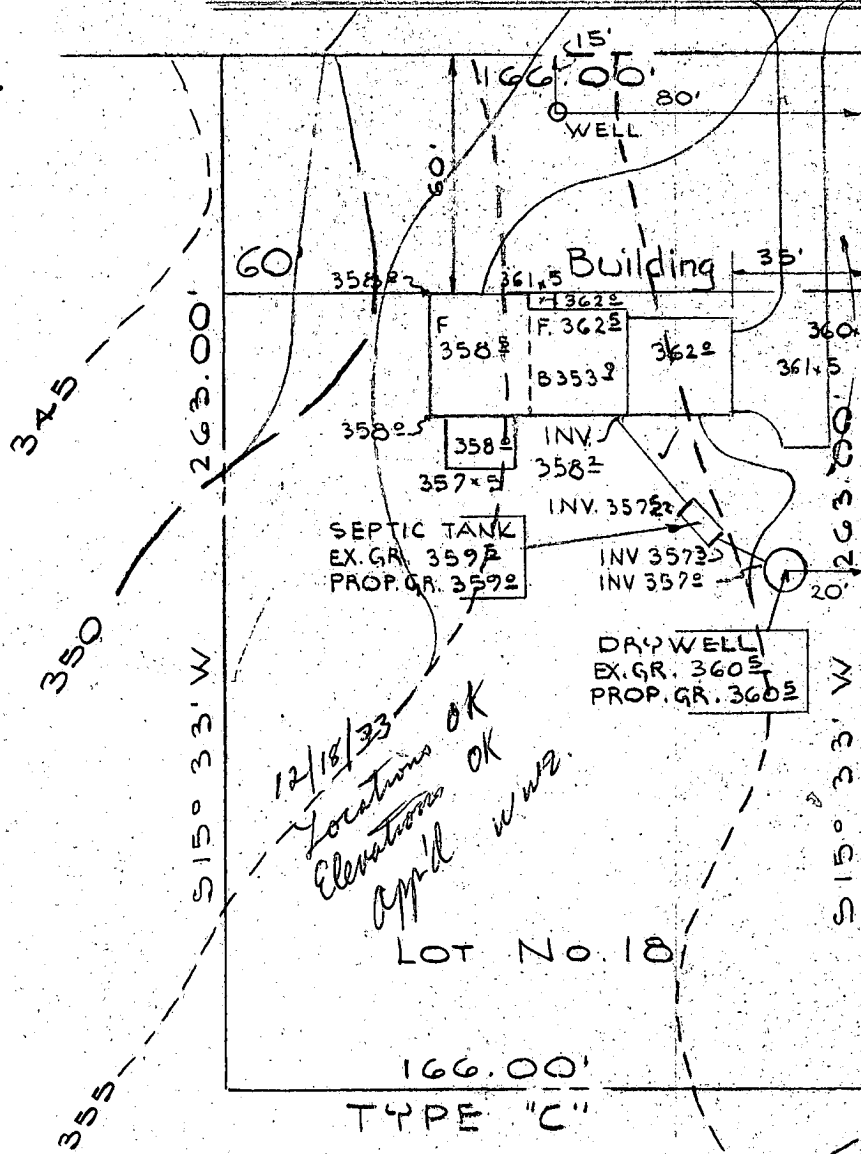
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

JUDY LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/10/73	1	3 1/2	10:54	10:56	10:56	11:04	8	
	2	11	10:56	11:07	11:07	11:22	15	
	3	11	Visual; sim to H+5					
	4	4	11:23	11:34	11:34	11:58	24	
	5	11	11:23	11:27	11:27	11:34	7	
	6	11	Visual; sim to 142					

$\bar{t} = 14 \text{ min}$   
Max depth = 3 1/2'

REMARKS Sandy WW8  
TYPE OF SOIL low-lying ground



12/18/33  
 Locations OK  
 Elevations OK  
 Appl. WWS



*William G. Rasch*

PURDUM & WESCHKE  
 ENGINEERS &  
 LAND SURVEYORS  
 3697 PARK AVE.  
 ELLICOTT CITY, MD.

B 1	9418	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	<b>WRA PERMIT NUMBER</b> 40-73-17 FILL IN THIS FORM COMPLETELY
-----	------	-----------------------------	--	--

DATE RECEIVED (WRA USE ONLY) 8/8/74 2 PM - 12:30	OWNER <u>Residential</u> <u>Inc.</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD. <u>10210 Greenbelt Rd.</u> COL 36 COL. 55 POST OFFICE <u>P.O. Box 700</u> <u>Seabrook Md. 20801</u> COL 57 COL. 76
--	---

B 1	CONTINUED	<b>DRILLER INFORMATION</b>
1 2 3 (SEQ. NO.) 6	DATE <u>July 5 1974</u> LICENSE NUMBER <u>238</u> COL. 77 COL. 80 FIRST NAME <u>Joseph K. Myne</u> LAST NAME SIGNATURE <u>Joseph K. Myne</u>	

B 3	CONTINUED	<b>LOCATION OF WELL</b>
1 2 3 (SEQ. NO.) 6	COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>Remondino Patented</u> 23 42 SECTION <u>48</u> LOT <u>18</u> 44 48 50 NEAREST TOWN <u>Atholton</u> 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>4.70</u> MI 73 76 77 78	

B 2	CONTINUED	<b>WELL INFORMATION</b>
1 2 3 (SEQ. NO.) 6	MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u> 14 20 <b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> TEST	

B 4	CONTINUED	<b>DIRECTION FROM TOWN</b> (CIRCLE APPROPRIATE BOX)								
1 2 3 (SEQ. NO.) 6	<table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> N NORTH</td> <td><input type="checkbox"/> E EAST</td> <td><input type="checkbox"/> NE NORTHEAST</td> <td><input type="checkbox"/> SE SOUTHEAST</td> </tr> <tr> <td><input type="checkbox"/> S SOUTH</td> <td><input type="checkbox"/> W WEST</td> <td><input checked="" type="checkbox"/> NW NORTHWEST</td> <td><input type="checkbox"/> SW SOUTHWEST</td> </tr> </table> NEAR WHAT ROAD <u>Quality Lane</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST 30 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>15</u> MI 34 37 38 39		<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST	<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input checked="" type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST							
<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input checked="" type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST							

APPROXIMATE DEPTH OF WELL	<u>140</u>	FEET	
APPROXIMATE DIAMETER OF WELL	<u>6</u>	(NEAREST INCH)	
<b>METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)</b> <input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT OTHER (DESCRIBE) _____			

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N ↑

Well - 130 ft.  
 Casing - 41 ft.  
 Spout - 35 ft.  
 Cement - 13 bags  
 Atholton  
 File  
 R. Tom

700 FT

<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b>	
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	<input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____	

<b>NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)</b>	
APPROPRIATION PERMIT NUMBER _____ ENGINEER REVIEW DISTRICT NO. _____ FORCE _____ WRITE INITIALS IN BOX _____ CONDITIONS _____ 67 68 70 71 72 73 74 75 76 77 78 79	BOX NUMBER <u>830</u> <u>480</u>

B 4	CONTINUED	<b>HEALTH DEPARTMENT APPROVAL</b>
1 2 3 (SEQ. NO.) 6	HOWARD <u>W20318</u> COUNTY NAME COUNTY NO. DATE <u>7 10 74</u> APPROVED BY <u>Palmer F. Wine, Director</u> 43 48	

NORTH COORDINATE	<u>185020</u>	50 51 52 53 54 55	
EAST COORDINATE	<u>08E0000</u>	57 58 59 60 61 62 63	
ELEVATION AT WELL HEAD (FEET)	_____	65 66 67 68	0/0 5/0

B 5	CONTINUED	<b>SPECIAL CONDITIONS 8-63 (WRA USE ONLY)</b>
1 2 3 (SEQ. NO.) 6	HEALTH <span style="float: right;">83</span>	

C 6972 SEQUENCE NO. (WRA USE ONLY)

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED

STATE OF MARYLAND  
 WATER RESOURCES ADMINISTRATION  
 TAWES-STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DEPTH OF WELL 130 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 70-75-0700

DRILLERS IDENTIFICATION NO. 238

OWNER: Residential Managements Inc. (LAST NAME) Sealwood Mfg. (FIRST NAME)

STREET OR RFD: 10210 Greenbelt Rd. POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Sand	0	38	
Mecklenburg Rock	38	130	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT  BENTONITE CLAY

NO. OF BAGS 12 NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 35 FT.

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE  PLASTIC  OTHER

MAIN CASING TYPE: Stb

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 41

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE  PLASTIC  OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 39 TO 130

EACH SCREEN

1 2 3 (SEQ. NO.) 6

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE: 1/2" 2" 3"

DIAMETER OF SCREEN 60 (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) 68 °F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING 70

LOG INDICATOR 72

OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE: Cur

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 30 (NEAREST FOOT)

WHEN PUMPING: 10 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR  PISTON  TURBINE  CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  JET  SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE-POWER: 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE  BELOW  LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Handwritten notes: 45, 45, 45

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: Joseph Mayne

SIGNATURE: Joseph Mayne

5/30/03 Before 3

Replace line from house to well (50)

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: Ken Griffin Telephone #: \_\_\_\_\_  
Address: 14570 Tmr  
Dayton, MD 21036

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# 7378

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: \_\_\_\_\_ Telephone #: 410-992-5875  
Subdivision: Riverside Estates Lot #: 1B Well Tag #: HO-23-0200  
Site Address: 10709 Judy Ln

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

<b>Piping to house</b>	<b>House Connection</b>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 5/30/03, 6/24/03 Date Insp. Approved: 6/24/03

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>ex</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>ex</u>
Adequate grout observed below pitless adapter	<u>ex</u>

SRK  
(KN)

5/30/03<sup>1:30</sup> Spoke w/ 2 installers. Already covered  
Said they replace line to house. Sealed at  
house conn. Said they put in a new sleeve  
at the house & new pitless. Instructed them  
to install a 2 piece cap, put in an eye bolt  
for the rope that is running thru the cap &  
seal the conduit. <sup>to bring it up to code.</sup> They said OK & pulled  
out a two piece cap (SO)

5/30/03 3:45 Nothing done. Flower planted  
next to well to hide it (SO)

(Ken or Allen plumbing)

6/24/03 2 piece cap installed securely, used  
eye-bolt for rope. - Conduit pipe used also.  
wpt appears complete at well head  
location. House conn OK? (KEN) SRK