

11/00
4/24/72

plans prepared

Recall 5/20/72

PERMIT

around noon

P 3753

SEWAGE DISPOSAL SYSTEM

A - 3443

59295 X

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED
INDEXED

DISTRICT 2

DATE 6/15/72

Stacy/M.K. 944-4787

03-288641

Donald E. Hetta IS PERMITTED TO INSTALL ALTER

ADDRESS 227 Main Street, Reisterstown, Md. PHONE 832-1722

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Woodmark ROAD 12815' Benson Branch Rd, LOT 30

PROPERTY OWNER Christopher Kelly

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well - 300 sq. ft. absorbent sidewall area below inlet. Inlet to come in at 4 ft. below original grade and maximum depth 11 ft. Location 125 ft. from right property line and 120 ft. from front property line as seen from Benson Branch Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.
INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.
PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY C. Straker DATE 11/9/71

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.

BLDG. PERMIT SIGNED AND RETURNED 4/18/91
Serial # 3747P
2 story addition

BLDG. PERMIT SIGNED AND RETURNED 5/24/83
Serial # 53802
Garage

59295 X

DATE

TIME

CITY

DISTRICT

STREET

LOT

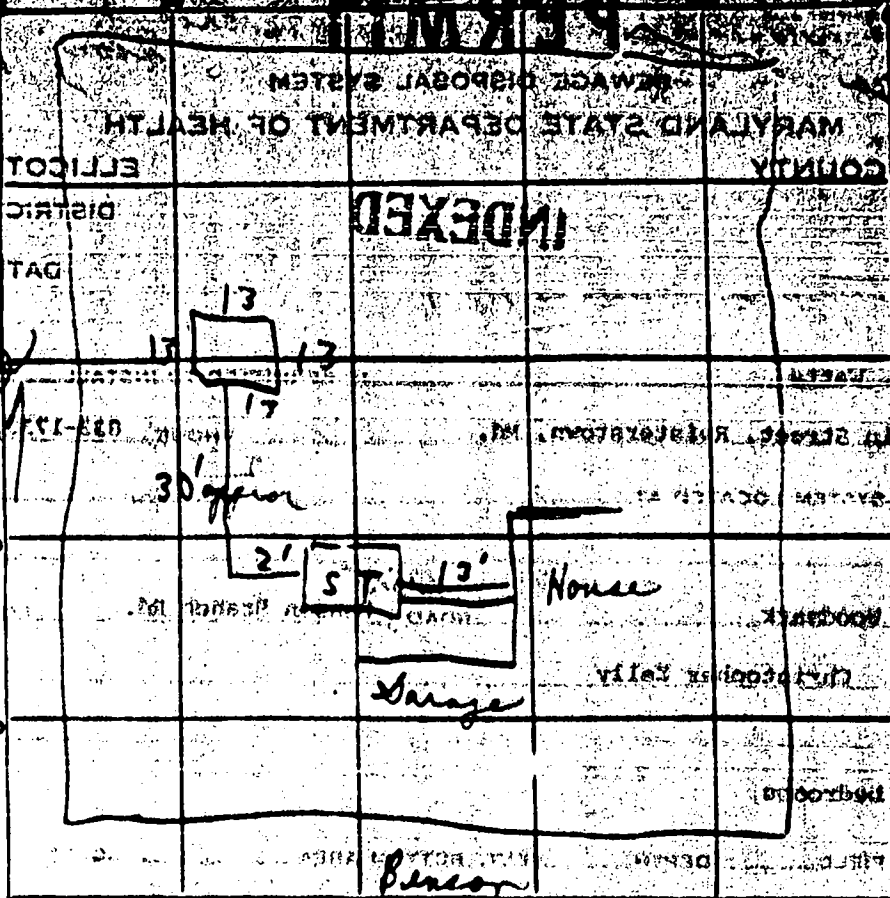
SECTION

TOWNSHIP

RANGE

COUNTY

STATE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

Digman Partial Check on plastic 4" yardly
CBS

SEPTIC TANK, LEVEL

OK

CLEANOUTS

OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH

100

FT. TRENCH WIDTH

GRAVEL DEPTH

6

IN. TOTAL LENGTH

NUMBER OF TRENCHES

OUT

TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER

52

FT. DEPTH BELOW INLET

ABSORBENT AREA

14' x 6' 90. FT.

REMARKS

1/16/29 Held on plastic pipe from S.T. to D.W.
Checked with F. Eronmett at 8. Have them cover D.W.
with 18" to 24" of dirt on lowest side out 5 to 10'

② *Speak to contractor & relay above information.*

DATE SYSTEM APPROVED

INSPECTOR

APPLICATION

A 16422

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank 500 gallon* ELLICOTT CITY

Dry Well 30" x 30" x 10' deep DISTRICT 3

DATE 11/2/71

*area below inlet. sealed to come in
at 4 1/2 ft below original grade and maximum depth 11'
location 125' from right property line and 120' from front
property line as seen from Beacon Branch Road*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Christopher Kelly

ADDRESS 1514 Glen Keith Blvd., Towson, Md. PHONE 821-6882

PROPERTY LOCATION:

SUBDIVISION Hoodmark LOT NO. 30

ROAD AND DESCRIPTION Beacon Branch Road

OCCUPANT _____ PHONE _____ LEAD _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT APPROX. 14 ACRES TYPE BLDG. (2)

IF NOT SINGLE RESIDENCE DESCRIBE _____ (Single, Fmly, Dwlg.)

SIGNATURE OF APPLICANT *Christopher Kelly*

APPROVED BY *C. S. Tucker* FOR *Septic* DATE 11/2/71

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 8/12/69

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Mark A. Wakefield, Jr.

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 12, Block A, Sec. 6

ROAD AND DESCRIPTION Benson Branch Road Now Lot 30

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 175' x 245' x 150' x 220' TYPE BLDG. 3 OF 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield, Jr.

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

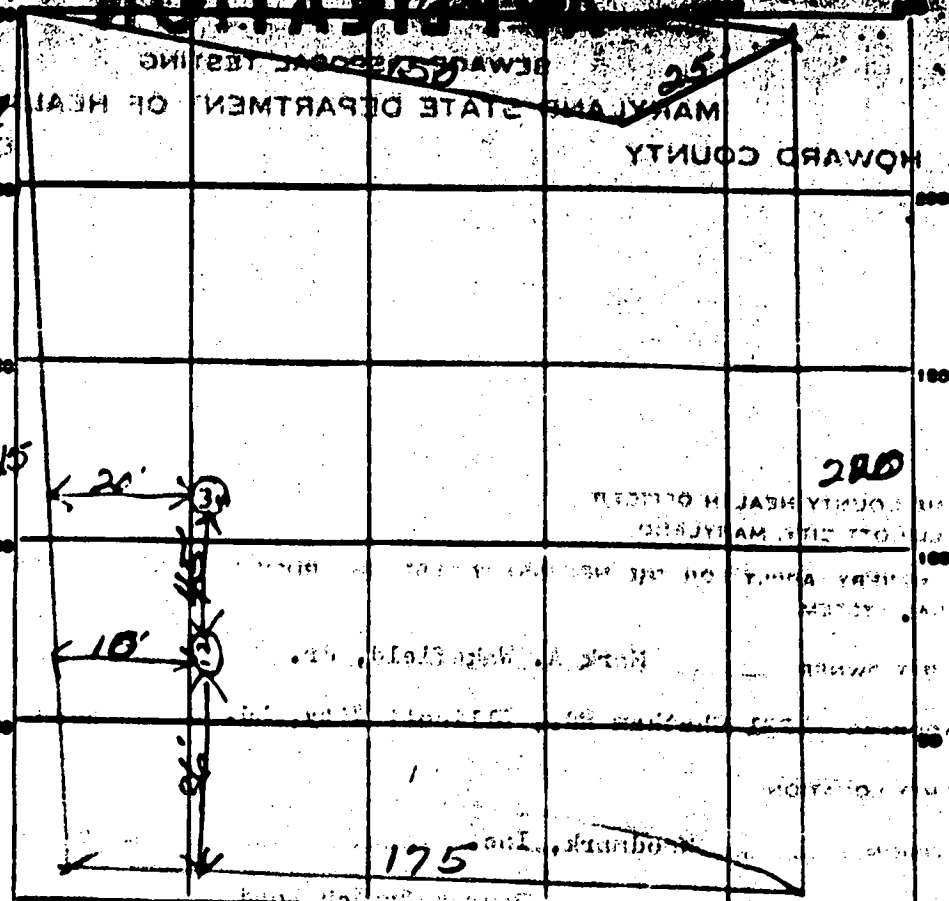
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Review Prelim Plat
1-2-10/69

Pen measurement
needed
R 14

Combined
with Lot 33
Now
called Lot
3P

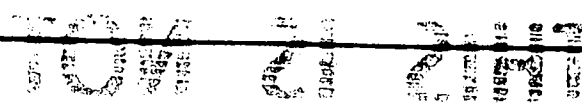


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
BENSON BRANCH RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/9/69	1	11"	11:52	11:55	11:55	11:54	6 min
	2	5'	11:52	11:53	11:53	11:54	6 min
	3	11"	11:56	11:57	11:57	12:03	6 min
	4	5'	11:57	11:57	11:59	12:04	5 min

1st
324
13 min
4 min
3 1/3

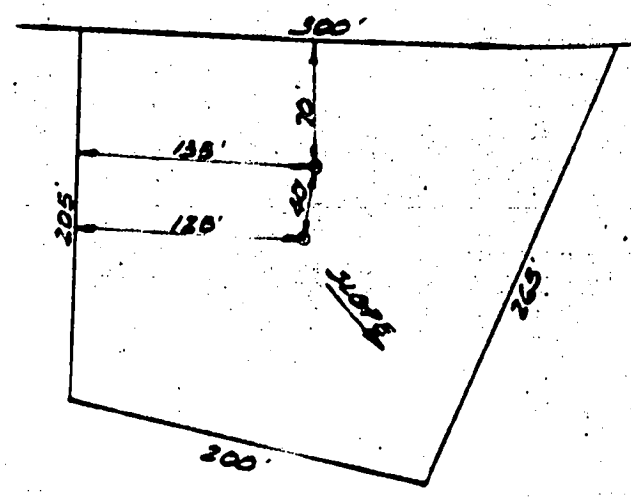
SOIL AUGER FINDING _____
TESTED BY _____
REMARKS _____



NOTE:
 LOCATION OF PERCOLATION TEST HOLES
 SHOWN HEREON HAS BEEN DETERMINED
 BY STADIA TOPOGRAPHY FROM KNOWN
 TRAVERSE STATIONS.

A16433

BENSON BRANCH ROAD



Per Time	Max Depth
3	5

PERCOLATION TEST LOCATION
 LOT NO. 30
 SECTION SIX
 WOODMARK
 3RD. ELECTION DISTRICT
 HOWARD COUNTY, MD.

C 1 0082
 STATE OF MISSOURI
WELL COMPLETION REPORT
 DATE WELL COMPLETED: 6-16-72
 DEPTH OF WELL: 125
 PERMIT NO. FROM MISSOURI TO DRILL WELL: MO-12-0210
 OWNER: O'Shea & Ann Construction Co.
 STREET OR RFD: Box 507
 POST OFFICE: Glenora

WELL LOG

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

DESCRIPTION (USE ABBREVIATIONS)	DEPTH FROM	TO	OTHER WATER BEARING
Overburden	0	8	
Brown shale	8	32	
Gray Rock	32	125	X

GROUTING RECORD

WELL HAS BEEN SEELED: YES NO

TYPE OF GROUTING MATERIAL (MIDDLE ONE):
 CEMENT: GRAVEL SAND
 DEPOSITED CLAY: C G

NO. OF BAGS: 7 NO. OF POUNDS: 700

GALLONS OF WATER: 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT):
 FROM 0 FT. TO 7 FT.

CASING RECORD

MAIN CASING TYPE: S 7

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 4

OTHER CASING (IF USED):
 DIAMETER (INCH) DEPTH (FEET)

SCREEN RECORD

SCREEN TYPE: S Y R H O

STEEL PLAS OPEN HOLE OTHER

PLASTIC OTHER

DEPTH

DEPTH (NEAREST WHOLE FOOT): 125

DEPTH (NEAREST WHOLE FOOT): 110

DEPTH (NEAREST WHOLE FOOT): 125

DEPTH (NEAREST WHOLE FOOT): 125

PUMPING TEST

WELLS PUMPED (TO NEAREST WELL): 6

PUMPING DATE: 9

METHOD USED TO MEASURE PUMPING RATE: NA

WATER LEVEL: DISTANCE FROM LAND SURFACE:
 BENE: 17 TESTED
 SURF: 115 TESTED

TYPE OF PUMP USED (MIDDLE APPROPRIATE ONE) (FOR PUMPING TEST):
 AIR PISTON TURBINE
 S T V
 CENTRIFUGAL ROTARY OTHER
 J S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, S, J, P, R, S, T, V

DRILLER WILL INSTALL PUMP (MIDDLE APPROPRIATE ONE): YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON): 01 00

PUMP HORSE POWER: 07 01

PUMP COLUMN LENGTH (NEAREST FOOT): 00 07

CASING HEIGHT (MIDDLE APPROPRIATE ONE AND ENTER CASING HEIGHT):
 ABOVE BELOW
 LAND SURFACE (NEAREST FOOT): 1

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, CEPTIC TANK, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL.

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Pillars Sulphur

CIRCLE APPROPRIATE BOXES

A WELL HAS BEEN ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

C 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.

DRILLER'S NAME: George & Olga Harr Sons' Corp

PRINT: George & Olga Harr Sons' Corp

SIGNATURE: _____

DIAMETER OF SCREEN: _____ (NEAREST INCH)

GRAVEL PAZ: _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: YES NO

OWN USE ONLY (NOT TO BE FILLED IN BY DRILLER):
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

WENSON BRANCH RD.

300'

Ally 33

75'-0"

375

365

SIDEYARD SET BACK

50'-0"

355

345

200

235

5/11/83
Circular Tank visible per J.S.

5/29/83
Layout OK. per J.S.
F.S.

EXISTING CONC

FRONT YARD SET BACK

EXISTING HOUSE

Garden

NEW GARAGE

EXISTING SEPIC SYSTEM

SIDEYARD SET BACK

PLC PLAN

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5-13-97 (month/day/year)

4 0 - 7 2 - 0 2 1 8

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

1 0 - 9 4 - 1 1 2 6

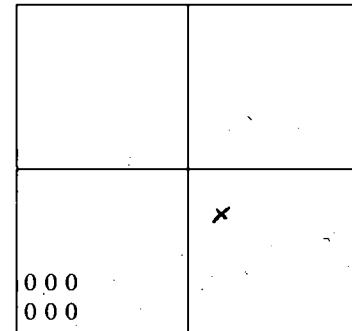
* PERSON ABANDONING WELL: MIKE KASNER

WELL DRILLERS LICENSE NUMBER: 040

* OWNER'S NAME: CHRISTOPHER KELLY

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: WOODMARK
 SECTION: _____ LOT: 35



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 816
 BOX NUMBER
 N 522

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 125 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET.	
	FROM	TO
TOPSOIL	3'	0'
CONCRETE	6'	3'
# 2 STONE + # 6 STONE MIXED	125'	6'

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature]

LICENSE # _____ DATE 5/13/97

B 1 9310

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1126 fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (APA) 04 24 99

OWNER INFORMATION RN 7051

B 3 Howard LOCATION OF WELL

8 Kelly Christopher

8 COUNTY 21

15 Last Name Owner First Name 12315 Benson Branch Rd

23 SUBDIVISION Woodmark

36 Ellicott City, Md. 21042

SECTION 44 46 LOT 30 48 50

West Friendship

57 Town 70 State 72 Zip 76

52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday M W D 040

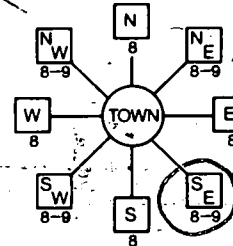
Driller's Name 76 License No. 81

Firm Name Franklin Easterday, Inc.

Address 9265 Brown Church Rd., MT. Airy, Md. 21771

Signature Date 4/15/97

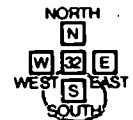
B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12315 Benson Branch Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP BLK: PARCEL

B 2 WELL INFORMATION 5

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A16433 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 04/24/99 CO SIGNATURE EXP/DATE 4/24/98

43 MM DD YY 48 NORTH GRID 50 522 000 55 EAST GRID 57 0816 000 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 5/9/07 Grout 8:00

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

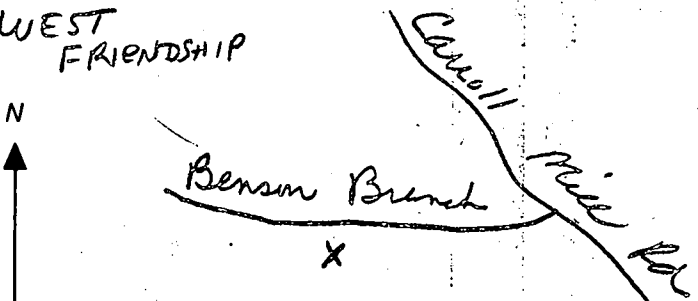
WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 6 000 000 N 520 2

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[B] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 Ho-92-0218 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 G A P 63

FORCE RP WRITE INITIALS IN BOX PERMIT No. Ho-94-1126 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 6028 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A16433

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received 5/30/97

DATE WELL COMPLETED 05/09/97 Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1126

OWNER Kelly Christopher STREET OR RFD 12315 Kenyon Branch Rd. TOWN SUBDIVISION Woodmark SECTION LOT 30

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for top soil, shale, sandstone, grey mud, quartz, and sandstone.

GROUTING RECORD Form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) Form with fields for diameter, depth.

SCREEN RECORD Form with fields for screen type or open hole, SCREEN RECORD (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

Form with fields: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) Form with fields for depth ranges (1-21, 23-32, 38-47, 49-51).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MW D 040 DRILLERS SIGNATURE (Benson F. Erstenberg) LIC. NO. 1 MW D 481

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

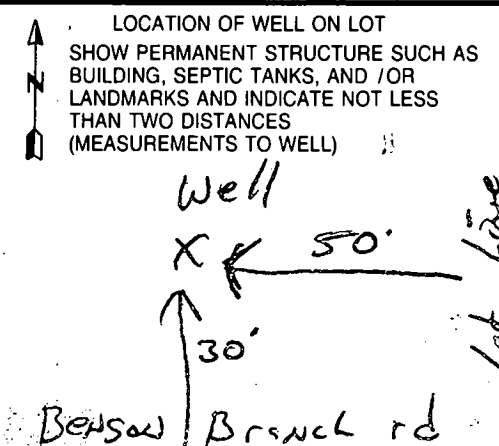
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST Form with fields: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (50), TYPE OF PUMP USED (A - air).

PUMP INSTALLED Form with fields: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



WPT
5-13-97
ok *ef*

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 # _____
Date 5/13/97

Name of Installer ALLEN M. VANSTANT INC.

Telephone 410-442-2221

License Number #6501
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber #~~6501~~

Name of Property Owner CHRIS + JOYCE KELLY
Subdivision WOODMARK Lot # 30
Site Address 12315 BENSON BRANCH RD.

Telephone _____
Well Tag # H0-94-1126

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible ~~_____~~ ✓
- Make GOLDS
- Model # 76505 412
- Capacity 7 GPM
- Pump exceeds well capacity Yes _____ No ✓
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ✓ Other Sleeve install

- Motor
- Horsepower 1/2
 - RPM _____
 - Voltage 220
 - 110 _____
 - 220 ✓

- Pitless Adapter
- Make WARDWARD
 - Model # B-10X
 - Depth 3/4

Tank

- Capacity 80
- Pressure relief valve? ✓

- Piping
- Type PE
 - Size 1"
 - NSF and/or BOCA Code approved yes
 - Depth of supply line 3/4

- Well data
- Depth 200 ft.
 - Yield 10 GPM
 - Static water level _____ ft.
 - Will water supply be disinfected by installer? yes

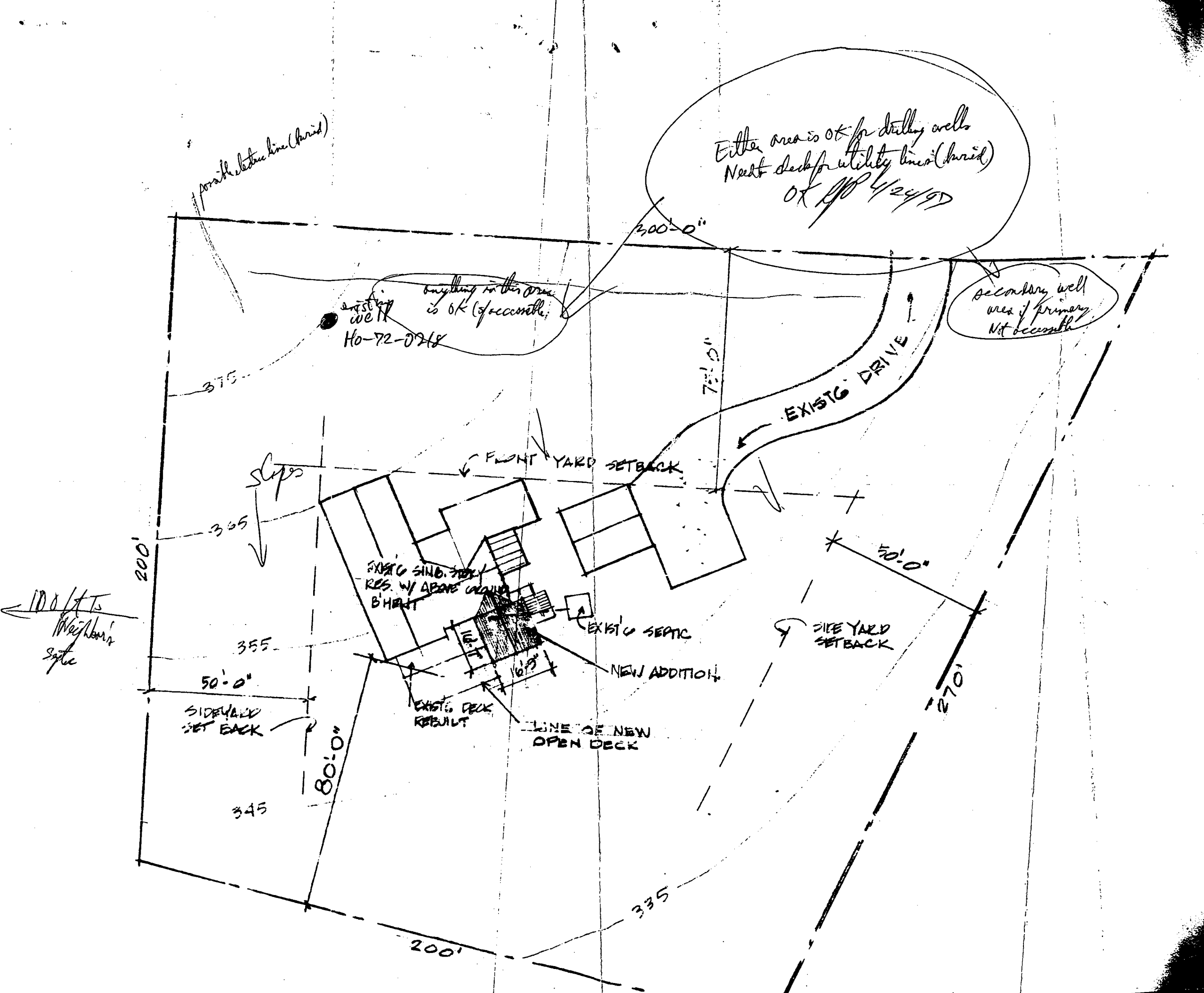
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: *Michael White*

Date: 5/13/97

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



PLOT PLAN