

1/23/86  
AMA

approved  
9/14/86  
C. Williams

# PERMIT

P 34453  
A 30403

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

ELLICOTT CITY

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330  
461-9933

INDEXED

DISTRICT 4th

04-340647

DATE 1/24/86

Karen Johnson IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE 461-4419

SUBDIVISION Ed Warfield Property ROAD 3380 Florence Rd LOT 2

PROPERTY OWNER Karen Johnson

ADDRESS \_\_\_\_\_

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

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

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 163 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION: Start the first trench 250 feet from the front 255.89 ft. lot line and 130 feet from the left 676.77 ft. lot line as seen when facing the lot from Florence Road. Run trench(s) on grade toward the right 649.30 ft. lot line as seen when facing the lot from Florence Road.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

6-9-86 OK TO MAKE INLET 6" BOTTOM 10" S. ALW

PLANS APPROVED BY S. Abel / F. Frommelt DATE 1/24/86

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.

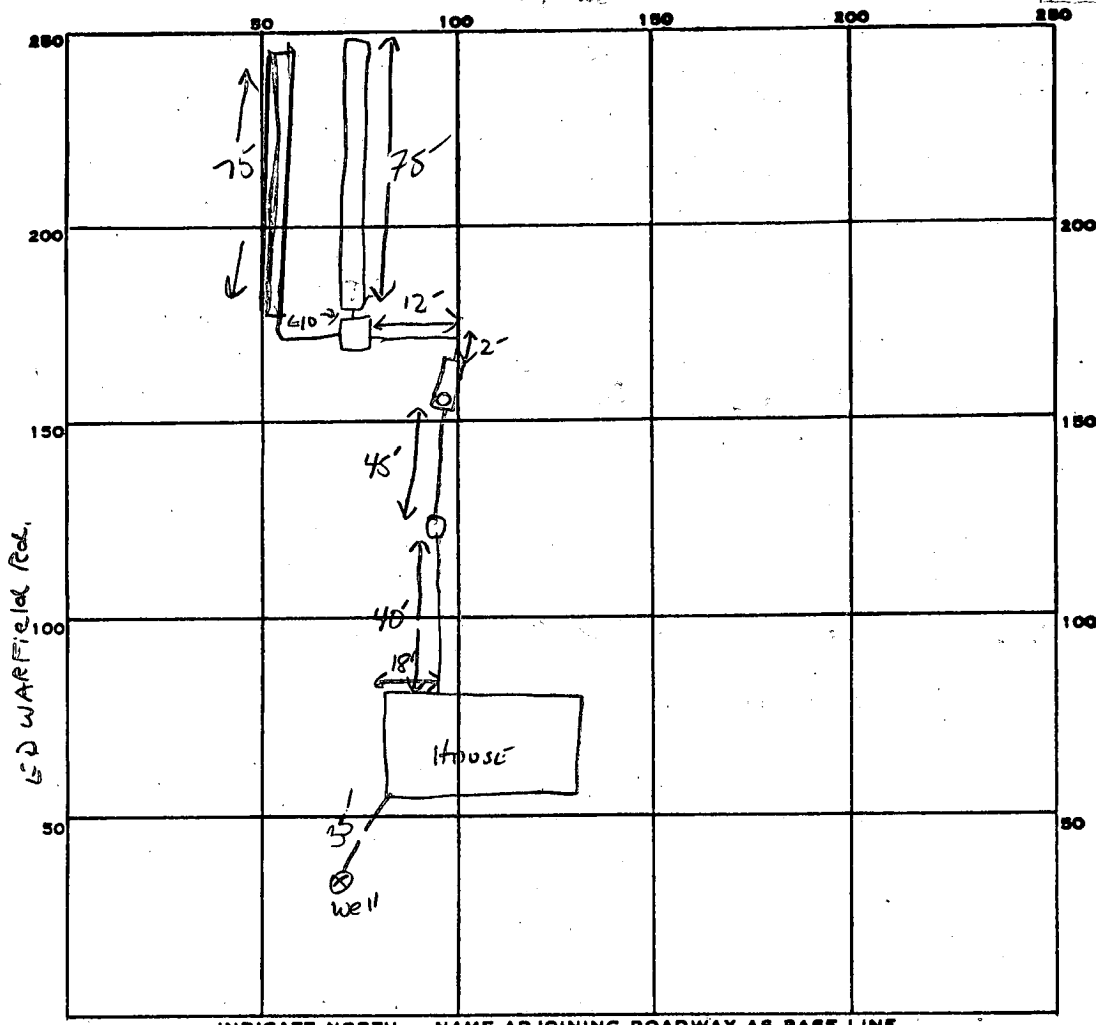
PERMIT SIGNED AND RETURNED  
9/12/88  
Seval # 34081-174

PERMIT RETURNED  
2-10-88

A 30403

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

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.  
 Florence Rd.

163  
 489  
 1987

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1000 GAL CLEANOUTS ST AND INLINE H-7 ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10' FT. TRENCH WIDTH 2 FT. INLET 6"

GRAVEL DEPTH 4 FT IN. TOTAL LENGTH 75 + 75 = 150 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 600 ONE SIDEWALL

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

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

REMARKS 6/11/86 - OK TO COUPL FROM HOUSE TO SEPTIC TANK; ST GREATER THAN 3' BELOW GRADE  
will require manhole to grade, depth of tank may result in entering drain field too deep. SAGE  
6/24/86 OK TO ADD STONE TO SECOND TRENCH. CW

PLUMBING INSP. GAVE APPROVAL TO RUN SUPPLY LINE TO BACKYARD HYDRANT,  
IN SAME TRENCH AS SEWER LINE. AT OUR REQUEST, BACKFLOW PREVENTER INSTALLED IN HOUSE,  
CW.

DATE SYSTEM APPROVED 9/14/86 INSPECTOR Chris Waller

# APPLICATION

Page 1 of 2

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30403

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4th

DATE 12/10/79

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 ~~Alice M. Burns~~ Karen S. Johnson

ADDRESS \_\_\_\_\_ PHONE Boender - 465-7777

PROPERTY LOCATION: NEW 2 (Blkd 2 & Part of blk 3)

SUBDIVISION (Albert G. Warfield property) LOT NO<sup>2</sup> \_\_\_\_\_

# 3380 ROAD AND DESCRIPTION Florence Rd. & Ed Warfield Roads

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Jack Boender for Alice M. Burns

APPROVED BY Raymond Hodges FOR Drywell & Pugh DATE 9/11/80

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

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE BP# 68697

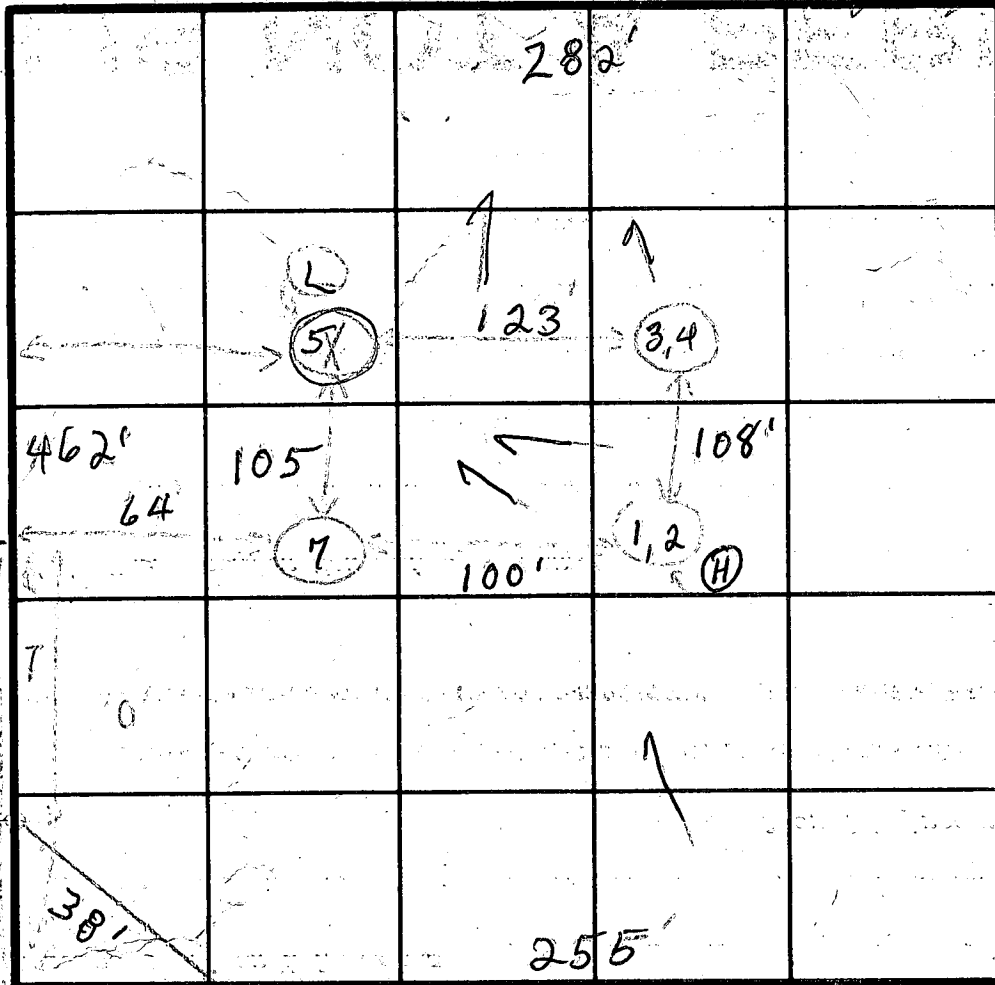
REASONS FOR REJECTION OR HOLDING 1/7/80 DM SAID PERC OK  
9/11/80 FINAL PLAT HAS BEEN SIGNED RH

# THIS IS NOT A PERMIT

SOIL PROFILE



ED WARFIELD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FLORENCE ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/1	1A	3'	1:29	1:58	3/4" at root		XXX	
	2	1 1/2'	1:27	1:32	1:32	1:41	9 min	Dug to 13 1/2'
	3	3'	1:35	1:44	1:40	1:50	10	
	4	11" 10"	1:43	1:52	1:45	1:55	10	
	(5)	3 1/2'	1:21	1:30				XX
	(6)	12"	1:30	1:54	1:54	2:02	25 1/2 min	XX
	2A	11"						
	1B	5'	2:27	2:30	2:30	2:36	6 min	
		5'	2:38	2:35	2:55	3:26	31 min	3/4" fails

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

# APPLICATION

*Pager*

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30403

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4TH

DATE 12/10/79

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 ALICE BURNS

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION ALBERT G WARFIELD LOT NO. 2

ROAD AND DESCRIPTION FLORENCE & ED WARFIELD RD

SIZE OF LOT 3 ACRES TYPE BLDG. \_\_\_\_\_

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.

SIGNATURE OF APPLICANT \_\_\_\_\_

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

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

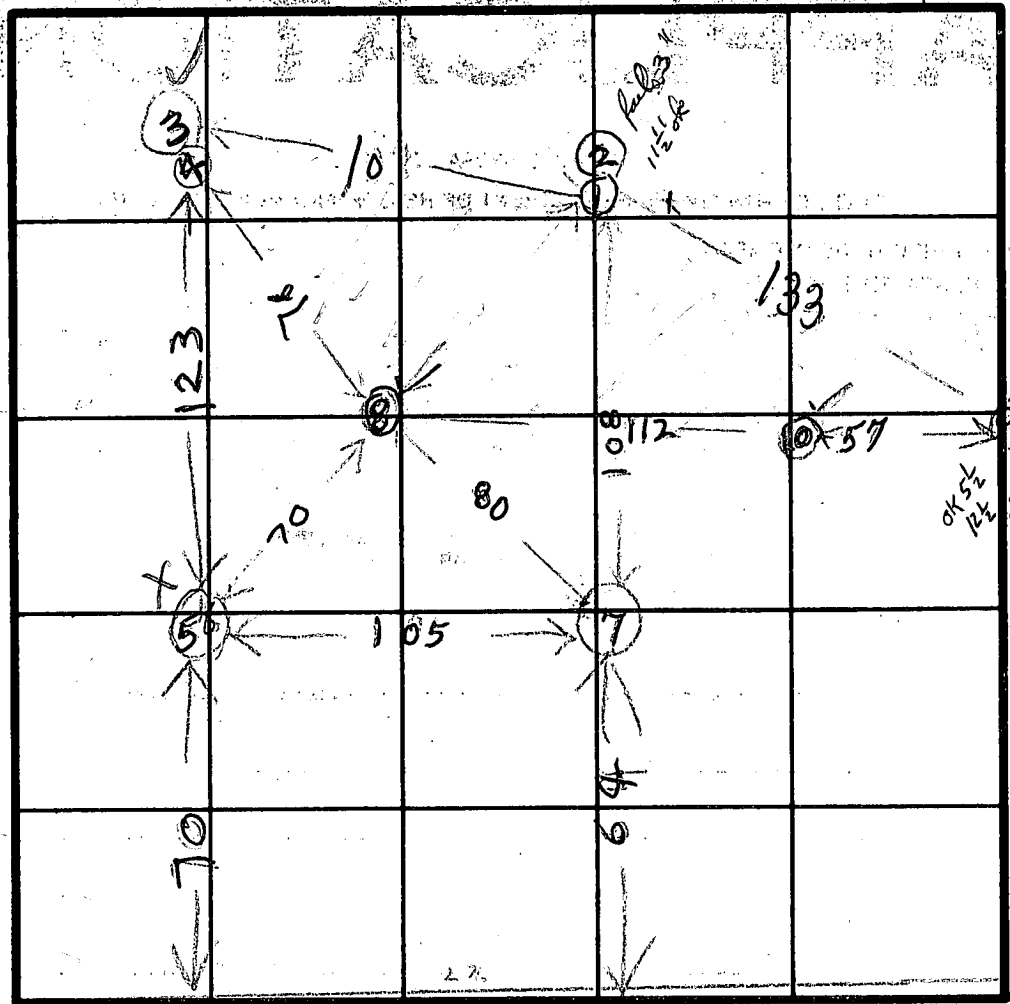
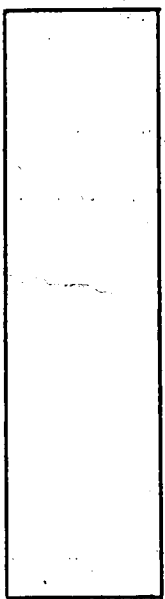
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

Page 2 of 2

SOIL PROFILE



SEE  
SIL  
TRASH  
FOR  
SEWER  
LINE  
HOLE  
LOCATIONS  
OF HOLE  
2020  
PLUMBER  
(12) (13) (14)  
(34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ED WARTFIELD RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/1/10	8 D	12 1/2	1007	1022	1022	1047	25
	8 S	4 1/2	1007	1018	1018	1029	11
	9 D	12 1/2	1034	1043	1043	1033	10
	9 S	4 1/2	1032	1053	1053	1021	21
	9 M	5 1/2	1100	1102	1102	1104	2
11/1/10	9 ED	13 1/2	TOP 4 1/2 CHAY		BOT. 9 FT. POROUS		
	10 V	12	DRY		POROUS		

REMARKS COPY TO DENNY

TYPE OF SOIL

TESTED BY DENNY MINK ALSO PRESENT DENNY MINK



B 1 1658 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  
 please print or type

OEP PERMIT NUMBER  
 40-81-1238  
 fill in this form completely

Date Received 1/20/85  
 OWNER INFORMATION  
 JOHNSON KAREM  
 PO BOX 3  
 GLENWOOD MD 21738

LOCATION OF WELL  
 HOWARD  
 ED WARFIELD PROP  
 SECTION 44 46 LOT 48 50  
 DAISY  
 MILES FROM TOWN 1 MI

DRILLER INFORMATION  
 Ralph MAYNE  
 273  
 Ralph MAYNE (well drilling)  
 9120 Brown Church Rd. Mt Airy  
 Ralph Mayne Oct 2, 1985

FLORENCE Rd.  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 100 FT

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 A 30403  
 COUNTY NAME COUNTY NO.  
 OEP SIGNATURE DATE ISSUED  
 11/19/85 G. Wilson 05/19/86  
 NORTH GRID 531000 EAST GRID 0776000

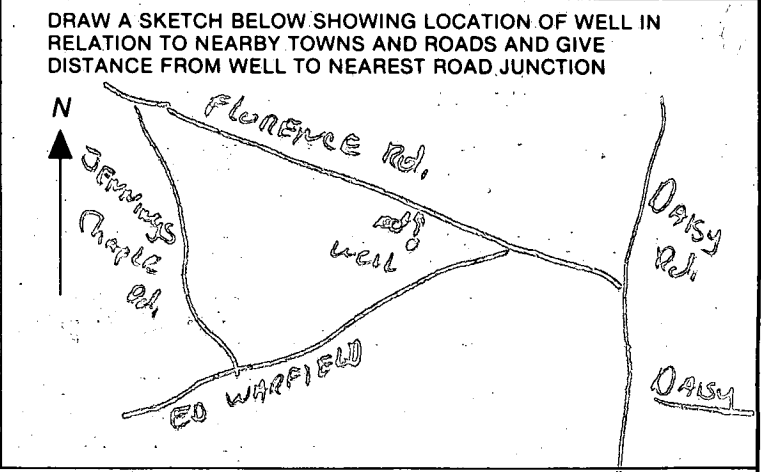
APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2. tag & paper  
 join to Mayne aug - bays permit  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 2706  
 5301

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 DEEPEM 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 WRITE INITIALS IN BOX PERMIT NO. 40-81-1238

SPECIAL CONDITIONS

N10G00

20' USE IN COMMON R/W FOR INGRESS AND EGRESS LIBER 899 FOLIO 709

N 60° 05' 34" E — 623.51'

582.45'

7

41.02'

VEHICULAR INGRESS AND EGRESS IS RESTRICTED

FLORENCE ROAD

choice of access here or at 4

E 56G00

N10G00

LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR PURPOSES OF A PUBLIC ROAD (1.020 AC.)

Recorded Plat  
4635 m  
7/25/80

6

60'

392.99'

N 30° 58' 21"

638.12'

260.15'

10'

25.00'

4

LOT 1  
4.627 AC.

SOLD

BLDG. RESTRICTION LINE

75'

329.05'

40'

552° 01' 34" W

649.30'

30'

BLDG. RESTRICTION LINE

LOT 2  
4.352 AC.

11/19/85  
According to perc records, holes 1, 2, 9 + 10 are high holes

PERC HOLES 1, 2, 9, 10

275

sub 210 site on new

75'

584.41'

255.39'

60'

508° 09' 36" W 38.78'

675.71'

5 59° 01' 34" W

721.63'

N 75° 55' 20" W 57.02'

ED WARFIELD ROAD

VEHICULAR INGRESS AND EGRESS IS RESTRICTED

ALBERT G. WARFIELD  
7/5/78

\* Note: This well is a contingency in my contract that will settle by November. I would appreciate your expedient attention to this matter.  
Karen Johnson

**C1** **2519** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

**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 30403**

DATE RECEIVED

DATE WELL COMPLETED **11/17/85**

DEPTH OF WELL **185** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1238**

OWNER **JOHNSON KAREN**  
STREET OR RFD **FLORENCE / ED WARFIELD RD INTERSEC** TOWN **DAISY**  
SUBDIVISION **ED WARFIELD PROP.** SECTION \_\_\_\_\_ LOT **2**

**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	
Shaly	2	35	✓
Sand Stone	35	40	
Mica	40	55	
Sand Stone	55	60	✓
Mica	60	185	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **9** NO. OF POUNDS **90**  
GALLONS OF WATER \_\_\_\_\_  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **93** ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
**ST** **CO**  
STEEL CONCRETE  
**PL** **OT**  
PLASTIC OTHER  
MAIN CASING TYPE **PL** Nominal diameter **6** Total depth of main casing **45**  
(nearest inch) (nearest foot)

**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 OPEN HOLE  
**PL** **OT**  
PLASTIC OTHER

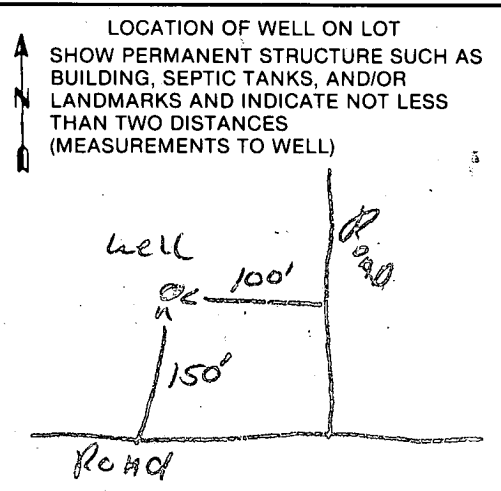
**C2**  
DEPTH (nearest ft.)  
EACH SCREEN **HO** **93** **185**  
8 9 11 15 17 21  
23 24 26 30 32 36  
38 39 41 45 47 51  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
56 \_\_\_\_\_ 60 \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_  
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) **5**  
PUMPING RATE (gal. per min. to nearest gal.) **7**  
METHOD USED TO MEASURE PUMPING RATE **Bucket**  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING **35**  
WHEN PUMPING **45**  
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  
 below } \_\_\_\_\_ (nearest foot)



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**  
*Roger Maye*

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
*Roger E. Maye*

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



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation X  
Replacement \_\_\_\_\_

Receipt # 36966  
Date 5/19/86

Name of Installer Thompson's Plumbing & Heating  
INC.

Telephone 465-8818

License number # 1801  
Certified Well Pump Installer \_\_\_\_\_

Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner KAREN JOHNSON Telephone \_\_\_\_\_

Subdivision BURNS PROPERTIES Lot # 2 #17 Well tag # 40-81-1238

Site Address 3380 Florence Rd. Woodbine, Md. 21797

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible X

Motor

- 1. Horsepower 3/4
- 2. RPM 3450
- 3. Voltage 230
  - a. 110 \_\_\_\_\_
  - b. 220 X

Pitless Adapter

- 1. Make HARVARD
- 2. Model # PT 800
- 3. Depth 42"

- 2. Make MYERS
- 3. Model # SJ 72-J78
- 4. Capacity 8 GPM

- 5. Pump exceeds well capacity Yes X No \_\_\_\_\_
- 6. If Yes, is low pressure cutoff switch installed? Yes X No \_\_\_\_\_
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards X Other \_\_\_\_\_

Tank well MATE WM9

- 1. Capacity \_\_\_\_\_
- 2. Pressure relief valve? X

Piping

- 1. Type Golden Jet
- 2. Size 1"
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line \_\_\_\_\_

Well data

- 1. Depth \_\_\_\_\_ ft.
- 2. Yield \_\_\_\_\_ GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? yes

6/11/84 PITLESS AT 40" below grade / NO LINE OR HOUSE WORK. SAGE

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: [Signature]

Date: 5-19-86

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