

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 1/3/05

P 521636-C

PERMIT

APPROVAL DATE: 1/13/05

A (REPAIR) 30406

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg 21737 PHONE NUMBER: 410-531-6773

SUBDIVISION: Wigglesworth LOT NUMBER: 5

ADDRESS: 3340 Pfefferkorn Road PROPERTY OWNER: Rodney Burford

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

*Specs. Given to
Hatfields over
Phone By K.C.*

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

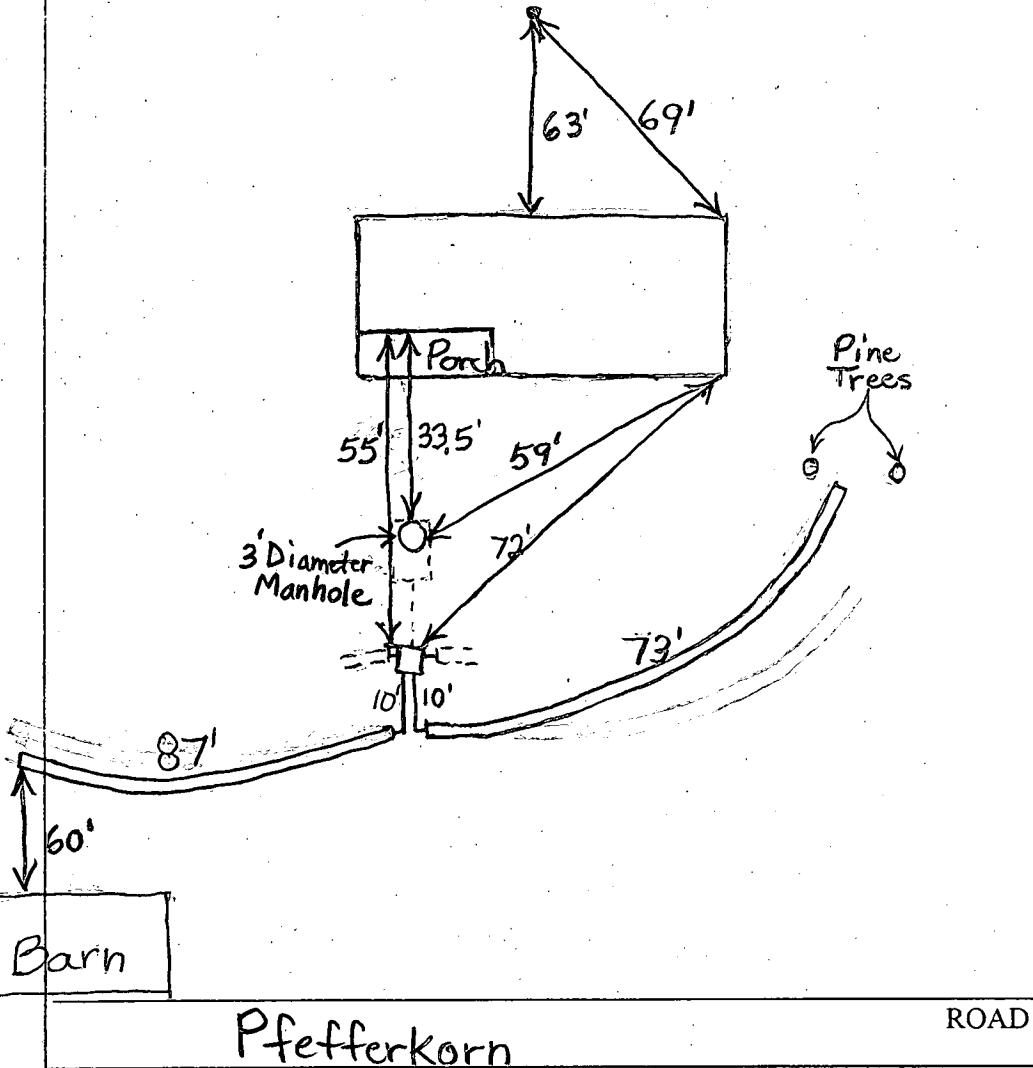
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 30406

NOT TO SCALE

HO-81-1672



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		160'
ABSORPTION AREA		800 sq.ft.
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	Existing GAL
SEAM LOC	
TANK LID DEPTH	5.5'
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	Front
6" PORT LOC	None
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	
N/A	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 1/12/05

INSTALLATION 1/13/05 Old trenches kept intact but inlets blocked off with speed levelers. Stopped 73' trench in front of pine trees. Trench was going off contour because homeowner wanted to save pine trees. Added 7' onto other trench to make up difference. (BB)

FINAL INSPECTOR 1/13/05

DATE OF APPROVAL B. Baker

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Wigglesworth

(repair)
A 30406

STREET NAME: 3340 Pfeffercorn Rd

LOT NUMBER: 5

AVERAGE PERCOLATION RATE: 180 SQUARE FEET PER BEDROOM: _____

NUMBER OF BEDROOMS: SAYS 3 LINEAR FEET OF TRENCH PER BEDROOM: _____

TOTAL LINEAR FEET OF TRENCH: ~120 SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO existing 1,000 gal?
SAY 1500 gal

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade.

Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe. $\frac{3 \times 180}{3} \times .62 = \approx 121'$

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

LOCATION: (Replace failing system, Soil notes adequate for installation) New trenches 12' CTC from old trenches. Use speed levels if necessary.

ADDITIONAL NOTES: _____

Reviewer: Kaele

Date: 1/3/05

PERMIT ✓

10/26/87
2PM ✓

P. 39444

A. 30406

SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 4/9/87

03-308154

DATE SYSTEM APPROVED 11-2-87

INSPECTOR JEN

Rodney Burford IS PERMITTED TO INSTALL ALTER

ADDRESS 3340 Pfefferkorn Road PHONE _____

SUBDIVISION Wigglesworth ROAD 3340 Pfefferkorn Rd LOT 5

PROPERTY OWNER Rodney Burford

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

180
-180
51540
108

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 120 feet from the back lot line and 110 feet from the right lot line as seen when facing the property from Pfefferkorn Road. Run trench(s) along contour toward front of property.

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

OK/gk

PLANS APPROVED BY C. Williams DATE 6/10/86

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: 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.

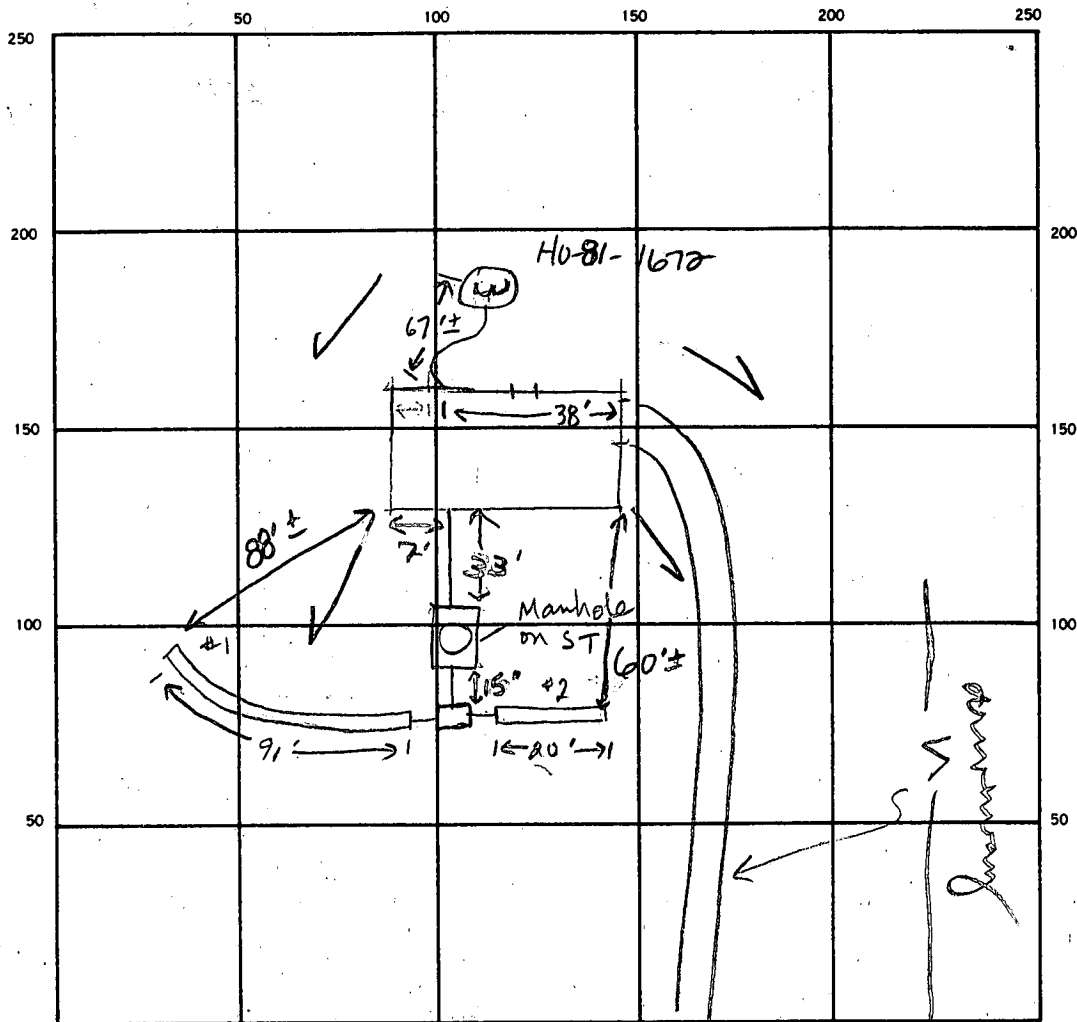
BLDG. PERMIT SIGNED
AND RETURNED 6/21/87
Serial # 54799
Inground pool

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 30406



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Pepperhorn Rd

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS Man hole

DISTRIBUTION BOX, LEVEL OK

DRAIN FIELD/TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 91 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 455 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 555 SQ. FT.

REMARKS 6/10/87 OK to cover to tank JS. 10-26-87 Manhole
on septic tank. Ok to add stone, pipe & paper to both trenches.
Ok to cover trenches. JEN

DATE SYSTEM APPROVED 11-12-87 INSPECTOR JE Nadeau

APPLICATION

#3
NEW 3

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30407

P _____

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

DISTRICT 3rd

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 James P. Wigglesworth

ADDRESS 3310 Pfefferkorn Road, W. Friendship, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Wigglesworth Property LOT NO. 3

ROAD AND DESCRIPTION Pfefferkorn Road

SIZE OF LOT 5.0 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 Dennis White

APPROVED BY Raymond Hodges FOR DRY WELL & DITCH DATE 11/18/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/17/79 - PERC OK HOLD FOR CERTIFIED PLAT
5/12/81 - VISUAL HOLES DUG OK LOT TO BE RESUBMITTED
NEW PERC PLAT NEEDED 5/19/81 DISCUSSED WITH PS. VISUAL HOLES OK NEW PERC PLAT NEEDED RH

THIS IS NOT A PERMIT

WIGGLESWORTH PROPERTY

A 3040

SUBDIVISION:

PFEFFERKORN RD.

LOT NUMBER: 5

30406

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

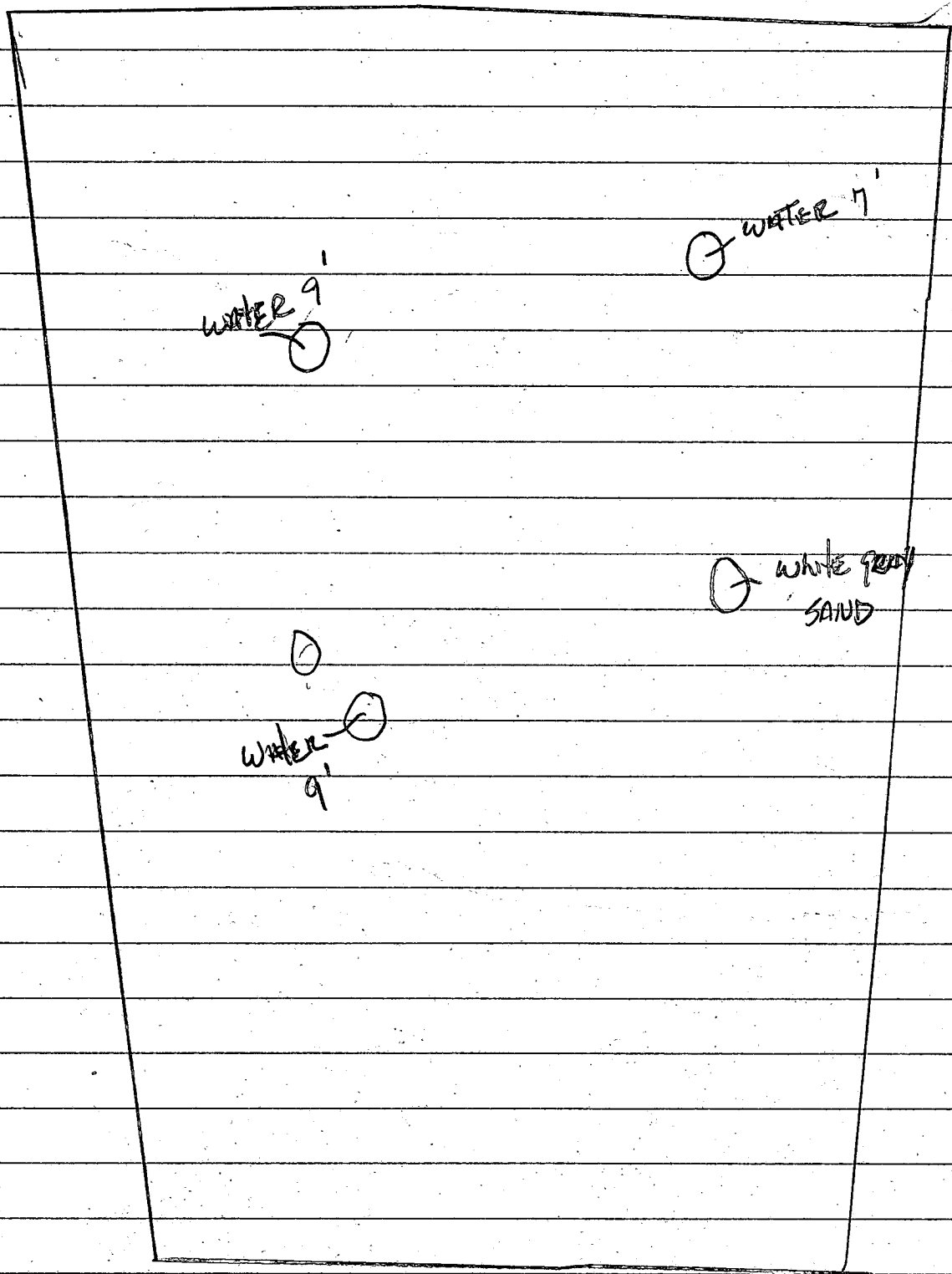
LOCATION: START THE FIRST TRENCH 120' FROM
THE BACK LOT LINE AND 110' FROM THE RIGHT
LOT LINE AS SEEN WHEN FACING THE PROPERTY
FROM PFEFFERKORN RD, RUN TRENCH(S) ALONG
CONTOUR TOWARD FRONT OF PROPERTY,

6/10/86 CW

NEW NEWS
~~Lot # 2~~
ROAD

SR 7-15-80

Not Tested



B 1 5027

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

MD-81-1072

fill in this form completely

Date Received

8 4 1 8

OWNER INFORMATION

15 Last Name: MARGUE Owner First Name: JOSEPH

36 Street or RFD: 101A RFD

57 Town: PINEY STATE 70 State 72 Zip: 21774

DRILLER INFORMATION

Driller's Name: Joseph L. Margue 77 License No. 80: 235

Firm Name: Joseph L. Margue Well Drilling

Address: 5512 Ridge Rd. Mt. Airy, Md. 21774

Signature: Joseph L. Margue Date: 7/22/86

B 3

LOCATION OF WELL

8 COUNTY: HANOVER

23 SUBDIVISION: 101A RFD

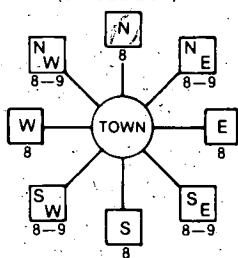
SECTION: 44 46 LOT: 48 50

52 NEAREST TOWN: PINEY STATE

MILES FROM TOWN (enter 0 if in town): 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Pufferston Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD: 225 37

ENTER FT or MI: FT

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)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HANOVER COUNTY NO.: A30406

OEP SIGNATURE: [Signature] STATE HEALTH INSERT S: []

DATE ISSUED: 07/16/86 CO SIGNATURE: B. Nolan EXP. DATE: 03/16/87

NORTH GRID: 526000 EAST GRID: 0907000

APPROXIMATE DEPTH OF WELL: 290 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

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
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] 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: [Signature] PERMIT NO.: MD-81-1072

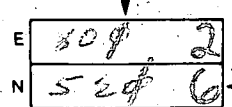
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

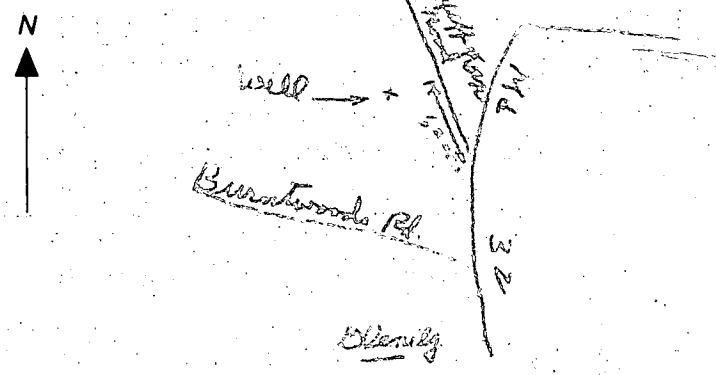
SOURCES OF DRILLING WATER

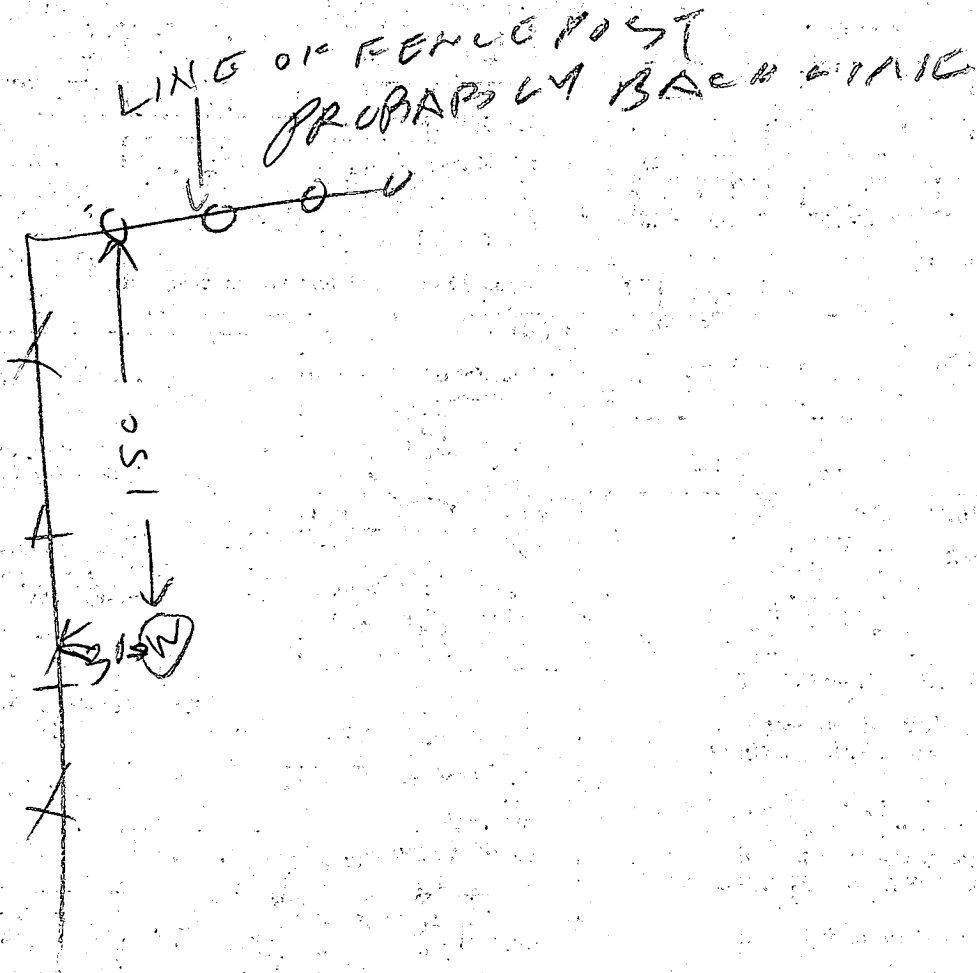
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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





ROXP

70/10/86

- ① answer 1045 Late well already
grouted Had repair system checkout first
- ② 51 FT CASING
- ③ 45 FT OPENHOLE
- ④ 11 BAGS
- ⑤ well OK

Raymond
Rodge

C1 5304

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-30406

DATE RECEIVED

Grid for date received

DATE WELL COMPLETED

10/10/82

DEPTH OF WELL

32.57

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MD-81-1672

OWNER

BURFORD

ROONEY

STREET OR RFD

PETERKORN RD

TOWN

GLENDLE

SUBDIVISION

WIGGLESWORTH

SECTION

LOT 5

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 FROM TO Check if water bearing

Table with columns for description, feet from, feet to, and check if water bearing. Includes handwritten entries: SAND, CRAY MARL, 0 45, 45 325.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

Form for grouting details: NO. OF BAGS 11, NO. OF POUNDS 1034, GALLONS OF WATER 6.6, DEPTH OF GROUT SEAL from 0 to 15 ft.

CASING RECORD

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

Form for casing details: MAIN CASING TYPE ST, Nominal diameter 6, Total depth 32.57.

SCREEN RECORD

SCREEN TYPE or open hole. insert appropriate code below

Form for screen details: SCREEN TYPE ST, DEPTH (nearest ft.) 110, 52, 32.57.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

Form for pumping test details: TYPE OF PUMP USED S (submersible).

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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)

LAND SURFACE (nearest foot)

- 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...

DRILLERS IDENT. NO. 235

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

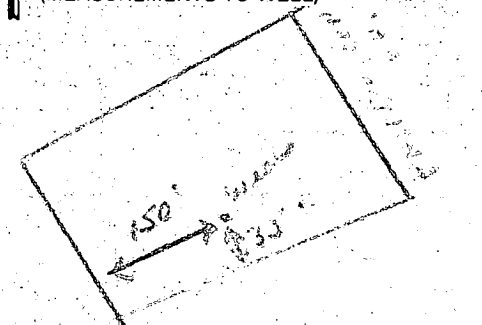
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

Form for OEP use only: T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

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)



2080.00
4/22/87

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

10/2/87

New Installation X
Replacement _____

Receipt # 39189
Date 4/22/87

Name of Installer MECHANICAL SERVICE

Telephone 1857-0520

License number 3075

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Rodney & Patti Burford Telephone 442-1728

Subdivision WIGGLESWORTH PROP. Lot # 5 Well tag # _____

Site Address 3340 PFEIFFER KORN RD
WEST FRIENDSHIP MD 21794

Pump

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

- Motor
 - 1. Horsepower 3/4
 - 2. RPM _____
 - 3. Voltage _____
 - a. 110 _____
 - b. 220 X

- Pitless Adapter
 - 1. Make TEEL
 - 2. Model # _____
 - 3. Depth 327'

- 2. Make _____
- 3. Model # _____
- 4. Capacity _____ GPM
- 5. Pump exceeds well capacity Yes _____ No X

- 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 X Other _____

Tank

- 1. Capacity _____
- 2. Pressure relief valve? _____

- Piping
 - 1. Type _____
 - 2. Size 1"
 - 3. NSF and/or BOCA Code approved _____
 - 4. Depth of supply line 42"

- Well data
 - 1. Depth _____ ft.
 - 2. Yield _____ GPM
 - 3. Static water level _____ ft.
 - 4. Will water supply be disinfected by installer? No

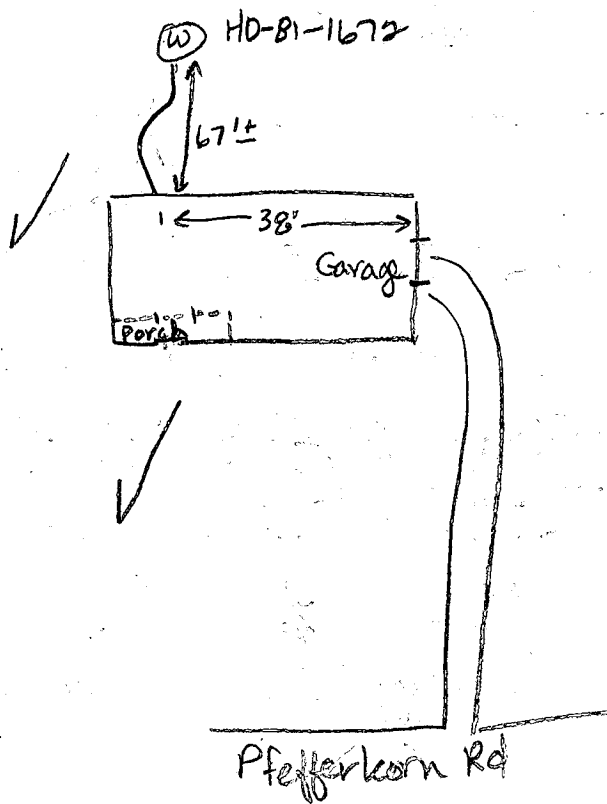
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Raymond F. God

Date: 4-22-87

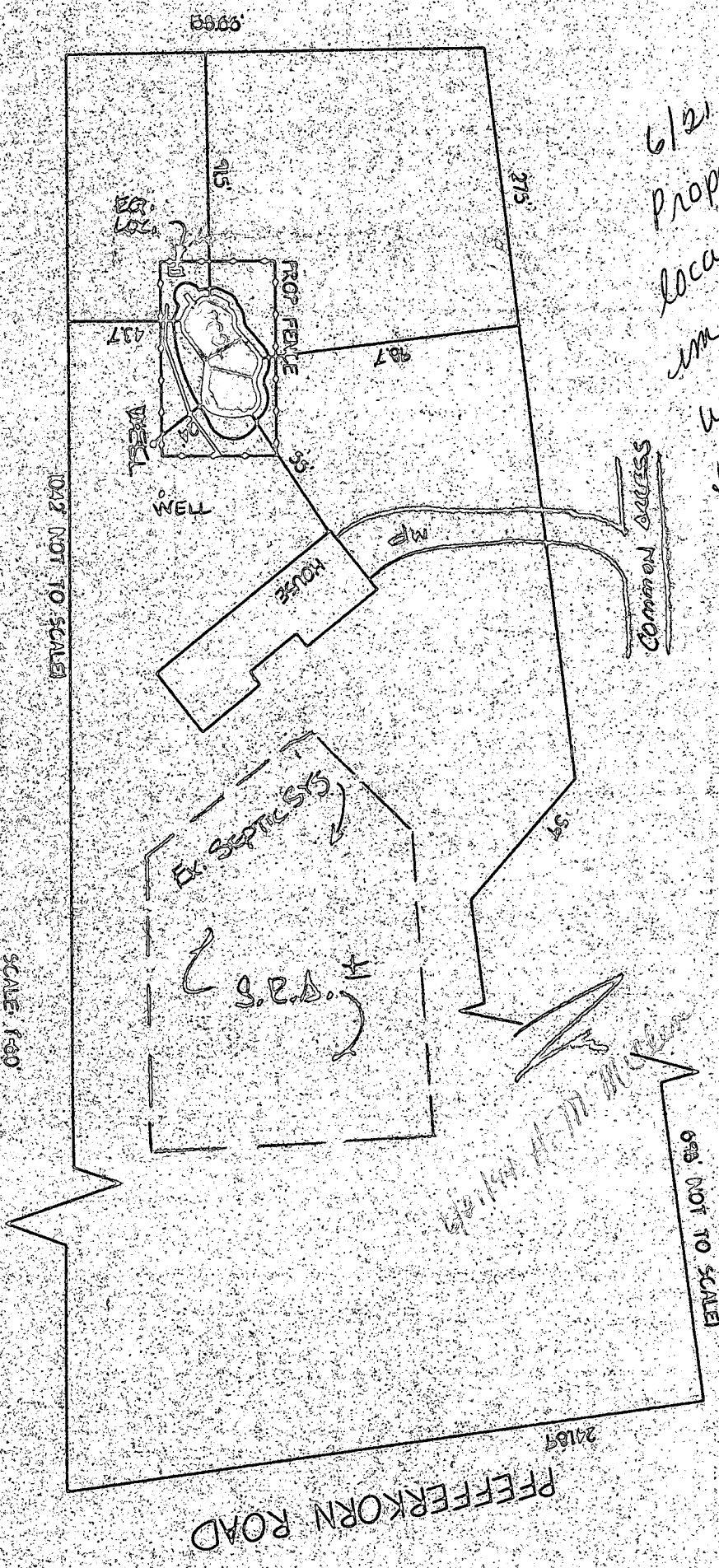
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



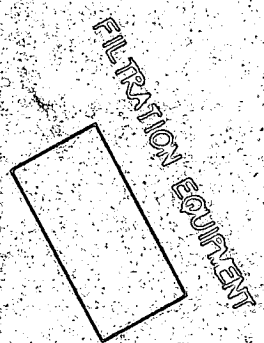
33

26
2.4

11-2-87 Pitless adaptor at 42 inches. Ground line to be connected to casing, water line covered. Trench was observed on 10-26-87. House connection is ok. JENadeau



6/21/94
 Proposed pool
 location has no
 impact to existing
 well or septic - OK
 to proceed
 A. M. Miller



PEFFERKORN ROAD