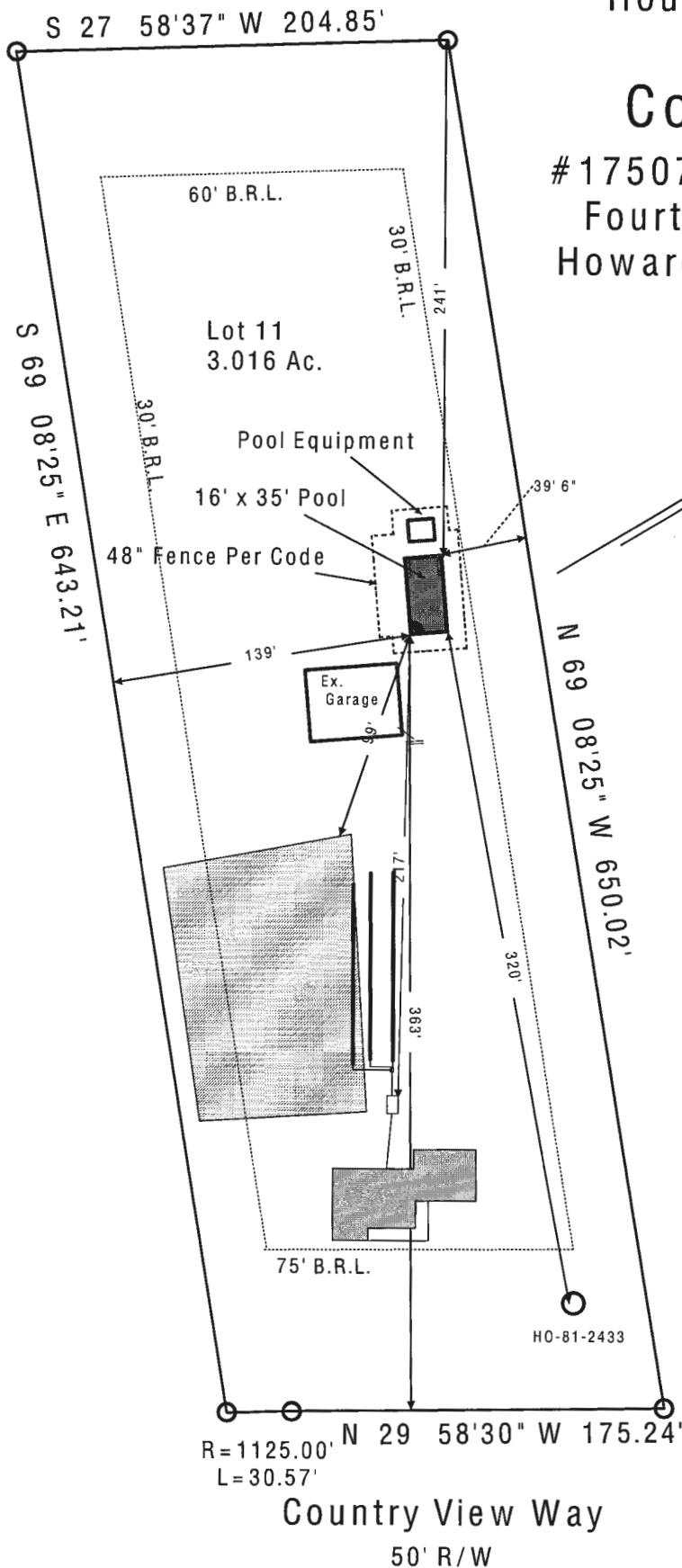


House Location Survey
Lot 11

Country View

#17507 Country View Way
Fourth Election District
Howard County, Maryland



Approved Septic System Plan
Howard County Health Department
Dana Beard 10-2-20
Signature Date

B20803337

R=1125.00'
L=30.57'
Country View Way
50' R/W

Scale: 1/50" = 1 ft

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B20003337	09/30/2020
Description of Work		
SFD/ INSTALL 16' X 35' INGROUND SWIMMING POOL WITH FENCE TO CODE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
17507	COUNTRY VIEW	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.12499	39.35089
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
830334	124	3.01	220000	496200	276200	RURAL
Legal Description						
IMPSLOT 11 3.016 A[]17507 COUNTRY VIEW WAY[]COUNTRY VIEW						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	11	604001	5				
Plan Area	State Tax Id		Subdivision Name				
	1404345843		COUNTRY VIEW				
Section	Area		Tax Map				
			2				
Grid	Zoning District		ADC Map				
2-19	RC-DEO		4690-K4				
SDP No.	Final Plan No.		WP File No.		Primary		
					Yes		
Record Plat No.	WS Contract No.		FDP No.				
7320							
Owner Occupied	Year Built		Historic District				
<input type="radio"/> Yes <input type="radio"/> No	1988		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area		Flood Plain				
	4-04		<input type="radio"/> Yes <input checked="" type="radio"/> No				

City	State	Zip Code
Walkersville	MD	21793
Phone	Cell	Fax
301-748-8253	301-748-8253	
E-mail *		
lrsgds2773@gmail.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
20000	0	0	No
Construction Type			
--Select--			

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Water Supply *	Sewage Disposal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool	E20004362	3/30/2021	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Related Records

« 1 »

<u>Permit Number</u>	<u>Record Type Alias</u>	<u>Status</u>	<u>Number</u>	<u>Street Name</u>	<u>Opened Date</u>	<u>Des</u>
B20003337	Residential Pool or Spa Permit	Review In Process	17507	COUNTRY VIEW	09/30/2020	SFI
E20004362	Residential Electrical Miscellaneous Permit	Ready for Issuance	17507	COUNTRY VIEW	10/01/2020	Wr

« 1 »

Submit Cancel

4/14/88

04-345843

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 41226

A 35528

DISTRICT 4th

DATE 3/10/88

DATE SYSTEM APPROVED 7-14-88

INSPECTOR JEN

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Dave Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Country View ROAD 17507 Country View Way LOT 11

PROPERTY OWNER ~~Barnard Construction Company~~ MARK SHAFFER
ADDRESS 17507 Country View Way

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

194
288 ft trenches
31776
288

TRENCHES - 194 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 2 1/2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Place the distribution box 150 feet from the front lot line and 100 feet from the left side of the lot as seen when facing the lot from Country View Way. Run the trenches on contour toward the back lot line.

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

PLANS APPROVED BY R. Hodges DATE 9/08/87

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

DUPLICATE PERMIT SHOWN
DATE RETURNED 6-9-99
Serial # B10119549
dick

A 35528

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EN - 2-1186

APPLICATION

SEWAGE DISPOSAL TESTING

A 35521

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4TH

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE May 3, 1985

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 Richard M. Hough BARNARD Construction Co.

ADDRESS 17591 Route 144 PHONE 489-4014

PROPERTY LOCATION:

SUBDIVISION Hough Property COUNTRY VIEW LOT NO. 11

ROAD AND DESCRIPTION On Maryland Route 144, 600'± East of Long Corner Rd.

17507 Country View Way

SIZE OF LOT 3 Acres + TYPE BLDG. 4 Bedroom
(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.

Daphis M. Rusli

(SIGNATURE OF APPLICANT)

APPROVED BY S. Mue FOR Shallow Trenches DATE 2-19-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/19/85 PERC OK Hold FOR PLAT ORH

9/8/87 Spec written BJD

BLDG. PERMIT SIGNED
AND RETURNED 2-19-88 BP16805
S. Mue

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 3552P

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4TH

DATE May 3, 1985

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 Richard M. Hough

ADDRESS 17691 Route 144 PHONE 489-4014

PROPERTY LOCATION:

SUBDIVISION Hough Property Company & Sec LOT NO. 11

ROAD AND DESCRIPTION On Maryland Route 144, 600'± East of Long Corner Rd.

SIZE OF LOT 3 ACRES + TYPE BLDG. 4 Bedroom
(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. Dennis M. Rusli
(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

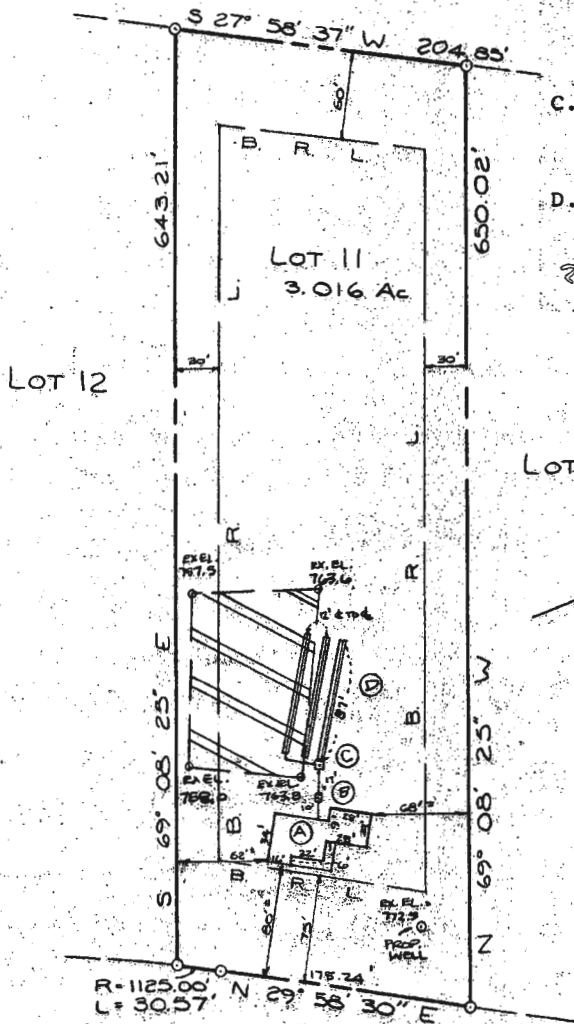
J. E. MILLER
1010/720

A. PROPOSED HOUSE
F.P. El. = 772.0
Bsmt. El. = 763.5
Inv. Out = 763.1 + BSMT

B. PROPOSED SEPTIC TANK
Ex. El. = 765.0
Inv. In = 762.3
Inv. Out = 762.0

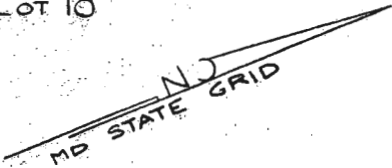
C. PROP. DISTRIBUTION BOX
Ex. El. = 765.5
Inv. In = 761.8

D. PROPOSED TRENCHES
3 @ 87' (length) - OK FOR
Inv. El. = 761.5 4BK house
2.5' of stone
6 1/2' bottom max.



2/19/88
elevations
S.M.

Lot 10



BLDG. PERMIT SIGNED
AND RETURNED 2-19-88
B.P. 16805
S.M.

COUNTRY VIEW WAY
50' R/W

PLOT PLAN
LOT 11 (PLAT 1 OF 2)
COUNTRY VIEW
17507 COUNTRY VIEW WAY
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1" = 100' FEBRUARY 1988



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC
Engineers • Surveyors • Planners
310 South Main Street, Mount Airy, Maryland 21771
13011 829-2890 13011 831-5015

REFERENCE	JOB NO.
PLAT # 7320	80-1786

N0555

B 7 5736 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 33 ON ALL CARDS)

STATE OF MARYLAND 11/25/87
PERMIT TO DRILL WELL 9:00
please print or type

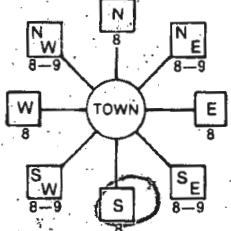
OEP PERMIT NUMBER
HO-81-2433
fill in this form completely

Date Received 110287
OWNER INFORMATION
BARRANI SANY
1035 ST MICHAELS RD
MT AIRY MD 21201

B 3 LOCATION OF WELL
Howard COUNTY
COUNTRY VIEW
SECTION 44-46 LOT 11
APPLAR SPRINGS
MILES FROM TOWN 1 MI

DRILLER INFORMATION
Ralph MAYNE
Ralph MAYNE (well drilling)
9120 Brown Church Rd Mt Airy
Ralph Mayne 10/28/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD COUNTRY VIEW WAY
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 400 FT
ENTER FT or MI 44



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

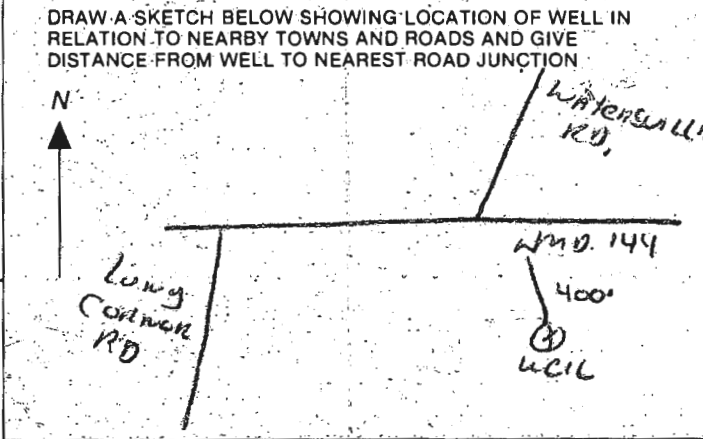
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 35528 COUNTY NO.
DATE ISSUED 11/19/87
CO SIGNATURE Sidney Abel 05-18-88
NORTH GRID 552000 EAST GRID C764000

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 HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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
E 7694
N 5502

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)
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 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 INITIALS IN BOX HO-81-2433
PERMIT NO. HO-81-2433

SPECIAL CONDITIONS

① Well already grouted drive 1120 ft
out at 930.

② 22 ft casing

③ 20 ft open hole

④ 5 bag cement

⑤ Location OK

11/25/87
B. Hodge

C1 2033 SEQUENCE NO. (OEP USE ONLY)
 1 2 3
 (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. 35528

DATE Received [] DATE WELL COMPLETED 113087 Depth of Well 22 185 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" MO-81-2433

OWNER BARWARD CAREY last name first name TOWN TOPKAP SPRINGS
 STREET OR RFD COUNTRY VIEW WAY
 SUBDIVISION COUNTRY VIEW EST SECTION LOT 11

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	
Brown Shale	2	10	
Brown Slate	10	15	
Blue Slate	15	50	
Brown Slate	50	55	✓
Blue Slate	55	185	

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 6 NO. OF POUNDS 36
 GALLONS OF WATER 36
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

CASING RECORD
 casing types insert appropriate code below
 STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)
 MAIN CASING TYPE PL 4 22
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 STEEL (ST) BRASS (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

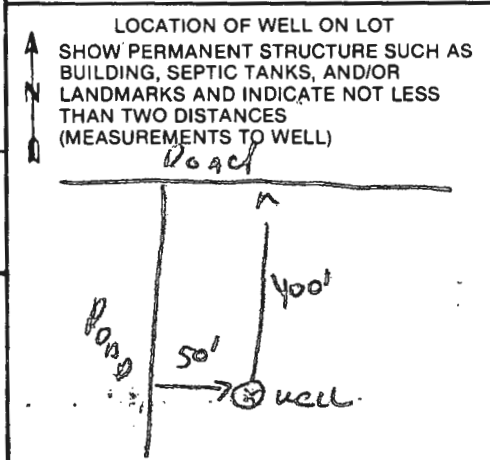
C2 DEPTH (nearest ft.)
 1 HO 20 185
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 7
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 52 WHEN PUMPING 55
 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) LAND SURFACE (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
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 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
Replacement

35528

Receipt # 41306
Date 3/22/88

Name of Installer J. Jos. Gartland Inc.

Telephone 875-2400

License number 1713

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Barnard Bros. Const. Inc. Telephone 489-7621

Subdivision COUNTRY VIEW ESTATES Lot # 11 Well tag # - - -

Site Address 17507 COUNTRY VIEW CT.

Pump

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

2. Make Goulds

3. Model # 1DEJOC422

4. Capacity 10 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

Motor

1. Horsepower 1/2

2. RPM

3. Voltage

a. 110

b. 220

Pitless Adapter

1. Make HARVARD

2. Model # PT-800

3. Depth 42"

Tank

1. Capacity 42 gal

2. Pressure relief valve? 75 PSI

Piping

1. Type PLASTIC

2. Size 1"

3. NSF and/or BOCA Code approved Yes

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?

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: 3/22/88

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

4/14/88

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 _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller RM Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision COUNTRY VIEW EST Lot # 11 Well Tag # HO-81-2433

Site Address 17517 COUNTRY VIEW LANE

A 35528

Pump

Motor

Pitless Adapter

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

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

1. Make _____
2. Model # _____
3. Depth _____

Tank

Piping

Well data

1. Capacity _____
2. Pressure relief valve? _____

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

1. Depth 185 ft.
2. Yield 9 GPM
3. Static water level 52 ft.
4. Will water supply be disinfected by installer? _____

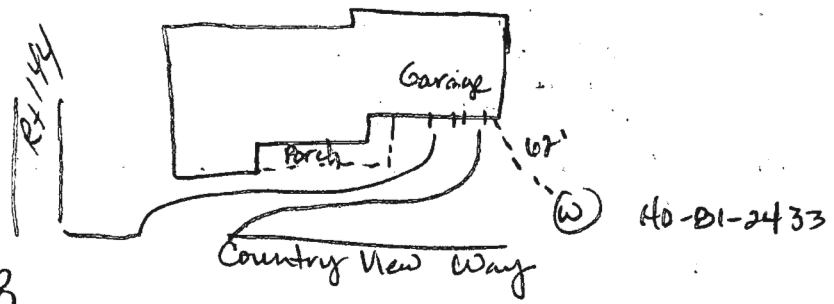
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: _____

Date: _____

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



4-14-88

Pitless adaptor at 36 inches. No ground, plastic casing.
 Well line covered, House connection covered, but cemented
 on inside. No pump tank installed yet JENadeau

40-21-2433
 4-14-88

