



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 5319 AERIE COURT  
 City: CLARKSVILLE State: MD Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: S.F.D  
 Proposed Use: S.F.D  
 Estimated Construction Cost: \$ 4,100.00  
 Description of Work: REMOVE ROOFTOP DECKING & RAILING AND APPLY ROOFING COATING. REPLACE DECKING AND RAILING.

Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: MANUEL & CHRISTINE MIRANDA  
 Address: 5319 AERIE COURT  
 City: CLARKSVILLE State: MD Zip Code: \_\_\_\_\_  
 Phone: 301-529-2598 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: NOONAN CONSTRUCTION  
 Contact Person: BRIAN NOONAN  
 Address: 9625 WHITECRE RD. STE #C4  
 City: COLUMBIA State: MD Zip Code: 21045  
 License No.: 19303  
 Phone: 443-474-7853 Fax: 410-997-3020  
 Email: BRIAN@GONONAN.COM

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Brian Noonan  
 Applicant's Signature  
BRIAN@GONONAN.COM  
 Email Address  
OWNER  
 Title/Company

BRIAN NOONAN  
 Print Name  
 \_\_\_\_\_  
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

**-FOR OFFICE USE ONLY-**

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>11-27-18</u>	<u>DP Bernard</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

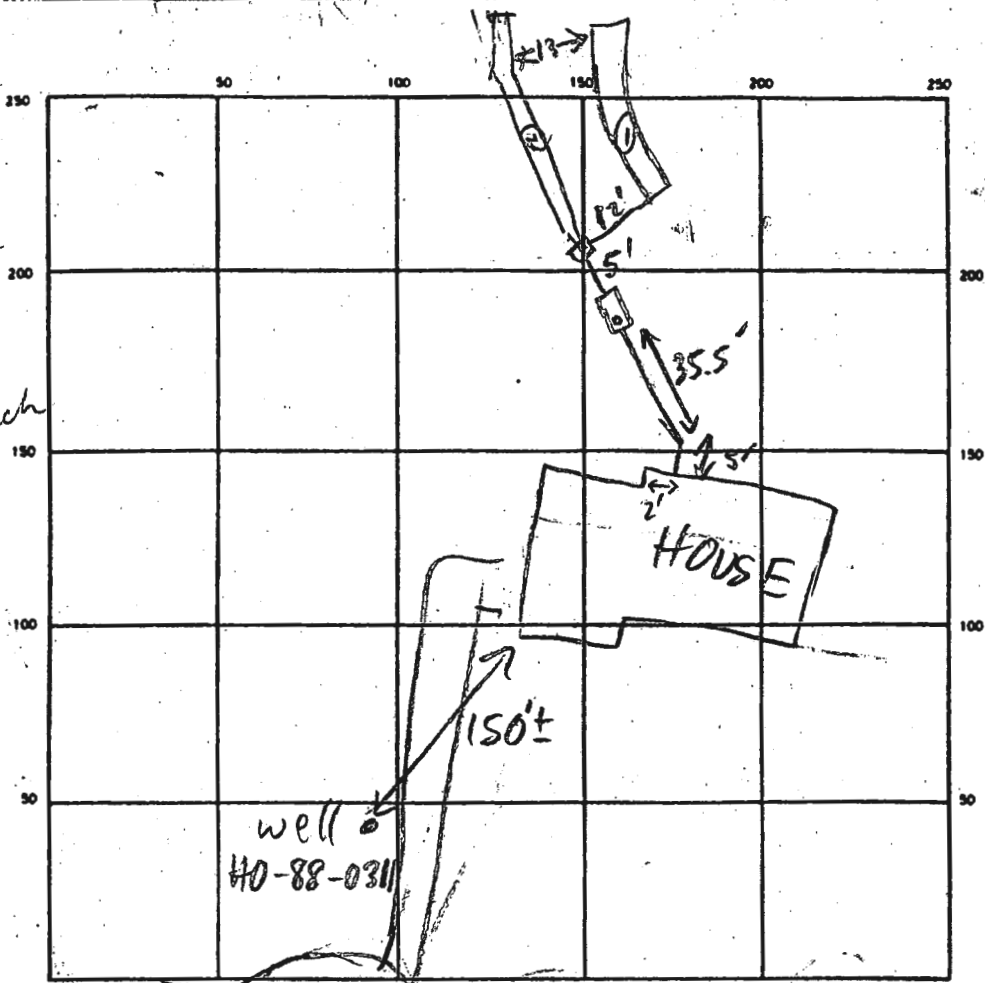
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA





2' COR  
 5 H B  
 35 1/2 B-T  
 5 F-B  
 12 B-Trench  
 65



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 AETICIE CT

SEPTIC TANK. LEVEL 1250 GAL OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK - BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 105 | 111 | TOTAL FT 216

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 864 SQ FT.

DRYWELL INSIDE DIAMETER      FT EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS 3/1/90 TRENCH #0 DUG TO 65', CONTINUE, BACKFILL  
HOUSE TO DB MR  
3/2/90 TRENCH #1 DUG 105 FT & SOME STONE ADDED & R  
3/2/90 TRENCH #1 & #2 OK ROK

DATE SYSTEM APPROVED 3/2/90 INSPECTOR Raymond Hodges

# APPLICATION

PERCOLATION TESTING

A 40037

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 9-1-87

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 Smith Roberts Assoc. ANTHONY CAPITANO

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

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

PROPERTY LOCATION:

SUBDIVISION Falbot Property Eagle Point Landings PT NO. 4

ROAD AND DESCRIPTION Few Oaks Rd 5329 Aeries Ct.

TAX MAP 28 PARCEL # 46-A

SIZE OF LOT 3 acres TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Mark D. Rein  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deputy DATE 6-19-87

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

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

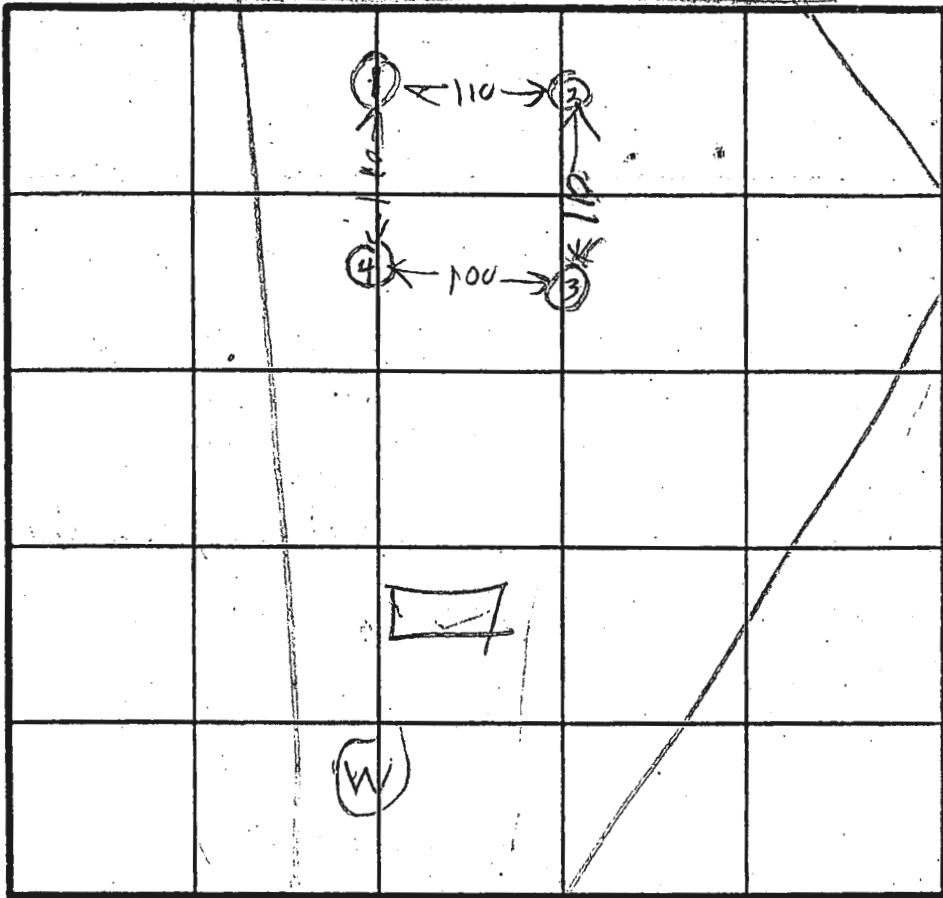
REASONS FOR REJECTION OR HOLDING 10/6/87 Perc OK Hold for Plat B/H

1/19/89 Prelim Perc OK B/H

EMDG. PERMIT SIGNED  
AND RETURNED 6-17-87  
8127088  
8A

# THIS IS NOT A PERMIT

Lot 4



HOLE ELEVATIONS  
 (1) 4 HIGH  
 (2) 5 LOW  
 X PERC  
 8 MIN  
 INLET 3"  
 BOTTOM 7"  
 170 # 1BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0  
 3  
 CLAY  
 BROWN  
 PINK  
 ORANGE  
 SANDY  
 LOAM

2  
 3  
 BROWN  
 CLAY  
 PINK  
 ORANGE  
 SANDY  
 LOAM

3  
 3 1/2  
 BROWN &  
 CLAY &  
 TOP SOIL  
 PINK  
 BROWN  
 SANDY  
 LOAM

4  
 2  
 BROWN  
 CLAY  
 PINK  
 BROWN  
 SANDY  
 LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/16/87	1 S	4	200	207	204	206	4
	1 D	7	201	204	204	206	2
	1 V	12	OK				
	2 S	4	221	222	222	224	2
	2 V	12	OK				
	3 S	4	225	240	240	303	23
10/16/87	3 V	11	OK				
	4 V	12	OK				

REMARKS: Holes dug per surveyor Plat  
 TYPE OF SOIL: \_\_\_\_\_  
 TESTED BY: R. HODGES  
 ALSO PRESENT: O. KETTERMIA

EH-12-1079

1209-1214
1217-1229
1233-1292
1234-1237
1264-1268
1269-1308
1289-1218
1292-1221
1315-1316
1322-1378

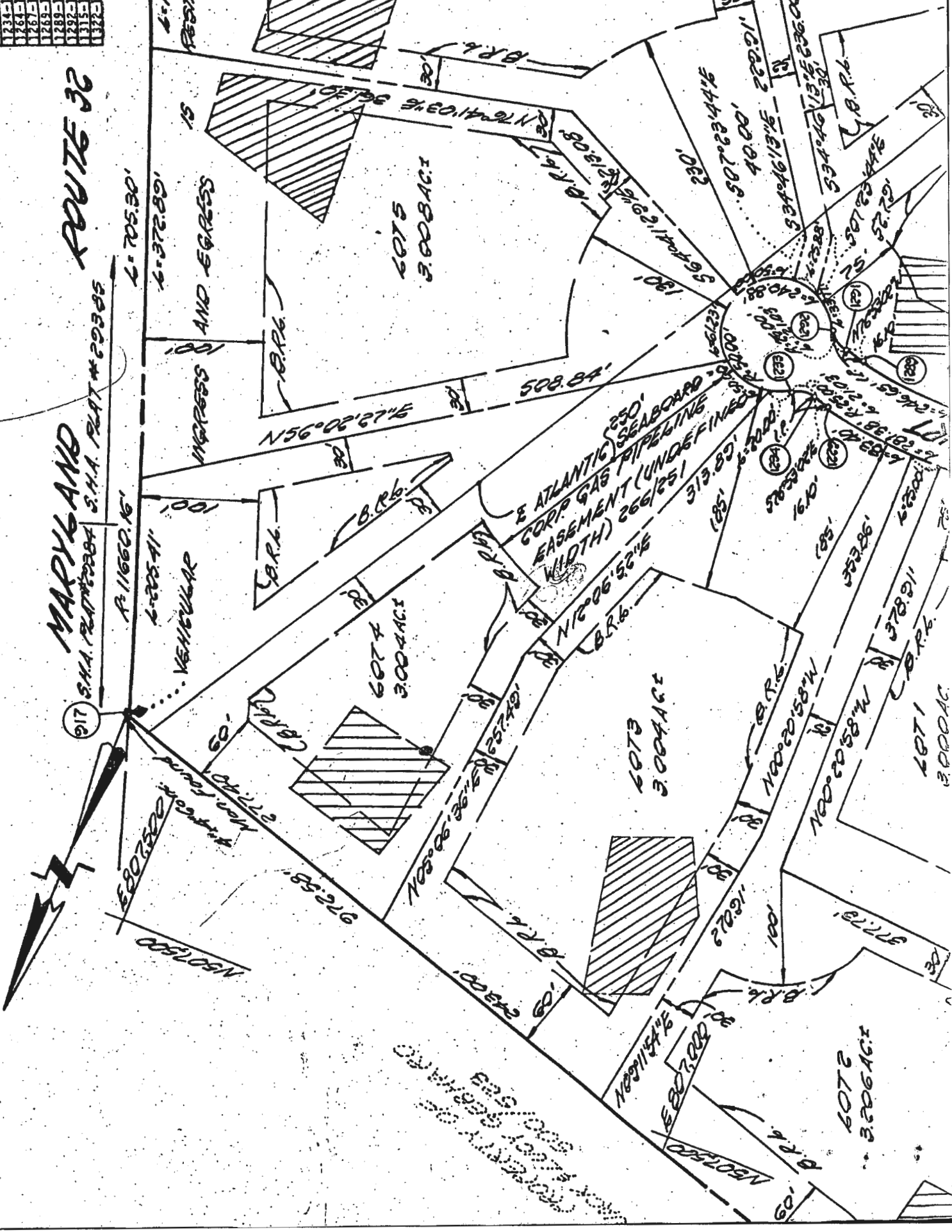
S.A. PLAT # 29385

C.± 0.239AC.± 3.085AC.±

**ROUTE 32**

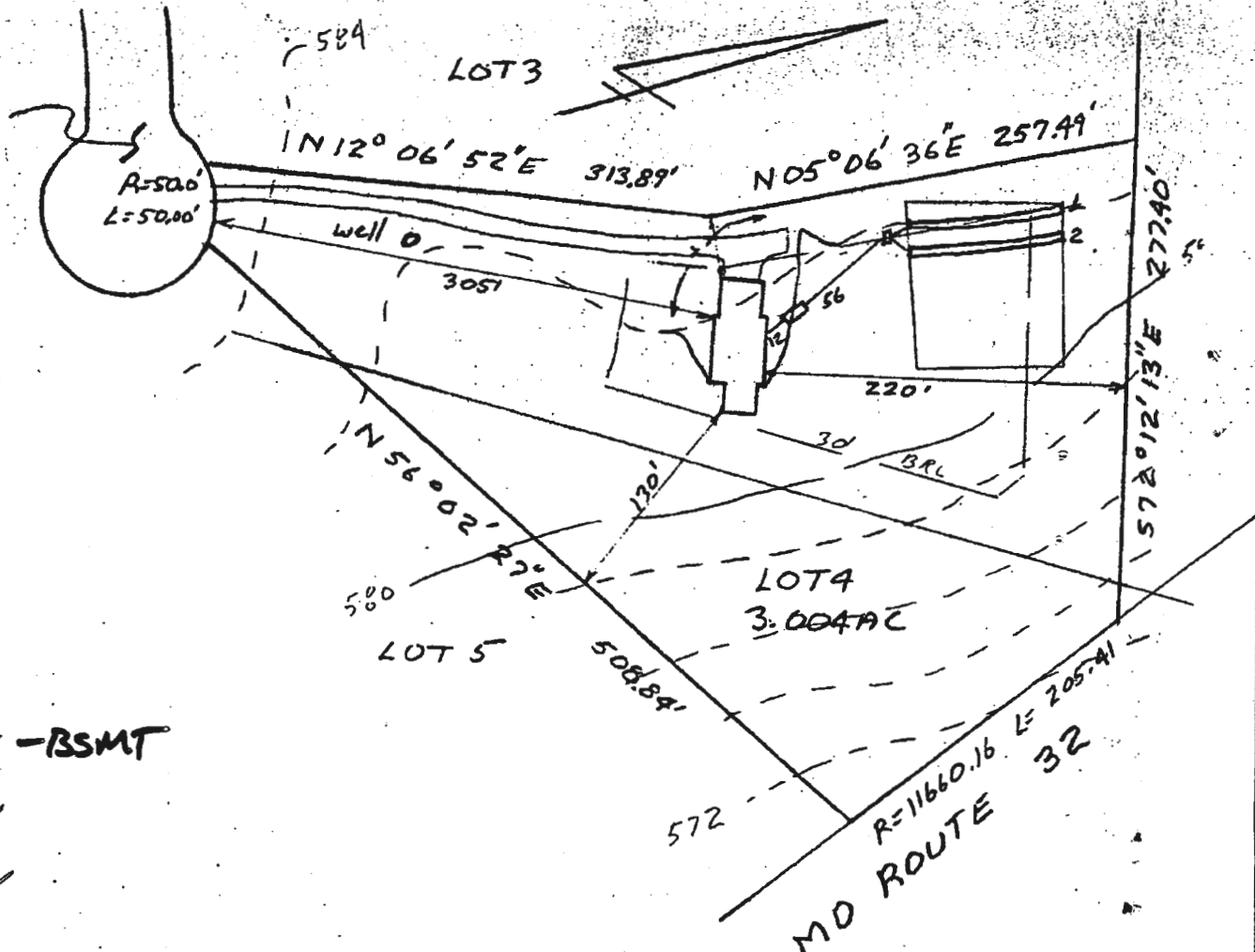
**MARYLAND**

S.A. PLAT # 29385



PROPERTY OF

AERIE COURT



HOUSE:

FIRST FLOOR 584.0 ✓  
 BASEMENT 575.0 ✓  
 INVERT 579.28 ✓ -BSMT

SEPTIC TANK:

EXISTING GRADE 581.9 ✓  
 PROPOSED GRADE 582.0 ✓  
 INVERT IN 579.03 ✓  
 INVERT OUT 578.78 ✓

DISTRIBUTION BOX:

EXISTING GRADE 581.9 ✓  
 PROPOSED GRADE 581.9 ✓  
 INVERT IN 576.2 ✓  
 INVERT OUT 578.1 ✓

TRENCHES:

	# 1	# 2
EXISTING	582.0 ✓	581.8 ✓
INVERT	578.0 ✓	577.8 ✓
BOTTOM	574.0	573.8
STONE	4.0	4.0
WIDTH	2.0	2.0
LENGHT	100	100

ENG. PERMIT SIGNED  
 AND RETURNED 6-19-89  
 BP27188  
 SH

I certify the above measurements and elevations to be true and actual for this property.

*J. Carl Hudgins*  
 J. Carl Hudgins

PLOT PLAN

LOT 4  
 EAGLE POINT LANDING  
 FIFTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 TAX MAP 28 PARCEL 46  
 SCALE 1"=100' DATE 6-13-89

B 1	6803	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER <b>40-88-0311</b>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>			<small>please print or type</small> <small>fill in this form completely</small>	

**Date Received (APA)**  
11/10/88

**OWNER INFORMATION**

Last Name: **CARITANO** Owner First Name: **ANTHONY**

Street or RFD: **4280 TEM OAKS ROAD**

Town: **DAYTON** State: **MD** Zip: **21036**

**LOCATION OF WELL**

COUNTY: **HOWARD**

SUBDIVISION: **PAGLE POINT**

SECTION: **44** LOT: **4**

NEAREST TOWN: **DAYTON**

MILES FROM TOWN (enter 0 if in town): **1** MI

**DRILLER INFORMATION**

Driller's Name: **Frank Delph** License No. **453**

Firm Name: **Frank Delph Well Drilling, Inc.**

Address: **18234 Penn Shop Rd. Marry Md.**

Signature: *Frank Delph* Date: **11-10-88**

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**NEAR WHAT ROAD**: **Aerie Ct.**

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

**DISTANCE FROM ROAD**: **175** FEET

**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**

COUNTY NAME: **Howard** COUNTY NO.: **A 40037**

STATE SIGNATURE: \_\_\_\_\_ INSERT S

DATE ISSUED: **11/17/88** CO SIGNATURE: *Craig Williams* EXP. DATE: **5/17/89**

NORTH GRID: **807000** EAST GRID: **0507000**

APPROXIMATE DEPTH OF WELL: **200** FEET

APPROXIMATE DIAMETER OF WELL: **6** INCH

**SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**

SOURCES OF DRILLING WATER:  
1. **well water**

WRITE THE BOX NUMBER FROM THE MAP HERE

↓

E	500 7
N	400 7

000 000

**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)**

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)*

APPROX. PERMIT NUMBER: \_\_\_\_\_ GAP \_\_\_\_\_

FORCE **CW** INITIALS IN BOX PERMIT NO. **40-88-0311**

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

**SPECIAL CONDITIONS**

988-9178

1012

5/25/89

① Well already grouted

② 45 ft pipe

③ 35 ft open

④ 9 Bags

⑤ Location OK

⑥ Got information from Dave Delfs  
Frank Butler

C1 6660 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 40037

DATE RECEIVED

DATE WELL COMPLETED 05/18/87

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0311

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Shale, MIKA, Sandstone, MIKA, Sandstone, MIKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS

CASING RECORD casing types insert appropriate code below ST CO PL OT

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) HO 35 260 SLOT SIZE DIAMETER OF SCREEN

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

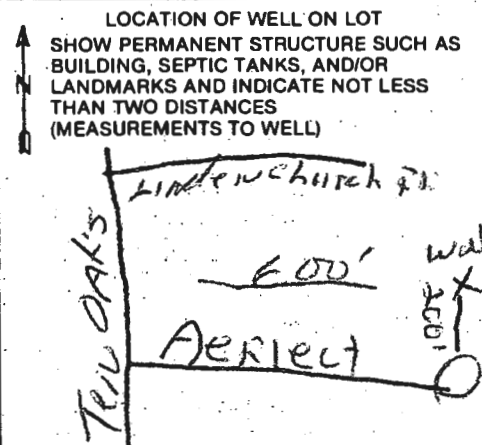
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q. TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

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

COUNTY

3/9/90

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 # 45641  
Date 3/5/90  
Name of Installer Robert A. Thurman Telephone \_\_\_\_\_  
License Number 17380  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner CAPTANO CUSTOM CON. Telephone 9889178  
Subdivision EAGLE POINT LAND Lot # 4 Well Tag # HU-09-0311  
Site Address 5319 ARELE COURT, CLARKSVILLE, MD

Pump Motor Pitless Adapter  
1. Type 1. Horsepower \_\_\_\_\_ 1. Make \_\_\_\_\_  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
c. Submersible \_\_\_\_\_ a. 110 \_\_\_\_\_  
2. Make JANUZZI b. 220 \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity 17 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 \_\_\_\_\_

Tank Piping Well data  
1. Capacity \_\_\_\_\_ 1. Type Poly 1. Depth \_\_\_\_\_ ft.  
2. Pressure relief valve? YES 2. Size 1" 2. Yield \_\_\_\_\_ GPM  
3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level \_\_\_\_\_ ft.  
4. Depth of supply line \_\_\_\_\_ 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: Robert C. J.

Date: March 10, 1990  
3/9/90 OK TO COVER OUTSIDE WORKS

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.  
PRESSURE TANK NOT INSTALLED R/H