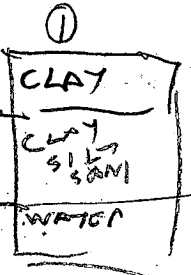
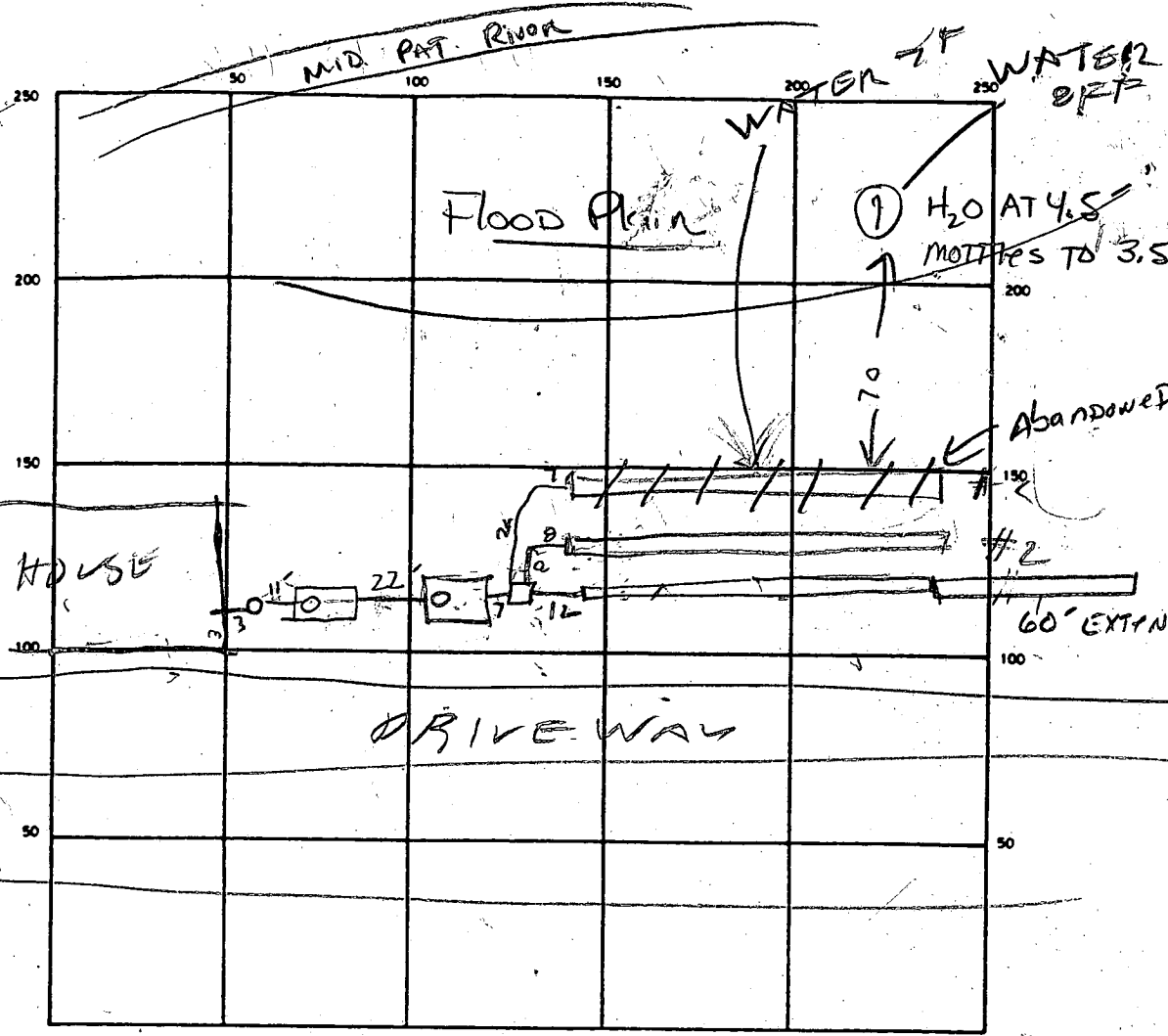


BUILDING CHASSIS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500/1500 GAL

CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 7/7 FT. TRENCH WIDTH 2/2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 80/82/84 FT. TCF 222

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/5/89 LOCATION OK - FILL LOWEST DITCH IN ADD 60 FT LENGTH TO HIGHEST DITCH.

4/5/89 - TRENCH #3 FILLED IN STONE ADDED TO TRENCH #2. EXTEND TRENCH #1 & ADD STONE TRENCH TO BE 140 FT

LONG 7 FT DEEP 4 FT 4-7-89 Place 1500 GAL TANK 7-10' FROM HOUSE IF UNABLE CALL H.D. S&B

ALL REPAIRS TO BE PUMPED. C.W.

DATE SYSTEM APPROVED 4/21/89

INSPECTOR S. Abel

APPLICATION

PERCOLATION TESTING

A 40393

P _____

*Rec'd
10/15/87
9:30 AM*

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

DISTRICT 5TH

DATE Oct 27, 1987

MR. SOSINSKI will meet
AT END OF BRADON WOOD DR.

(TURN LEFT AT
END OF BRADON
THEN STAY RIGHT,
ALL THE WAY BACK
ALONG THE RIVER.)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

SA

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

PROPERTY OWNER Timothy Sosinski

ADDRESS 6170 Clearsmoke Ct., Columbia Md 21045 PHONE (301) 730-6255 ^{Home} 730-2300 ^{Office}

PROSPECTIVE BUYER Same as owner

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Currently: Lot 3 Watsonettes
Previously approved as: Chapel Woods II - Lot 26 LOT NO. Lot 3 - Watsonettes
Lot 26 - Chapel Woods II

ROAD AND DESCRIPTION Off Private Drive, off Bradon Wood, off Rte 108 (Chertsville Pike)
near Middle Patuxent River Bridge

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10.53 Acres TYPE BLDG Single Family Dwelling
(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

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0

SEE SPEC RECORD
FOR OBSERVATION
FAIL60 - WATER AT 8'

OK TO INSTALL AT DESIRABLE LOCATION
TO ACCOMMODATE
FUTURE PUMP PIT
ON HIGHER GROUND

DESIRABLE LOCATION
PUMP PIT
DATE
REPAIR
HIGHER GROUND
4/28/89
C. [Signature]

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

38342

A 37705

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 9/24/86

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 John Mikolosko

ADDRESS 5510 - 201 Stenett Place PHONE 740. 4466
Columbia, Md. 21044

PROPERTY LOCATION:

SUBDIVISION Chapel Woods II LOT NO. ~~32~~ ^{new} 26

ROAD AND DESCRIPTION Rt. 108

SIZE OF LOT ± 5.0 acres TYPE BLDG. Residential
(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.

(SIGNATURE OF APPLICANT)

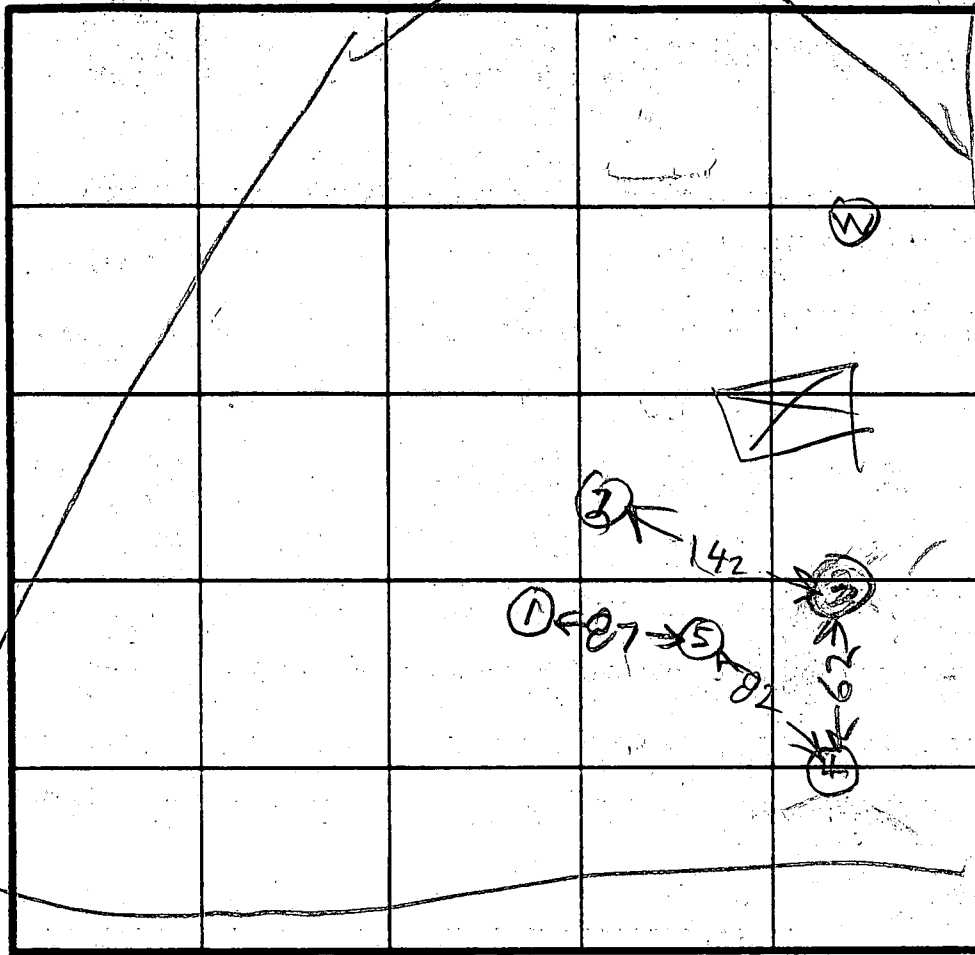
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/20/86 PERC OK HOLD FOR PLAT

THIS IS NOT A PERMIT



HOLE ELEVATION
 (2)(3) = HIGH
 (5) MEDIUM
 (1)(4) LOW

N ALL SANDY

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SOIL PROFILE
 0
 2
 11
 CLAY
 LIGHT BROWN
 BROWN
 WHITE
 GRAY
 SAND
 LOAM

3
 2
 13
 (2)
 BROWN CLAY
 BROWN SAND LOAM
 20% COBBLES
 BROWN GRAY SAND LOAM

3
 13
 (3)
 CLAY BRICKS
 BROWN SAND LOAM
 FEW COBBLES

0
 10
 (4)
 ALL BROWN SANDY LOAM
 EEL-12-1079

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/15/86	1S	5.5	138	139	139	140	1
	1V	11	LOOKS O.K.				
	2S	5	143	144	144	145	1
	2V	13	LOOKS O.K.				
	3S	5	153	154	154	156	2
	3V	13	O.K.				
10/17/86	4S	4.5	201	203	203	206	3
	4V	10 1/2	LOOKS O.K.				
	5	10	LOOKS OK SANDY				

air temp
 2 min
 max depth
 3 ft

REMARKS _____

TYPE OF SOIL _____

TESTED BY: R. HODGES

ALSO PRESENT 2 MIKOLASCO S
 RICK Pacheco

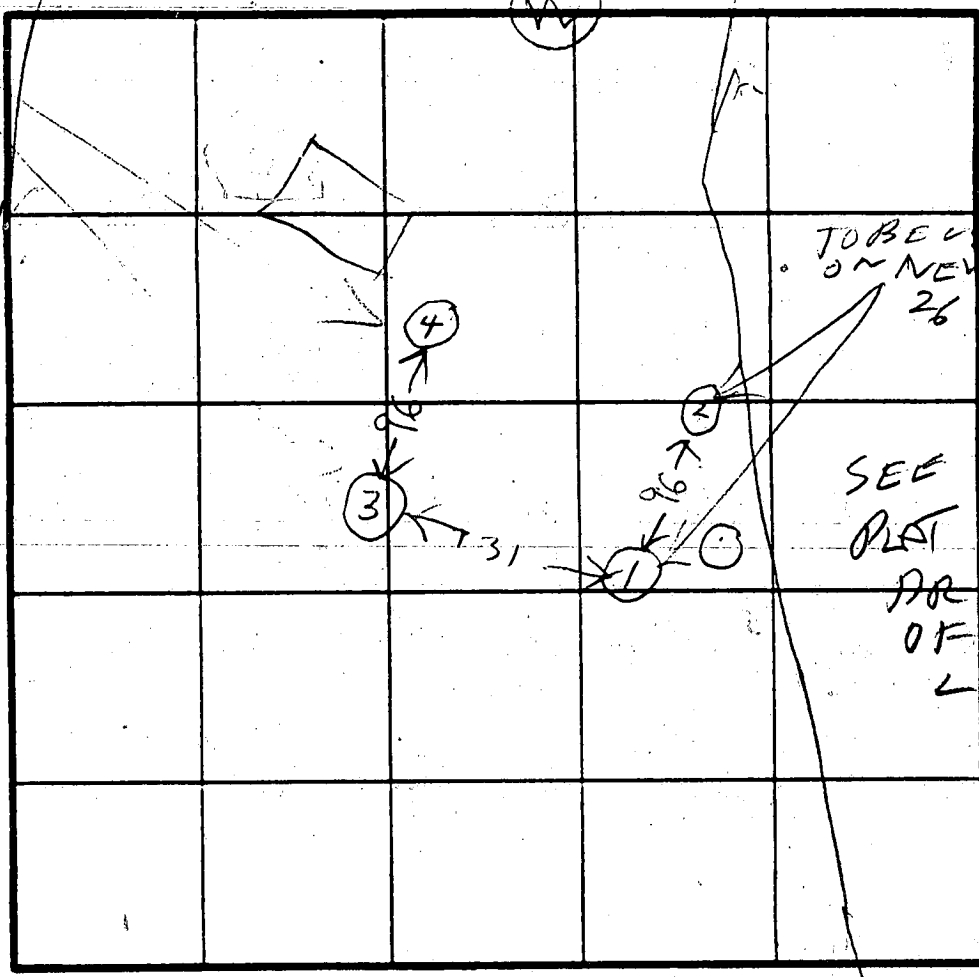
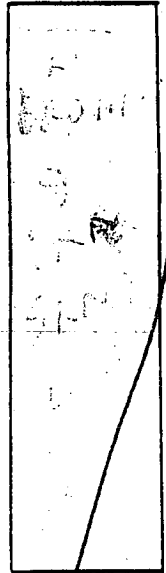
Lot 3 10000
 ON
 NEW LOT

Lot 3

(5)

CLAY
 ALL SAND
 LOAM

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLD ELEVATION
 (2)(4) 21 HIGH
 (1)(3) 2 LOW

CLAY
 GRAY
 3 1/2
 3
 BROWN
 3
 DARK BROWN SAND LOAM
 BROWN
 SAND
 CLAY
 BROWN
 SAND
 CLAY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/11	1	12	1253	1254	1254	1255	1
	2	12	OK	OK	OK	OK	
	3	4.5	106	110	110	135	16
	4	12	111	112	112	117	5
	5	6	232	232	232	202	10
	6	12	SAND	OK			
							11:47

dur
 temp
 14 MIN
 max
 depth
 5 FT
 Results

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY A.H. [unclear] ALSO PRESENT [unclear]

APPLICATION

38342
~~38342~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT

5 B

DATE

12/31/86

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

~~IHH Partnership~~ TIM SOSINSKI

ADDRESS

5570-201 Starnett Place
Columbia, Md, 21044

PHONE

740-4466

PROPERTY LOCATION:

SUBDIVISION

Chapel Woods II

LOT NO.

NEW

26

ROAD AND DESCRIPTION

Rt. 108 11795 Bragden WOOD

SIZE OF LOT

5.2 ± ac.

TYPE BLDG.

Residential

(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.

John Mikolasko
(SIGNATURE OF APPLICANT)

APPROVED BY

Sid Abul

FOR

Deep Trenches

DATE

5-31-88

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

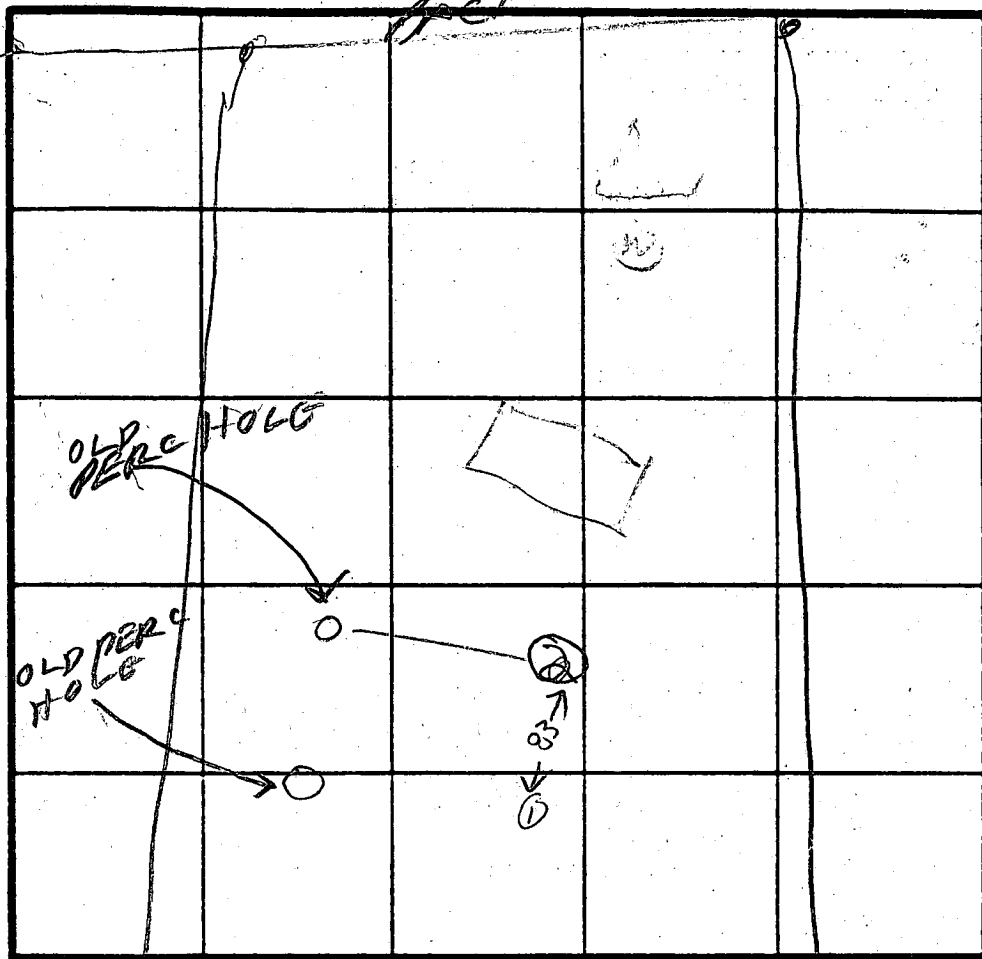
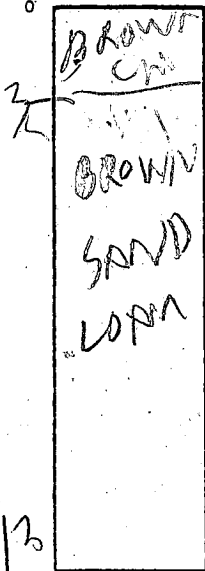
BDG. PERMIT SIGNED

AND RETURNED 5-31-88

THIS IS NOT A PERMIT

BP 18872 S. Abul
System Design on SBR'S dec'd
TO
3 feet
Baths and
3 Rooms in Baths

SOIL PROFILE



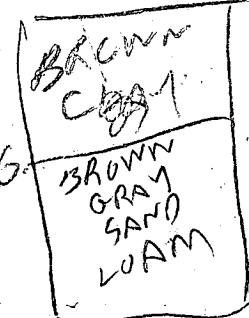
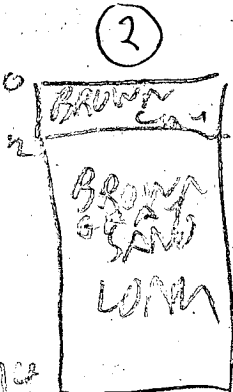
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

NEW MAX DEPTH 3 FT

NEW AUTIME

5 AM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/5/86	15	4.5	1055	1100	1100	1106	6
	13	13	LOOKS	OK			
	25	4.5	1103	1105	1105	1109	5
	20	8	1102	1104	1104	1106	2
	2V	14	LOOKS	OK			
	3V	13	LOOKS	OK	BELOW 6'		



REMARKS: PERC HOLES DOG DIFFERENT FROM TEST PLAN
 PERC OK USING TWO PERCS FROM PAST & TWO PERCS FROM TODAY RH
 TESTED BY: B. Hodger ALSO PRESENT: MIKOLASCO
 CURT Bankhoe

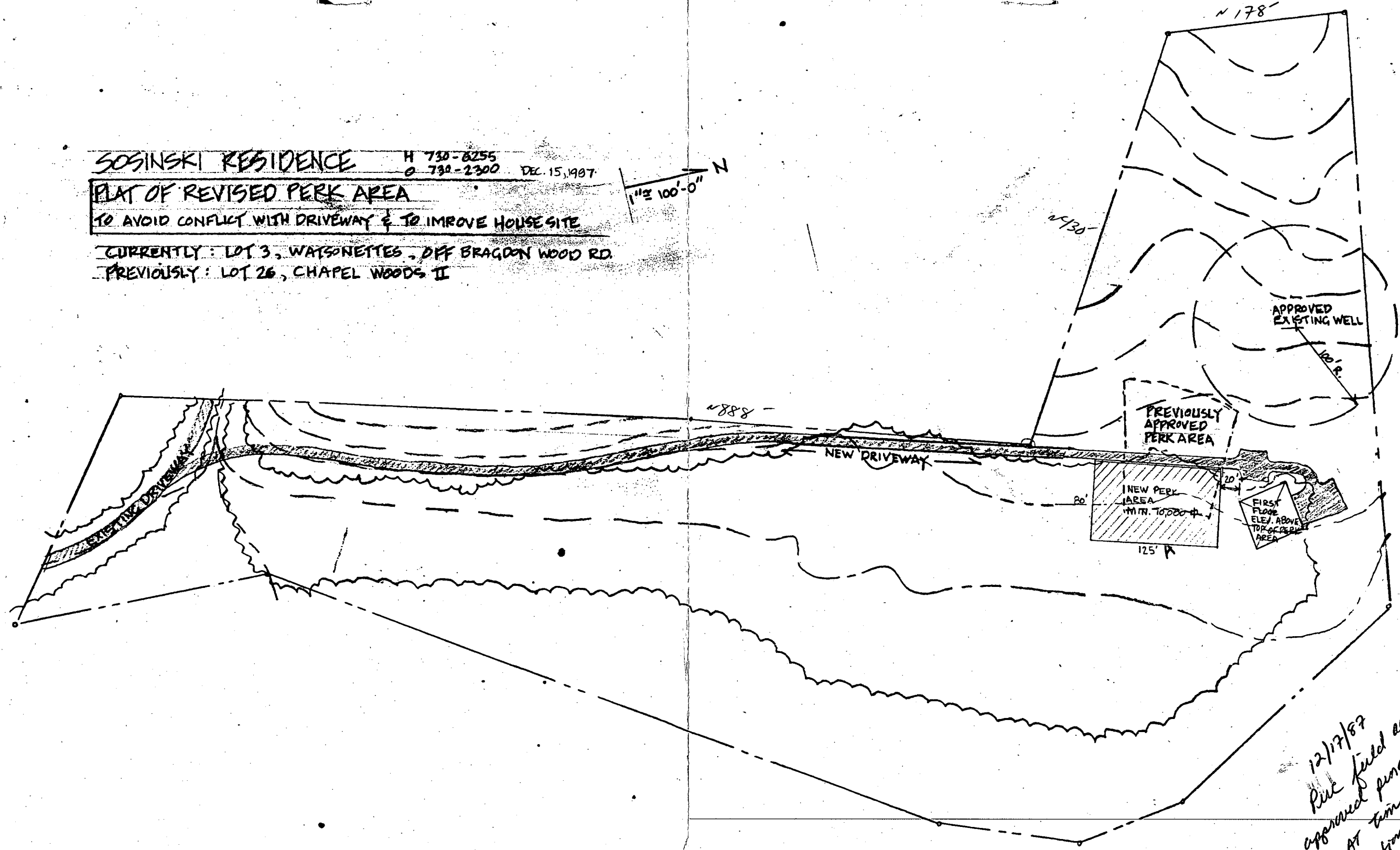
EM 117-10-1

SOSINSKI RESIDENCE H 730-8255
O 730-2300 DEC. 15, 1987

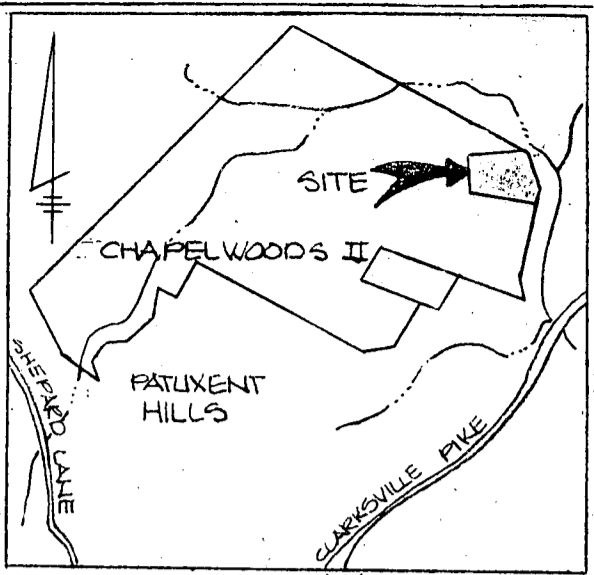
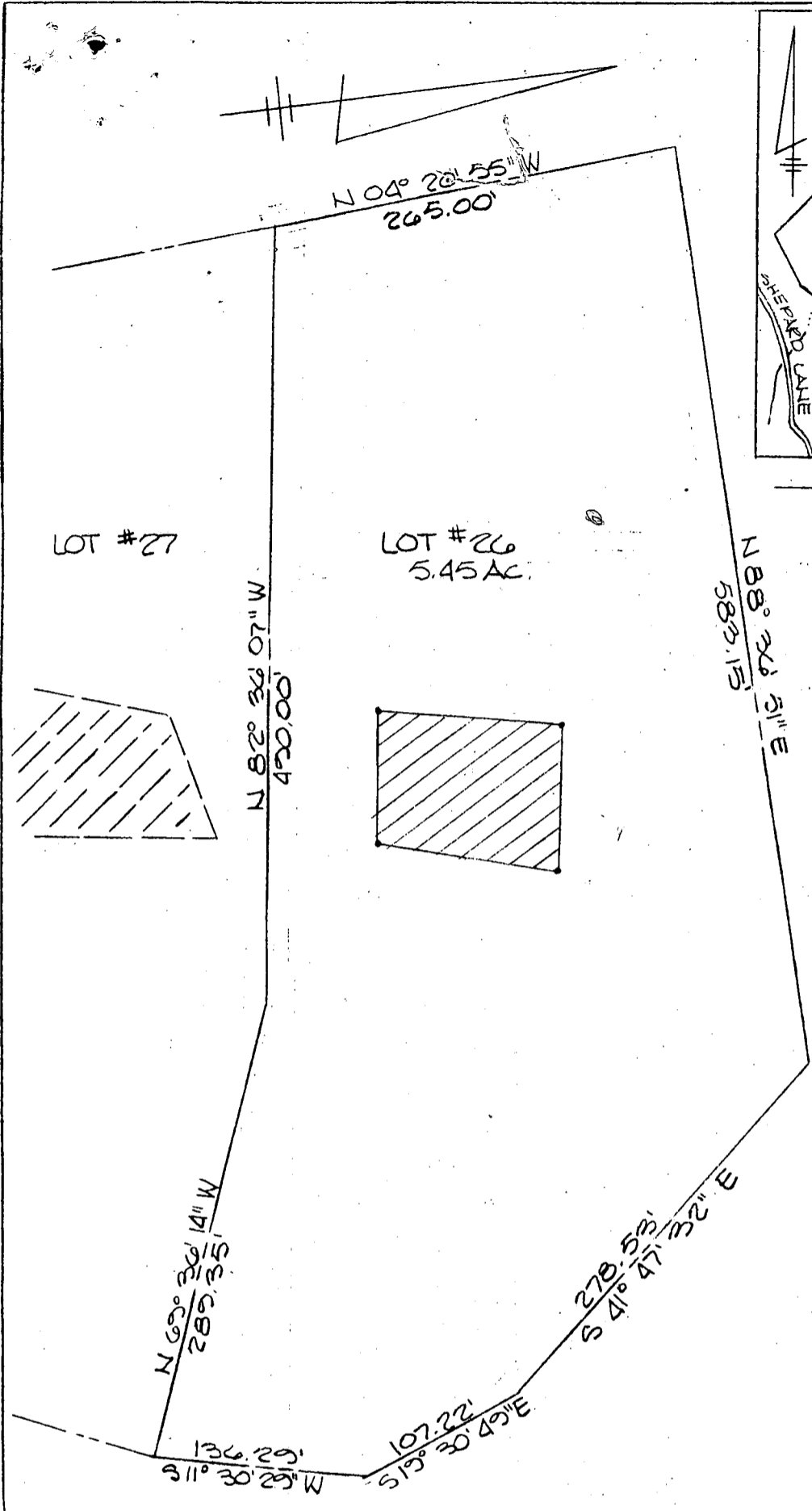
PLAT OF REVISED PERK AREA
TO AVOID CONFLICT WITH DRIVEWAY & TO IMPROVE HOUSE SITE

CURRENTLY: LOT 3, WATSONETTES, OFF BRADON WOOD RD.
PREVIOUSLY: LOT 26, CHAPEL WOODS II

1" = 100'-0" N



12/17/87
Perk field adjustment
approved pending hol A
OK AT time of septic
installation. 50 x 200
with Hol B. if hol
A unapproved
SKH



• DENOTES PERC. TEST THAT PASSED

This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

APPROVED: For Private Water and Private Sewage Systems.

2-582
Not ok - out for signature SAM
County Health Officer

Date



THE RIEMER GROUP INC.
3105 NORTH RIDGE RD.
ELLCOTT CITY, MARYLAND
21043
PH: (301) 461-2690

WATSONETTE
SEPTIC AREA LOCATION PLAN
TAX MAP NO. 29 PARCEL 26
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=100' FEBRUARY 4, 1987

B 7 1396 SEQUENCE NO. (OEP USE ONLY)
1 2 3 6
(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

MD-81-2132
70 fill in this form completely 79

Date Received

8 13

OWNER INFORMATION

15 Last Name: NIKOLASKO, Owner: JOAN, First Name: S. Street or RFD: 5570-205 STEARETT PL, Town: COLUMBIA, State: MD, Zip: 21046

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak, License No. 399, Firm Name: G. Edgar Hartz Sons' Corp., Address: 12047 Falls Rd., Cockeysville 21030, Signature: [Signature], Date: 5-18-87

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 150

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)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered)
JETTED
Jetted & DRIVEN
AIR ROTARY
AIR-PERCUSSION
CROTARY (Hydraulic Rotary)
CABLE
REVERSE ROTARY
DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [] IN 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] WRITE INITIALS IN BOX PERMIT NO. MD-81-2132

SPECIAL CONDITIONS

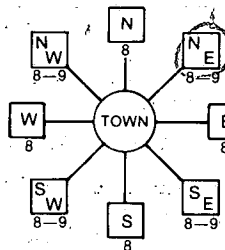
B 3

LOCATION OF WELL

HOWARD COUNTY, CHAPEL WOODS II SUBDIVISION, SECTION 44, LOT 20, CLARKSVILLE NEAREST TOWN, MILES FROM TOWN: 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Route 108 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 800 FT ENTER FT or MI

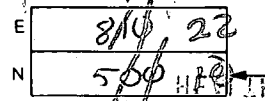
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME, A38342 COUNTY NO., OEP SIGNATURE: B. Wilson, DATE ISSUED: 6/12/87, STATE HEALTH INSERT S, NORTH GRID: 510000, EAST GRID: 0827000

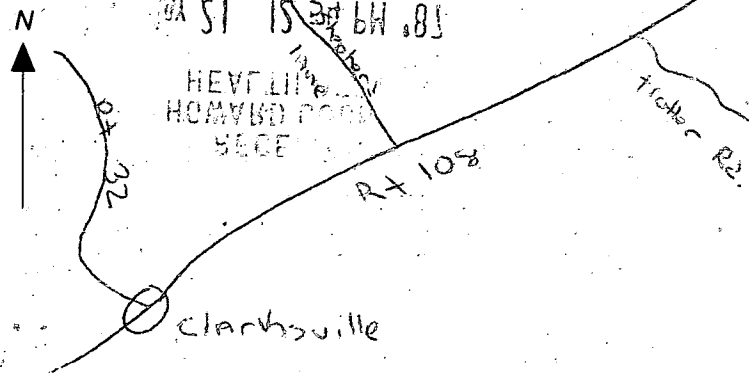
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



C1 7133 SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A38342

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 07/09/87

DEPTH OF WELL grid: 200 (TO NEAREST FOOT)

PERMIT NO. grid: 40-81-2133

OWNER: MIKALASKO JOHN; STREET OR RFD: 5570-205 Sterrett Place; TOWN: Columbia, MD 21044; SUBDIVISION: CHAPEL WOODS II; SECTION: ; LOT: 26

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: BROWN MICA + SHALE, Granite, 0-37, 37-200 X.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC; NO. OF BAGS: 10; NO. OF POUNDS: 1000; GALLONS OF WATER: 60; DEPTH OF GROUT SEAL: from 0 to 39 ft.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING: Nominal diameter 57, Total depth 39, depth of main casing 6.

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

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

DEPTH (nearest ft.): grid showing 110, 38, 200.

A 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. 399; DRILLERS SIGNATURE; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3; DIAMETER OF SCREEN (NEAREST INCH) grid; GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (TELESCOPE CASING), WQ (WELL QUANTITY), LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min. to nearest gal.) 666; METHOD USED TO MEASURE PUMPING RATE: SUBMERSIBLE; WATER LEVEL (distance from land surface) BEFORE PUMPING: 4454; WHEN PUMPING: 1768; TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO); TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29; CAPACITY: GALLONS PER MINUTE (to nearest gallon) grid; PUMP HORSE POWER grid; PUMP COLUMN LENGTH (nearest ft.) grid; CASING HEIGHT (circle appropriate box and enter casing height) grid; LAND SURFACE (nearest foot) grid

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)

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

38342

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # 43972
Date 4/13/89

Name of Installer Douglas Spaldy

Telephone 442 1718

License Number MD 6681

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Tim Sosinski

Telephone 730-6255

Subdivision Braddon Wood Lot # _____

Well Tag # _____

Site Address 1179 Braddon Wood

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make Myers
- Model # _____
- Capacity _____ 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 _____

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity WellxTroll 203
- Pressure relief valve? 75 PSI

Piping

- Type Cu
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 42"

Well data

- Depth 42 ft.
- Yield _____ 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: Douglas Spaldy

Date: 4-4-89

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