

12/5/89

05-409306

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 10/26/89

DATE SYSTEM APPROVED 12-5-89

INSPECTOR JEN

INDEXED

David Hopkins and Son

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Ridgewood ROAD 13315 Springwood Ct LOT 5

PROPERTY OWNER Atec Builders

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 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 145 feet down the right lot line and 90 feet off that lot line. Run trenches along contour toward the left side as seen from when facing lot from Springfield Court.

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 C. Williams/Ray Hodges REVISED 7/17/89
DATE 5/30/89

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

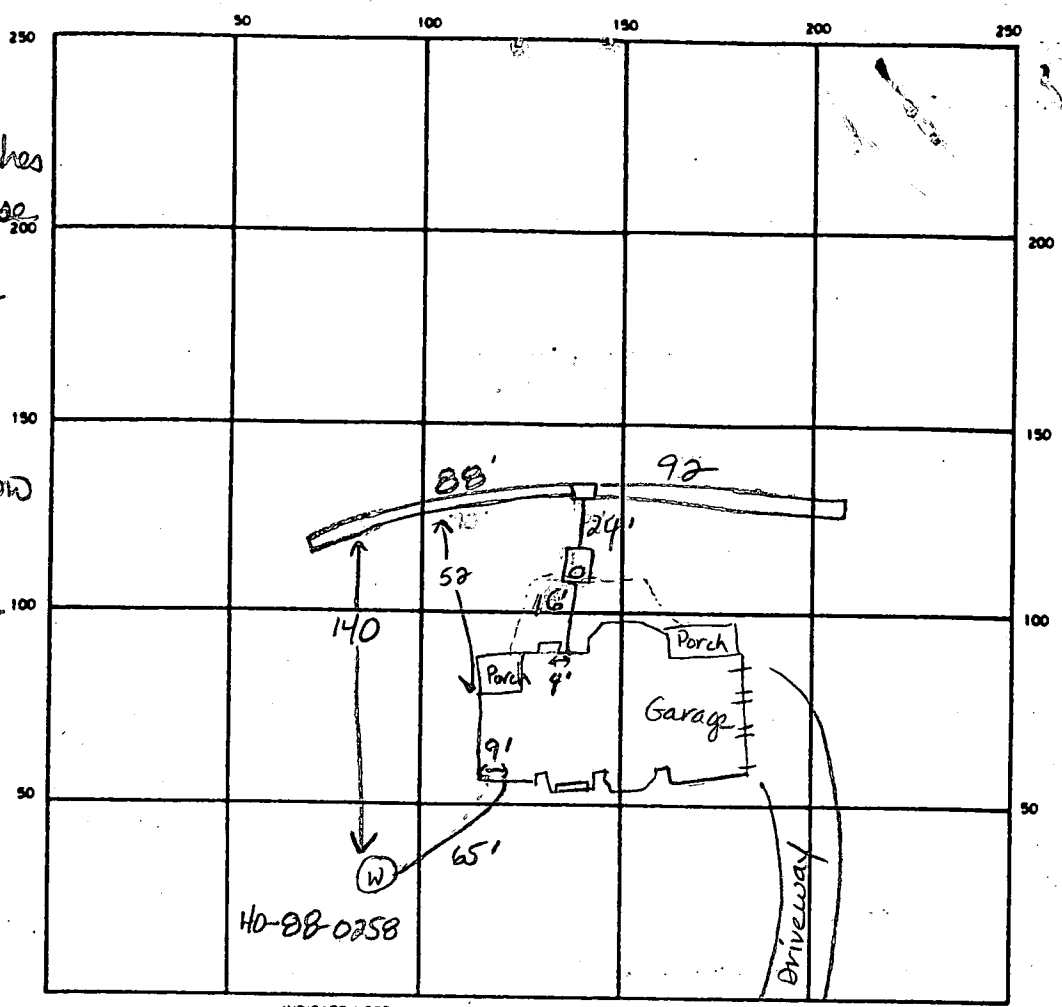
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 38839

12-5-89
 WPI
 Well line at 46 inches below ground, House connection ok
 Ground line not attached yet.
 Pitless adaptor at 1/2 inches below grade.
 Wood sill roughly by
 381-4823
 549-2323



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Springwood Ct

SEPTIC TANK. LEVEL 1250 gal CLEANOUTS 1 on septic tank

DISTRIBUTION BOX. LEVEL ok (w/ baffle) set in stone

DRAIN FIELD TILE FIELD. DEPTH 1.7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 88 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 352 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 12-5-89 Ok to continue with trenches. Ok to add stone & pipe to #1 trench. JEN Ok to cover trench #1, ok to stone trench #2 JEN 12-5-89 Ok to cover all work. Builder plans to extend deck several feet over septic tank. Deck will be raised about 10 ft to allow pumping of tank. JEN

DATE SYSTEM APPROVED 12-5-89 INSPECTOR Jane E. Nadeau

APPLICATION

PERCOLATION TESTING

A 38839
P _____

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

*5-25-87
Perks. etc pending
plat approval*

DISTRICT _____
DATE 2/26/87

page 1 of 2

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 Royden A. Blunt ATEC Builders
c/o F.A.M. Equities, Inc. 233 E. Redwood Street.
ADDRESS Baltimore, MD 21202 PHONE _____

PROSPECTIVE BUYER F.A.M. Equities, Inc.
802 Garrett Bldg., 233 E. Redwood Street
ADDRESS Baltimore, MD 21202 PHONE 301-685-8588

PROPERTY LOCATION: Intersection of Rt. 32 and Folly Quarter Road
(13315 Springwood Court)
SUBDIVISION Ridgewood LOT NO. LOT 5 on Prelim Plan
X

ROAD AND DESCRIPTION Public CT. B

SEWER PERMIT SIGNED
AND RETURNED 7/17/89
Serial # 27547-SFD
4-Bedrooms

TAX MAP 22 PARCEL # 160
SIZE OF LOT 3.5 AC.

TYPE BLDG. Single Family
(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. Wigand H. Theimer (Agent for F.A.M. Eq.)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for hole locations, subdivision plat & wet season?
(NOT NEEDED)

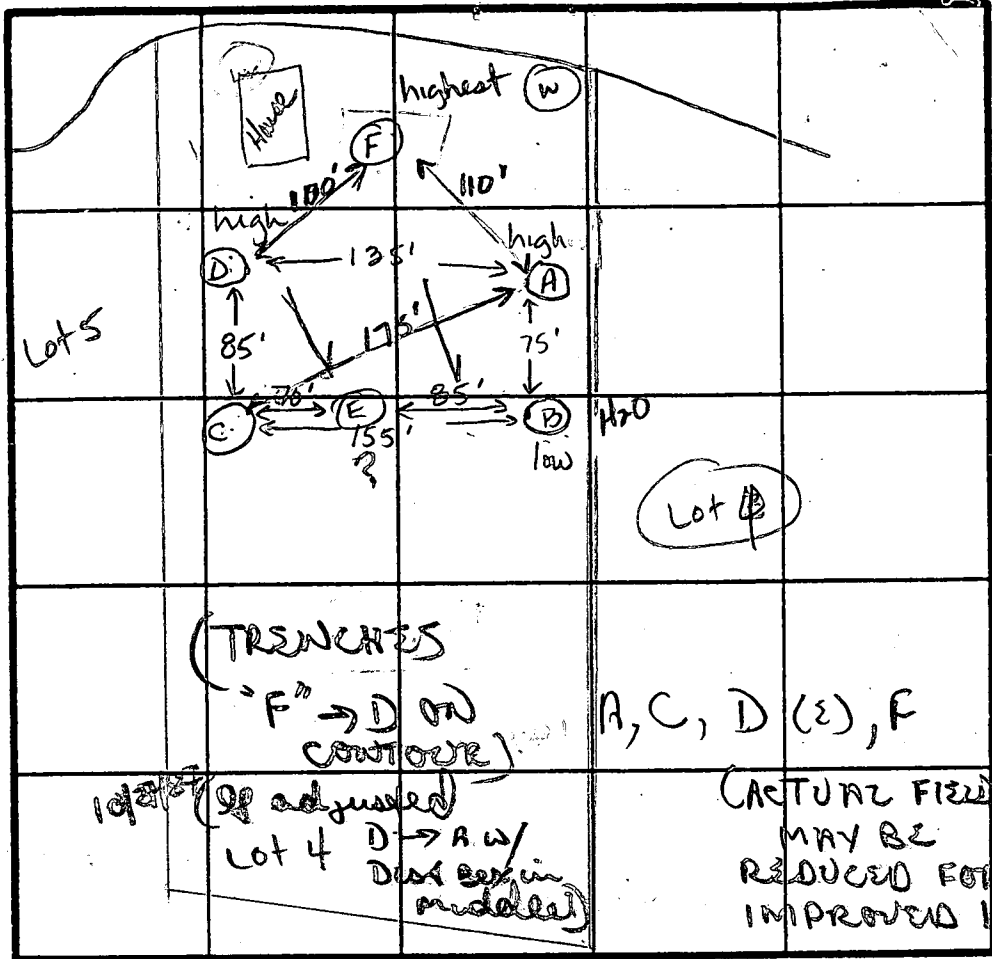
DEEP INITIAL, SHALLOW ANY REPAIRS

THIS IS NOT A PERMIT

INLET 4'
 MAX D. 8'
 150 Ø / BD
 X = 3mm
 (A)

SOIL PROFILE

0 - 1.5 Br si lm
 1.5 - 6.0 Rd si lm
 6.0 - 11.0 Br si lm
 < 5% saprolite
 11.0' Bottom



(E)
 0 - 2.5' Br si lm
 2.5 - 6.5' Yell, br si lm
 6.5 - 12.0' Br mica. si sa lm
 < 20% Saprolite
 Bottom
 (D) 12.0'

0 - 4.0' Br si lm
 4.0 - 7.0' Br orange si lm, < 10% Saprolite
 7.0 - 11.5' Br si lm, < 5% saprolite several boulders @ 9'
 11.5' Bottom

(B)
 0 - 1.0 Rd br si lm
 1.0 - 5.0 Br si lm
 5.0 - 13.0 Br mica si lm
 < 10% saprolite
 Water at 13.0'
 13.0' Bottom

(C)
 0 - 2.5' Br si cl lm
 2.5 - 11.5 Br si sa lm
 4% < 5% saprolite
 11.5' Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FOLLY QUARTER ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/26/82	A	4.0 S	10:28	10:30	10:30	10:34	4min	ok
		7.0 M	10:27	10:30	10:30	10:36	6min	ok
		11.0 D	bottom (see profile)					
	B	3.5 S	10:38	10:41	10:41	10:50	9min	
		13.0 D	bottom (see profile)		Water at 13.0'			? wet season
	C	3.5 S	10:45	10:47	10:47	10:49	2min	
		7.0 M	10:45	10:47	10:47	10:49	2min	ok
		11.5 D	bottom (see profile)					
	D	3.5 S	10:50	10:51	10:51	10:53	2min	ok
		11.5' D	bottom (see profile)					
	E	12.0' V	bottom (see profile)					ok

REMARKS (A) move 60' up slope, (C) moved 30' up slope, (B) located as staked on plat, (E) new (B) must be relocated or hold for wet season.

TYPE OF SOIL Br si lm; rd br si lm; br si lm trc saprolite.

TESTED BY J. Nadeau / B. N ALSO PRESENT Jeff, Chris, Jeff (eng)

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 38839

P _____

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

DISTRICT _____

DATE _____

Sheet 2 of 2

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ridgewood LOT NO. 4

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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 OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

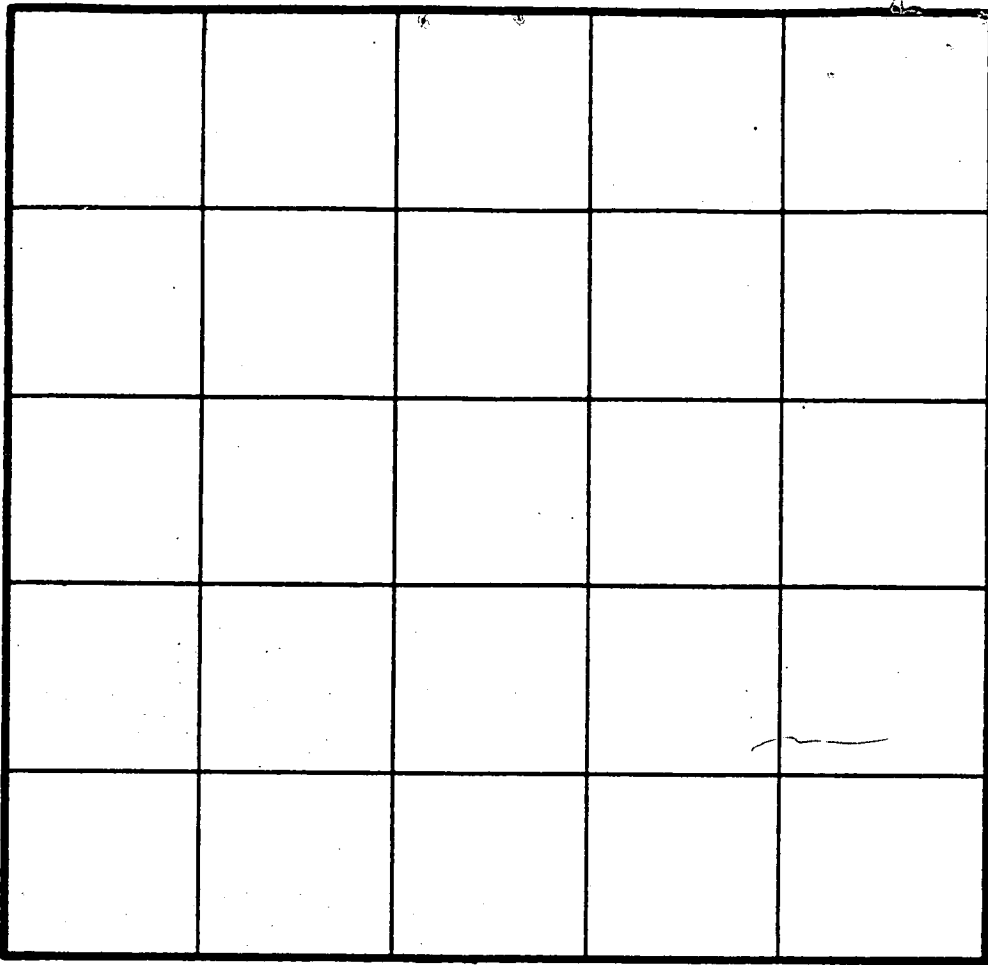
THIS IS NOT A PERMIT

Lot 4

40
2.2
88
96
73
2.2
1.56
1.56
17.16

(F)
SOIL PROFILE

0-6.0' Br si lm
6.0'-12.0' Br micaceous
si lm, 42%
saprolite
12.0' Bottom



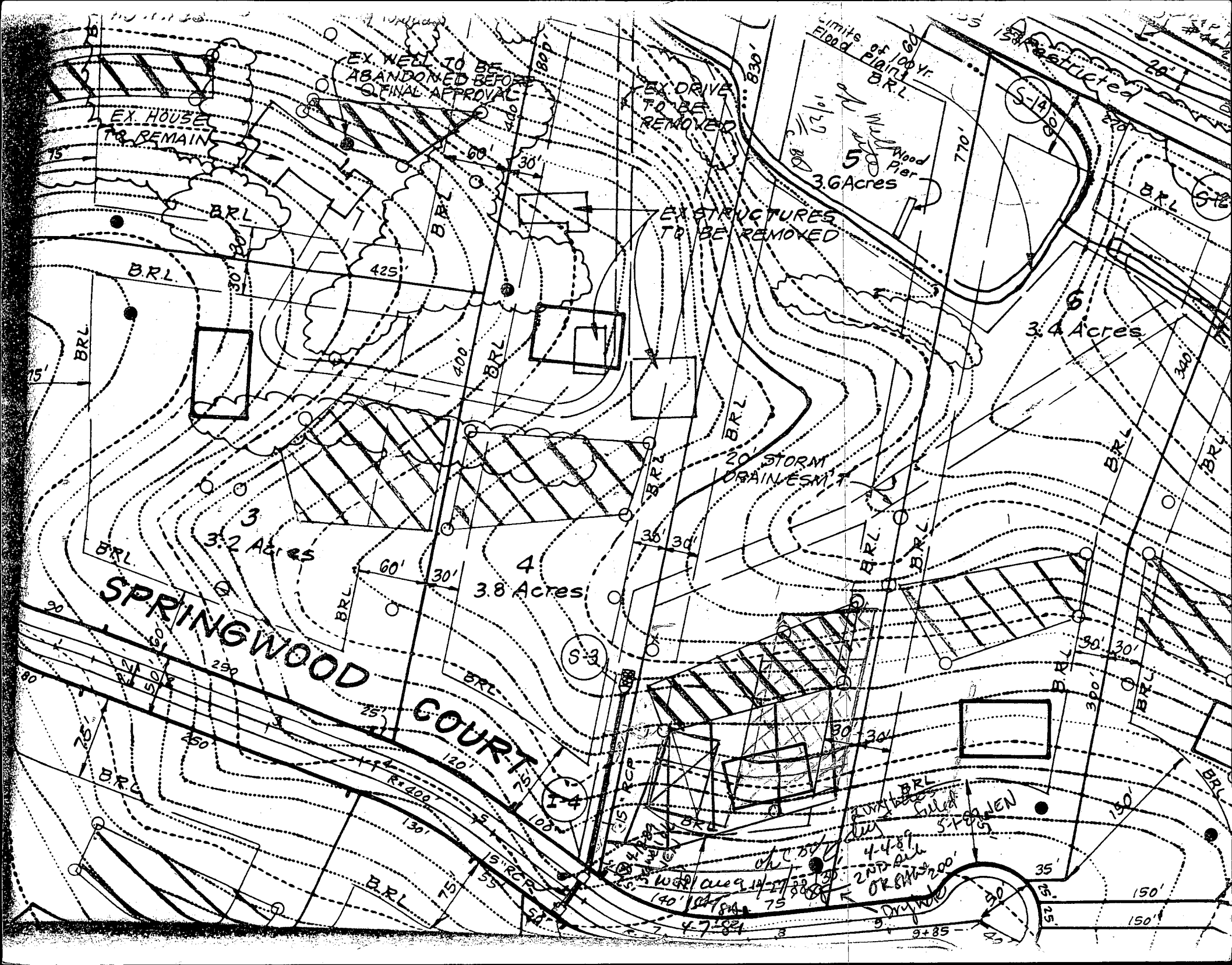
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-26-87	F	2.0' S	3:20	3:22	3:22	3:24	2 min ok	
		6.0' M	3:21	3:25	3:26	3:34	8 min ok	
∨		12.0' D	bottom (see profile)					

REMARKS Use (A)(C)(D)(E)(F). Shallow or deep system ok.

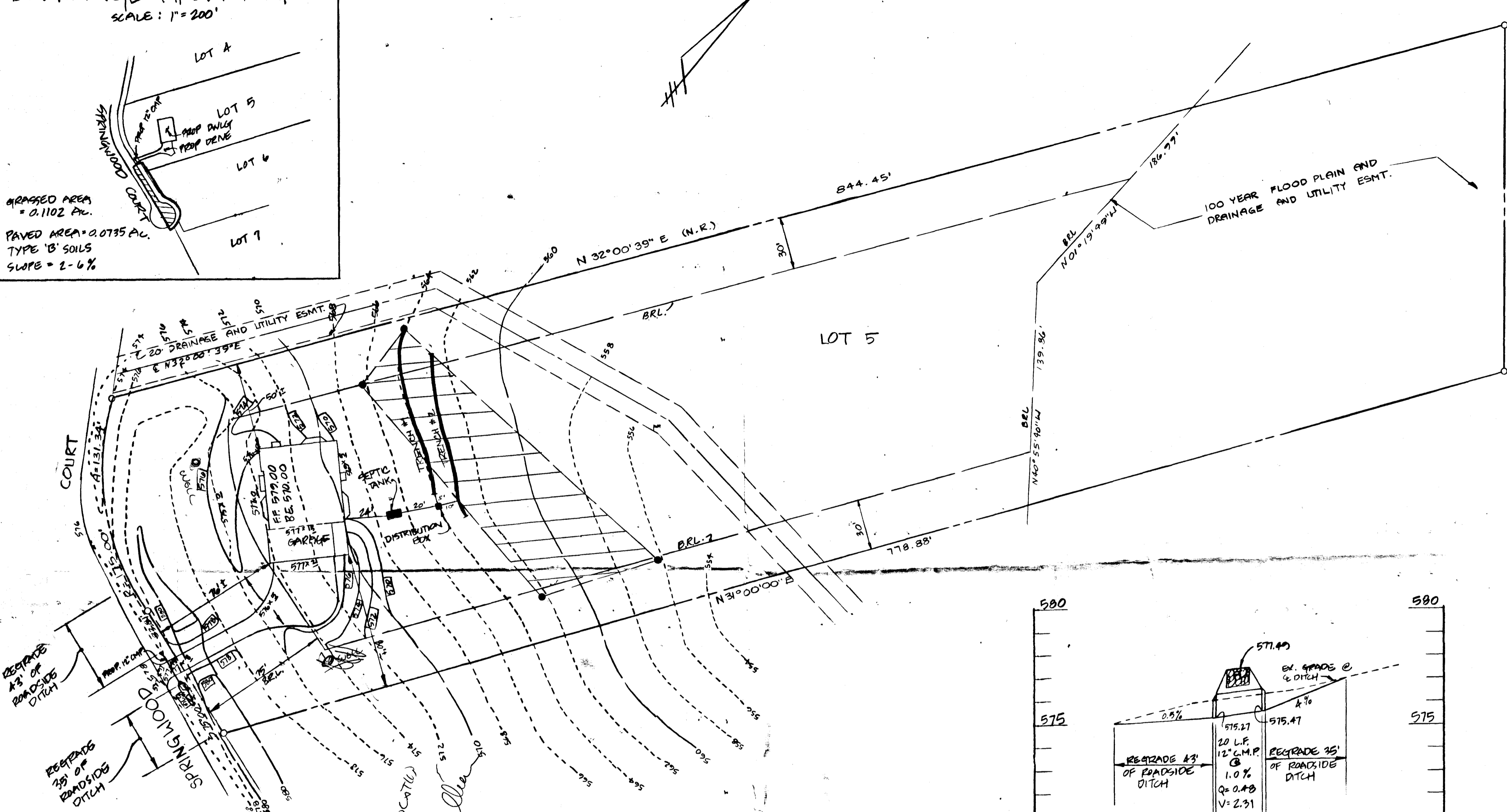
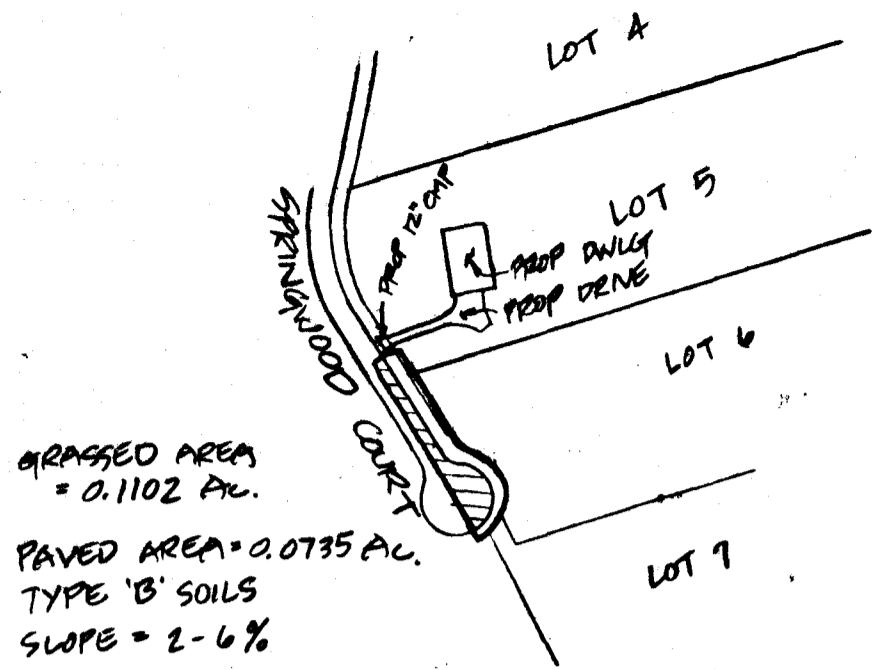
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



DRAINAGE AREA MAP

SCALE: 1" = 200'



OK AS REVISED
NO CHANGE
IN SEPTIC LOCATIONS
8/21/89 Curlee

SEPTIC SYSTEM DATA

INV @ HOUSE	564.48
SEPTIC TANK	
EX. GRADE	567.0
FIN. GRADE	567.0
INV. IN	564.0
INV. OUT	563.7

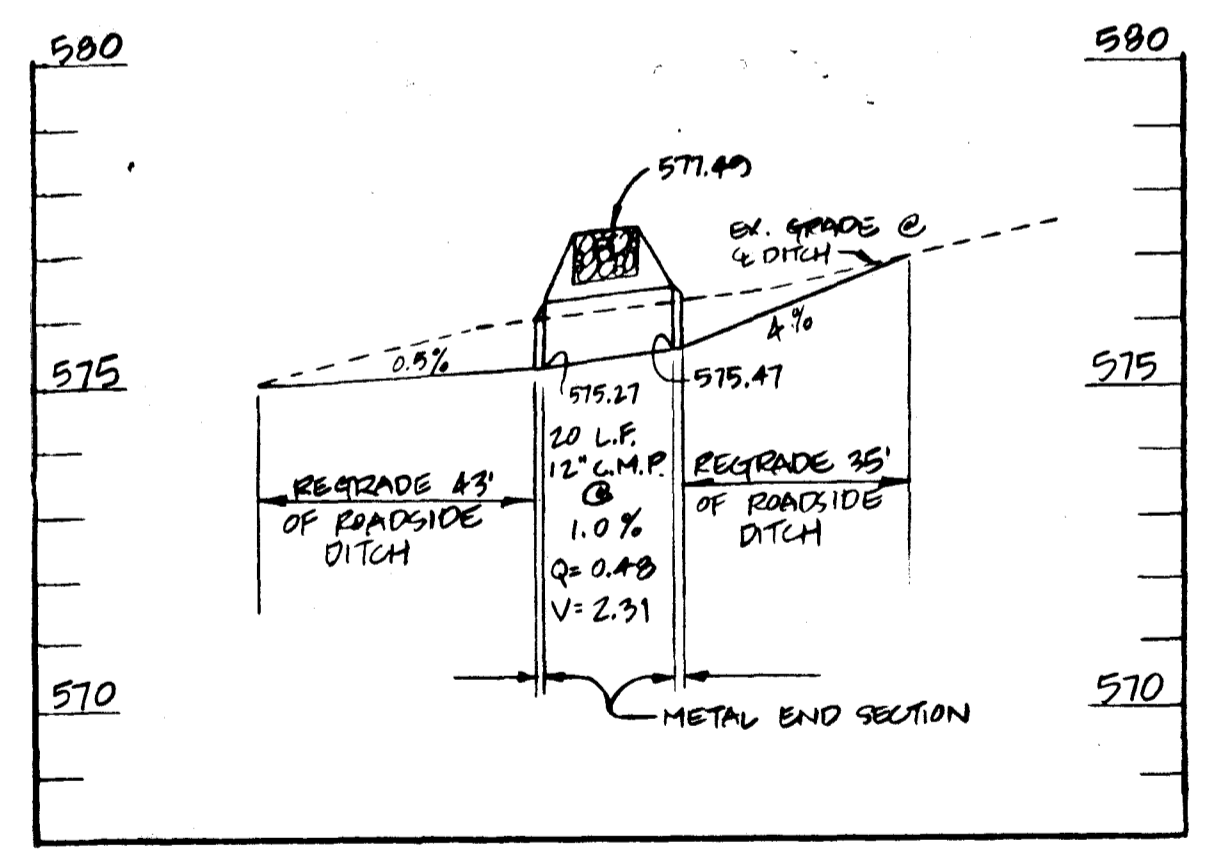
DISTRIBUTION BOX

EX. GRADE	564.0
FIN. GRADE	564.0
INV. IN	561.2
INV. OUT	561.1

TRENCHES (LENGTH AND NUMBER TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPT.)

	TRENCH #1	TRENCH #2
EX. GRADE	564.0	563.0
FIN. GRADE	564.0	563.0
INV. IN	561.0	560.0

NOTE: GRAVITY SEWER SERVICE TO BASEMENT LEVEL IS PROVIDED.



PIPE PROFILE

SCALE: HORIZ. - 1" = 30'
VERT. - 1" = 3'

SHANABERGER & LANE

8726 TOWN & COUNTRY BLVD.
SUITES 106-107
ELLICOTT CITY, MD 21043
(301) 461-9563

SITE PLAN RIDGEWOOD

LOT 5
PLAT 8087
TAX MAP 22 PARCEL 160
5TH ELECTION DISTRICT
HOWARD COUNTY, MD
SCALE: 1" = 40'
DATE: JUNE 1, 1989

B 1 **9792** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

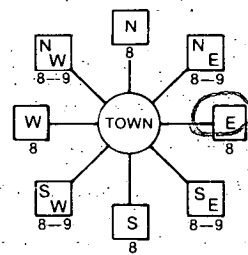

STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-33-0258
 fill in this form completely

Date Received (APA) **PRFB**
OWNER INFORMATION
RIDGEWOOD ASSOC
 15 Last Name Owner First Name
R B E R E D W O O D S T
 36 Street or RFD 55
BALTIMORE 70 State 72 **MD 21202** Zip 76

B 3 LOCATION OF WELL **R-42835**
UPWARD 8 COUNTY 21
RIDGEWOOD 23 SUBDIVISION 42
 SECTION **5** 44 46 LOT 5 48 50
CLEVELAND 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** 73 76 77 78

DRILLER INFORMATION
George F. Easterday 77 License No. 80
 Driller's Name
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday 10/6/88
 Signature Date

B 4 **SPRINGWOOD CT** 11 NEAR WHAT ROAD 30
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **600** 34 37
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

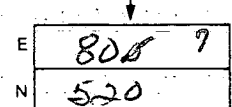
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 38839 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **5/1/89** 41
Charles Bryan CO SIGNATURE
 NORTH GRID **520000** 50 55 EAST GRID **0807000** 57 63
 EXP. DATE

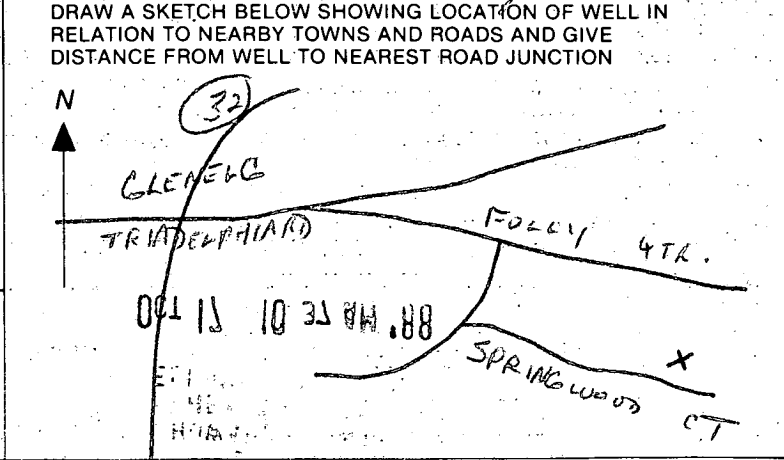
APPROXIMATE DEPTH OF WELL **204** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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.
 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

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) **0110** 41 52



APPROP. PERMIT NUMBER **GAP** 54 63
 FORCE WRITE INITIALS IN BOX PERMIT NO. **40-33-0258** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 9638

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# 38339

DATE RECEIVED

DATE WELL COMPLETED 042499

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-18-0258

OWNER RIDGEWOOD P. SOC. STREET OR RFD last name first name TOWN GLEVELL SUBDIVISION RIDGEWOOD SECTION LOT 5

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. Rows include Top soil, clay, Shale, Sand & Stone, Gray Mica, Green Shale, Mica, White Mica, Gray Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 8 NO. OF POUNDS 40 GALLONS OF WATER 40 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 10 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) H0 22 400

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

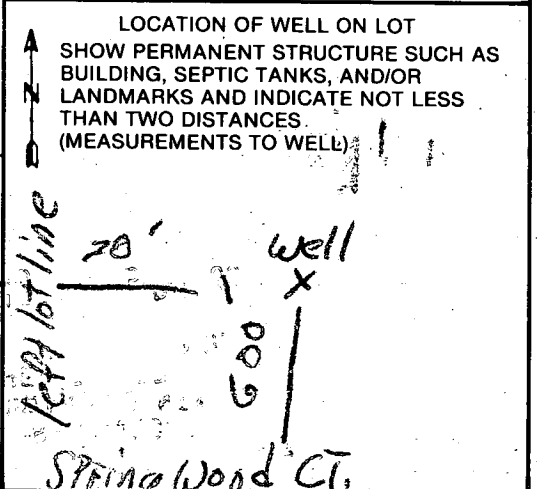
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 7 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 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



COUNTY

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 # 45062
Date 9-18-89

Name of Installer WOOD & WILLOUGHBY PLUMBING

Telephone 301-4823
549-2323

License Number 7040

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner ROBERT TOUKE

Telephone 854-3054

Subdivision RIDGE WOOD ESTATES Lot # 5

Well Tag # HD-88-0258

Site Address 13315 SPRINGWOOD CT

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make GOULDS
- Model # DES05412
- Capacity 7 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 TRAC

Motor

- Horsepower 3/4
- RPM 1750
- Voltage
 - 110
 - 220

Pitless Adapter

- Make GOULDS
- Model # SV-PRESSURIZED
- Depth 4- FEET

Tank

- Capacity 75 GALLON
- Pressure relief valve? 7.5 PSI

Piping

- Type POLYBUTYLENE
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 4 FEET

Well data

- Depth 400 ft.
- Yield 10 GPM
- Static water level 32 ft.
- 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).

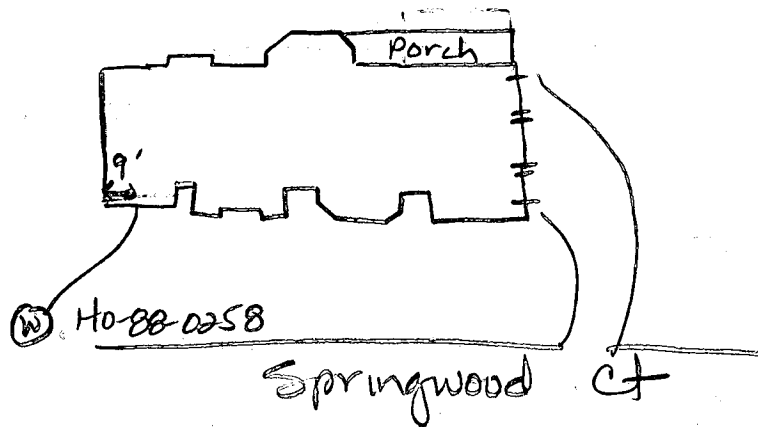
All information given above is true to the best of my knowledge.

Signature of Applicant: Ray A Wood

Date: 9/18/89

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

12-5-89



Well line at 46 inches below ground. House connection ok. Ground line not attached yet. Pitless adaptor at 42 inches below grade. No pump tank installed yet. JEN