

05-358604

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 39188

A 37971

DISTRICT 3rd

DATE 4/21/87

DATE SYSTEM APPROVED 4/22/87

INSPECTOR RH

INDEXED

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Glenelg Manor II ROAD 12711 Folly Quarter Rd LOT 4D

PROPERTY OWNER Patrick O'Conner

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet from the 911' lot line and 15 feet from the 278' lot line. Run trenches along level ground toward the 245' 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/gb

PLANS APPROVED BY C. Williams DATE 4/23/85

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.

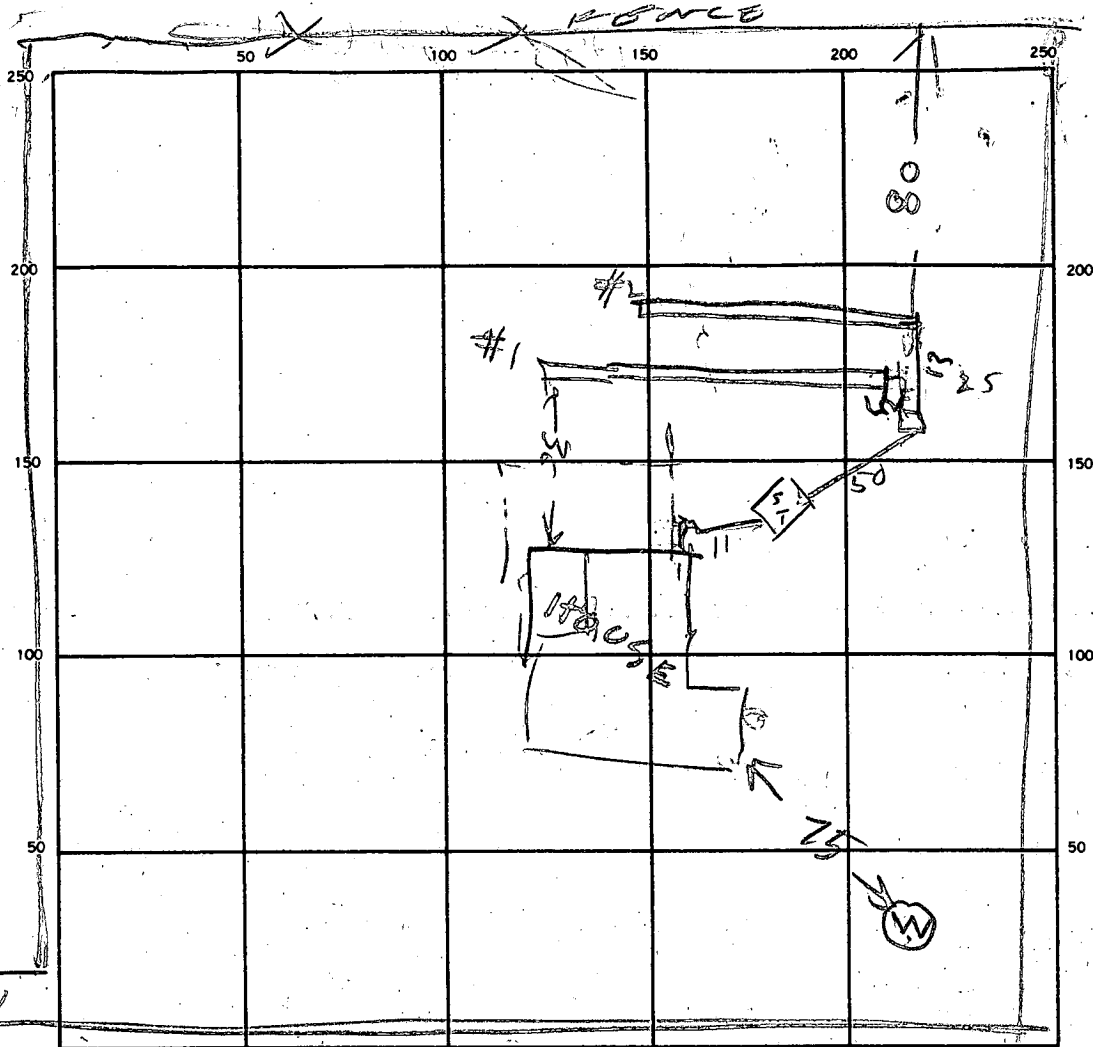
*BA - 91 - 56 E
for 2 family dwelling*

*A
37971
39188*

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 1500 CLEANOUTS ST 10R

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH #1 #2 9.5 / 9.5 FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH #1 #2 6.5 / _____ FT. TOTAL LENGTH #1 #2 80 / 70 / 150

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA #1 #2 TOTAL 520 / 450 970

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/22/87 HAM - NOT READY 4/22/87 - LOCATION OK TRENCH #1
DUG & IS OK ADD STONE - DIG TRENCH #2 4/22/87
TRENCH #2 DUG & STONE ADDED & CLEAN OUT
INSTALLED BH

DATE SYSTEM APPROVED 4/22/87 INSPECTOR Raymond J. [Signature]

APPLICATION

PERCOLATION TESTING

A 37971

P _____

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

DISTRICT _____

DATE 10/24/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Reperc.

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

PROPERTY OWNER JAN O'CONNOR

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glendy Manor LOT NO. 4D

ROAD AND DESCRIPTION Folley Quonora Rd.

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 10/29/86 Rec. Results satisfactory; no revision plan required; supplied plot of. Offer

THIS IS NOT A PERMIT

SOIL PROFILE

0

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|--|--|--|--|--|
| | | | | |
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| | | | | |
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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

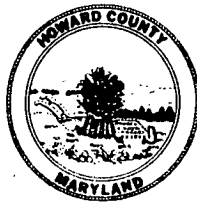
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

November 3, 1986

Ms. Jan O'Connor
4664 Dapple Court
Ellicott City, Maryland 21043

RE: Glenelg Manor - Lot 4D

Dear Ms. O'Connor:

Percolation testing conducted on October 28, 1986 for altering the location of the existing percolation field indicated satisfactory soil conditions. Therefore, this lot is considered buildable with house site as located on Site Plan, File No. 156-29, revised October 24, 1986.

If you should have any questions regarding this matter, please feel free to contact me at 461-9933 or at the above address.

Very truly yours,



Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Bartholow Builders

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34534

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd.

DATE 11/01/84

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 Glenelg Manor Associates PATRICK D'CONNOR
ADDRESS 12789 Folly Quarter Road
Ellicott City, Maryland PHONE 531-5252

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 5A 4D

ROAD AND DESCRIPTION 12711 Folly Quarter Rd.

SIZE OF LOT 1.786 acres TYPE BLDG. 3 or 4 bedrooms
(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. /s/ Glenelg Manor Associates
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodge FOR Trench DATE 1/29/85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/1/84 - Perc OK Hold for Certified Holes
1/21/85 Perc Signed B 1/29/85 spec written

BLDG. PERMIT SIGNED
AND RETURNED 2/2/86 RA

71489

THIS IS NOT A PERMIT

SOIL PROFILE

0'

Vertical rectangular box for soil profile notes.

Large grid table with 5 columns and 5 rows for soil profile data.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Table with 8 columns: DATE, TEST NO., DEPTH, PRE-WET (START, STOP), TEST - 1" DROP (START, STOP), TIME. Contains 10 rows for data entry.

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34534

P _____

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

DISTRICT 3rd.

DATE 11/01/84

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Glenelg Manor Associates
12789 Folly Quarter Road
ADDRESS Ellicott City, Maryland PHONE 531-5252

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 5A 4D

ROAD AND DESCRIPTION _____

SIZE OF LOT 1.786 acres TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)

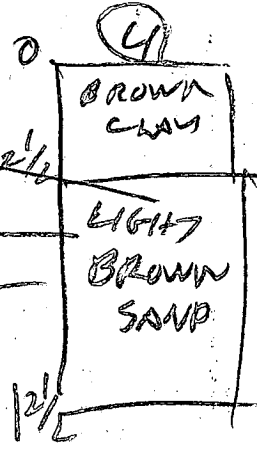
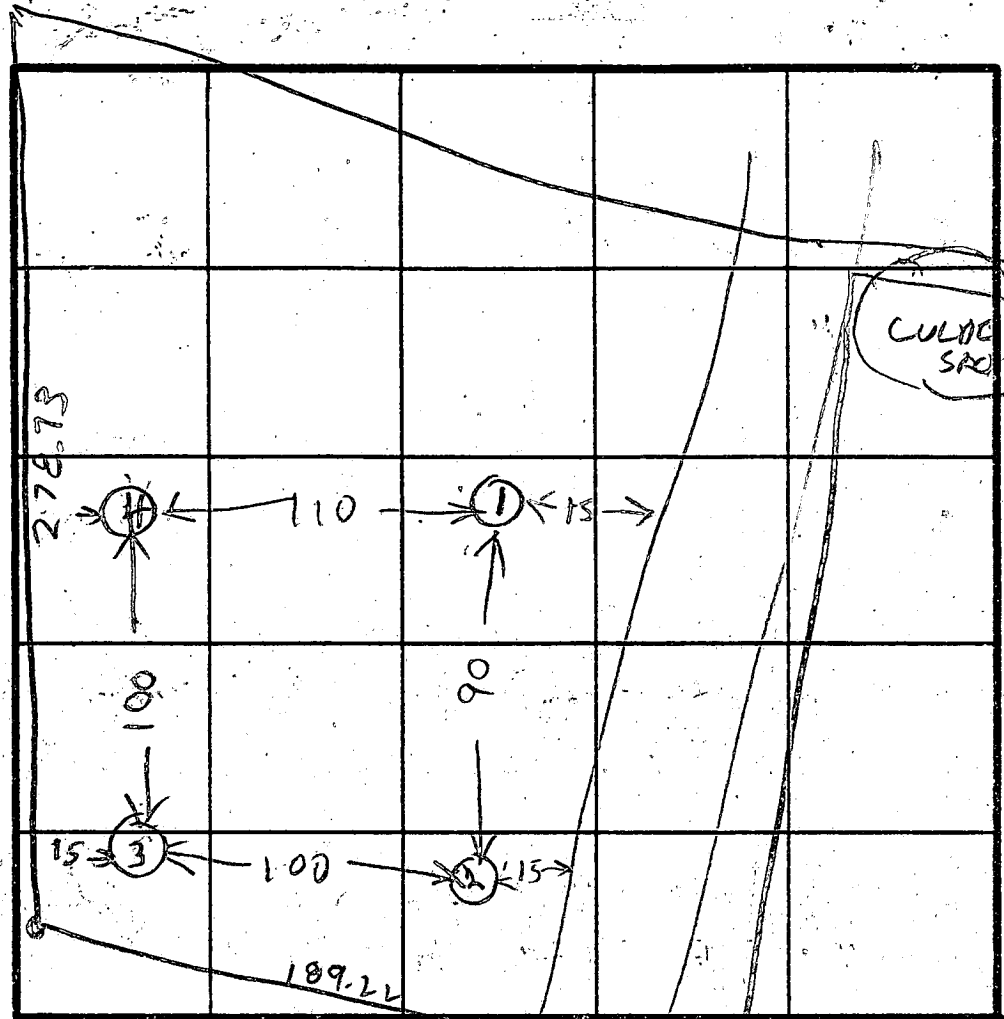
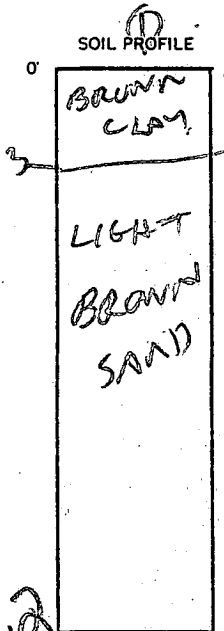
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

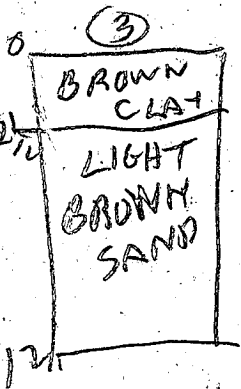
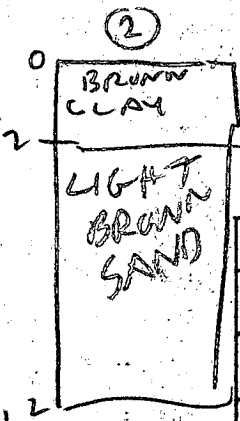
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



HOLE BLOWING
①④ = HIGH
②③ = LOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

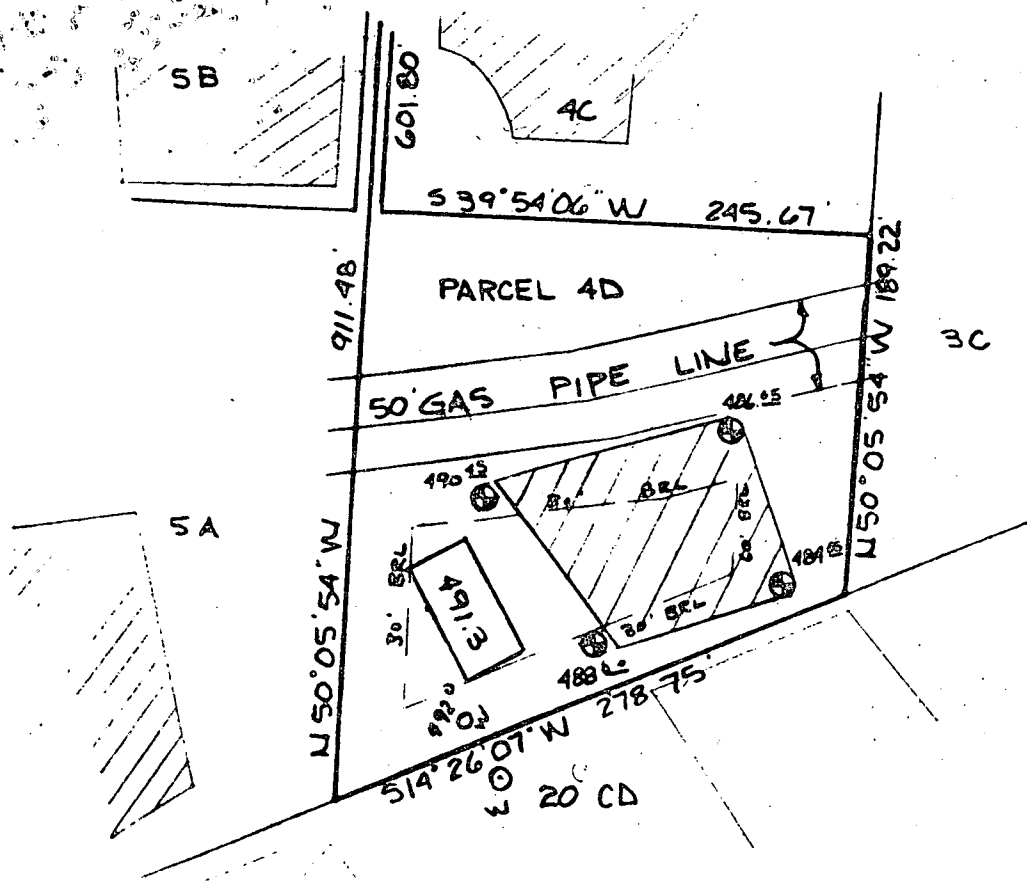
| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|-------|----------|--------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 11/11 | 1S | 3 1/2 | 1153 | 1155 | 1155 | 1158 | 3 |
| | 1V | 10 | LOOKS | OK | | | |
| | 2S | 4 | 1200 | 1202 | 1202 | 1204 | 2 |
| | 2V | 12 | LOOKS | OK | | | |
| | 3S | 3 1/2 | 1200 | 1211 | 1211 | 1218 | 7 |
| | 3V | 12 | LOOKS | OK | | | |
| | 4S | 3 1/2 | 1222 | 1224 | 1224 | 1228 | 6 |
| | 4V | 12 1/2 | LOOKS | OK | | | |
| | | | | | | | |
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| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____


TESTED BY R HODGES

ALSO PRESENT OKETTERMAN



PERCOLATION TEST PLAT
 PARCEL 4D
 GLENELG MANOR II

5th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 11/10/84

 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.

Percolation test holes shown hereon have been field located and shown as "⊙".

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.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

James W. Boyd
 County Health Officer

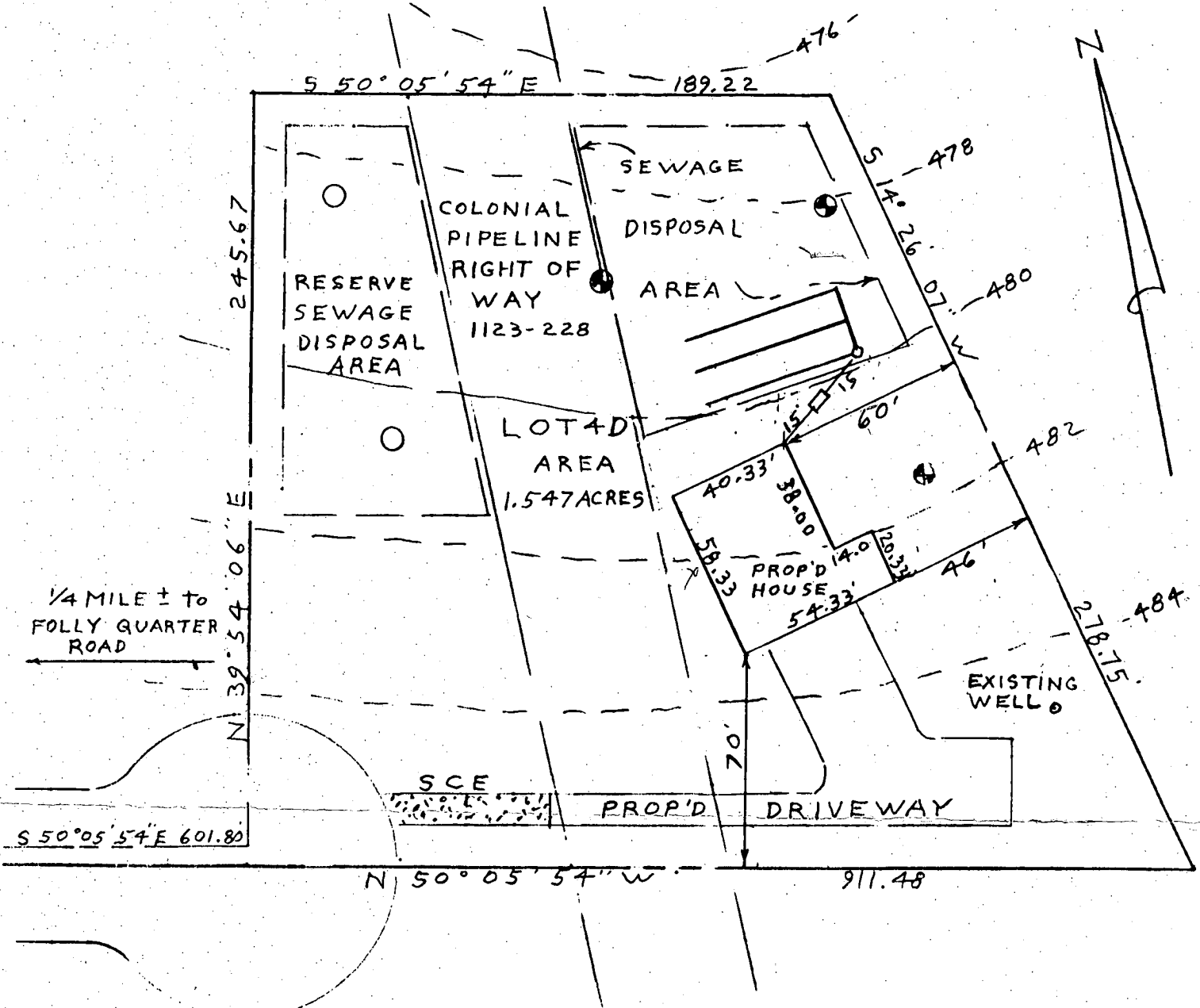
11-28-84
 Date

NTT Associates
 101 Sterrett Place
 Columbia, MD 21044
 442 2031

William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210



SCE - DENOTES; STABILIZED CONSTRUCTION ENTRANCE, 10' WIDE X 50' LONG OF 6\"/>

PLOT PLAN
 LOT 4 D, FOLLY QUARTER RD.
 GLENELG MANOR, SEC. 2
 TAX MAP 22, PARCEL 342
 ELECTION DISTRICT 5
 HOWARD COUNTY MD.
 SCALE: 1" = 50'

DRAWN: SEPTEMBER 29, 1986
 REVISED: OCTOBER 24, 1986

| | |
|---------------------------|-------------|
| EXIST. GRN. AT DISTR. BOX | 479.90 |
| INV. IN DISTR. BOX | 476.40 |
| INV. OUT OF SEPTIC TANK | 476.70 |
| INV. INTO SEPTIC TANK | 477.10 |
| INV. OUT OF DWELLING | 477.40 |
| FIRST FLOOR ELEV. | 486.50 |
| CELLAR ELEV. | 477.50 |
| WELL ELEV. | 484.40 |
| NO. OF BEDROOMS | 5 |
| ACREAGE | 1.547 ACRES |



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY

signed *William E. Doyle*

William E. Doyle



October 16, 1986

Howard County Health Dept.

Dear Sirs:

This is to inform you that permission has been granted to Jan O'Connor, owner of Lot 4-D located on Folly Quarter Road in Glenelg Manor Development, to install a 4" plastic pipe across The Columbia Gas Transmission Corporation easement..This pipe is to be used to activate an emergency drain field for facilities located on this property.

Very truly yours,

B.P. Davis, Jr.

B.P. Davis, Jr.

Area Supt.

LOCAL #

988-6969

Oct 20, 1986

Please call me at work regarding this approval for the pump system

Jan O'Connor 992-2108

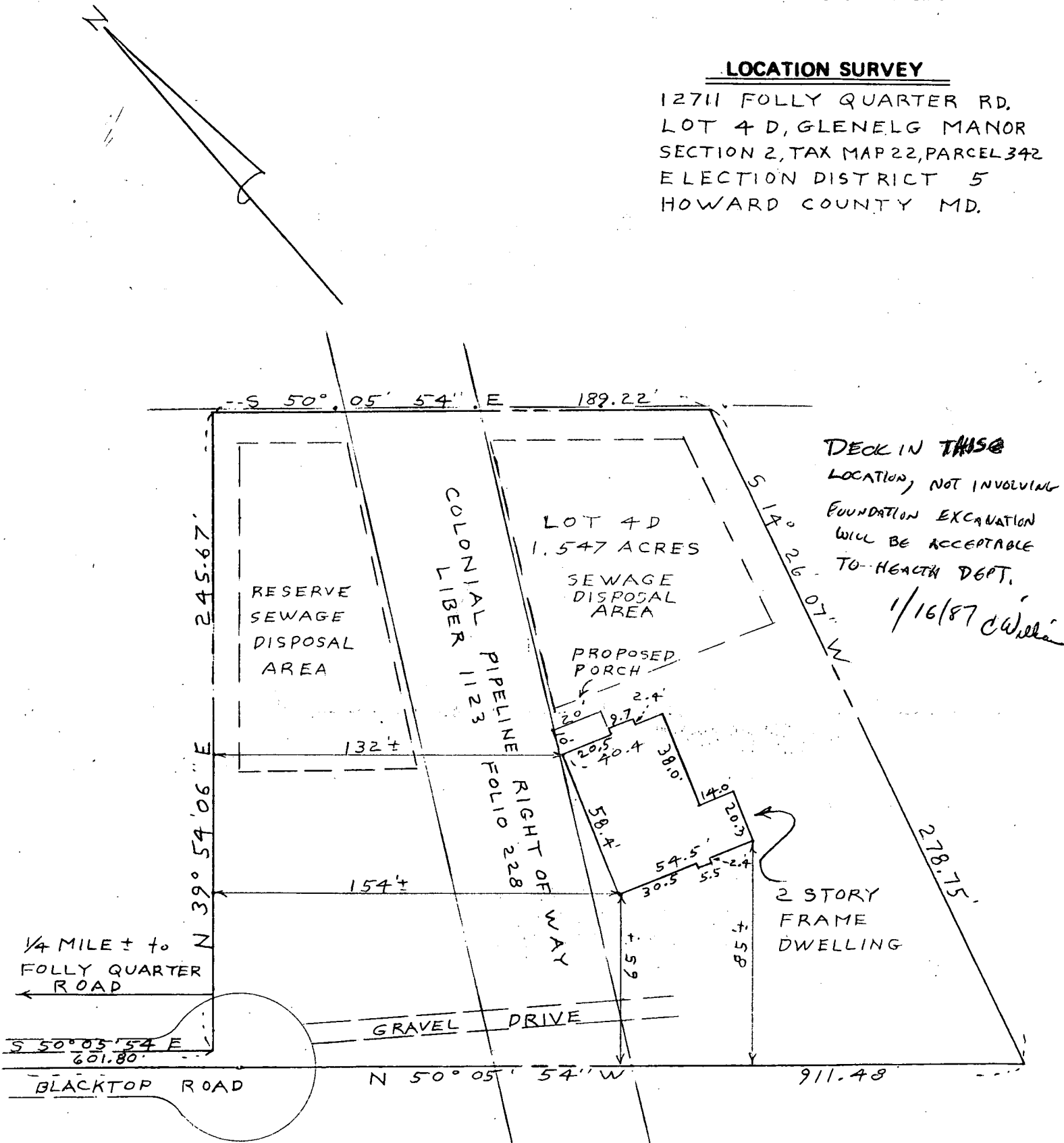
William E. Doyle

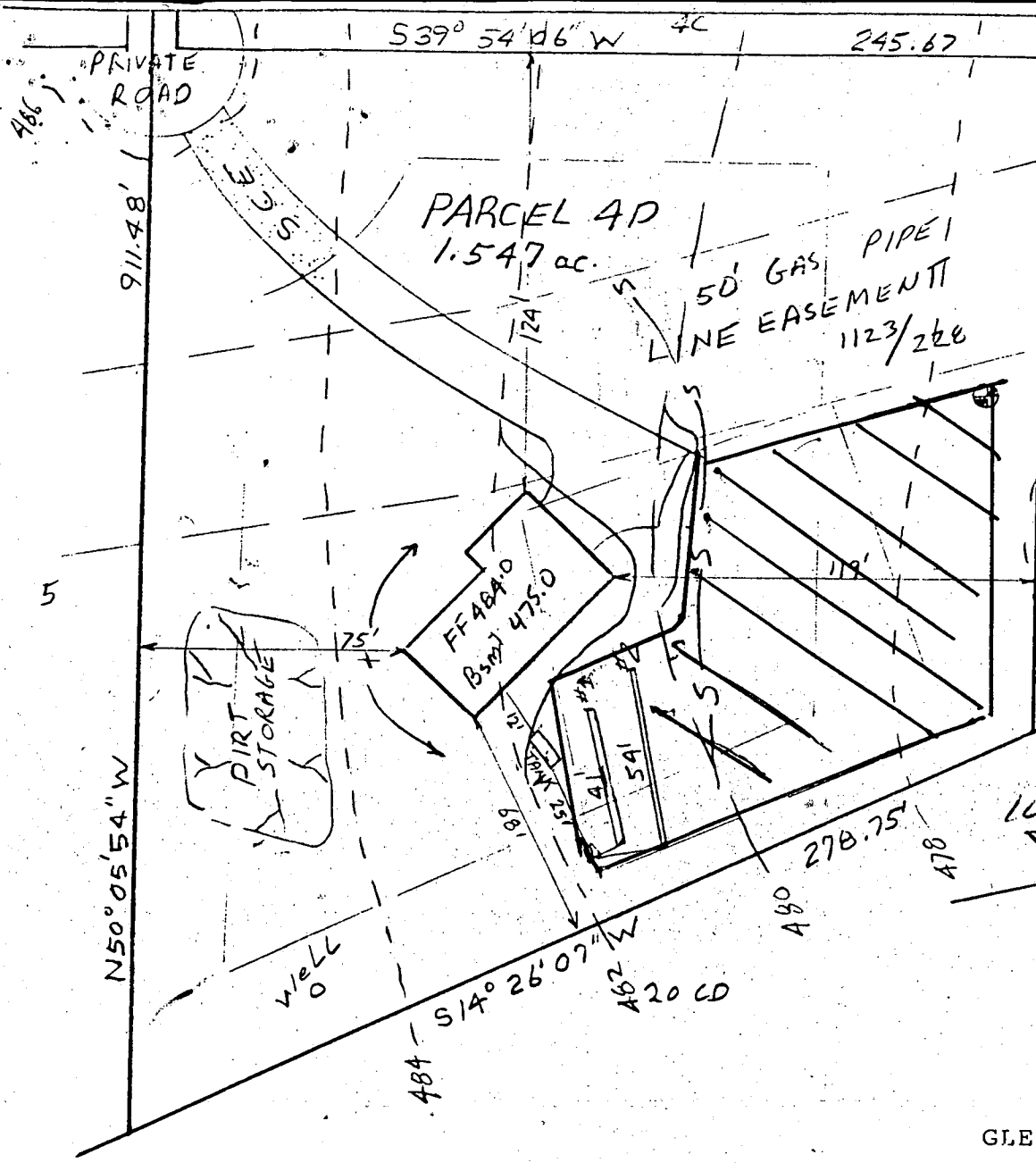
LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210

LOCATION SURVEY

12711 FOLLY QUARTER RD.
LOT 4 D, GLENELG MANOR
SECTION 2, TAX MAP 22, PARCEL 342
ELECTION DISTRICT 5
HOWARD COUNTY MD.





THIS ADJUSTED
SEPTIC LAYOUT
ACCEPTABLE TO
HOWARD COUNTY
HEALTH DEPT.

10,000 SQ FT
~~SEPTIC AREA~~
STILL PRESERVED.
5/1/86
C. W. Hudgins
PLOT PLAN

PARCEL 4D
GLENELG MANOR II
TAX MAP #22 PARCEL 342
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=100' DATE 4/29/86

HOUSE:

| | |
|-------------|--------|
| FIRST FLOOR | 484.00 |
| BASEMENT | 475.00 |
| INVERT | 476.76 |

SEPTIC TANK:

| | |
|----------------|--------|
| EXISTING GRADE | 481.9 |
| PROPOSED GRADE | 482.0 |
| INVERT IN | 478.51 |
| INVERT OUT | 478.26 |

DISTRIBUTION BOX:

| | |
|----------------|-------|
| EXISTING GRADE | 481.8 |
| INVERT IN | 478.0 |
| INVERT OUT | 477.9 |

INVERT
MUST BE
CHANGED.

TRENCHES:

| | INVERT | BOTTOM | STONE | WIDTH | LENGTH |
|----|--------|--------|-------|-------|--------|
| #1 | 477.8 | 471.8 | 6' | 2' | 41' |
| #2 | 476.8 | 470.8 | 6' | 2' | 54' |

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

J. Carl Hudgins
J. Carl Hudgins

C1 9578 SEQUENCE NO. (OEP 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 3,4534

DATE RECEIVED

DATE WELL COMPLETED 03/14/85

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-0927

OWNER CAPITANOS CONST. STREET OR RFD last name FOLLY QUARTER RD first name TOWN GLENELG SUBDIVISION GLENELG MANOR SECTION 2 LOT 4D

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 5, NO. OF POUNDS 500.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE: PL, Nominal diameter 6, Total depth 22.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. SCREEN TYPE: HO, DEPTH (nearest ft.) 21, 300.

SCREEN RECORD: SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH).

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 2 gal. per min. to nearest gal., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 23, WHEN PUMPING 125, TYPE OF PUMP USED submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES, TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, 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.

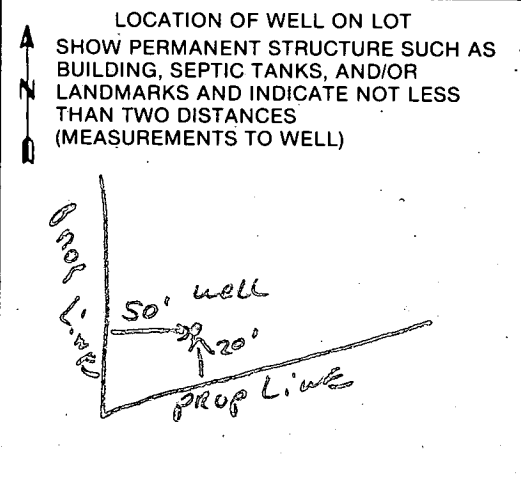
DRILLERS IDENT. NO. 273, DRILLERS SIGNATURE Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph S. Mayne

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

GRAVEL PACK from to 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



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 X
Replacement _____

Receipt # 38996
Date 3/27/87

Name of Installer Cannell Water Systems, Inc

Telephone 876-6880

License number 74
Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner Bartlow Builders Telephone 795-6930

Subdivision Glennely Manor Lot # _____ Well tag # _____

Site Address 17711 E. C. Rd 21043

| | | |
|--|--------------------------|--------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower <u>3/4</u> | 1. Make <u>HANQUARD</u> |
| a. Deep well jet _____ | 2. RPM <u>3410</u> | 2. Model # <u>PT 800</u> |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth <u>11'</u> |
| c. Submersible <u>Y</u> | a. 110 _____ | |
| 2. Make <u>DENING</u> | b. 220 <u>X</u> | |
| 3. Model # <u>5 GPM</u> | | |
| 4. Capacity <u>10 GPM</u> GPM | | |
| 5. Pump exceeds well capacity Yes <u>YES</u> No _____ | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <u>YES</u> No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <u>Y</u> Other _____ | | |

| | | |
|--------------------------------------|---|---|
| Tank | Piping | Well data |
| 1. Capacity <u>82</u> | 1. Type <u>Plastic</u> | 1. Depth <u>350</u> ft. |
| 2. Pressure relief valve? <u>YES</u> | 2. Size <u>1 1/2"</u> | 2. Yield <u>1</u> GPM |
| | 3. NSF and/or BOCA Code approved <u>YES</u> | 3. Static water level <u>40</u> ft. |
| | 4. Depth of supply line <u>4'</u> | 4. Will water supply be disinfected by installer? <u>NO</u> |

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: 3/17/87

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