

4/20/98
C.B. P.M.
4/2/98
10:00 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59941

A 41966

DISTRICT 4th

DATE 4-14-98

DATE SYSTEM APPROVED 4-21-98

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

WOT

INDEXED

J. Joseph Gartland _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1835 West Old Liberty Road, Westminster, Maryland 21157 PHONE 410-875-2400

SUBDIVISION Choi Property LOT 3 ROAD 3297 Danmark Drive

PROPERTY OWNER Thomas & Shirley DeBlase

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting at the intersection of the 320.00' and 391.66' lot lines, place the distribution box 120 feet up the 391.66' lot line and 80 feet off the same lot line as seen when facing the lot from the pipe stem. Run trenches on contour towards the front of the lot.

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

PLANS APPROVED BY Donna K. Soe/Mark Rifkin REVISED DATE 04/10/98

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, 90° ELBOWS NOT ACCEPTABLE.

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

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 35/40 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 PVA 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 APPROVAL ON THIS PERMIT**

A 41966

APPLICATION

PERCOLATION TESTING

A 41966
P _____

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

DISTRICT 4TH
DATE March 10, 1988

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 Sang Ho Company, Inc. Thomas & Shirley DeBlase

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 3

ROAD AND DESCRIPTION North side of Barkswood Rd., 1890' East of Hobbs Road.
(3297 Summit Drive)

TAX MAP 14 PARCEL # 106

BLDG. PERMIT SIGNED
AND RETURNED 11-17-92
Serial # BTD 108739

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O.-5 Bm
(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.

Dennis M. Bush
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/14/88 Per Ok Hold for Per
Change well site & frame site

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 41966

P _____

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

DISTRICT 4TH

DATE March 10, 1988

TO: THE COUNTY HEALTH OFFICER
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PROPERTY OWNER Sang Ho Company, Inc.

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 3

ROAD AND DESCRIPTION North side of Birkwood Rd., 1290' East of Hobbs Road.

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O.
(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.

Dennis M. Bush
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

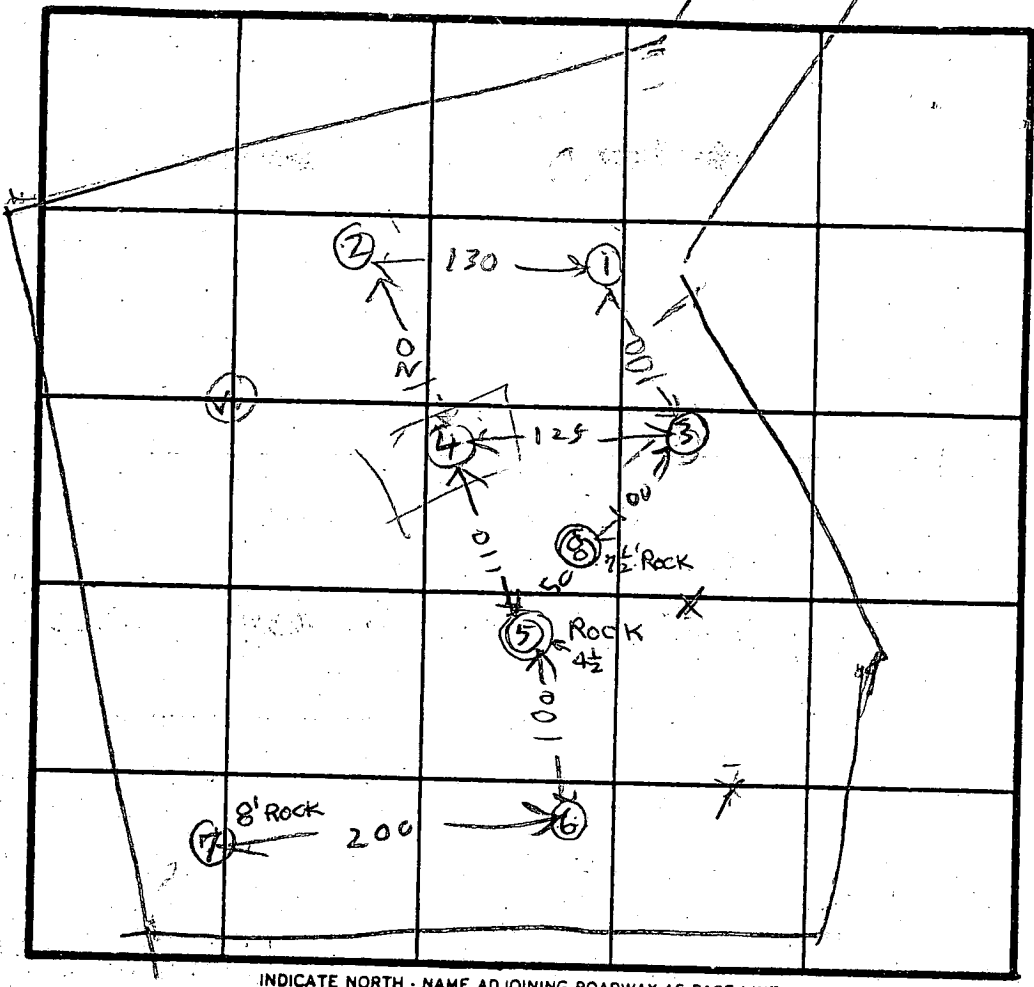
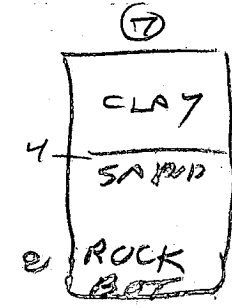
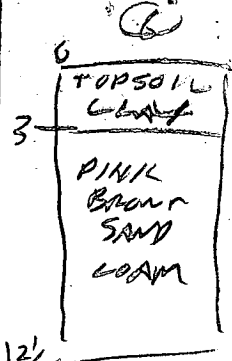
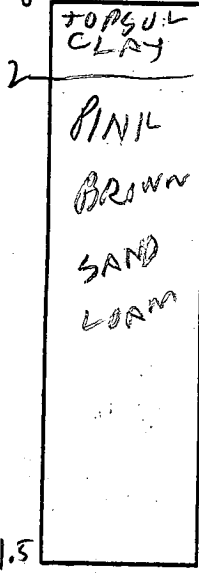
HD-216

THIS IS NOT A PERMIT

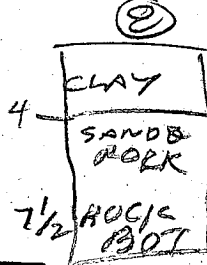
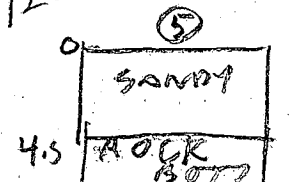
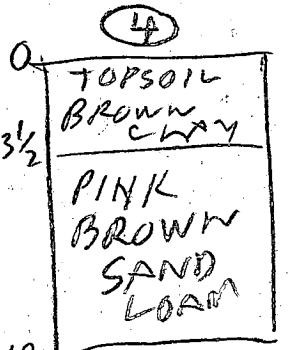
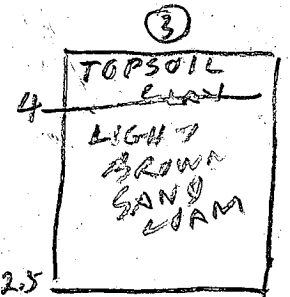
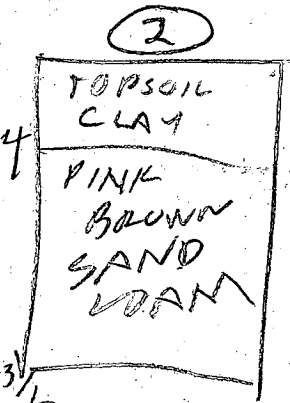
3
A 41966

R/W

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

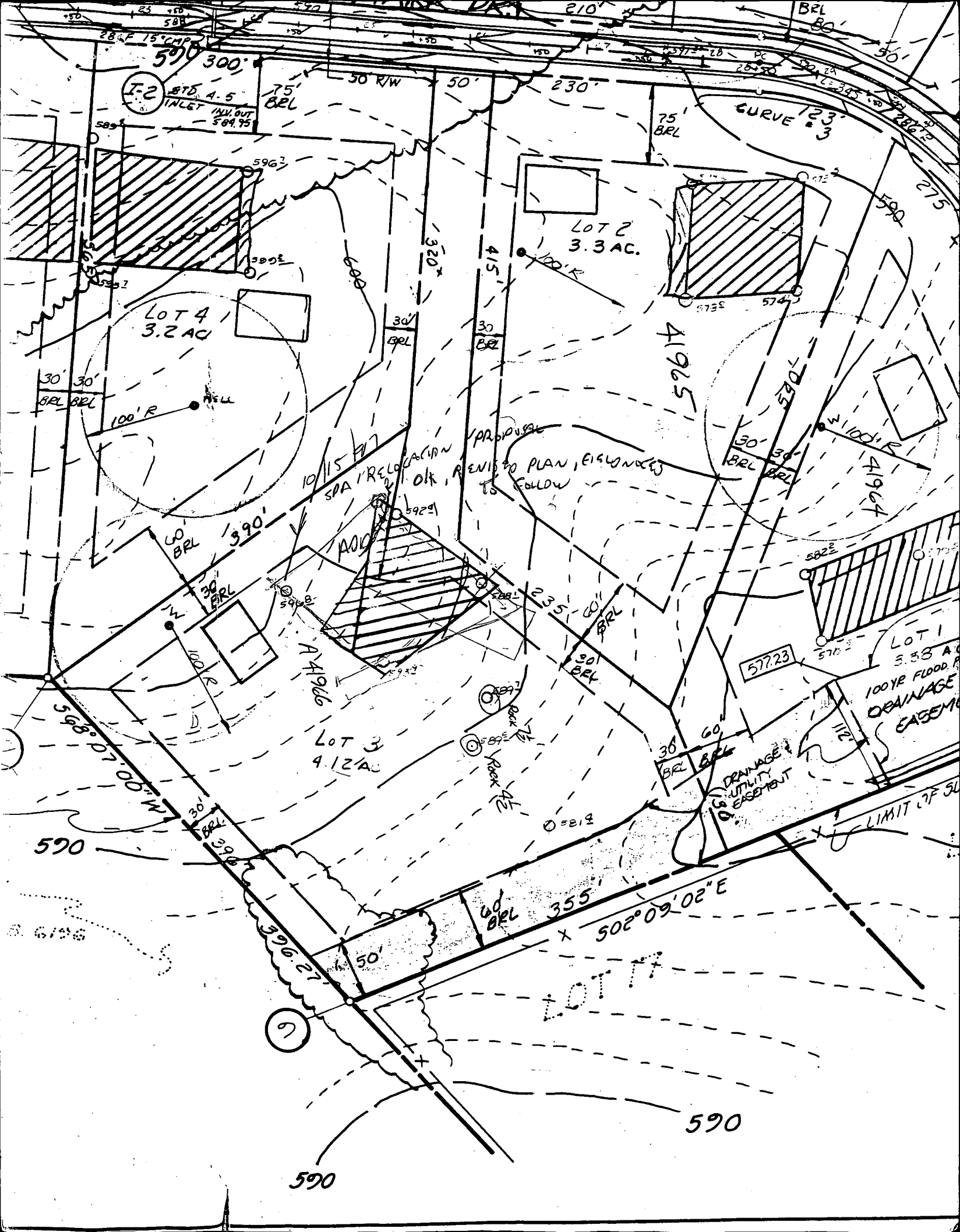


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/1/88	1S	3.5	1029	1030	1030	1032	2
	1V	11.5	OK				
	2S	5.5	1033	1035	1035	1038	3
	2D	8	1033	1035	1035	1038	3
	2V	13.5	OK				
	3S	5.5	1042	1043	1043	1045	2
9/1/88	3V	12.5	OK				
	4V	12					
	5V	4 1/2	ROCK	UNSAT			
	6V	12 1/2	SOIL	OK	BUT OUT OF AREA		
	7V	8	ROCK	UNSAT			
	8V	7 1/2	ROCK	UNSAT			

INLET 3 1/2 X 3 MIN
180A/BR
INLET 3 1/2
BOTTOM 7 1/2

REMARKS: Hole (5) & (6) Dug for test plot other hole dug differently well set down set to be changed
TYPE OF SOIL

TESTED BY R. HODGES ALSO PRESENT WOODY & SKIP OF FROCK



T-2 STD. 4.5 INLET INV. OUT 509.75

CURVE 123/3

LOT 2 3.3 AC.

LOT 4 3.2 AC

PROPOSAL SPA RELOCATION OK, REVISIONS TO PLAN, EASEMENTS TO FOLLOW

LOT 1 3.53 AC
100YR FLOOD PL
DRAINAGE
EASEMENT

LOT 3 4.12 AC

577.23

502°09'02"E

LOT 7

9

590

590

6.6196

590 300'

50' RW

230'

415'

320'

30' BRL

30' BRL

41965

41964

60' BRL

30' BRL

30' BRL

A 1966

60' BRL

30' BRL

30' BRL

30' BRL

60' BRL

DRAINAGE & UTILITY EASEMENT

LIMIT OF SURVEY

590

396.27

60' BRL

355'

50'

396.27

590

Howard County Health Department

To: CHOI PROP FILE

BUILDER BROUGHT IN A
~~REAS~~ WALL CHECK AS REQUESTED
IN OUR 12/2/98 LETTER.

THE SOA HAD AGAIN CHANGED,
BUT NO CHANGE WAS INDICATED
BUILDER TOOK DRAWING AWAY FOR
REVISION

From: GS

Date: 3/10/98

HD-170



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
December 2, 1997

JST Builders
3545 Ellicott Mills Drive - Suite 304
Ellicott City, Maryland 21043-4544

RE: Building Permit Application
Serial Number: B00108739
Choi Property - Lot 3
3297 Danmark Drive

To Whom It May Concern:

As discussed prior to issuance of the above referenced building permit application, there remain some concerns as to optimum placement of the septic tank and of the trenches.

As soon as the foundation has been set, please submit a surveyed wall-check drawing to this office that includes the intended final driveway layout. Also, please attach a copy of this letter so that the receiver of the drawing will recognize the project.

Once we have received the drawing, a determination can be made as to final tank and trench(s) location. Since part of the septic system is to be under the driveway, construction of the driveway should be delayed until the trenches are installed and approved.

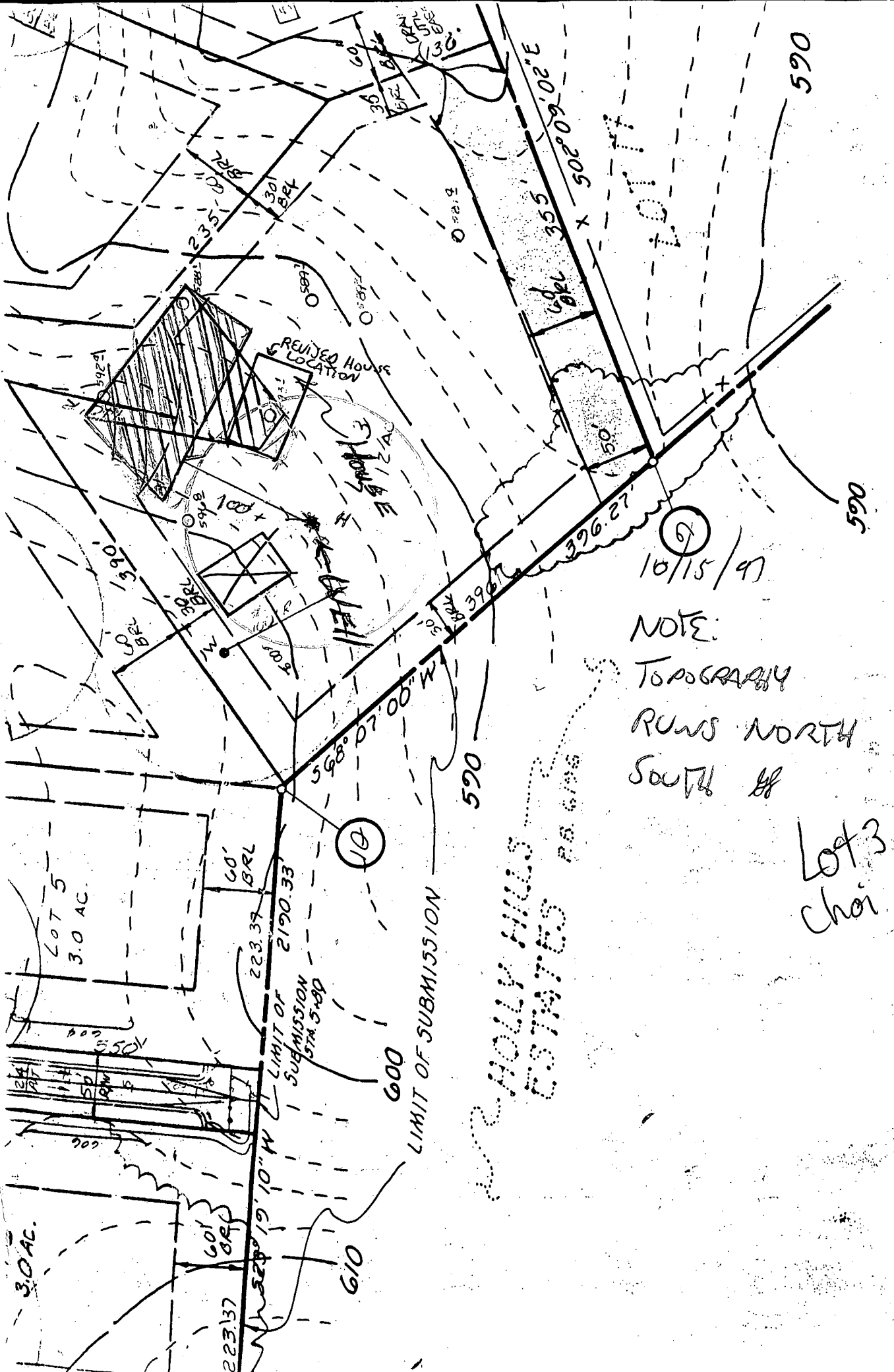
If you have any questions regarding this matter, please contact me at the below address or by calling 410-313-2640.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW: jr

cc: Mr. and Mrs. Thomas DeBlase
File ✓



10/15/97
 NOTE:
 TOPOGRAPHY
 RUNS NORTH
 SOUTH OF

Lot 3
 Choi

C/O/Surveyor

4/20/98
WPI PM
OK

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 Gastland Plumbing

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision Choi Property Lot # 3

Well Tag # _____

Site Address 3297 Danmark Drive

Pump

Motor

Pitless Adapter

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

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

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

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 _____

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 _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? _____

4/20/98

well casing 1.5' above grade
P.A. well line 3.5' below
2 pc cap installed
PVC conduit pipe " OK TO COVER. DKS

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.

Ⓐ = Prop. S Bed. House
 F.F. Elev. = 598.0
 Bsmt Elev. = 570.0
 INV. Elev. = 595.22

Ⓑ = Prop. Septic Tank
 Ex. Elev. = 596.4
 INV. IN = 595.0
 INV. OUT = 594.7

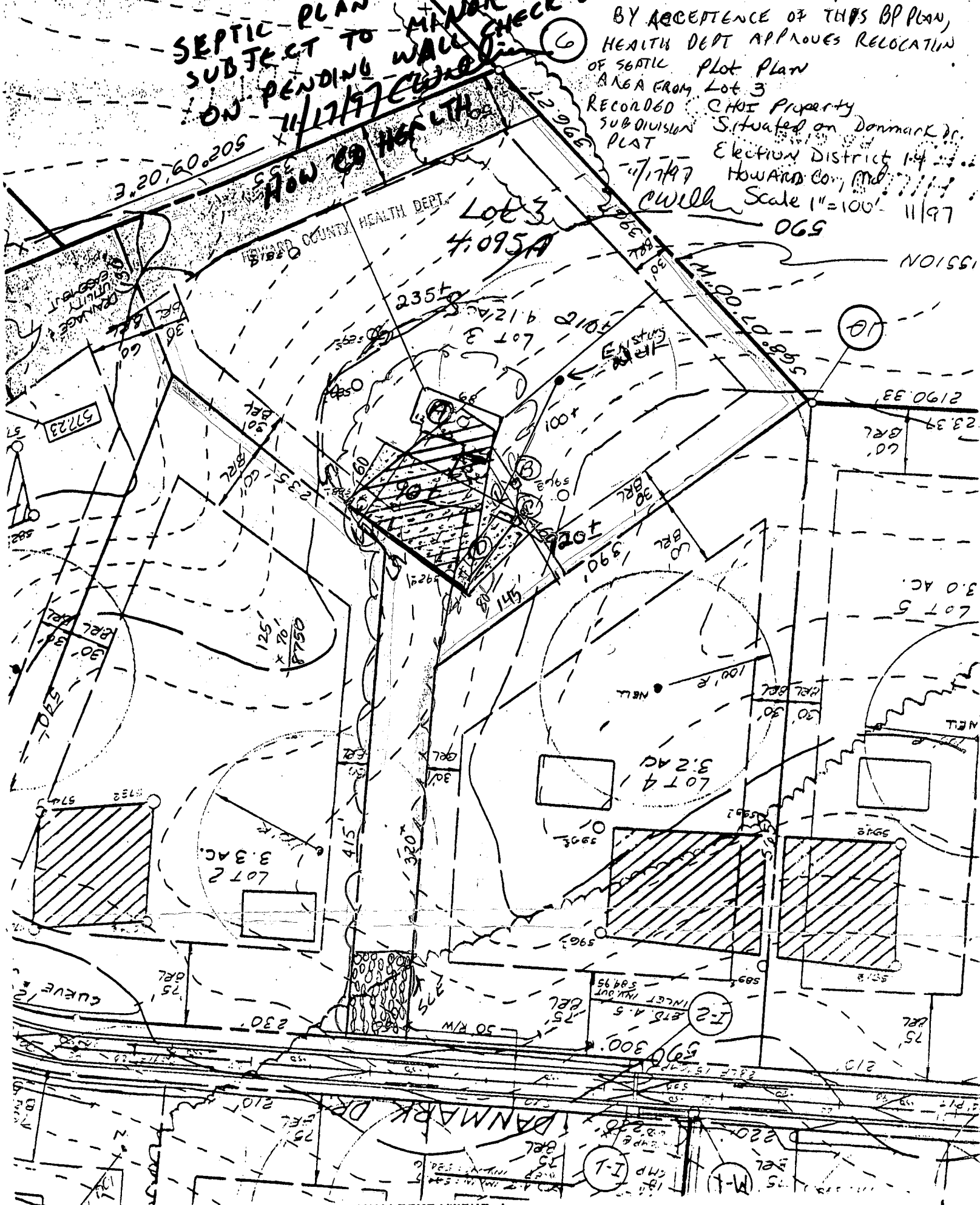
Ⓒ = Prop. Dist. Box
 Ex. Elev. = 597.6
 INV. Elev. = 594.4

Ⓓ = Prop. Trenched
 INV. Elev. = 594.1
 2' Stone, 7' Bot. Max.,
 Length To Be Determined
 AT TIME OF SEPTIC PERMIT
 ISSUANCE.

OGS APPROVED BP PLAN
 00108739 S.F.D.
 SEPTIC PLAN OR IN CONCEPT
 SUBJECT TO MINOR REVISION
 ON PENDING WALL CHECK DRAWING
 11/17/97

Old Septic Field
 NEW SEPTIC FIELD

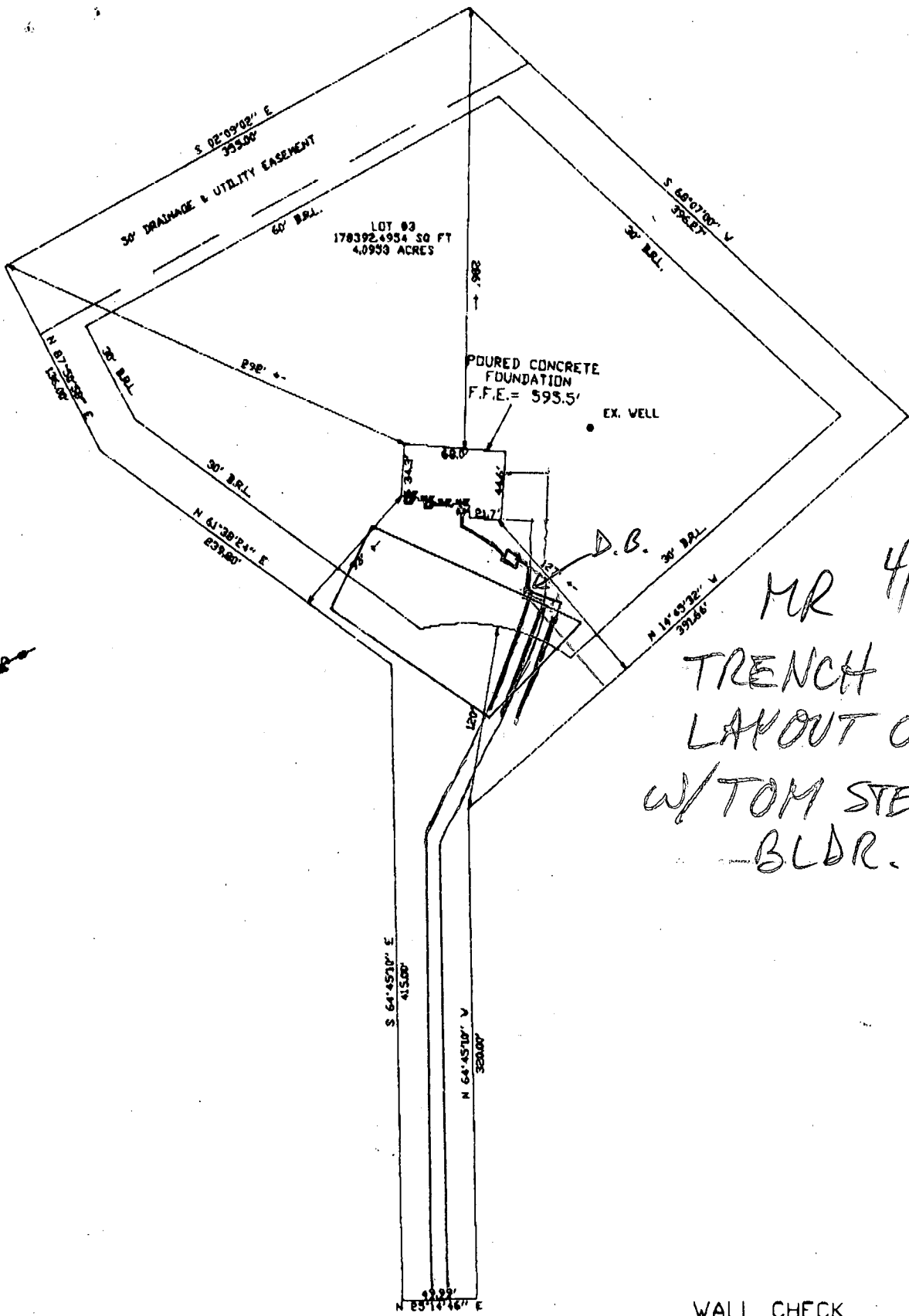
BY ACCEPTANCE OF THIS BP PLAN,
 HEALTH DEPT APPROVES RELOCATION
 OF SEPTIC Plot Plan
 AREA FROM Lot 3
 RECORDED CHOI Property
 SUBDIVISION Situated on Denmark Dr.
 PLAT Election District 14
 HOWARD County, Md.
 11/17/97
 Scale 1" = 100'
 11/97



THE LAND RECORDS OF HOWARD COUNTY,
 MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT # 10633	

CAD ONE,

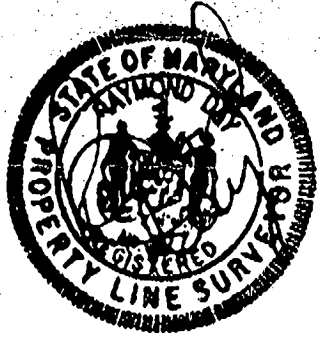


MR 4/10/98
TRENCH LAYOUT OK
W/TOM STEBBINS
BLDR.

DANMARK DRIVE

WALL CHECK
LOT 3
CHOI PROPERTY
SITUATED ON DANMARK DRIVE
ELECTION DISTRICT No. 14
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' FEBRUARY 1998

NOTE: FOOTINGS AND FOUNDATION ARE IN PLACE.



8/6/98

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.

NH NASSAUX - HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND
301-829-2296 21771

REFERENCE	JOB NO.
PLAT No. 10633	

B 1 **8784** SEQUENCE NO. (MDE USE ONLY)
 IS TO BE PUNCHED ON ALL CARDS

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1302
 fill in this form completely

Date Received (APA) **10/5/97**
Weymouth Yatraic OWNER INFORMATION
 Last Name Owner First Name
10805 Aickroy Rios
 Street or RFD
COLUMBIA Town **MD 21044** Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
DANMARK SUBDIVISION
 SECTION **3** LOT **3**
GLEMELG NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Ralph MAYNE
 Driller's Name
Ralph MAYNE Well Drilling Firm Name
7120 Brown Church Rd. Mt Airy Address
Ralph Mayne Signature **10/8/97** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **DANMARK DR.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **350** FT OR MI
 TAX MAP: **14** BLK: **24** PARCEL: **106**

B 2 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
HOWARD COUNTY NAME
A-41966 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **10/16/97** EXP. DATE _____
 CO SIGNATURE **Blair Savage** EXP. DATE **10/16/98**
 NORTH GRID **530000** EAST GRID **800000**

APPROXIMATE DEPTH OF WELL **150** FEET

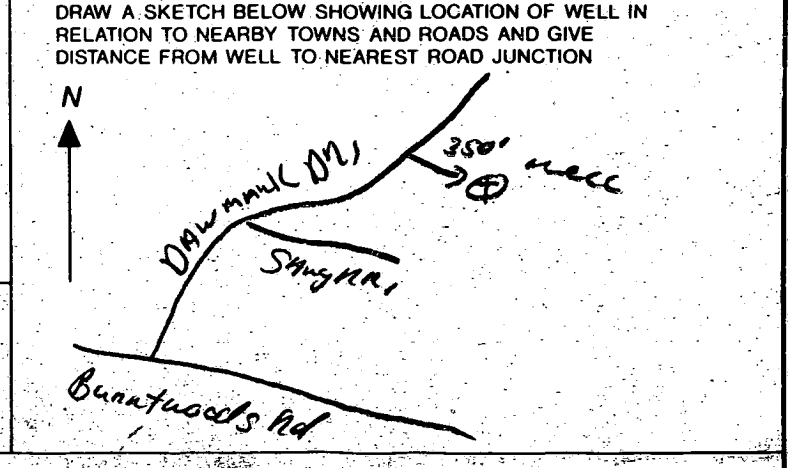
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **GJ** WRITE INITIALS IN BOX PERMIT No. **HO-94-1302**

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 **800**
 N **530**



C1 09481 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 41966

DATE WELL COMPLETED 10 22 97

Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1302

OWNER WEYMOUTH PATAIIC STREET OR RFD DANMARK DR. TOWN Glenelg MD SUBDIVISION CHOI PROP SECTION LOT 3

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 Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 7 NO. OF POUNDS 300 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 28

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 22

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

SCREEN RECORD screen type or open hole (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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 26.04.04 "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 LIC. NO. 1 MS D 116 DRILLERS SIGNATURE Ralph Mayes

LIC. NO. 1 MS D 112 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-5 and rows E, A, C, S, R, E, N. Values include 20, 220.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

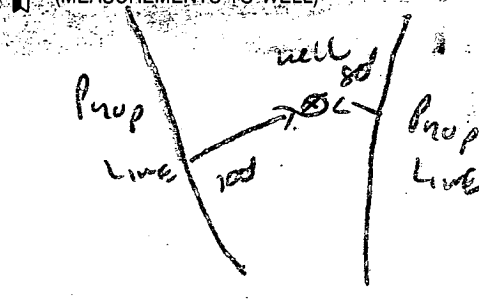
C 3 PUMPING TEST

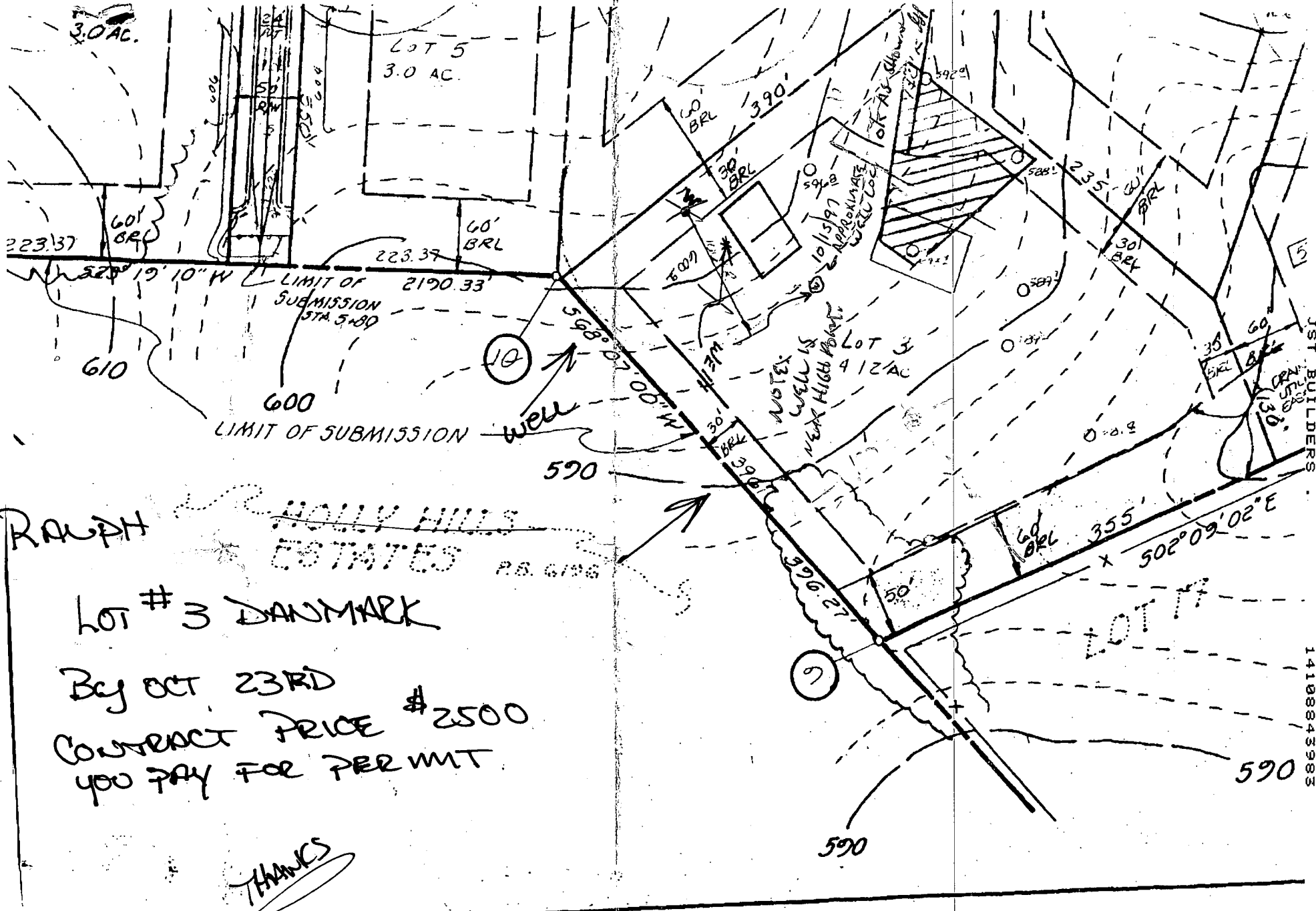
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 47 WHEN PUMPING 85 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below (nearest foot) 50 51

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)





ROUGH

HOLLY HILLS
ESTATES P.B. 6196

LOT # 3 DANMARK

By OCT 23RD
CONTRACT PRICE \$2500
YOU PAY FOR PERMIT

THANKS

JST BUILDERS

14108843983

P.02