

3/17/99
10-11
4/22/99
WPT

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511460

A 49646-A

DISTRICT _____

DATE 3/12/99

DATE SYSTEM APPROVED 3/17/99

INSPECTOR Am

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

04-359372
INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Cattail Woods, Section II LOT 33 ROAD 1768 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corporation

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet ⁴ feet below original grade. Bottom maximum depth ~~68~~ feet below original grade. Effective area begins at ⁴ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 115 feet off the back lot line and 80 feet off the right lot line as seen when facing the lot from Cattail Meadows Drive. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
OK KM 1-9-99

2/2/99 specs (trench) changed - 1' deeper OK Am

PLANS APPROVED BY Amy McMillen DATE 1-11-99

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

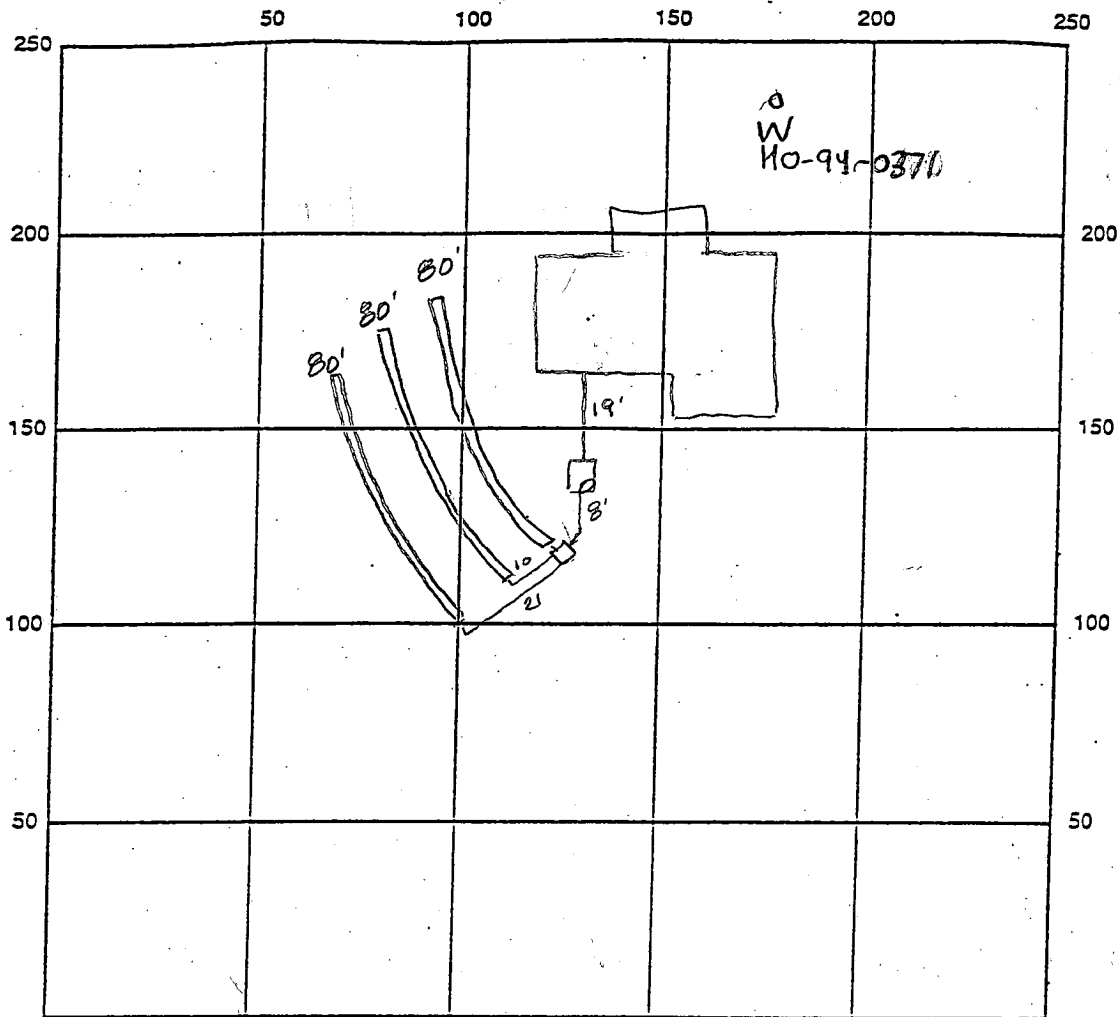
PERMIT VOID AFTER TWO YEARS

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
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

1-99-11-11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 30 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 3/17/99 OK to cover all work

4/29/99 - WPI - NOT OK ROPE STICKING THROUGH CAP - SRM

5/4/99 - WPI OK ROPE ISSUE RESOLVED, BUT WAITING FOR WPI

DATE SYSTEM APPROVED 3/17/99 INSPECTOR A McCullen

APPLICATION

PERCOLATION TESTING

A 49646A

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4th

DATE 9/30/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Parcel 137, Inc. *Rulte Home Corporation*

ADDRESS 15298 Union Chapel Road, Woodbine, MD 21797 PHONE (410) 442-2101

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.

ADDRESS 8480 Baltimore National Pike, Ste. 418 Ellicott City, MD 21043 PHONE (410) 465-6105

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 33

ROAD AND DESCRIPTION End of Brittle Branch Way (1768 Cattail Woods Drive)

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4 Br
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 1-11-99

Serial # B70 115643

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. Parcel 137, Inc. Bruce B. Benda President
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY # _____

SOIL PROFILE

0'

SOIL PROFILE

0'

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 _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 49646A

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9-27-93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cattail Woods Sec II LOT NO. 33

ROAD AND DESCRIPTION Rt 97 sld

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE 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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49646A

COUNTY #

Lot 36 24 33

SOIL PROFILE

142

yel/brn
C

red/brn
SIL

>50%
rock

138-141

yel/brn
C

6 1/2'

>50%
rock

hard bottom

139-140

red C

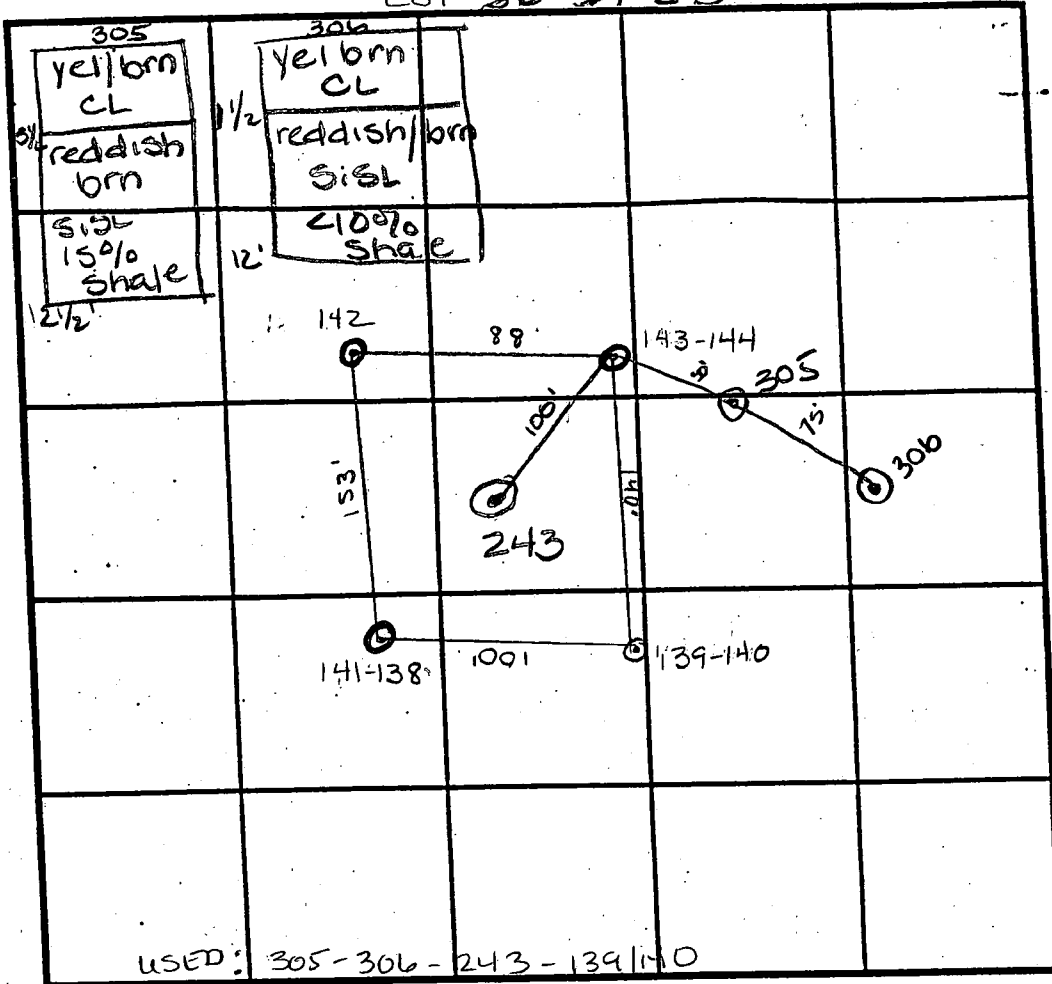
2 1/2'

lgt brn
SIL

bl shaley
mostly

very
degraded

OK



USED: 305-306-243-139/140

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

143-144

yel/brn
G

243

yel/brn
CL

5 1/2'

red/brn
SSIL

Saprolite
throughout
OK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/93	142	V 10'	>50%	rock : clay too deep			F
	138-141	V 10'	>50%	rock : clay too deep			F
	139-140	3 1/2' / V 11 1/2'	1:46 ⁴⁵	1:49	1:49	1:53	4min
	139-140	2 1/2' / V 11 1/2'	1:35	1:42	1:42	1:49	7min
	143-144	Clay to 8'					F
3/16/94	243	Visual to 13'					OK
3/26/94	305	Visual to 12 1/2'					OK
3/26/94	306	2' / V 12'	10:12 ¹⁵	>15 min	1:25	inch.	stopped testing
	306	4' / V 12'	11:55 ⁴⁵	11:56 ³⁰	11:56 ³⁰	11:58 ³⁰	2min
	3						

REMARKS

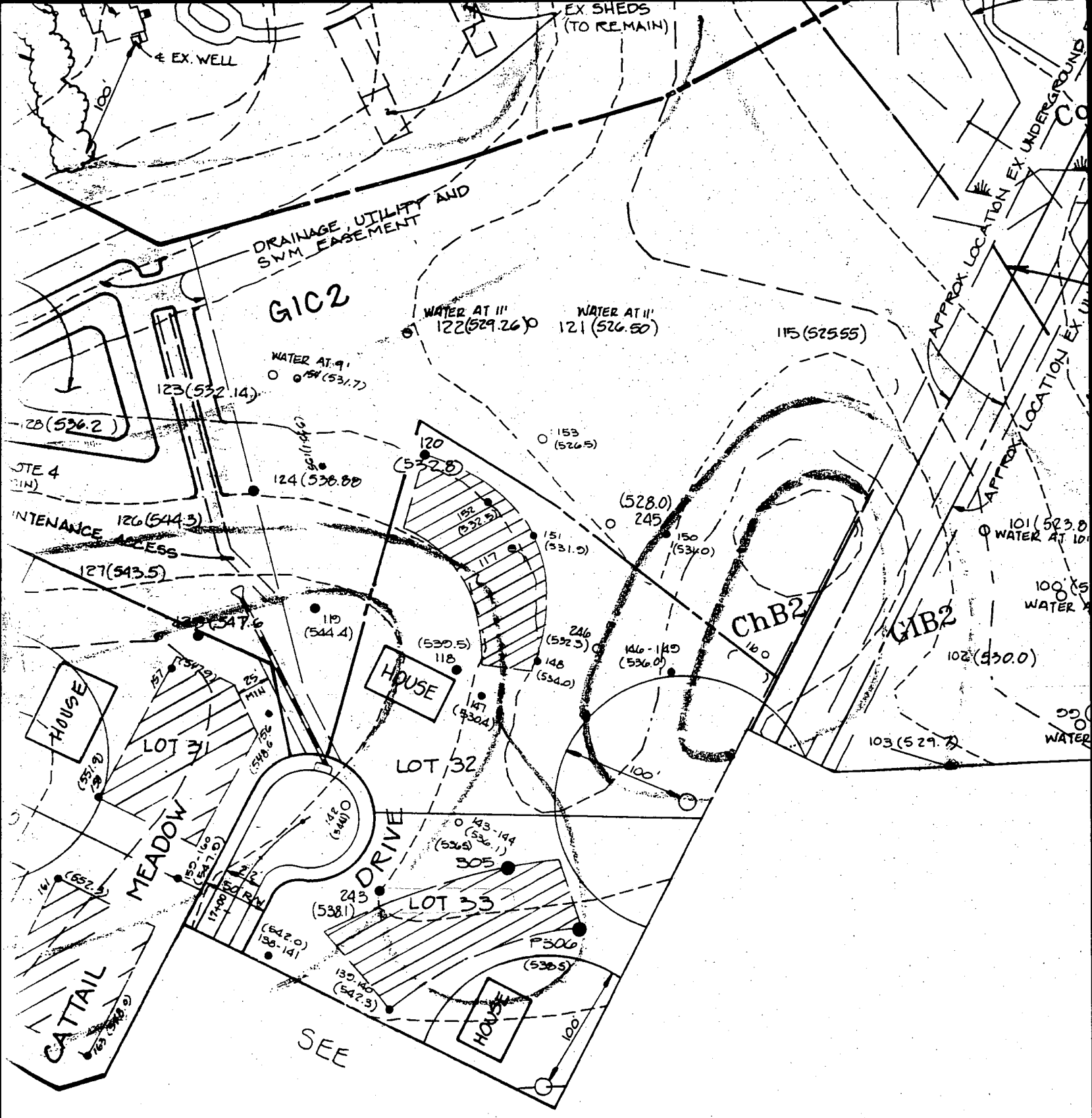
TYPE OF SOIL Glenns Loam

TESTED BY A. McMillen / Nadreau

ALSO PRESENT B. SANDERS

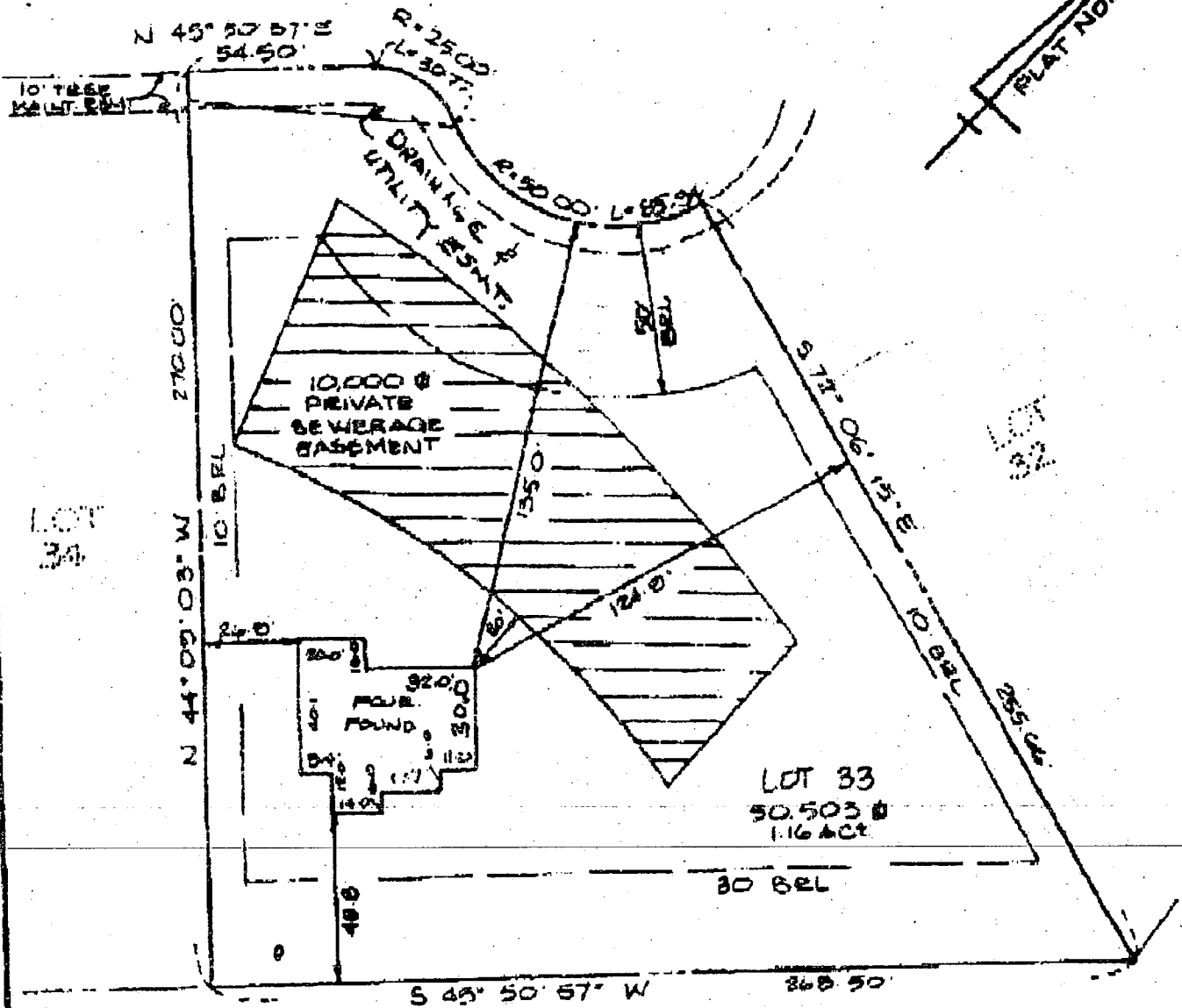
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min TRENCH WIDTH 3'

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180 ft²



signed perc cert plat
6-7-94

CATTAIL MEADOWS DRIVE



PRESERVATION PARCEL B

WALL CHECK

1=50

TOP OF FOUNDATION WALL ELEV. = 546.5

OK

MR. 3/2/99

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA IN THE FEMA FIRM IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.



PETER J. DARE
MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 12501
FEMA FIRM No. 240044 007B
DATE: DECEMBER 4, 1986

BENCHMARK

LOCATION DRAWING
CATTAIL WOODS
SECTION 2
LOT 33

1748 CATTAIL MEADOWS

5-14-99

ATT. ARMY

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 5-14-99

Name of Installer PWB-PBC INC

Telephone 531-2982

License Number 4605

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner PULTE HOMES

Telephone 410-644-5603

Subdivision CATAL WOODS Lot # 33

Well Tag # HO-94-0371

Site Address 1748 CATAL MEADOWS DRIVE

Pump

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

Motor

- 1. Horsepower 3/4"
- 2. RPM 3450
- 3. Voltage 220
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make CAMBELL
- 2. Model # 300X
- 3. Depth 42"

2. Make ORCUTTI

3. Model # 244507900Y

4. Capacity 7 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

- 1. Capacity 22 GAL EQUIVALENT TO 60 GAL
- 2. Pressure relief valve? YES

Piping

- 1. Type WELL TURBINE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 45"

Well data

- 1. Depth 253 ft.
- 2. Yield 12 GPM
- 3. Static water level 71 ft.
- 4. 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.

WPION 5/14/99
SRU

Signature of Applicant: _____

Date: 5-14-99

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

WPI OK
5/4/99 SRK



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

April 30, 1999

Mary A. Daniels
Construction Administrative Assistant
Pulte Home Corporation
1501 S. Edgewood St., #K
Baltimore, MD. 21227

RE: Cattail Woods II, Lot 23, 33
Cattail Meadows Drive
Lot 23 Well Tag # HO-94-1259
Lot 33-Well Tag #HO-94-0371-

Dear Ms. Daniels:

On April 29, 1999 a well pump/line installation inspection was performed on the above referenced properties. The two-piece cap was not installed properly as evidenced by the pump rope protruding through the well caps. Please contact your well pump installer to have this corrected. Also we are unable to locate records of the health department permit for the well line installation on the above referenced properties. Please have your plumber submit these forms for these lots.

On Lot 23, the height of the well casing above grade was observed to be approximately four inches. According to Code of Maryland Regulations, COMAR 26.04.04.07D(3)(c), "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading." After final grading is completed, please make certain that the well casing meets the COMAR standard explained above. On lot 33, the assigned well tag number referenced above does not match the tag on the well which is HO-94-0380.

When all of these above items are corrected please request an inspection. Please feel free to contact me if you have any questions. Thank you for your cooperation in this matter.

Very truly yours,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc: File ✓

C1 3552

SEQUENCE NO. (DENY 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 49646A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

032395

031895

22 253 26 (TO NEAREST FOOT)

40-94-0371

OWNER 206 JOINT VENTURE last name CATTAIL MEADOW DRIVE TOWN LISBON SUBDIVISION CATTAIL WOODS SECTION 2 LOT 33

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 Dirt, Soft Br. Mica, Opening, Blue Schist, Br. Shale, Fracture, Blue Schist.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 36 NO. OF POUNDS 3384 GALLONS OF WATER 216 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 102 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 104

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED yes Y no N

Table with columns: E A C H S C R E E M, DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN. Rows 1, 2, 3.

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 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.

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

DRILLERS IDENT. NO. 256 DANA KYKER JR II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Dana Kyker Jr II SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 71 WHEN PUMPING 85 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

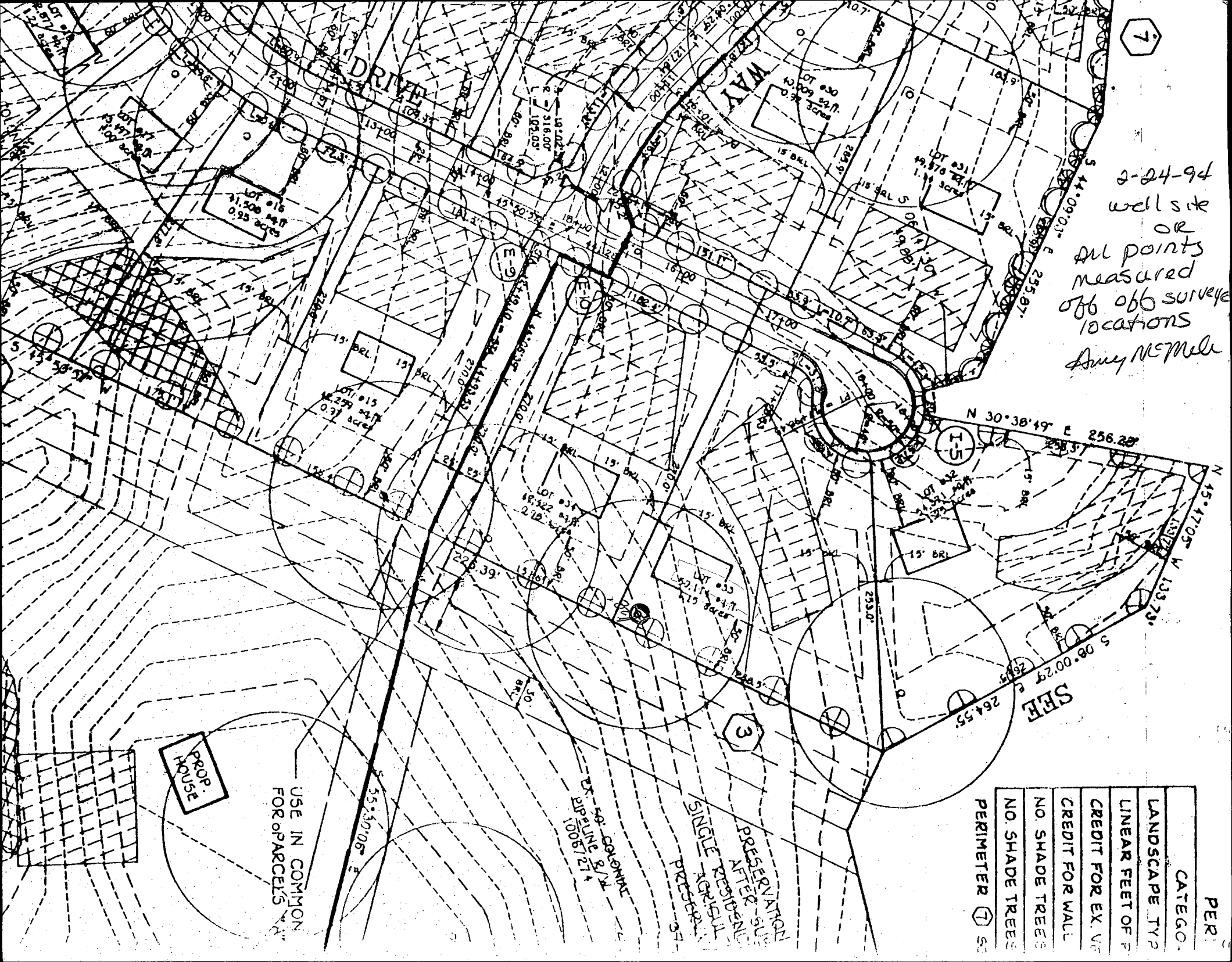
DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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)

Cattail Meadow Drive

7

2-24-94
well site
OR
all points
measured
off obb survey
locations
Amy McMill



PROP.
HOUSE

USE IN COMMON
FOR PARCELS

EX-40 COLONIAL
APPLING P/W
1008/27A

PRESERVATION
ALTERED
SINGLE RESIDENT
PERCEIVED

PERI	CATEGO.
	LANDSCAPE TYP
	LINEAR FEET OF P
	CREDIT FOR EX. VE
	NO. SHADE TREES
	NO. SHADE TREES
	PERIMETER ⑦ SQ

SEE

3

1-5

E-9

EMERGENCY/TEMP NO. IF ANY

B 1. **7831**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER **H0-94-0371**
70 fill in this form completely 79

Date Received (APA)

020195

OWNER INFORMATION

206 HONNIT VENTUREL
15 Last Name 24 Owner First Name
ISSST UNION CHAPEL
36 Street or RFD 55
WOODBINE MD 21797
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

MSD/MGD/MWD

Dana Kyles JTI
Driller's Name 256
Westminster Rotary Well Drilling
Firm Name 17 License No. 80
P.O. Box 861 Westminster MD 21158
Address
Dana Kyles JTI
Signature Date 1-31-95

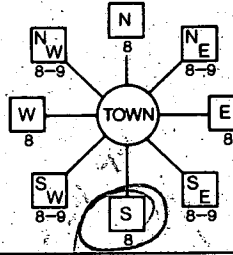
B 3

LOCATION OF WELL

HOWARD
8 COUNTY 21
CATTAIL WOODS
23 SUBDIVISION 42
SECTION **2** 44 46 LOT **33** 48 50
WISBOW
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CATTAIL Meadow Drive
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 **275** 37
DISTANCE FROM ROAD
ENTER FT OR MI **FT** 38 39

TAX MAP: **7** BLK: _____ PARCEL **B7**

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I** 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A# **49646A**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S 41
DATE ISSUED **022495** **JOYNG K S** **2/24/96**
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **542000** EAST GRID **0781000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

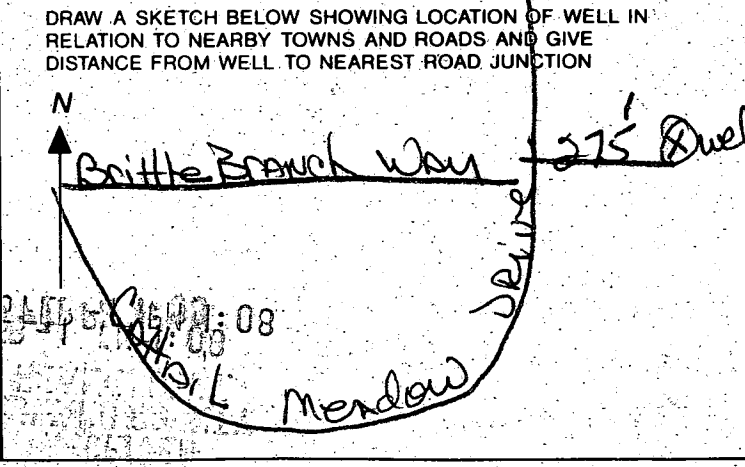
METHOD OF DRILLING (circle one)

- BORED** (or Augered) **JETTED** **Jetted & DRIVEN**
- AIR-ROTary** **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)
- CABLE** **REVerse-ROTary** **DRive-POINT**
- other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N** 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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D** THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **city**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
781
59242
000 000



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ 54 63
FORCE **DS** WRITE INITIALS IN BOX 67 68 PERMIT No. **H0-94-0371** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
Vicki 8761911

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 240 feet
 Width of trench(es) 30 feet
 Depth of trench(es) 50 feet
 Depth of stone required below distribution pipe 20 "

[Signature]
 Signature _____ Date 11/1/85

