

4/4/95
10.95
2.00
4/2/95 12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXX-9933~~ 313-2640

05-418216

INDEXED

4/4/95 P.C.O. CBJ
4/17/95 P.C.O. CBJ
P 50578B
4/6/95
A 49668M

DISTRICT 5th

DATE 3/14/95

DATE SYSTEM APPROVED 4/17/95

INSPECTOR C. B. J.

Burgemeister-Bell, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 10331 S. Dolfield Road, Owings Mill, Maryland 21117 PHONE 363-0880

SUBDIVISION Fulton Manor LOT 31 ROAD 12310 Pointfield Drive

PROPERTY OWNER Selfridge Builders, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

300 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 400

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

LOCATION - Beginning from the intersection of the 48.16' and the 115.00' lot line, place distribution box 90 feet up the 115.00' lot line and 95 feet off that same lot line. Run trenches on contour toward the 115.00' lot line. MAINTAIN 100 FEET FROM WELL TO ALL PARTS OF THE SEPTIC SYSTEM.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1/27/95 DKS

PLANS APPROVED BY Amy McMillen DATE 01/10/95

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 49668M

APPLICATION

PERCOLATION TESTING

A DD

P _____

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

DISTRICT FIFTH

DATE SEPTEMBER 13,

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 OTHA D. UPCHURCH - Selfridge Builders Inc

ADDRESS 457 OLD ORCHARD CIRCLE PHONE 410-799-0200

AGENT OR PROSPECTIVE BUYER SALE AS OWNER

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION UPCHURCH PROPERTY (FULTON MAJOR LOT NO. ~~31~~ 31)

ROAD AND DESCRIPTION 12276 HALL SHOP ROAD (12310 Pointfield Drive)

HIGHLAND MARYLAND

TAX MAP 40 PARCEL # 164 & 205

SIZE OF LOT 59,500 # TYPE BLDG. SINGLE FAMILY DWELLING 4br
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 1/23/95
Serial # 57167-SFD

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

COUNTY #

SOIL PROFILE

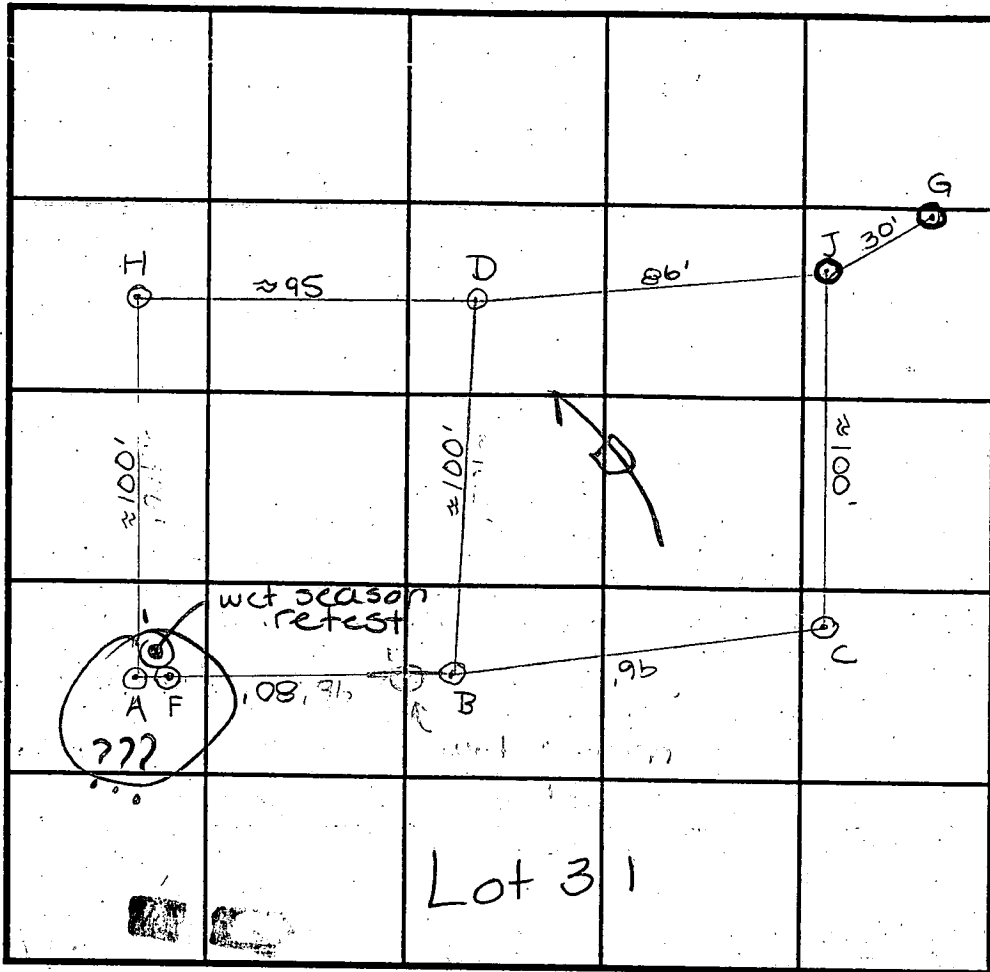
0' H
Orange/red CL

4' Orange/brown SL

11 1/2' D
red/brown CL

4' lg + brown SIL

15% rock



Lot 31

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' B
brn uniform SL

11' A
brn/brown uniform SL
40% rock
rock refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/22/93	H	4' VII'	3:20 ³⁰	3:32	3:32	4:02	30min
	D	1' VII'	3:08 ¹⁵	3:09 ¹⁵	3:09 ¹⁵	3:17	8min
	A	1 1/2' V9'	2:20 ⁴⁵	2:21 ¹⁵	2:21 ¹⁵	2:21 ⁴⁵	30sec
		repour	2:21 ⁴⁵	2:22 ⁴⁵	2:22 ⁴⁵	2:25 ¹⁵	1 1/2 min
	B	1' VII'	2:31 ⁴⁵	2:32 ¹⁵	2:32 ¹⁵	2:34 ¹⁵	2min
		5' VII'	2:35 ⁵⁰	2:36 ⁰⁵	2:36 ⁰⁵	2:36 ³⁵	30sec
		repour	2:36 ⁴⁵	2:37	2:37	2:39	2min
	C	Visual to 11'					OK
	F	See other page					
2/22/94	1	3 1/2'	2:55 ⁰	2:57	2:57	3:00	3min

REMARKS: Hole A/F passes only for very shallow, not comparable of other holes

TYPE OF SOIL: Manure

TESTED BY: Amy McMillen/Craig Williams ALSO PRESENT: Olan Ketherman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 20 min TRENCH WIDTH: 3'

INLET DEPTH: 2' MAXIMUM BOTTOM DEPTH: 4' SQ. FT./BEDROOM: 300 ft²

11 1/2' D
red/brown CL

4' lg + brown SIL

15% rock

11' C
brn uniform SSIL

APPLICATION

PERCOLATION TESTING

A 49668M

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT FIFTH

DATE SEPTEMBER 13,

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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ADDRESS 457 OLD ORCHARD CIRCLE PHONE _____

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HIGHLAND MARYLAND

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[Signature]
(SIGNATURE OF APPLICANT)

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DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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THIS IS NOT A PERMIT

A49668M

COUNTY #

SOIL PROFILE

0' J
brn
CL

4' SIL

8' water

G
dk brn
CL

1/2 SSIL
brn

10' water

F
brn
uniform
SL
30-40%
Rock

rock
refusal

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	
10/22/93	J	Visual to 8'	to 8'	- water	at 8'	—	F
↓	G	Visual to 10'	to 10'	- water	at 10'	—	F
	F	Visual to 9'	to 9'	rock refusal		—	OK

Shallow system inlet at 1'

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen / Craig Williams ALSO PRESENT DIAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

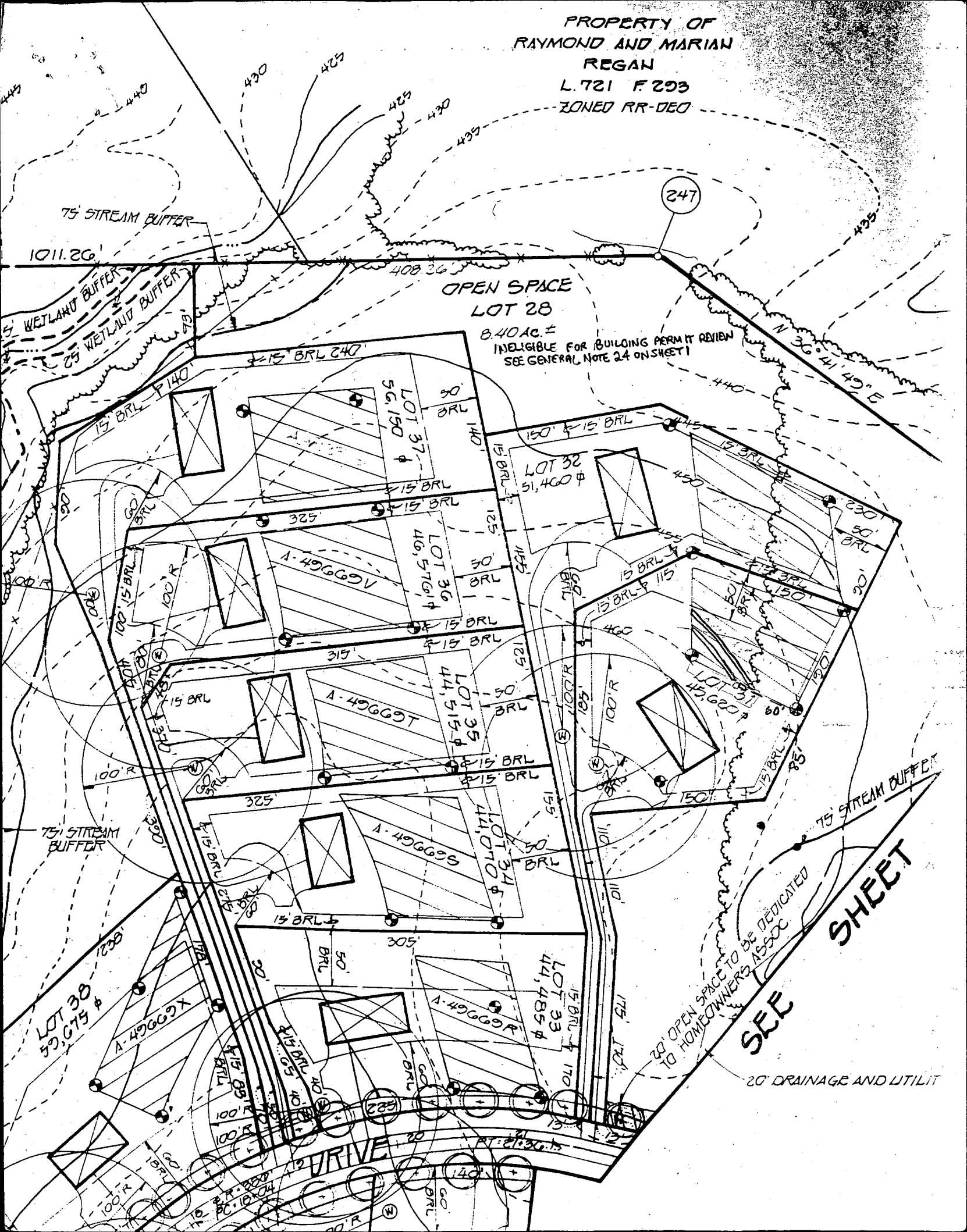
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

PROPERTY OF
RAYMOND AND MARIAN
REGAN
L. 721 F. 223
ZONED RR-DEO

247

OPEN SPACE
LOT 28

8.40 AC. ±
INELIGIBLE FOR BUILDING PERMIT REVIEW
SEE GENERAL NOTE 24 ON SHEET 1



SEE SHEET

20' DRAINAGE AND UTILIT

20' OPEN SPACE TO BE DEDICATED
TO HOMEOWNERS ASSOC

CURVE

C1 5924

SEQUENCE NO. (DENV USE ONLY)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER

A 49668M

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

120994

Depth of Well 2205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0252

OWNER Upchurch Property Part. STREET OR RFD last name Pointfield Drive first name TOWN Highland SUBDIVISION Upchurch Property SECTION LOT 31

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, Sandy, Sand/Stone, MICKA, Sand/Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE Nominal diameter Total depth

OTHER CASING (if used)

screen type or open hole. ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes Y no 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 IDENT. NO. 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

C2

DEPTH (nearest ft.) HO 36 205. E A C H S C R E E N 1 2 3. SLOT SIZE DIAMETER OF SCREEN

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

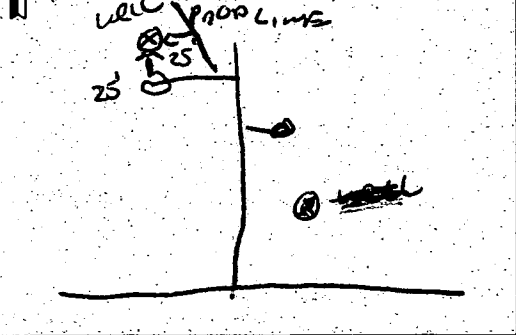
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket 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 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)



B 1 **1254** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-0252**
70 fill in this form completely 78

Date Received (APA) **120194** **OWNER INFORMATION**
UPCHURCH PROP PART
15 Last Name 34 Owner First Name
PO BOX 371
36 Street or RFD 55
ALLICOTT CITY MD 21041
57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD
Ralph MAYNE **116**
Driller's Name 77 License No. 80
Ralph Mayne (well drilling)
Firm Name
9120 Brown Church Rd. Mt Airy
Address
Ralph Mayne 12/1/94
Signature Date

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)
 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)

APPROXIMATE DEPTH OF WELL **150** FEET
24 28

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) _____

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER _____ **G A P** _____
54 63
FORCE **DS** WRITE INITIALS IN BOX 67 68 **PERMIT No.** **40-94-0252**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **410-761-2855**

B 3 **LOCATION OF WELL**
HOWARD
8 COUNTY 21
UPCHURCH PROP
23 SUBDIVISION 42
 SECTION **44** LOT **37**
44 46 48 50
HIGHLAND
52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI
73 76 77 78

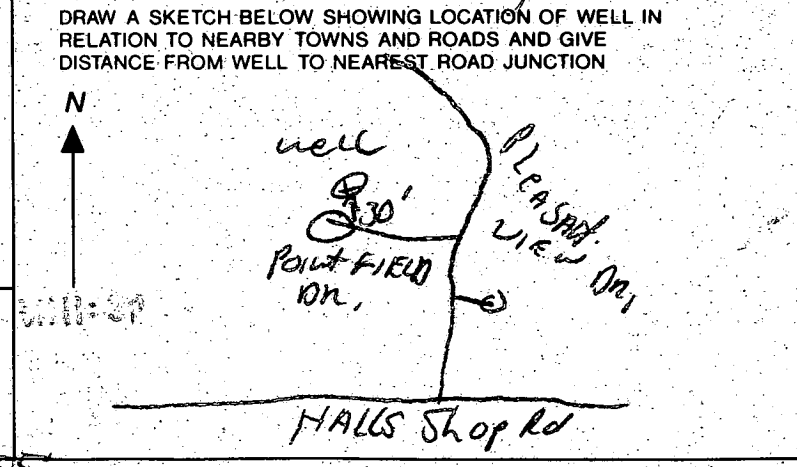
B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

POINT FIELD DR.
11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

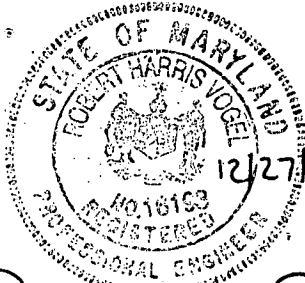
30
34 DISTANCE FROM ROAD 37
 ENTER FT OR MI **FT**
38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A49668 M**
COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **120194** **12/1/95**
43 48 CO SIGNATURE EXP DATE
 NORTH GRID **490000** EAST GRID **6817000**
50 55 57 63

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 **810.7**
 N **490**
000 000



NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =
 COUNTY _____

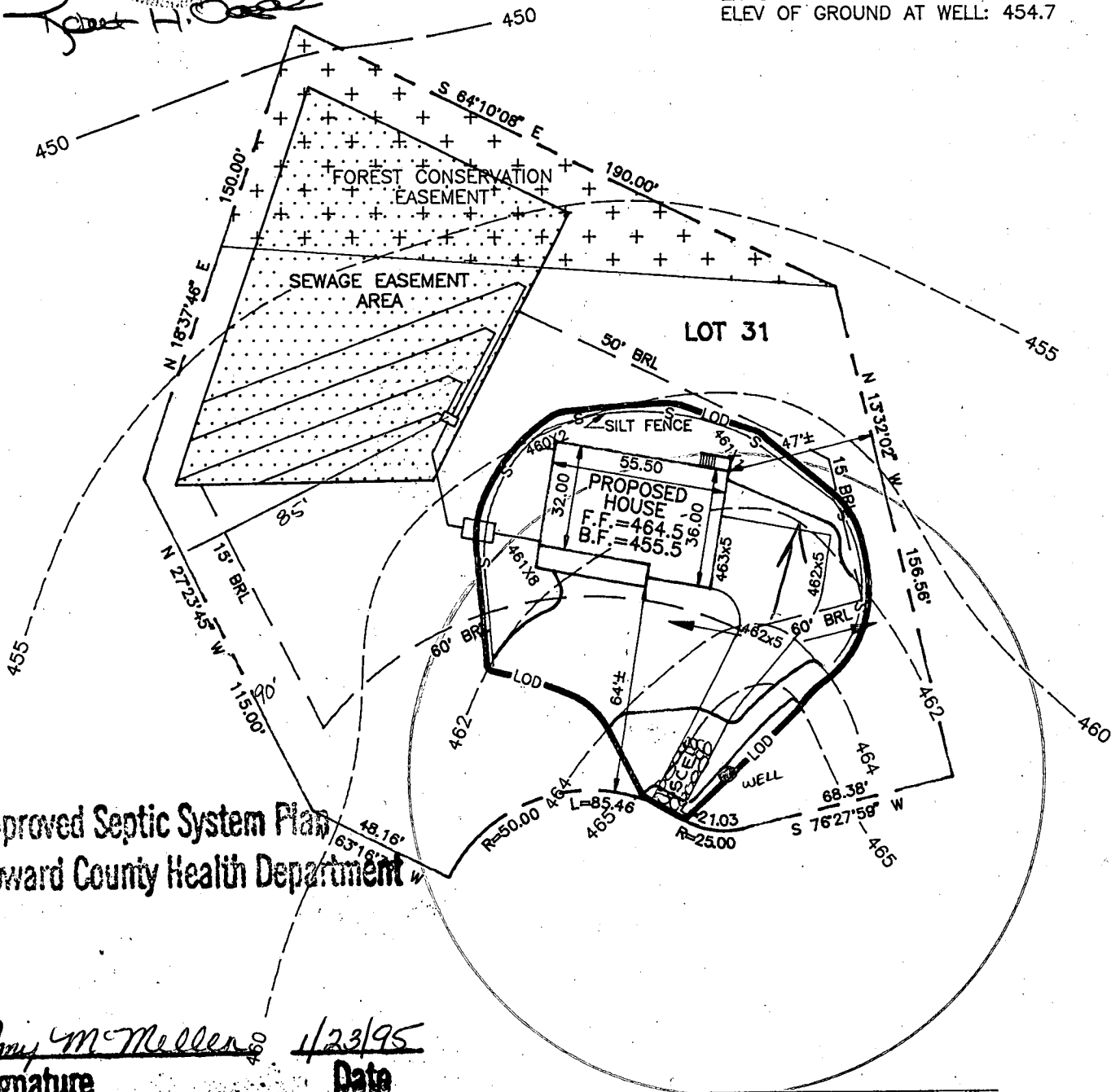


12/27/94

Robert H. Vogel

4 BEDROOMS = 360 LF OF TRENCH

BASEMENT ELEV.: 455.5
 FIRST FLOOR ELEV.: 464.5
 INV. OUT OF HOUSE: 457.7
 INV. INTO SEPTIC TANK: 457.5
 INV. OUT OF SEPTIC TANK: 457.2
 INVERT INTO DISTRIBUTION BOX: 456.8
 INV. INTO TRENCH: 456.5
 EX GRADE AT SEPTIC TANK: 460.8
 EX GRADE AT DISTRIBUTION BOX: 458.7
 EX GRADE AT TRENCH: 458.5
 ELEV OF GROUND AT WELL: 454.7



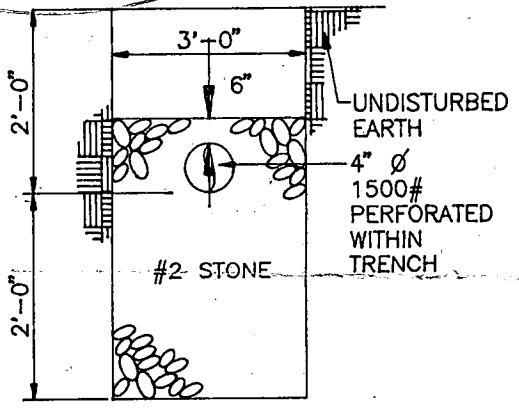
Approved Septic System Plan
 Howard County Health Department

Amy McMiller 1/23/95
 Signature Date

NOTE
 *PERC FIELD & WELL LOCATION ARE FROM HEALTH DEPARTMENT RECORDS.
 *TOPOGRAPHY SHOWN HEREON SUPPLIED BY CLIENT

PREPARED FOR:
 JAMES H. SELFRIDGE BUILDERS, INC.
 8131 DORSEY RUN ROAD
 JESSUP, MARYLAND 20794
 TELEPHONE: (410) 799-5653

MARKS-VOGEL ASSOCIATES, INC.
 CONSULTING ENGINEERS-SURVEYORS-PLANNERS
 3691 PARK AVE #101 ELLICOTT CITY, MD. 21043
 TELEPHONE (410) 461-5828 FAX (410) 465-3966



PLOT PLAN
 FOR
 LOT 31
 FULTON MANOR
 HOWARD COUNTY, MARYLAND

SCALE 1" = 50'
 DRAWN BY D.G.H.
 CHECKED BY R.H.V.
 DATE DECEMBER, 1994
 W. O. # _____

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

~~461-9888~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 4/7/85

Name of Installer Robert L. Feezer Co. Inc.

Telephone 781-4657

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner _____

Telephone 795-1405

Subdivision FULTON MANOR Lot # 31

Well Tag # 40-94-0252

Site Address 12310 POINT FIVE DRIVE

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make HELIOTOL
3. Model # A75-50
4. Capacity 5 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 _____

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make ARROW
2. Model # 17802
3. Depth 42"

Tank 2 ACTIVE MAN
1. Capacity 32 GPM
2. Pressure relief valve?

Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"

Well data
1. Depth 305 ft.
2. Yield 3 GPM
3. Static water level _____ ft.
4. 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: Michael J. Peden
Date: 4/7/85

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