

12/2/97
12:00 C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-405181

P 59213

A 36996

DISTRICT 5th

DATE 11-12-87

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 12/2/92

INSPECTOR M. Rifkin

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

ADDRESS 558-R Obrecht Road Sykesville, MD 21784 PHONE _____

SUBDIVISION The Chase LOT 19 ROAD 11661 Masters Run

PROPERTY OWNER Philip & Rose Catuogno

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 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet from the well and 35 feet in from the right lot line as seen when facing the lot from Masters Run. Run trenches on contour toward the left side of 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 KM 7-15-97

PLANS APPROVED BY Sid Abel/Mark Rifkin REVISED DATE 07/14/97

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

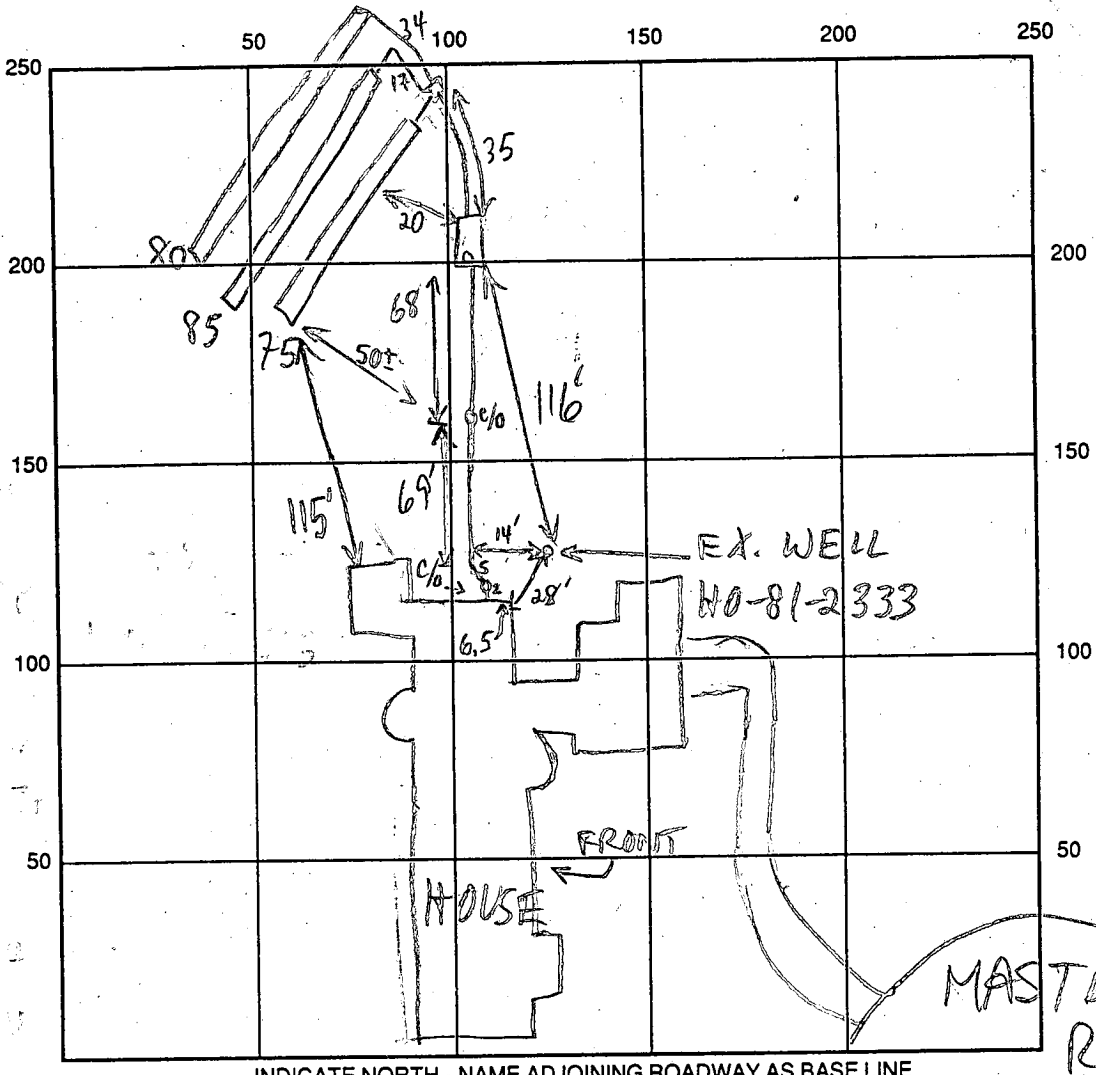
PERMIT VOID AFTER TWO YEARS

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
516996
966



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL CLEANOUTS S.T. AND 2 INLINE - OK
 DISTRIBUTION BOX LEVEL OK BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①75 ②85 ③80 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ①225 ②255 ③240 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 720 SQ. FT.

REMARKS: 12/2/97 OK TO COVER ALL (MR)

DATE SYSTEM APPROVED 12/2/97 INSPECTOR M. RITKIN

APPLICATION

PERCOLATION TESTING

A 36996

P _____

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation Philip & Rose Cat

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 19 *Prelim + Final*

ROAD AND DESCRIPTION Homewood Road (11661 Masters Run)

BLDG. PERMIT SIGI
~~AND RETURNED~~ 7-14-87
Sevata B1106530

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D. - 4Bem
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile fields DATE 1-6-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

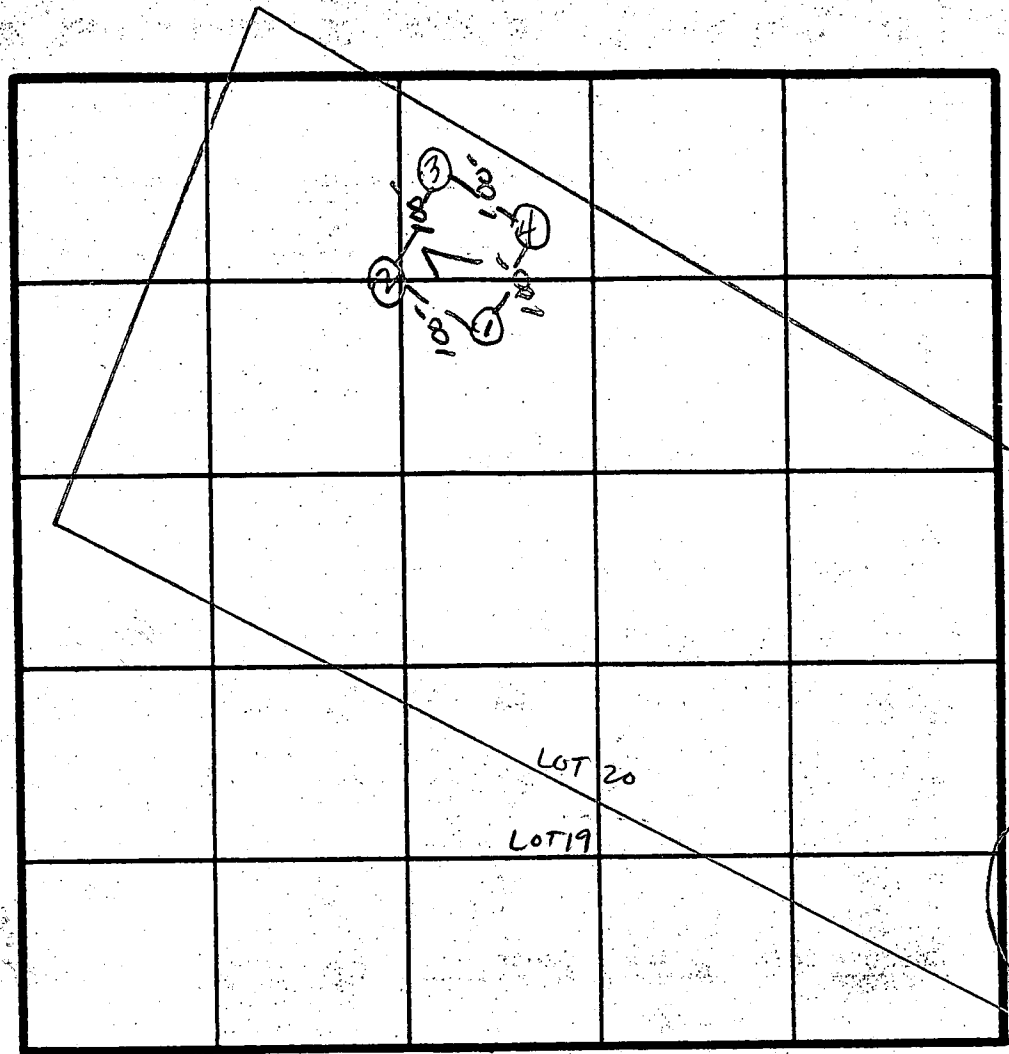
REASONS FOR REJECTION OR HOLDING 6/27/86 Perc Satisfactory Hold for Subdivision Proj. Shallow Syst only

S. Abel

THIS IS NOT A PERMIT

④ ②
SOIL PROFILE

0
4" A1-3
STRONG BR
SAND LOAM
FEW GRAVEL
10% FRAGS
<10% CLAY
2.5'
STRONG BR
SAND LOAM
20-30%
COARSE
FRAGMENTS
AT BOTTOM
12-13'



7 PERC
2 MIN
INLET
3.5'
BOTTOM
5.0'
180° ROR
COURT
ROUND
A

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ Homewood Rd.

③ ①

0
4" A1-3
STRONG BR
SAND LOAM
<10% CLAY
<10% FRAG
3'
4" Yellow BR
SAND LOAM
<10%
FRAGMENTS
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/27/84	4 S V	3' 12'	10:58 uniform soil	10:59 Below 3"	10:59 3"	11:01	2min
	3 S V	3.5' 12.5'	11:04 uniform	11:05 Below 3"	11:05 3"	11:06	1min
	2 S V	3' 13'	11:08 SAME AS #4	11:09	11:09	11:10	1min
	1 S V	3' 13'	11:12 SAME AS #3	11:13	11:13	11:15	1min
	1 V						

REMARKS Holes per PLAT. / Shallow Syst. only

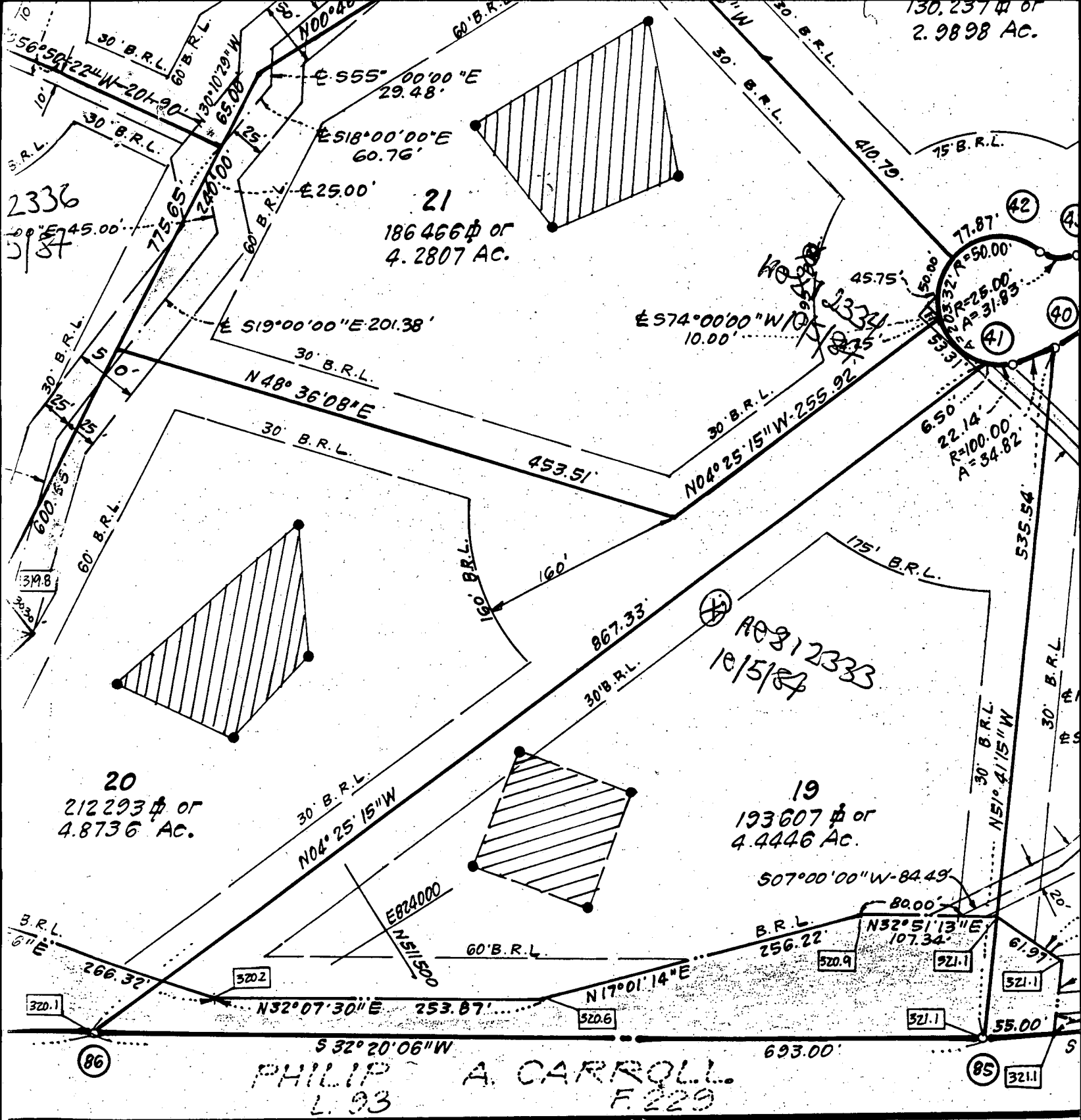
TYPE OF SOIL Manor Loam

S. Abel

Jeff, BOB, WADE

EH-12-1079

130.237 of
2.9898 Ac.



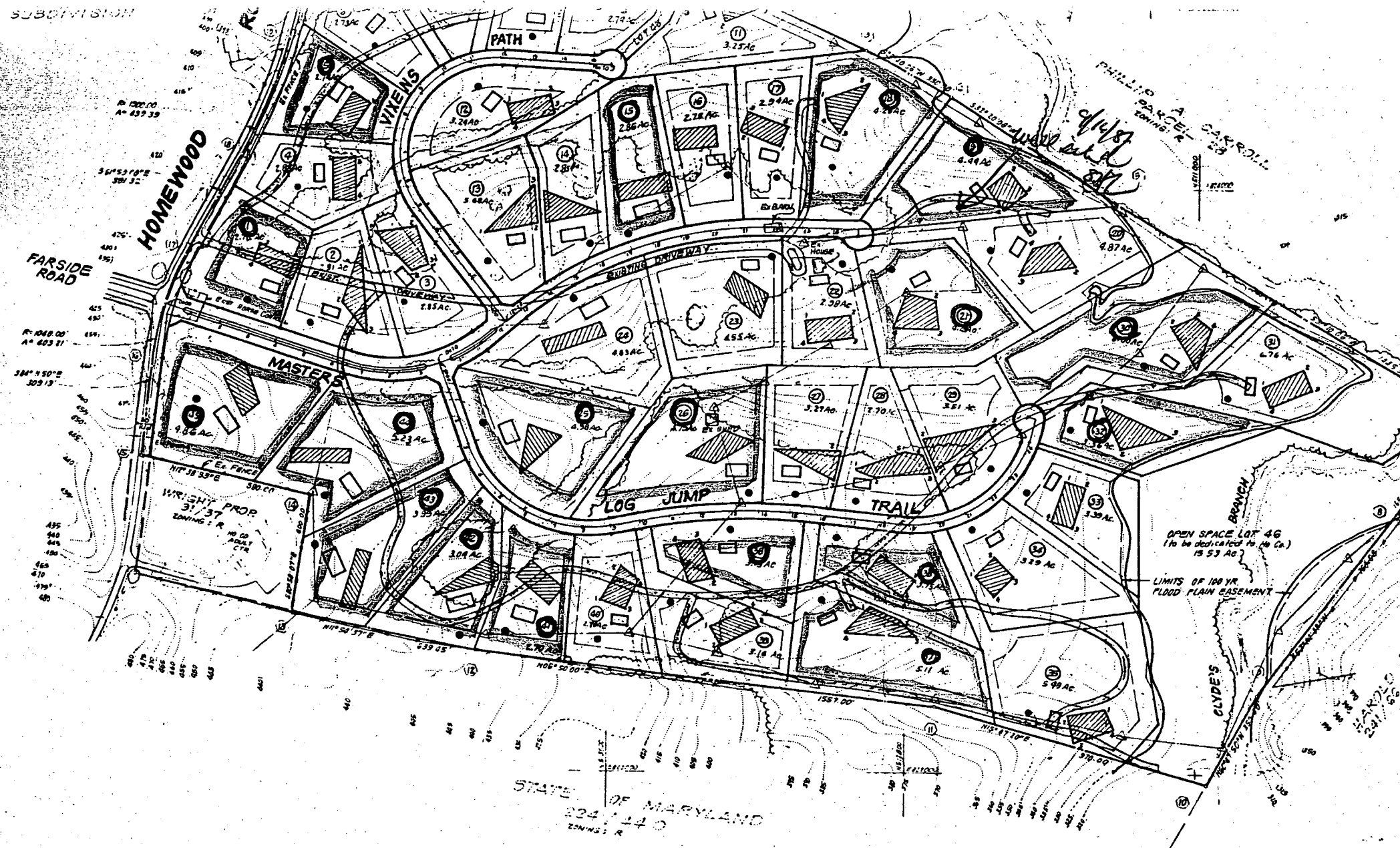
OWNER'S DEDICATION

The Development Corporation, a Maryland Corporation, owners and described hereon, hereby adopt this plan of subdivision of the approval of this Final Plat by the Office of [unclear], establish the minimum building restriction lines and grant [unclear], Maryland, its successors and assigns: (1) the right to lay, maintain sewers, drains, water pipes, and other municipal [unclear], in and under all roads and street right-of-ways and the areas shown hereon, (2) the right to require dedication for public streets and/or roads and flood plains and open space where [unclear] and other valuable consideration, hereby grant the right of County to acquire the fee simple title to the beds of the [unclear] and flood plains, storm drainage facilities and open space

SURVEYOR'S

I hereby certify that the [unclear] is correct; that it is a subdivision conveyed from Wayback Corporation, by a deed dated December [unclear] among the Land Records of Howard County, Liber 1568 at Folio 243; Wright [unclear] Howard Estate Development Corporation Merger dated December 16, 1987, Department of Assessments and that all monuments are in place prior to acceptance of the str

SUBDIVISION



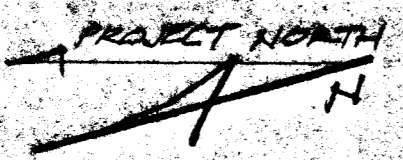
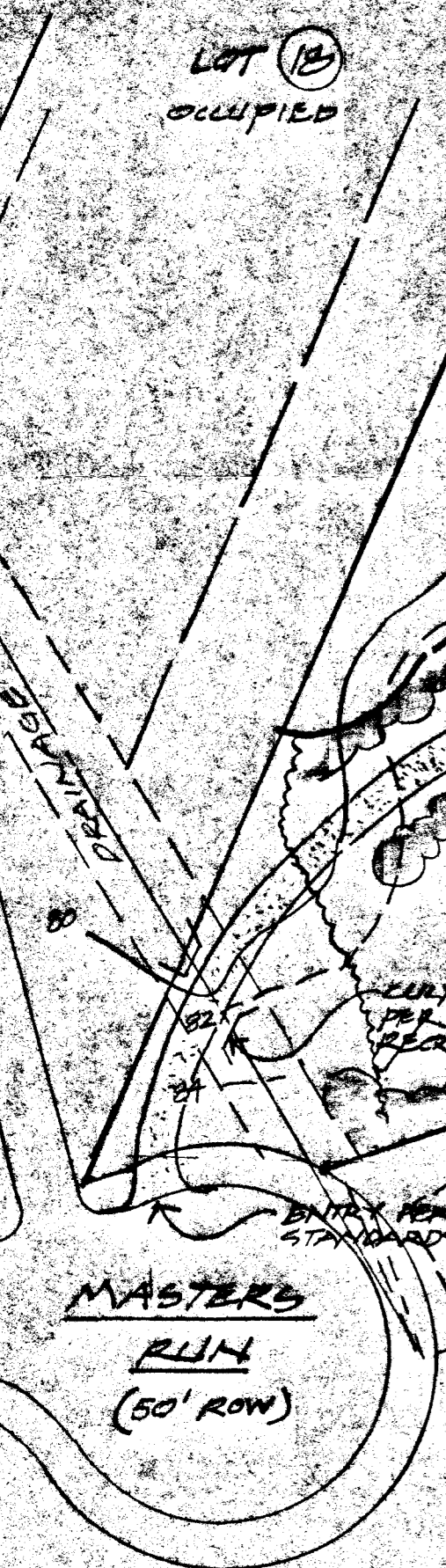
MIDDLE PATIENT RIVER

LOT 17
103,607 SF
4.2440 AC

PROPOSED HOUSE
FIRST FLR 385.0 BSMT 376.05
(A BORN HOUSE)

HOUSE SEPTIC
EXIST ELEV 378
PROPOSED 380.5
INVERT OUT 379.19

LOT 18
OCCUPIED



SITE PLAN

11661 MASTERS RUN
ELLCOTT CITY
HOWARD COUNTY
MARYLAND 21042
6TH ELECTION DISTRICT
LOT 17 - LIBER 3736 FOLIO 0446
THE CHASE SUBDIVISION - PLAT CMP #7205
TAX MAP 20
DISTURBED AREA 23,850 GSF

ROSE & PHIL CATUOGNO
ANDRÉ G. FONTAINE, ARCHITECT
PERMIT SET - REVISED 7.7.97
(410) 531-3925

Approved Septic System Plan
Howard County Health Department

Mark E. Kellin 7/14/97
Signature Date

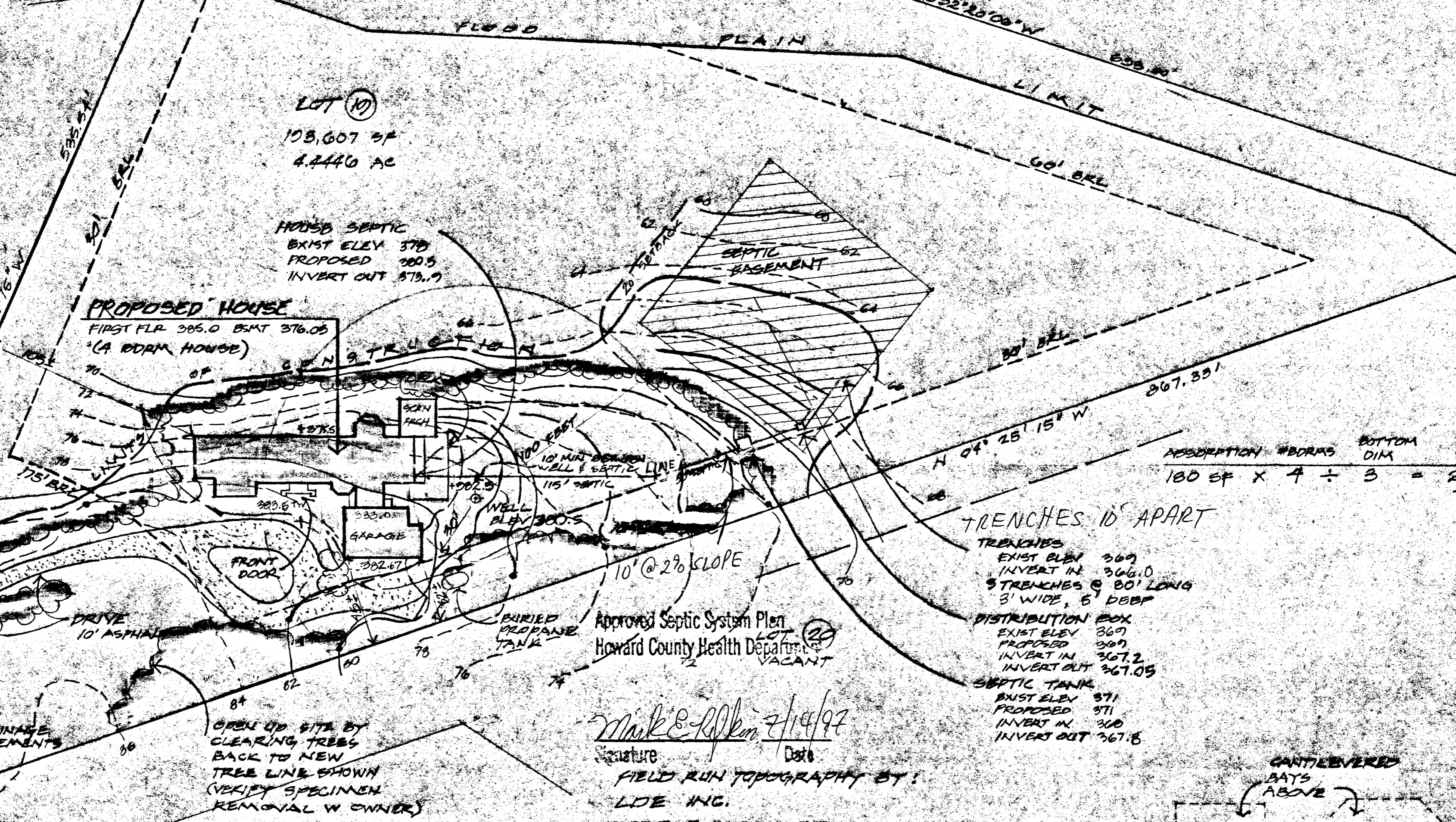
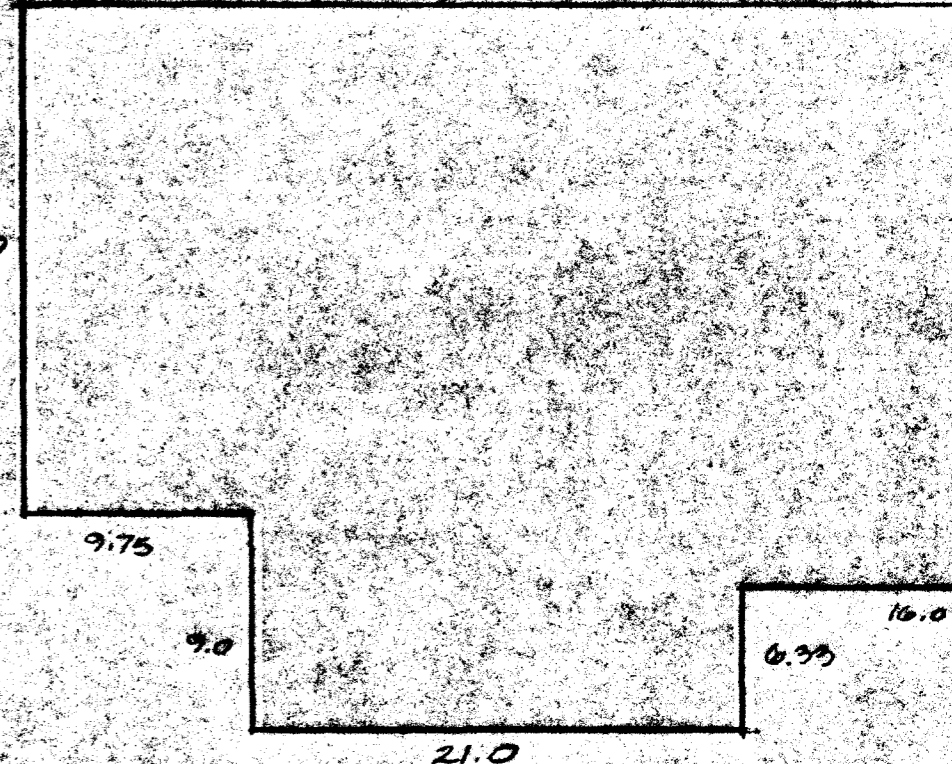
FIELD RUN TOPOGRAPHY BY:
LOE INC.
1250 RUMSEY RD.
SUITE 100
COLUMBIA, MD 21045
410.715.1070

ABSORPTION #BORAS BOTTOM DIM TOTAL TRENCH
180 SF X 4 ÷ 3 = 240 LF TRENCH

TRENCHES 10' APART

TRENCHES
EXIST ELEV 369
INVERT IN 366.0
3 TRENCHES @ 80' LONG
3' WIDE, 6' DEEP
DISTRIBUTION BOX
EXIST ELEV 369
PROPOSED 369
INVERT IN 367.2
INVERT OUT 367.05
SEPTIC TANK
EXIST ELEV 371
PROPOSED 371
INVERT IN 368
INVERT OUT 367.8

CANTILEVERED
BAYS
ABOVE



B 1 **5359** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
HC-81-2333
 fill in this form completely

Date Received
 Tom Schivener
 OWNER INFORMATION
Howard Est Devel Co
 Last Name Owner First Name
POB 1018
 Street or RFD
Columbia Town **MD 21044** State Zip

B 3 LOCATION OF WELL
Howard COUNTY
The Chase SUBDIVISION
 SECTION **19** LOT
Glendy NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
George F. Easterday
 Driller's Name
L. Franklin Easterday, Inc.
 Firm Name
9265 Br. Ch. Rd., Mt. Airy, Md. 21771
 Address
Mary L. Easterday Signature **8/15/87** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD
MASTERS ROAD
Homewood Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST SOUTH
3000 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

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
A31996 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **100587** B Nixon **04/05/88**
 NORTH GRID **511000** EAST GRID **0823000**

APPROXIMATE DEPTH OF WELL **500** FEET

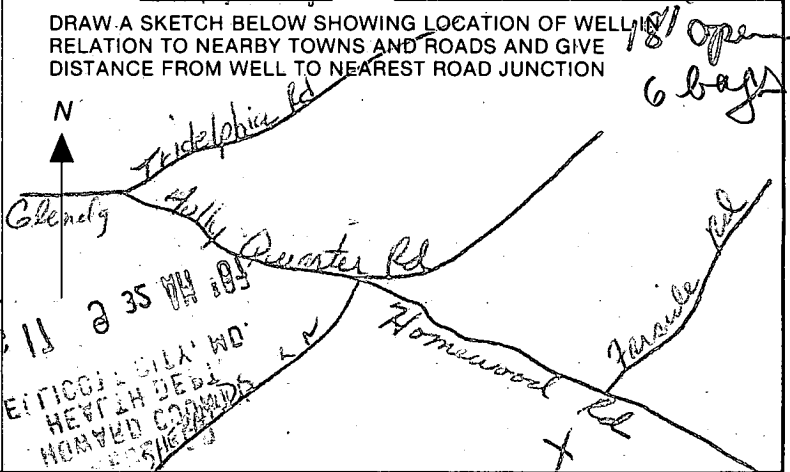
APPROXIMATE DIAMETER OF WELL **6** INCH

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
 E **823** 4
 N **514** 7
 000 000
 10/13/87
 grouted either 10/9 or 10/72/87 were not present
 looks OK
 20' casing
 18' open
 6 bags

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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **BA** WRITE INITIALS IN BOX PERMIT No. **HC-81-2333**



SPECIAL CONDITIONS

C1 1943
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-36996**

DATE Received **10/22/87** DATE WELL COMPLETED **10/12/87** Depth of Well **460** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-2333**

OWNER **HOWARD ESTATE DEVELOPMENT (DENISE Mc GOWAN)**
 STREET OR RFD last name **MASTERS RUN** first name TOWN
 SUBDIVISION **THE CHASE** SECTION LOT **19**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Bk Shale	2	10	
Sand stone	10	25	
gray Mica	25	335	
Flint	335	340	✓
gray Mica	340	366	
Flint	366	371	✓
gray Mica	371	460	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **616** NO. OF POUNDS **4600**
 GALLONS OF WATER **360**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN Nominal diameter Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
ST **6** **21**

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
H0 **19** **460**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **28**
 WHEN PUMPING **162**
 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**
 (CIRCLE) (YES or 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 **2** (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)
 Well
 20' 9"
 Road

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 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 **Denise A. Eubank**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) **Russell Thompson**

June
(2)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2333
 Location of property (road) MASTERS RUN
 Subdivision THE CHASE Lot 19 Block _____ Plat _____ Sec. _____
 Well Driller G. SWINNEY Owner HO. EST. DWEL. DENISE MCGOVERN

Depth of well 460 GCPM
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 28 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12 gpm
 Total time 30 min to reach pumping water level 162' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill X 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	162'	10 Sec.	N/A	6 gpm
9:45	163'	10	pump at 380' R. Hancock	6
10:00	162'	10		6
10:15	162'	10		6
10:30	163'	10		6
10:45	162'	10		6
11:00	162'	10		6
11:15	163'	10		6
11:30	163'	10		6
11:45	162'	10		6
12:00	162'	10		6
12:15	162'	10		6

OK SA 12-9-87

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 _____ Telephone _____

License Number _____ Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner TOM SCRIVENEA - HOWARD EST. DEVEL. Telephone _____
Subdivision THE CHASE Lot # 19 Well Tag # H0 - 81 - 2333
Site Address MASTERS RUN

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
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 _____ 1. Type _____ 1. Depth 460 ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield 6 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 28 ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

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.

~~WPI~~ 12/3/97

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 ROBERT HOFSTETTER Telephone 410-531-3311
License Number 4450
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner MR CATUOGNO Telephone 410-531-2088
Subdivision THE CHASE Lot # 19 Well Tag # HO-81-2333
Site Address 11661 MASTERS RUN

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1 1. Make MARTINSON
a. Deep well jet _____ 2. RPM _____ 2. Model # B10X
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
c. Submersible a. 110 _____
2. Make GAULDS b. 220
3. Model # 56SD422
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 _____

Tank Piping Well data
1. Capacity 80 gal 1. Type 1" PLASTIC 1. Depth 460 ft.
2. Pressure relief valve? yes 2. Size 1" 2. Yield 6 GPM
3. NSF and/or BOCA Code approved yes 3. Static water level _____ ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? NO

P.A. OK @ 4' B.G., BUT
2 PC-CAP NOT INSTALLED;
JURY-RIGGED HOSE BIB @ WELL HEAD

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: Robert Hofstetter

Date: 12-2-97

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

NO ICOP UNTIL REMOVED MR 12/3/97