

3-28-88  
10AM ASAD

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

DISTRICT 5th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

**INDEXED**

DATE 3/18/88

DATE SYSTEM APPROVED 3-28-88

INSPECTOR JEN

05-398665

Capitano Custom Construction, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 4280 Ten Oaks Road, Dayton, Maryland 21036 PHONE 988-9178

SUBDIVISION Oakwood Forest ROAD 4310 Oakwood Landing Ct. LOT 2

PROPERTY OWNER Tony Capitano

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

210.6  
3 16320  
4  
632  
211 ft.

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe

LOCATION - Starting from the left rear corner, place the trench 70 feet down the left (713.62') side line and 120 feet off the same lot line. Run trenches on contour toward the rear (498.30') 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.

*F.A.*

PLANS APPROVED BY Sid Abel DATE 11/23/87 - Update

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(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 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.

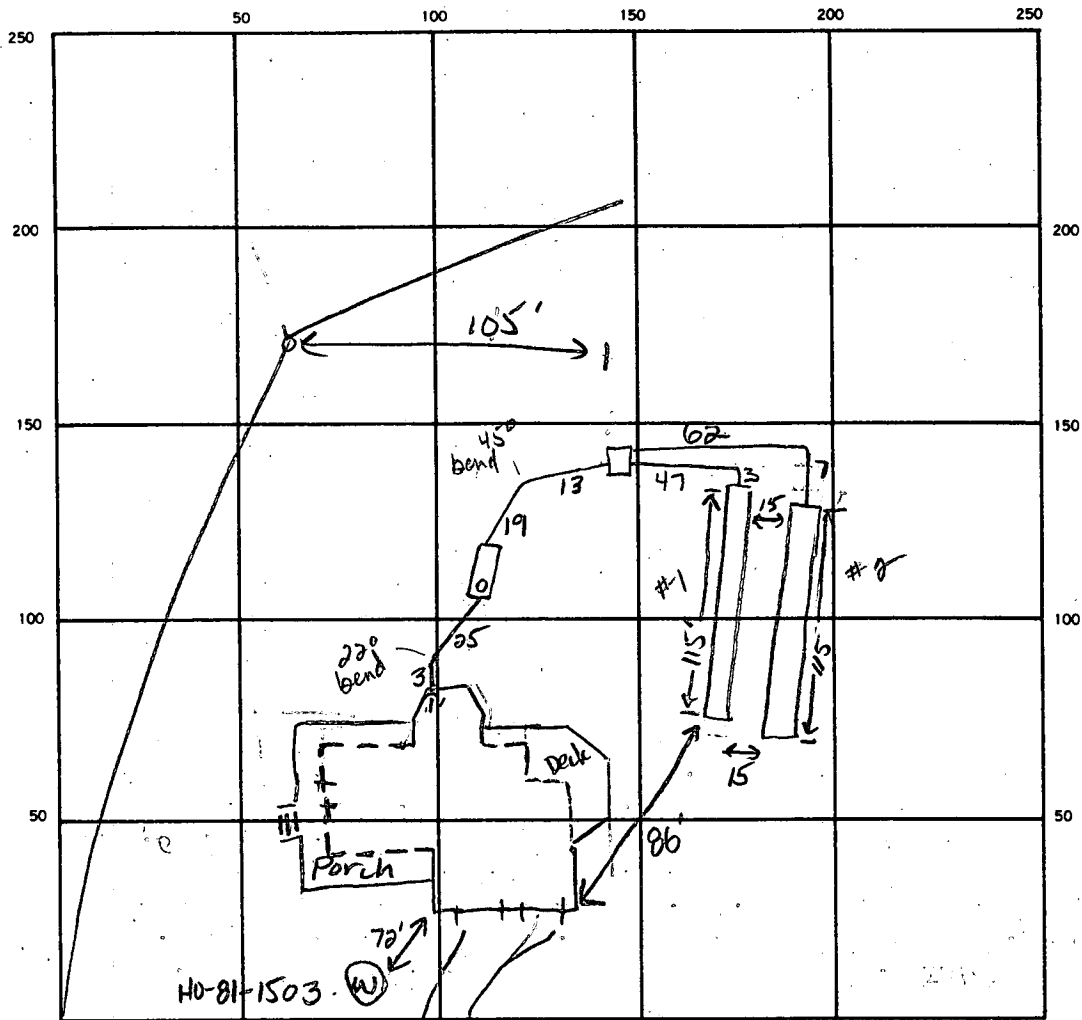
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A  
35355



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

To Oakwood Landing Ct →

SEPTIC TANK LEVEL 1250 gal ? CLEANOUTS 1 on S. Tank

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TILE FIELD. DEPTH 4.5 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 3 FT.

EFFECTIVE GRAVEL DEPTH 1.5 1.5 FT. TOTAL LENGTH 115 115 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 345 345 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 690 SQ. FT.

REMARKS 3-28-88 ok to cover all work. Trenches ok, location ok.  
JEN No card on site.

DATE SYSTEM APPROVED 3-28-88 INSPECTOR Jane E. Madean

SUBDIVISION: OAKWOOD FOREST

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.  
 Bottom maximum depth \_\_\_\_\_ feet below original grade.  
 Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

158 sq. ft./bedroom

Trench to be 3 wide.  
 Inlet 3 feet below original grade.  
 Bottom maximum depth 4.5 feet below original grade.  
 Effective area begins at 3 feet below original grade.  
1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: STARTING FROM THE LEFT REAR CORNER PLACE THE TRENCH 70 FEET DOWN THE LEFT (0.713.62') SIDE LINE AND 120 FEET OFF THE SAME LOT LINE. RUN TRENCHES ON CONTOUR TOWARD THE REAR (498.30') LOT LINE. 11/23/87 SA UPDATES

# APPLICATION

SEWAGE DISPOSAL TESTING

A 35353

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fifth

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

DATE APRIL 25, 1985

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 AMERICAN PROPERTIES INC. TONY CAPITANO

ADDRESS 10176 BALTIMORE NATIONAL PIKE PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION OAKWOOD FOREST LOT NO. 2

ROAD AND DESCRIPTION 3800'± SOUTH FROM THE INTERSECTION OF TRIADOLPHIA ROAD AND TEN OAKS ROAD  
4310 OAKWOOD LANDING CT.

SIZE OF LOT 3.5 AC± TYPE BLDG. SINGLE FAMILY DETACHED DWELLING  
(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.

Chas J. Conrad  
(SIGNATURE OF APPLICANT)

APPROVED BY L. Abel FOR Shallow Drain Sys. DATE 7-3-85

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5/1/85 - PERC OK HOLD FOR  
CERTIFIED PLAT 04-11-85

5/20/85 LOT LINES ADJUSTED - HOLD FOR NEW PLAT. SHALLOW SYSTEM ONLY CW

BLDG. PERMIT SIGNED  
AND RETURNED 11/23/87

# THIS IS NOT A PERMIT

BP  
15689  
SA

SOIL PROFILE

0  
[Empty vertical box for soil profile]


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 \_\_\_\_\_

EH-12-1079

# APPLICATION

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Charles J. Cross Jr.  
(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



BLDG. PERMIT SIGNED  
AND RETURNED 11/23/87

BP 1568 <sup>39</sup>

*elevations in*

OK TO USE 2 106' Trenches *SAB*  
11/23/87

HOUSE:

FIRST FLOOR

623.5 ✓

EASEMENT

614.5 ✓

INVERT

611.83 - *BSAT*

SEPTIC TANK:

EXISTING GRADE

615.5 ✓

PROPOSED GRADE

618.0 ✓

INVERT IN

611.58 ✓

INVERT OUT

611.33 ✓

DISTRIBUTION BOX:

EXISTING GRADE

614.0 ✓

INVERT IN

611.23 ✓

INVERT OUT

611.1 ✓

TRENCHES:

#1

#2

#3

EXISTING GRADE

614.0 ✓

612.5 ✓

609.5 ✓

INVERT

611.0 ✓

609.5 ✓

606.5 ✓

BOTTOM

609.5 ✓

608.0 ✓

605.0 ✓

STONE

1.5 ✓

1.5 ✓

1.5 ✓

WIDTH

3.0 ✓

3.0 ✓

3.0 ✓

LENGHT

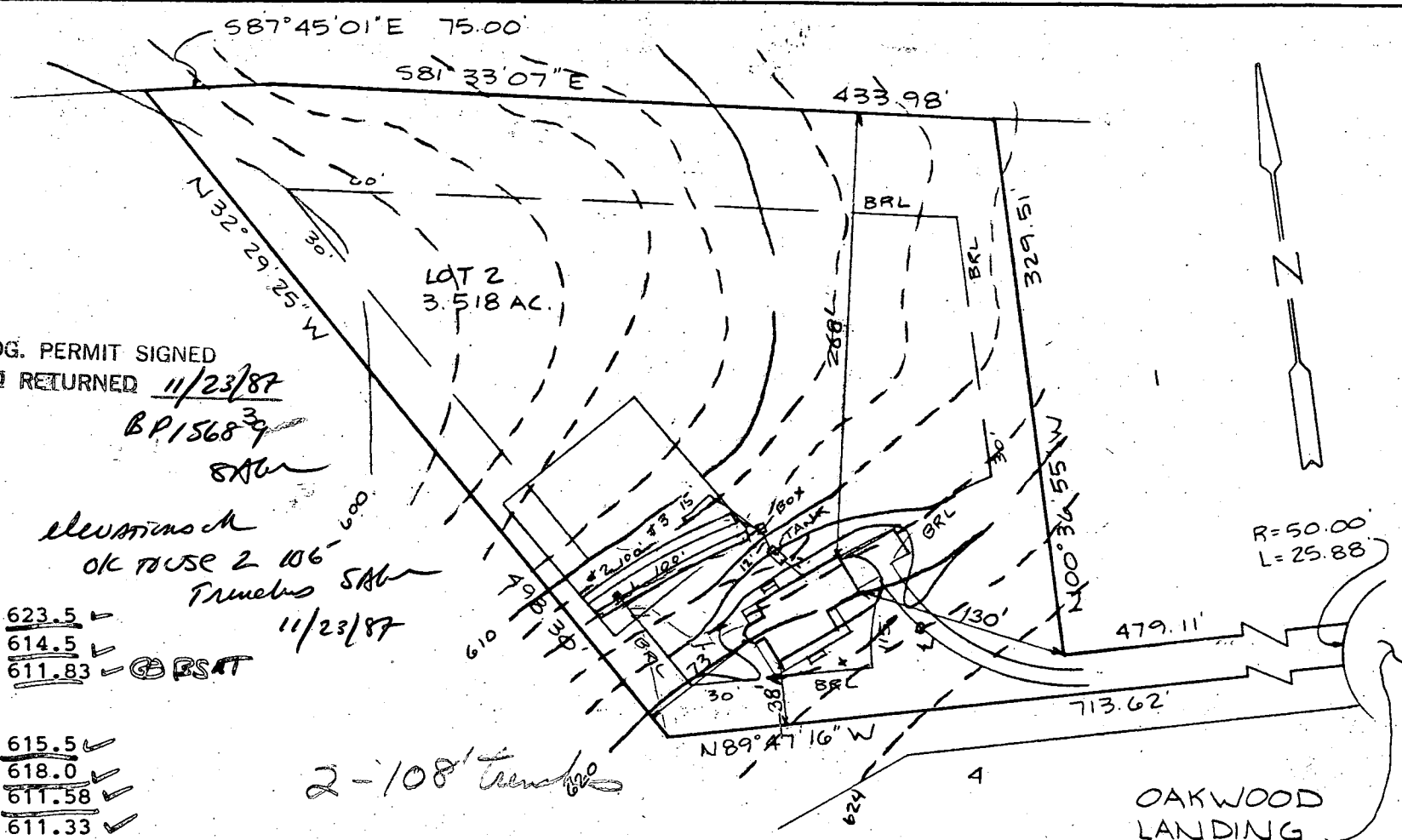
100.0 ✓

100.0 ✓

157.0 ✓

106.0

106.0



R=50.00  
L=25.88

OAKWOOD  
LANDING  
COURT  
R/W

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

*J. Carl Hudgins*  
J. Carl Hudgins

PLOT PLAN  
LOT 2  
OAKWOOD FOREST  
5<sup>TH</sup> ELECTION DISTRICT  
HOWARD COUNTY, Md.  
SCALE 1"=100' DATE 11/12/87

**B 1** **1050** 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  
**10-21-1502**  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received: **2/2/86**  
 Last Name: **KELLY** Owner: **ROBERT** First Name: **ROBERT**  
 Street or RFD: **1015 HAWK LANE**  
 Town: **LAUREL** State: **MD** Zip: **20633**

**LOCATION OF WELL**  
 COUNTY: **HARVARD**  
 SUBDIVISION: **MV-11111111 (OAKWOOD FOREST)**  
 SECTION: **44** LOT: **2**  
 NEAREST TOWN: **LAYTON**  
 MILES FROM TOWN: **4** MI

**DRILLER INFORMATION**  
 Driller's Name: **Joseph R. Magee** License No. **738**  
 Firm Name: **Joseph R. Magee Well Drilling**  
 Address: **5112 Ridge Rd. Mt Airy Md**  
 Signature: **Joseph R. Magee** Date: **5/7/86**

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 NEAR WHAT ROAD: **Indian Creek**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**  
 DISTANCE FROM ROAD: **521** FT  
 ENTER FT or MI: **521**

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.): **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME: **HARVARD** COUNTY NO.: **25255**  
 OEP SIGNATURE: \_\_\_\_\_ STATE HEALTH INSERT S:   
 DATE ISSUED: **057880** CO SIGNATURE: **B. Nider** EXP. DATE: **110286**  
 NORTH GRID: **407000** EAST GRID: **0903000**

**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)

APPROXIMATE DEPTH OF WELL: **24** FEET

APPROXIMATE DIAMETER OF WELL: **6** INCH

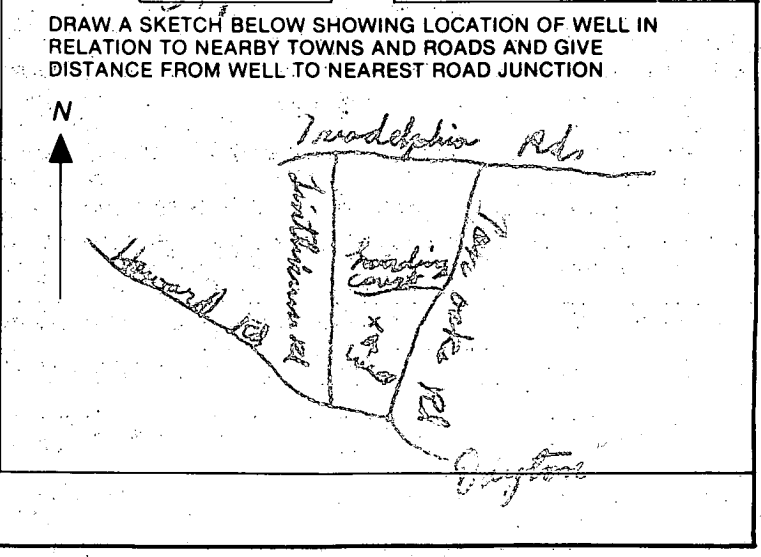
**METHOD OF DRILLING (circle one)**  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTary  AIR-PERcussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTary  Drive-POINT  
 other: \_\_\_\_\_

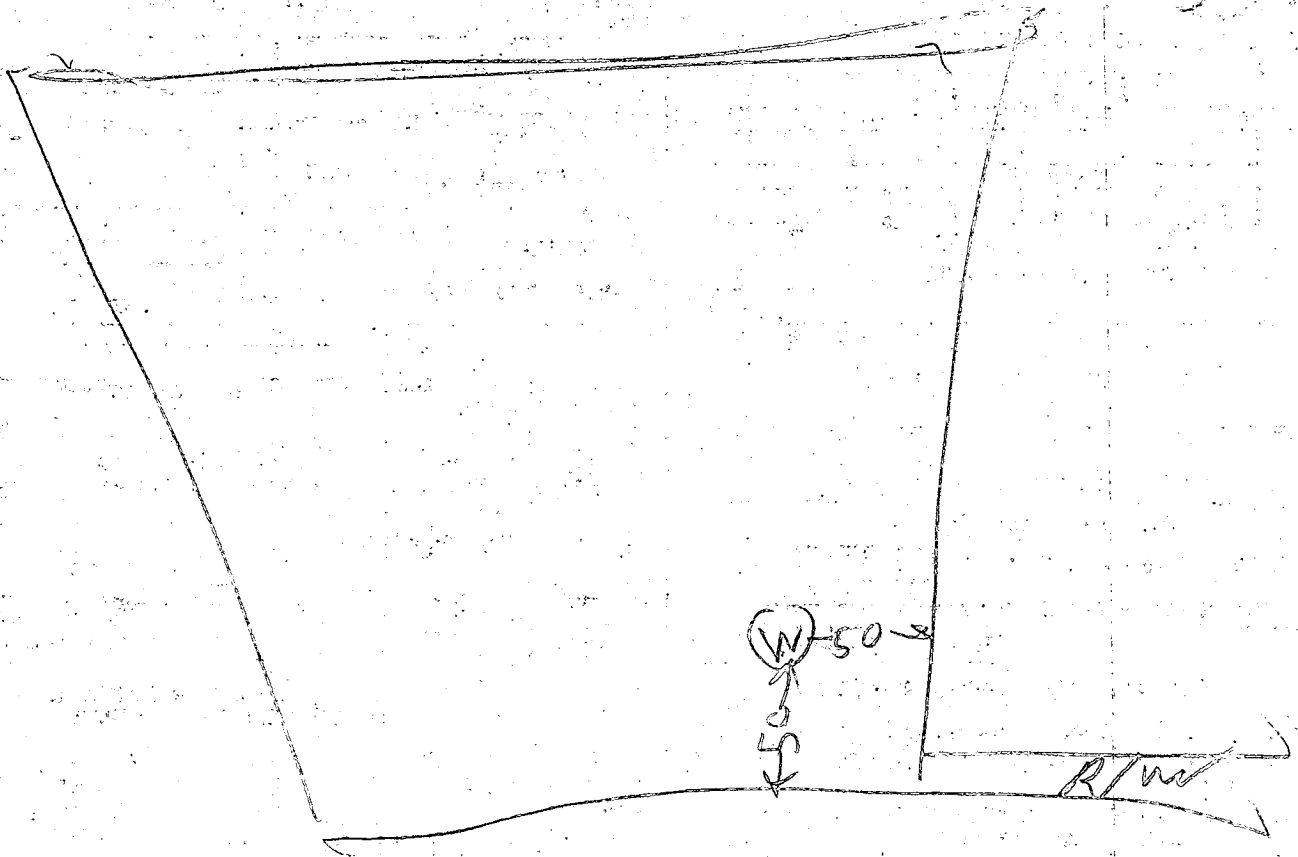
**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): \_\_\_\_\_

**Not to be filled in by driller (OEP USE ONLY)**  
 APPROP. PERMIT NUMBER: \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE INITIALS: **RA** PERMIT No.: **10-21-1502**

**SPECIAL CONDITIONS**

**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  
 NORTH GRID: **5163** EAST GRID: **7**





6/16/86  
10:15 AM

- ① LOCATION OK
- ② Well grout already started around lake
- ③ 63 ft casing
- ④ 50 ft open hole
- ⑤ 15 bag

R. Dodge



C1 09250

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 # 35-355

DATE RECEIVED

DATE WELL COMPLETED

8 13

06 17 86

Depth of Well. 2205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-1503

OWNER: Kelly (last name), Ronald (first name), TOWN: Dayton, SUBDIVISION: Oakwood Forest, SECTION: , LOT: 2

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 (Clay, Sand, Gray mica, Rock), FEET (FROM, TO), Check if water bearing

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

NO. OF BAGS 15 NO. OF POUNDS 110 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

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

MAIN CASING TYPE ST Nominal diameter 6 Total depth 205

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

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

Table with columns: E A C H S C R E E N, DEPTH (nearest ft.) H0 61 205

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...

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK 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

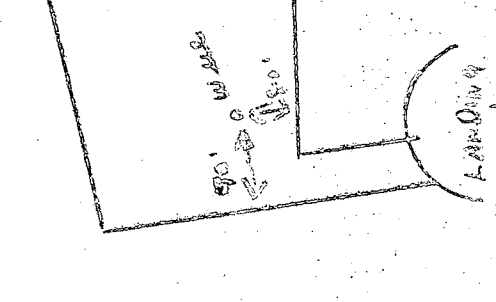
PUMPING TEST

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 31 WHEN PUMPING 95 TYPE OF PUMP USED (for test) 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) above below 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)





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 # 41650  
Date 4-19-88

Name of Installer T&R Plumbing and Htg.

Telephone (301) 725-2392

License Number 7049

Certified Well/Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Capitano Construction Telephone \_\_\_\_\_

Subdivision Oakwood Forest Lot # 2 Well Tag # HO-81-1502

Site Address ~~Landings Court~~ 4310  
111 Oakwood Landing

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Sacuzzi
- Model # \_\_\_\_\_
- Capacity 10 GPM

Motor

- Horsepower \_\_\_\_\_
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Harward
- Model # \_\_\_\_\_
- Depth \_\_\_\_\_

- Pump exceeds well capacity Yes  No \_\_\_\_\_
- If Yes, is low pressure cutoff switch installed? Yes  No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Tank

- Capacity 42 gallon equiv.
- Pressure relief valve? yes

Piping

- Type Crestline
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line \_\_\_\_\_

Well data

- Depth \_\_\_\_\_ ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- Will water supply be disinfected by installer? yes

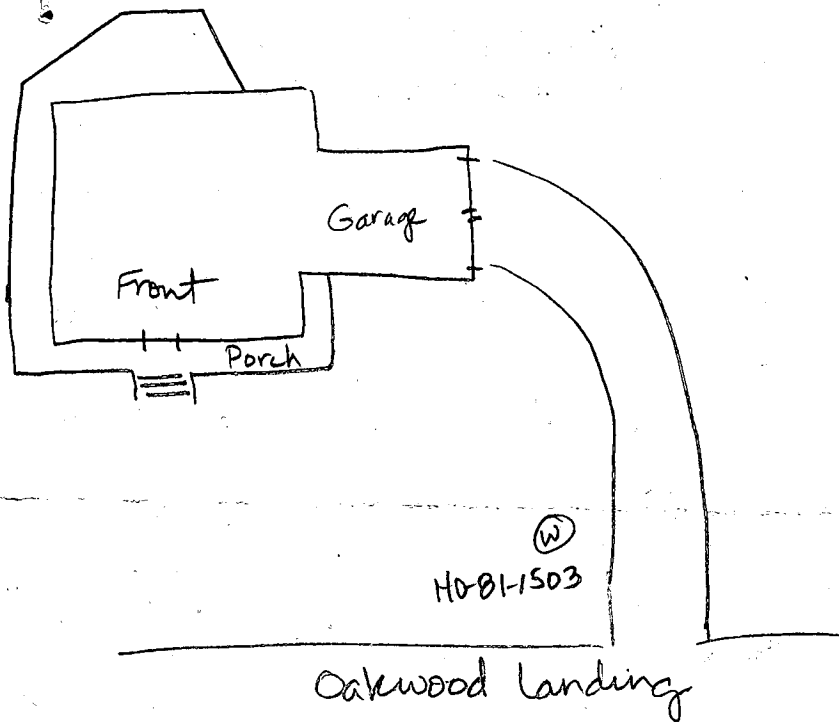
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: 4/19/88

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



5-3-88

Pitless adaptor at 33 inches. Well line covered. Ground line attached. House connection covered. J.E. Nadeau