

4/22/94
c/o 11:30 ✓
2:30 ✓
3:45 ✓

(2) P.C.O
C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-306658

P 49977A

A 35505

DISTRICT 3rd

DATE 4/20/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 4/22/94

INSPECTOR C. B.D.

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

ADDRESS 558 Obrecht Road, Sykesville, Maryland, 21784 PHONE 795-5674

SUBDIVISION Cameron Tract LOT 9 ROAD 3633 Cameron Court

PROPERTY OWNER Thomas R. Mills

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the lot corner at the end of the flagstem (466.60'/251.36' intersection), start the first trench 120 feet down the 466.60' lot line and 140 feet off this same lot line. Run trenches on contour toward this same lot line.

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 7/22/93

PLANS APPROVED BY Mark Rifkin DATE 5/22/92

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

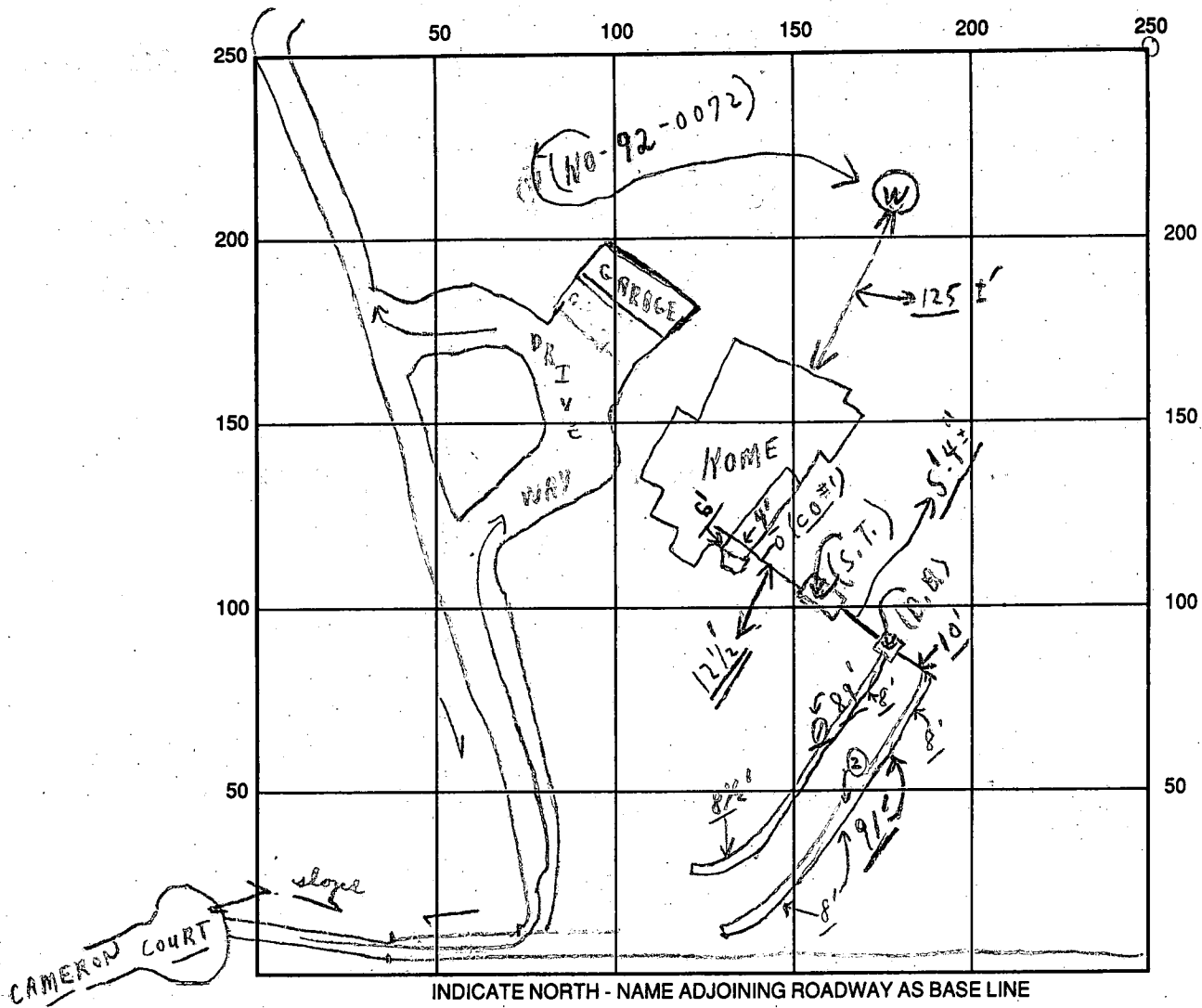
PERMIT VOID AFTER TWO YEARS

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
35505



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK | C.O. #1 OK
 DISTRIBUTION BOX LEVEL OK (Baffles in air)
 DRAIN FIELD/TITLE DEPTH 8 (average) FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 89' FT. (180)
 NUMBER OF TRENCHES 2 ONE SIDEWALL/ ~~BOTTOM~~ AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 720 SQ. FT.

REMARKS: 4/22/94 P.C.O. - ok for stone in #2 trench; ckd; Partial ok for stone in #1 trench and to cover except ends + middle; and to cover from house to dist. box. and #2 trench completely. 4/22/94 Final on #1 trench and system complete. ckd
4/22 M. ← No W.P.I. → ckd

DATE SYSTEM APPROVED 4/22/94 INSPECTOR Charles Bryan

APPLICATION

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 353705
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 5/14/85

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 THOMAS R. MILLS (representing C&D Development Corp.)
ADDRESS 5059 Beatrice Way, Columbia, MD PHONE (301) 730-5283 (Home)
(301) 596-3160 (Work)

PROPERTY LOCATION:

SUBDIVISION Cameron Estate LOT NO. 9
ROAD AND DESCRIPTION 3633 Cameron Court off Folley Quarter Road

SIZE OF LOT 3.8 acres TYPE BLDG. 4
(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. Thomas R. Mills
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 5/28/85
Serial # 48596-SFD
4 Bems

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

A _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE _____

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 CAMERON;

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cameron Track LOT NO. 9

ROAD AND DESCRIPTION CAMERON Rd. LOT 9

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

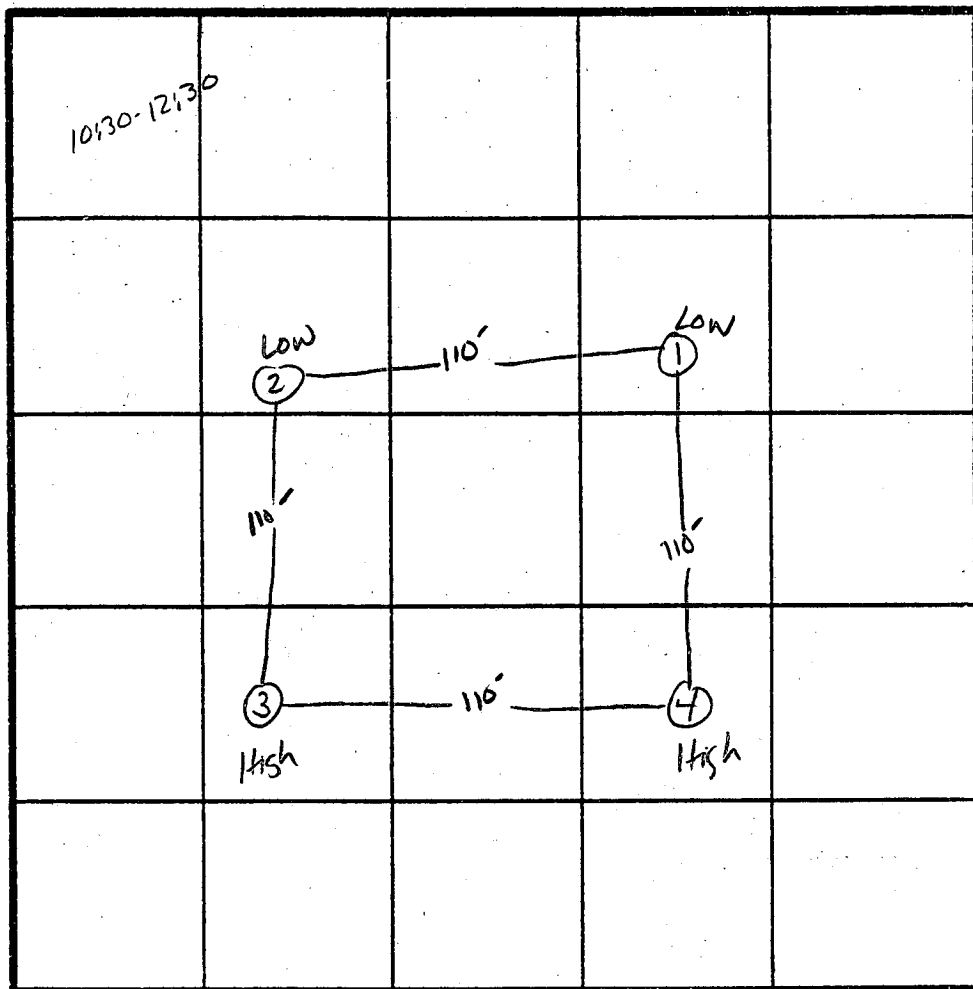
REASONS FOR REJECTION OR HOLDING 5-24-85 PERC. SATISFACTORY; HOLD FOR CERTIFIED
hole location, house + well site. S.A.H.

THIS IS NOT A PERMIT

10130-12130

① SOIL PROFILE

0'
A1-3
BROWN CLAY
LOAM 210%
SAPROLITE
4'
BROWN,
Yellow
SAND silt
210%
SAPROLITE
12'
BOTTOM
HAARD
SAND, FELDSPAR



④
A1-3
BROWN CLAY
LOAM 210%
SAPROLITE
4.5'
BROWN
WHITE SAND
SILT
210%
SAPROLITE
12'
WEATHERED
SANDSTONE

$\bar{x} = 4$
180 BR
Inlet 4'
Box 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
TO COL THE SAC.

②
6"
A1-3
BROWN CLAY
LOAM 210%
SAPROLITE
3.5'
BROWN SAND
SILT LOAM
FELDSPAR
composition
10-30%
SAPROLITE
13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/23/85	1 ✓	5' 12'	11:22	11:23:30	11:23:30	11:27	3.5 min	
			UNIFORM SOIL STRUCTURE Below 4'					
	2 ✓	3.5' 13'	11:38	11:44	11:44	11:52	8 min	
			UNIFORM SOIL STRUCTURE Below 3.5'					
	3 ✓	4' 13'	12:00	12:02	12:02	12:05	3 min	
	4 ✓	12'	UNIFORM SOIL STRUCTURE Below 4.5'					

③
6"
A1-3
BROWN CLAY
LOAM 210%
SAPROLITE
3.5'
Yellow Brown
SAND silt
FELDSPAR
composition
13'

REMARKS _____

TYPE OF SOIL _____

TESTED BY SAM ALSO PRESENT JACK FYRCK

APPLICATION

A 25573

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELlicOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE 4/4/77

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 Dr. Ronald Cameron / C & D Dev. Corp.

ADDRESS Folly Qtr. Rd.; Ellicott City, Md. 21043 PHONE 774-2495

PROPERTY LOCATION:

SUBDIVISION Folly Quarter Estates LOT NO. 10 9 (new)

ROAD AND DESCRIPTION Folly Qtr. Rd., S. of Rt. 144 on east side of Folly Qtr. Rd.
between Rt. 144 and Homewood Rd.

SIZE OF LOT 3.0 acres TYPE BLDG. single family res. (4-5 bedrooms)
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE

SIGNATURE OF APPLICANT *T. B. DeFlaws*
T. B. DeFlaws / C & D Dev. Corp.

APPROVED BY *Frank Skinner* FOR Drywell & trench DATE 11/23/79
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

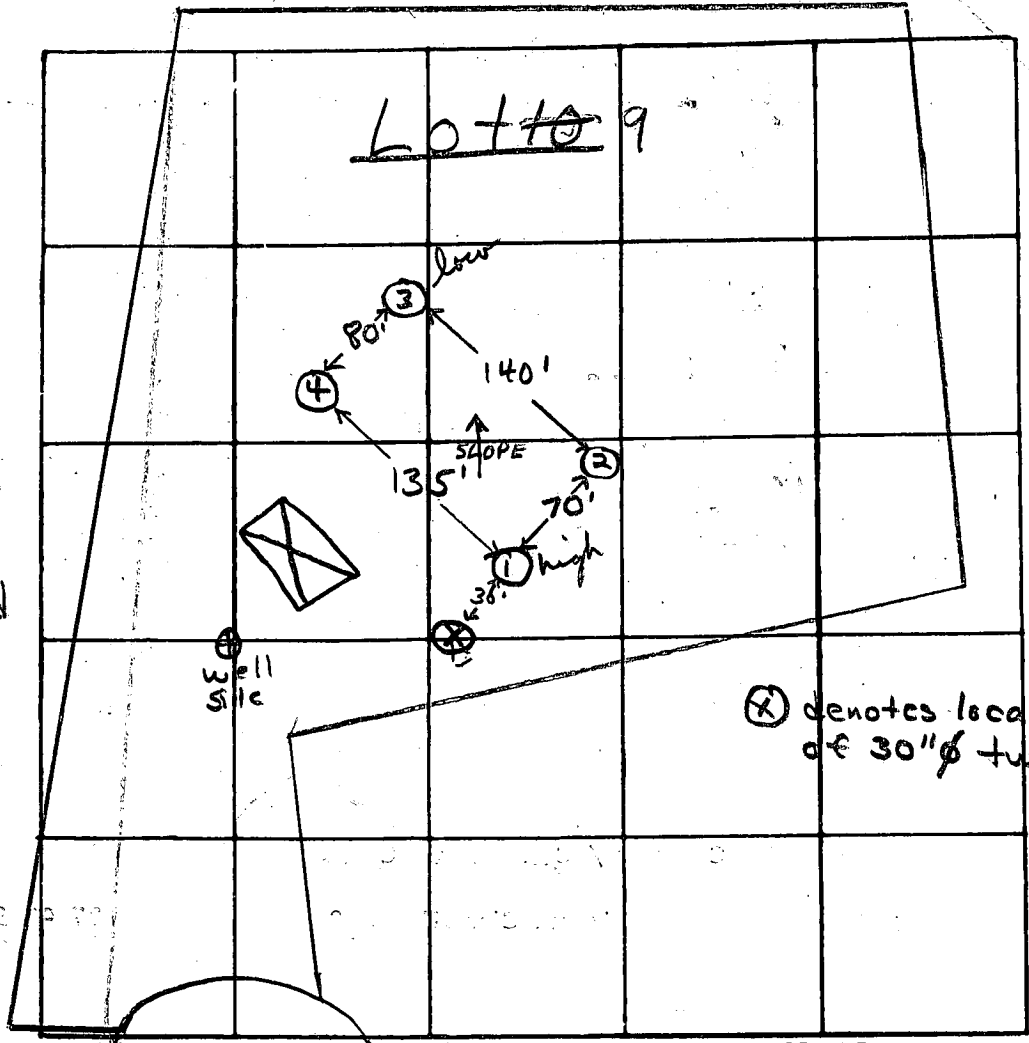
REASONS FOR REJECTION OR HOLDING 4/15/77 Hold for certified hole locations F.S.

THIS IS NOT A PERMIT

9
11/11/77

all holes

0'	
4'	Clayey
6'	mixed
14'	Sandy loam & sand



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

COURT → to Folly Q.v. Rd →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
4/13/77	1 high	5 1/2'	3:36	3:40	3:40	3:48	8 min	sandy loam ~ 3 1/2'	
	1A	13'	3:32	3:37	3:37	3:45	8 min		
4/14/77	2	13'	Clayey to 4'; mixed 4-7'; sandy loam & sand 7-13'						
	3 low	6 1/2'	10:50	10:56	10:56	11:10	14 min	clayey to 4 1/2'	
	3A	14'	10:50	10:53	10:53	10:58	5 min		
	4	5 1/2'	11:32	11:37	11:37	11:51	14 min	clayey to 4'	
	4A	13'	11:30	11:38	11:38	11:53	15 min		

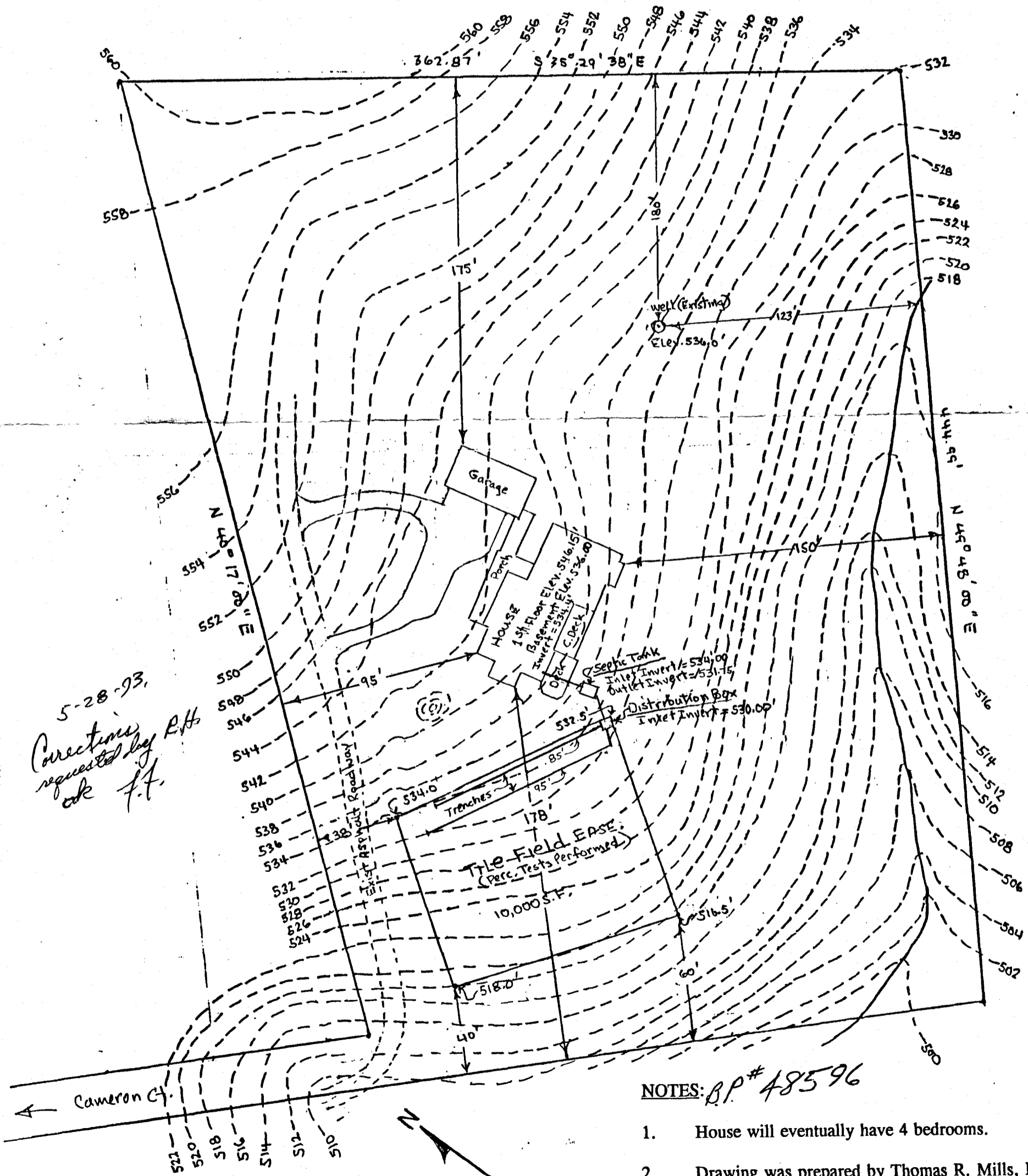
11 min avg.
inv. 3 1/2'

REMARKS Lot 10 (wooded) Certify all hole locations.

TYPE OF SOIL Clayey to ~ 4'; sandy loam below

TESTED BY F.S. ALSO PRESENT: L. Graul; Al Mitchell

DRAWING NO. 3
SEPTIC SYSTEM ELEVATION PLAN
LOT NO. 9
Cameron Property
 Date: 5/10/93 (Revised 5/27/93)



5-28-93,
 Corrections
 requested by R.H.
 ok F.F.

180/
 4BR
 4'-8"

NOTES: B.P.# 48596

1. House will eventually have 4 bedrooms.
2. Drawing was prepared by Thomas R. Mills, P.E. He resides at 5059 Beatrice Way, Columbia, MD 21044 and his telephone no. is (410) 730-5283.

SCALE: 1 inch = 50 feet

B 1 **2727** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

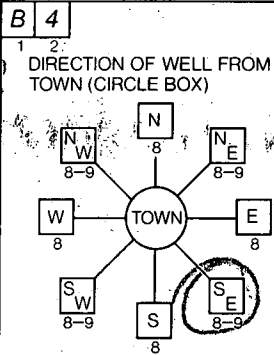
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-92-0072
 fill in this form completely

Date Received (APA) **050492**
 OWNER INFORMATION
MILLS THOMAS
 Last Name Owner First Name
5059 BEATRICE WAY
 Street or RFD
COLUMBIA **MD21044**
 Town State Zip

B 3 LOCATION OF WELL
HOWARD
 COUNTY
CAMERON ESTATE
 SUBDIVISION
 SECTION **9** LOT **9**
WEST FRIENDSHIP
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **MI**

DRILLER INFORMATION
DANA KUKER JR
 Driller's Name License No. **256**
Westminster Cotney Well Drilling
 Firm Name
P.O. Box 86 Westminster MD 21086
 Address
Dana Kuker Jr (use)
 Signature Date **7/3/92**



CAMERON CIRCUT
 NEAR WHAT ROAD
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A35505 COUNTY NO.
 STATE SIGNATURE **Mark E. Ruffin** INSERT S
 DATE ISSUED **051892** EXP. DATE **11/18/92**
 NORTH GRID **522000** EAST GRID **0827000**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**

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)

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
 E **8207**
 N **5202**
 000 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

 25 WEA Z... Quarters Road
 HEVIN DEB... HOWARD COUNTY RECEIVED

APPROXIMATE DEPTH OF WELL **300** 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 **MIR** WRITE INITIALS IN BOX PERMIT No. **40-92-0072**

SPECIAL CONDITIONS

C1 6806

SEQUENCE NO. (DENV 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 A35505

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Mills last name Thomas first name STREET OR RFD Cameron CT TOWN West Friendship SUBDIVISION CAMERON TRACT SECTION LOT 9

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

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

C3 PUMPING TEST: HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 8 METHOD USED TO MEASURE PUMPING RATE submersible

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: Dirt, Soft Br., Sand & Clay, Blue Sandstone, Br. Sandstone, Blue & Br. Sandstone mixed with quartz, etc.

NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 44 ft.

BEFORE PUMPING 27 WHEN PUMPING 118 TYPE OF PUMP USED (for test) S submersible

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 46

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 BRONZE HOLE PL OT PLASTIC OTHER

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

DEPTH (nearest ft.) HO 46 118

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)

DRILLERS IDENT. NO. 256 DANA KYKER JR. II

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

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)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (Sign of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA

Folly Quarter Pond

5/2/94 AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

Final
OK
Cbd

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION

WELL
LINE

New Installation
Replacement

Receipt # -0-
Date 4/10/94

Name of Installer ROBT. L. FEZOL Co. Inc.

Telephone 781-4655

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner M/M TADWAS MILES

Telephone 795-1485

Subdivision CAMERON TRACT Lot # 9

Well Tag # HD-92-0072 ✓

Site Address 3633 CAMERON CT.

Pump

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

Motor

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

Pitless Adapter

- 1. Make HOLLAND
- 2. Model # 77 P20
- 3. Depth 42"

2. Make RED JACKET

3. Model # 50SEW1-9BC - RONGEADE

4. Capacity 10 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 CATIVE ANCOR 302

- 1. Capacity 36 GPM
- 2. Pressure relief valve? YES

Piping

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

Well data

- 1. Depth 125 ft.
- 2. Yield 2 GPM
- 3. Static water level 27 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: Robert L. Fezol

Date: 4/14/94

GREEN 5/2/94

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

HD-215

5/2 [Saw at water well only + 4' out-sh to cover this area. Final!!]
Cbd