

9/20/88
10/6/88
2 PM
3:45
4:30

04-315827

File

9/26/88 P.C.O.
10/6/88 P.C.O.
42602
P
A 35526

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 9/23/88

INDEXED

DATE SYSTEM APPROVED 10/6/88

INSPECTOR C.B. D

Hy and Lowe (DAVE HOPKINS) IS PERMITTED TO INSTALL ALTER
10/6

ADDRESS _____ PHONE _____

SUBDIVISION Country View ROAD 17519 Country View Way ROAD LOT 9

PROPERTY OWNER Mike Kellinger

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

SHALLOW TRENCHES - 187 sq. ft. per bedroom. Trench to be 3 ft. wide. Inlet 4 ft. below original grade. Bottom maximum depth 5 1/2 ft. below original grade.

LOCATION - Place the distribution box 220 ft. from the front lot line and 30 ft. from the left lot line as seen when facing the property from Country View Way. Run trenches along contour toward the rear lot line.

NOTE - The specified location is higher on the property than the platted septic reserve area due to a platting error. The specified location must be observed.

No trench to exceed 100 ft. in length. Provide 6' to 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY R. Hodges / B. Nixon DATE 11/17/87

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

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.

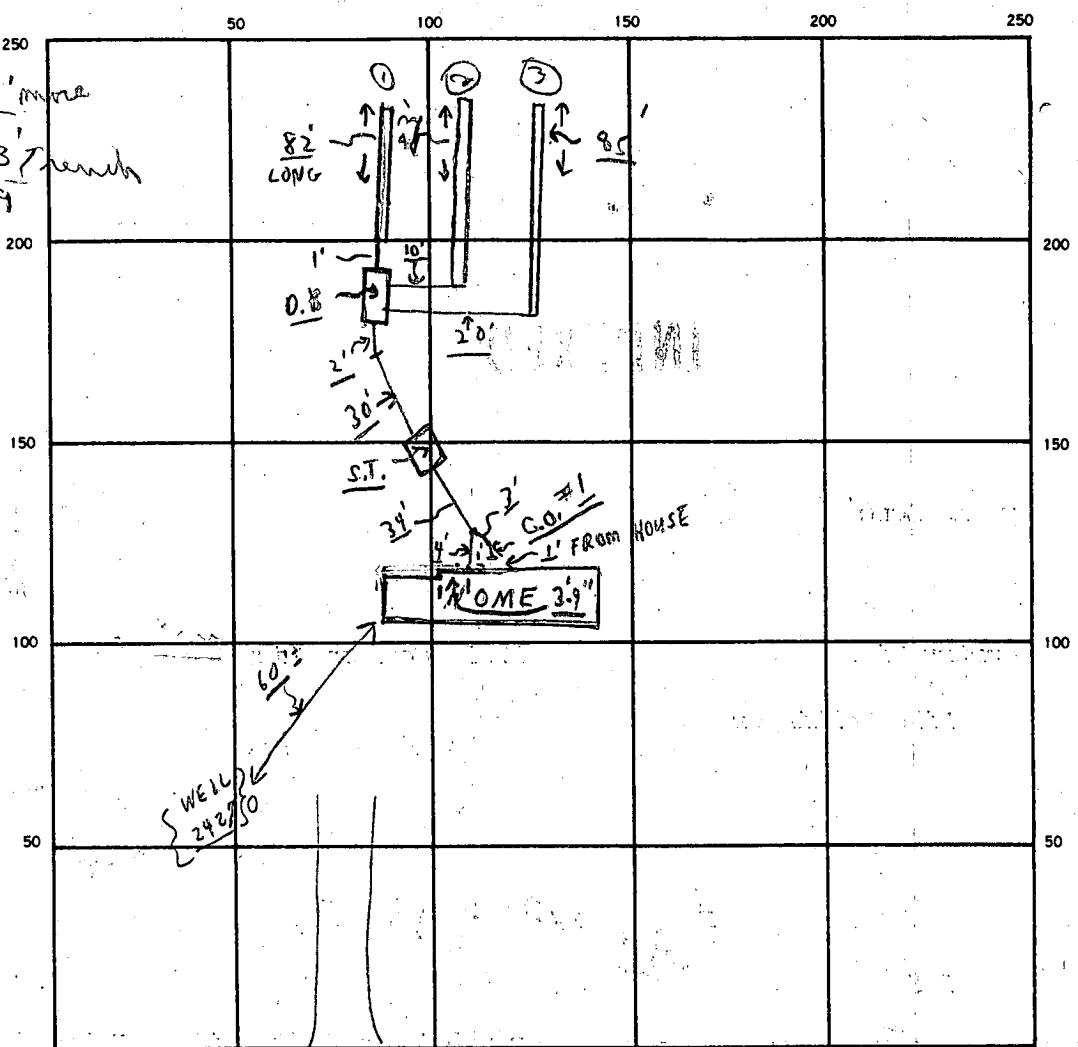
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EM - 2-1186

A 1355826

2
187
4
165 250
- 89' more
49'
83' trench
3748
249
84



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

COUNTRY VIEW WAY

SEPTIC TANK LEVEL OK CLEANOUTS:

S.T.	C.O.
OK	OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH

① 5 1/2'	FT.
② 5 1/2'	
③ 5 1/2'	

 TRENCH WIDTH 3 FT. INLET DEPTH

① 4'	FT.
② 4'	
③ 4'	

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH

① 82'	} FT. <u>250</u>
② 83'	
③ 85'	

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 750 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 750 SQ. FT.

REMARKS 9/26/88 No work started; permit left at front door. Partial.
10/6/88 ① NO CLEANOUT AT TANK; OK TO COVER LINE FROM {WELL} TO HOME; C.B.O.
OK FOR STONE IN TRENCH ①; CAST IRON FROM HOUSE TO TANK; OK TO
COVER FROM HOUSE TO TANK; ② OK TRENCHES ① & ②; PARTIAL; ③ F.C.O. - OK
TO COVER ALL WORK; FINAL; FILE.

DATE SYSTEM APPROVED 10/6/88 INSPECTOR Charles Bryan Stecker

11/17/87

A 35526

SUBDIVISION: COUNTRY VIEW
(HOUGH PROP)

LOT NUMBER: 9

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

187 sq. ft./bedroom

Trench to be 3' wide.

Inlet 3 1/2' feet below original grade.

Bottom maximum depth 5 1/2' feet below original grade.

Effective area begins at 3 1/2' feet below original grade.

24" 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 absorbent sidewall area by 22%.

LOCATION: 9/9/87 SHALLOW SYSTEM ONLY
PLACE THE DISTRIBUTION BOX 220 FT
FROM THE FRONT LOT LINE AND 30 FT FROM
THE LEFT SIDE OF THE LOT AS SEEN WHEN FACING
THE LOT FROM COUNTRY VIEW WAY RUN THE
TRENCHES TOWARD THE BACK LOT LINE R.H.

HD-191
11/17/87 sideline distance adjusted based on field location of pipes rel to well

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

A 35526

P _____

DISTRICT 4TH

DATE May 3, 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 Richard M. Hough Michael Kellinger

ADDRESS 17591 Route 144 PHONE 489-4014

PROPERTY LOCATION: COUNTRY VIEW

SUBDIVISION Hough Property LOT NO. 9

ROAD AND DESCRIPTION On Maryland Route 144, 600'± East of Long Corner Rd.

17519 Country View Way

SIZE OF LOT 3 ACRES + TYPE BLDG. 4 Bedroom
(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.

Dennis M. Rusli
(SIGNATURE OF APPLICANT)

APPROVED BY B JH FOR Trench DATE 9/9/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/19/85 PERC. OIC HOLD FOR PLAT RH
9/9/87 Specs Director BH

BLDG. PERMIT SIGNED
AND RETURNED 4/20/88
Serial # 16810 SF-10.

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35326

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE May 3, 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 Richard M. Hough

ADDRESS 17691 Route 144 PHONE 489-4014

PROPERTY LOCATION: Country View
SUBDIVISION Hough Property LOT NO. 9

ROAD AND DESCRIPTION On Maryland Route 144, 600'± east of Long Corner Rd.

SIZE OF LOT 3 Acres + TYPE BLDG. 4 Bedroom
(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. Dennis M. Reul
(SIGNATURE OF APPLICANT)

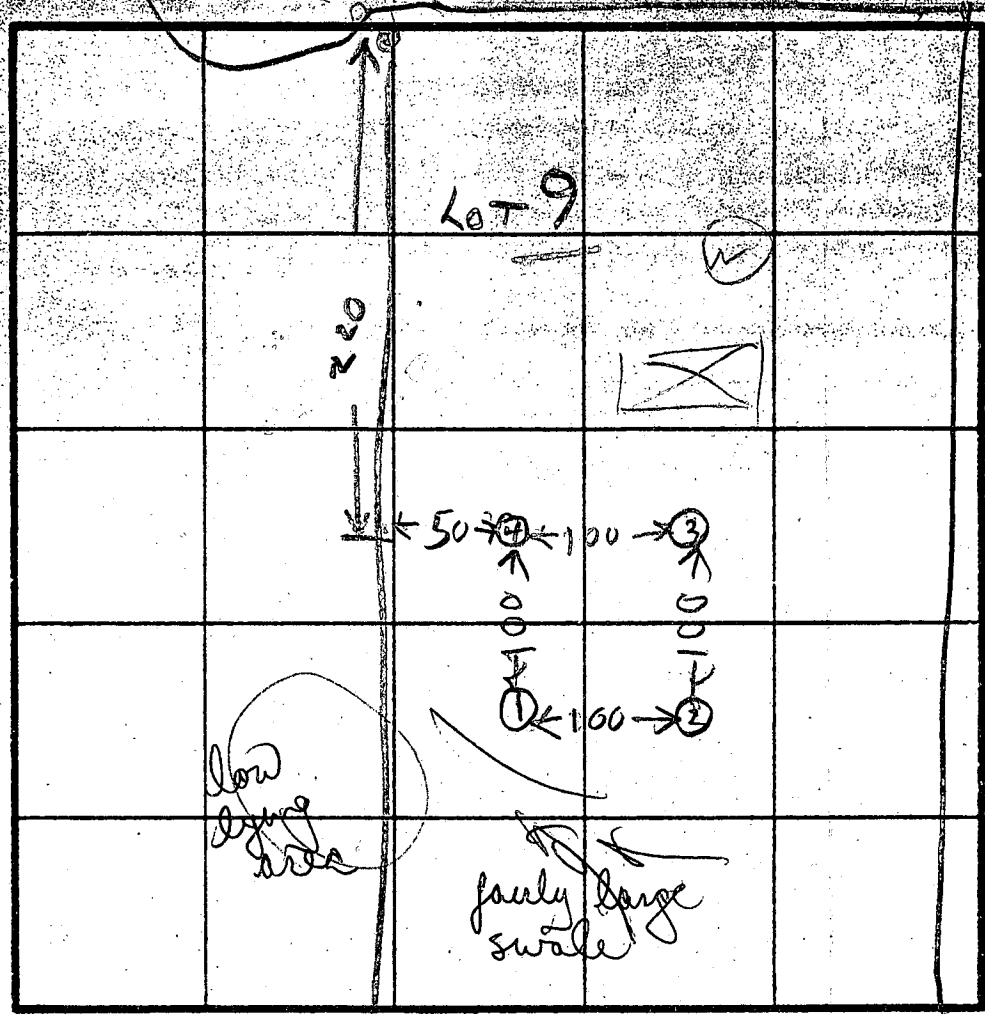
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



SOIL PROFILE
 4 BROWN CLAY
 BROWN SAND LOAM & A LITTLE SHALE

H0
 ③ = HIGHEST
 ② NEXT HIGHEST
 ④ ① LOW
 4-10-86
 fine location
 area OK

②
 BROWN CLAY
 BROWN SAND LOAM & A LITTLE SHALE

③
 CLAY
 BROWN SAND LOAM & SOME SOME SHALE

④
 CLAY
 PINK BROWN SAND LOAM & SOME SHALE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
7/18/85	1S	4.5	1045	1048	1048	1051	3
	1V	13.5	LOOKS OK				
	2S	3	1049	1051	1051	1053	7
	2V	12.5	LOOKS OK				
	3S	3	1050	1052	1052	1054	5
	3V	12	LOOKS OK				
	4V	12	LOOKS OK				

7.5 MIN
 INLET 3'

REMARKS
 TYPE OF SOIL
 Test by M. H. ...
 New present
 5 FYCK
 R FYCK
 5 IM
 SKIP

B 1 9393

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-2427

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

please print or type

fill in this form completely

Date Received

11 16 87

OWNER INFORMATION

KELLINGER Owner MIKE First Name

9211 WOODBRINE RD Street or RFD

WOODBRINE MD 21797 Town State Zip

B 3

LOCATION OF WELL

HOWARD COUNTY

COUNTRY VIEW SUBDIVISION

SECTION LOT 9

ML HIRY NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

DRILLER INFORMATION

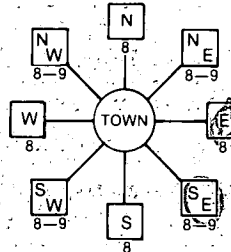
Joseph B. Wayne 238 License No. 80

5512 Ridge Rd. Mt. Airy, Md. 21771 Address

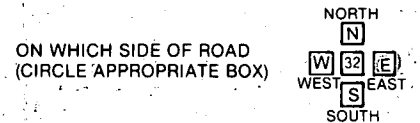
Joseph B. Wayne 11/9/87 Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



COUNTRY VIEW WAY NEAR WHAT ROAD



74 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

(A 35526) COUNTY NO.

OEP SIGNATURE DATE ISSUED STATE HEALTH INSERT S

11/17/87 R. Wilson 05/19/88 CO SIGNATURE EXP. DATE

NORTH GRID 552000 EAST GRID 0764000

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

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 PERMIT NO. 40-81-2427

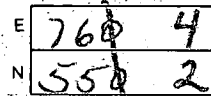
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

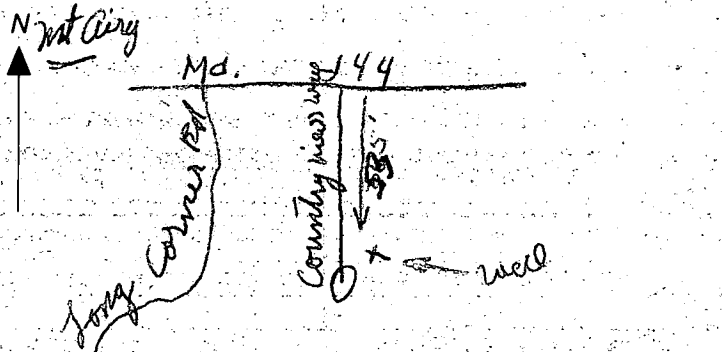
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 2035 SEQUENCE NO. (OEP USE ONLY)
1 2 3 6
(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 35526

DATE RECEIVED [] [] [] [] [] [] DATE WELL COMPLETED 120187
Depth of Well 165 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2427

OWNER KELLINGER MIKE
STREET OR RFD COUNTRY VIEW WAY first name TOWN MT. AIRY
SUBDIVISION COUNTRY VIEW SECTION LOT 9

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	
Brown Shale	0	35	
Blue Rock	35	165	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 9 NO. OF POUNDS 876
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 32 ft

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

MAIN CASING TYPE SF
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 40

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

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

DEPTH (nearest ft.)
EACH SCREEN 1 140 39 165
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.

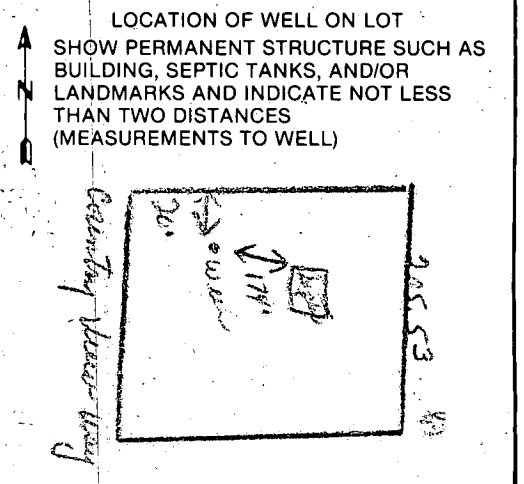
DRILLERS IDENT. NO. 238
DRILLERS SIGNATURE [Signature]
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 58 WHEN PUMPING 58
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) + above } LAND SURFACE (nearest foot) - below }



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.
Dec 9 8 57 AM '87

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

October 24, 1988

Mr. Michael Kellinger
7211 Woodbine Road
Woodbine, Maryland 21794

RE: Country View Estates - Lot 9
17519 Country View Way
Well Tag Number: HO-81-2427

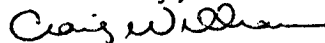
Dear Mr. Kellinger:

At the time of septic inspection on the above referenced property, a partial well line inspection was also made.

We have no record of a well line inspection request from the plumber, nor evidence that a well pump installation permit was obtained.

Compliance with permitting requirements is a prerequisite to issuance of a certificate of potability. Please have your plumbing contractor contact this office at the earliest opportunity to resolve this matter.

Thank you for your cooperation.

Yours truly,

Craig Williams, Director
Water and Sewerage Program

CW:JR

10/6/88 Partial ↓
C. Bed

35526

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 # 440848
Date

Name of Installer DAVID STANG AND SON, INC.

Telephone 301-926-1462

License Number 5638

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MIKE KELLINGEN

Telephone 01-725-4418

Subdivision COUNTRY VIEW Lot # 9

Well Tag # NO - 81 - 2427

Site Address 17519 COUNTRY VIEW WAY

A 35526

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
- 2. Make Goulds
- 3. Model # SES05412
- 4. Capacity 7 GPM

Motor

- 1. Horsepower 1/2
- 2. RPM 2480
- 3. Voltage 230
 - a. 110
 - b. 220

Pitless Adapter

- 1. Make MARTINSON
- 2. Model #
- 3. Depth 42"

- 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 82
- 2. Pressure relief valve?

Piping

- 1. Type 160 psi
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42"

Well data

- 1. Depth 165 ft.
- 2. Yield 10 GPM
- 3. Static water level 58 ft.
- 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: Thomas O. Stang

Date: 11-14-88

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

10/6/88 Partial → Pitless adapter
(Need to see pump-casing line from well to house + tank). C. Bed. C. Bed.