

05-399521

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 37397

A 35542

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
X992X2330  
461-9933

INDEXED

**ELLICOTT CITY**  
DISTRICT 5th

DATE 7/22/86

R.C.N. Plumbing and Heating Co., Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 558, Berlin, Maryland 21811 PHONE 641-6848

SUBDIVISION Buckskin Woods ROAD 4278 Buckskin Lake Dr. LOT 18

PROPERTY OWNER Stephen Nefferdorf

ADDRESS \_\_\_\_\_

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

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

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 19 3 sq. ft. per bedroom. with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box or start the trench 355 feet from front (320') lot line and 90 feet from the right (589') lot line as seen when facing the lot from Bucksin Lake Drive. Run trenches on contour toward the left lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY S. Abel DATE 2/11/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

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

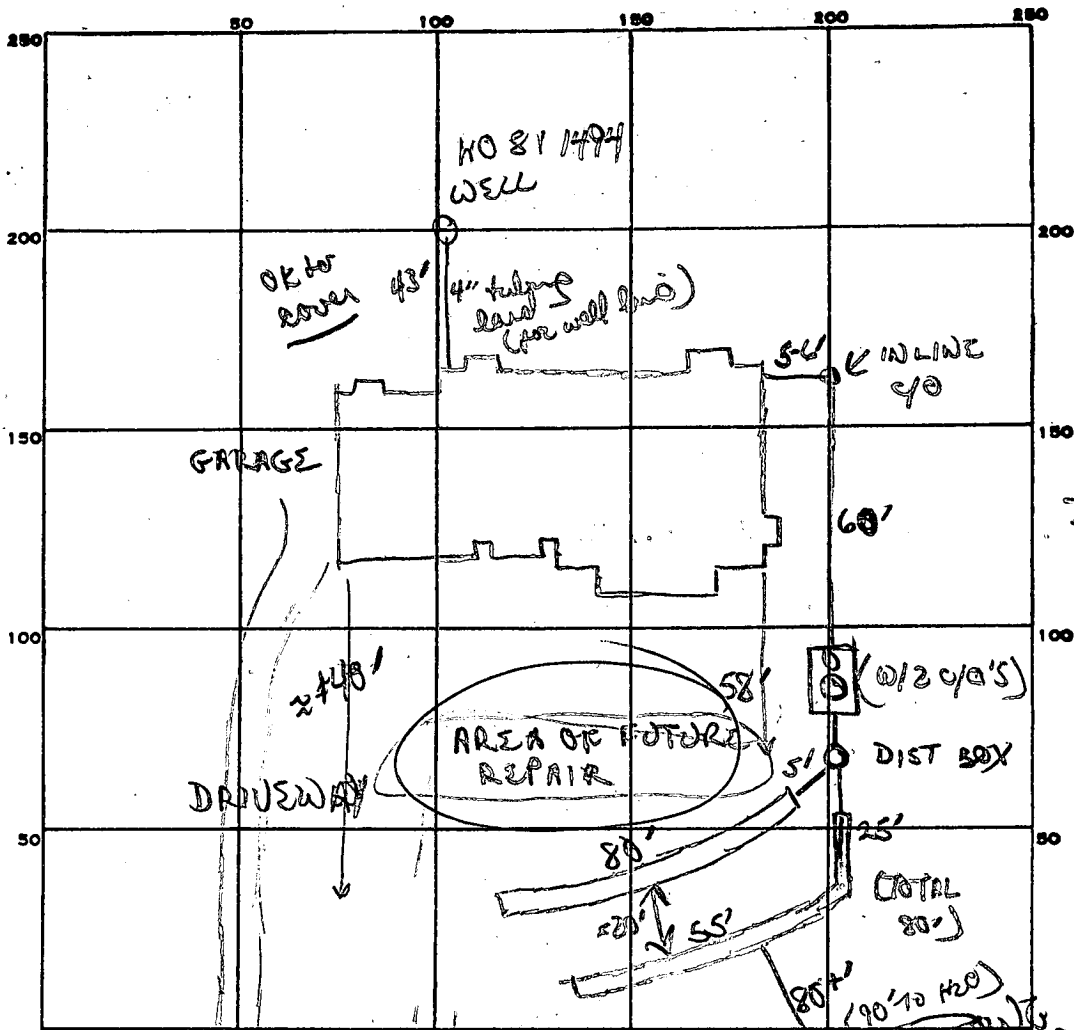
\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A  
35542

8/27/86  
1 PM  
8/28/86  
AM

8/28/86  
copy to [unclear]  
[unclear]



NOTE  
ENGINEER  
JOHN E.  
(SCHNEIDER  
744-1945)

193  
4  
772  
MIN  
80  
5  
400

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

BUCKSKIN LAKE DR

PERMIT CARD

SEPTIC TANK, LEVEL 2000 ✓

CLEANOUTS 1 S.T. 1 In line

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5' + 5' IN. TOTAL LENGTH 80 + 80 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 400 + 400

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 800 SQ. FT.

REMARKS 8/28/86 LOCATION OF POND VS PERC FIELD ON SITE

PLAN) INACCURATE. (OFF BY 100+) LOCATION OF TRENCHES SEEM TO BE TO SCALE. IN REALITY TRENCHES AT BOTTOM OF PERC FIELD, AS A RESULT, FUTURE REPAIRS HAVE TO BE ABOVE EXISTING TRENCHES (MAKE ADJUSTMENTS TO RECORD)

OK to add stone pipe cap to both trenches, OR to cover trench for well line (leave pit open)

8/28/86 OK to cover both trenches + all work.

DATE SYSTEM APPROVED

INSPECTOR B Nixon

SUBDIVISION: BUCKSKIN WOODS

LOT NUMBER: 18

DRY WELL OR DRY WELL AND TRENCH

|           | <u>Septic Tank</u> | <u>Minimum Total square Feet</u> |
|-----------|--------------------|----------------------------------|
| 3 bedroom | 1000 gallon        | _____ sq. ft./bedroom            |
| 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

193 <sup>w/ DISPOSAL</sup> sq. ft./bedroom

Trench to be 2 wide.  
 Inlet 3 feet below original grade.  
 Bottom maximum depth 8 feet below original grade.  
 Effective area begins at 3 feet below original grade.  
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: PLACE THE DISTRIBUTION BOX OR START THE TRENCH 355 FEET FROM FRONT (320') LOT LINE AND 90 FEET FROM THE RIGHT (589') LOT LINE AS SEEN WHEN FACING THE LOT FROM BUCKSKIN LAKE DR. RUN TRENCHES ON CONTOUR TOWARD THE LEFT LOT LINE. 2-11-86 S. Abel

# APPLICATION

SEWAGE DISPOSAL TESTING

A 35542

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5

DATE MAY 6 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 DALE Z. MAISEL c/o HOWARD COUNTY LAND SERVICES

ADDRESS 10176 BALTO NAT'L PIKE 21043 PHONE 465-4920

PROPERTY LOCATION: FOLLY QUARTER

SUBDIVISION BUCKSKIN WOODS LOT NO. ~~16~~ NEW LOT 18

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG  
COUNTRY SCHOOL

SIZE OF LOT 3 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.

DALE Z. MAISEL  
(SIGNATURE OF APPLICANT)

APPROVED BY Sichay Abel FOR Deep Trenches DATE 2-11-86

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

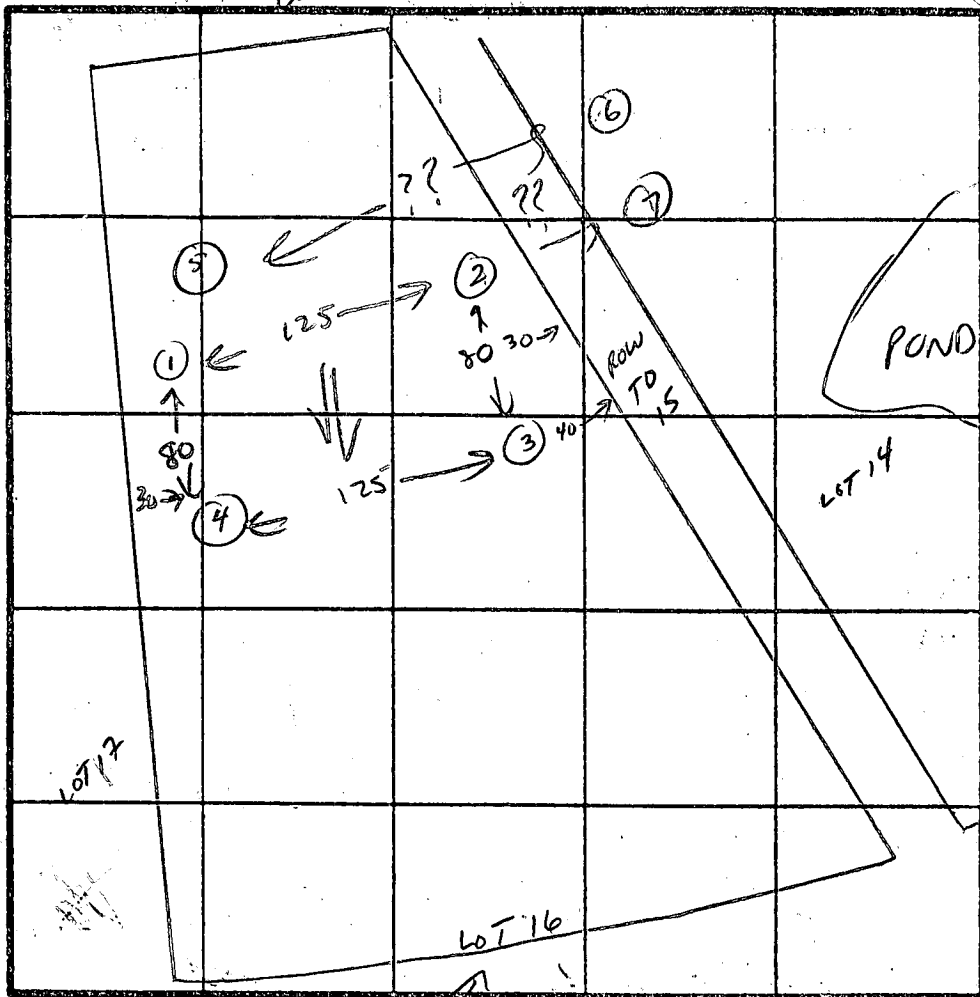
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6-10-85 REC. SATISFACTORY, HOLD FOR CERTIFIED SUBDIVISION PLAT SAME

BLDG. PERMIT SIGNED  
AND RETURNED 6/16/86  
Serial # 70853

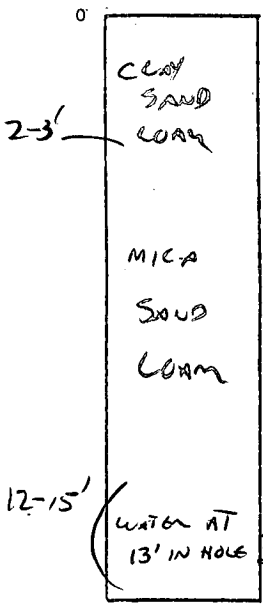
# THIS IS NOT A PERMIT

LOT 15



ALL HOLES

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
PROPOSED Rd.

X 3 MIN  
158 SPFT BORM  
3'-8"

| DATE   | TEST NO. | DEPTH           | PRE-WET  |                     | TEST - 1" DROP |          | TIME  |   |
|--------|----------|-----------------|--|---------------------|----------------|----------|-------|---|
|        |          |                 | START  | STOP                | START          | STOP     |       |   |
| 6-6-85 | 1        | 2'<br>9'        | 3:53   | 3:56                | 3:58           | 3:59     | 3 MIN |   |
|        |          | 13              | VIS OK   | - SAND LOAM         |                |          | ✓     |   |
| 6-6-85 | 2        | 2'<br>9'<br>13  | VIS - SIMILAR TO HOLE 1  |                     |                |          |       | ✓ |
| 6-6-85 | 3        | 2 1/2'<br>9'    | VIS OK - SAND LOAM   |                     |                |          |       |   |
|        |          | 13<br>15        | WATER AT 13' AFTER SEVERAL HOURS CLOSE TO ELEVATION AT SURFACE OF POND, NO MOTILES, NOT LIKELY TO RISE MUCH. |                     |                |          |       |   |
| 6-6-85 | 4        | 3'<br>9'<br>13  | 4:01   | 4:03                | 4:03           | 4:07     | 3 MIN |   |
|        |          |                 | VIS OK   | - SAND LOAM         |                |          | ✓     |   |
| 6-7-85 | 5        | 2'<br>9'<br>14' | VIS OK   | SAND LOAM           | 20%            | SAPPHIRE |       |   |
| 6-7-85 | 6        | 2'<br>8'<br>12' | VIS OK   | SAND LOAM           | 20%            | SAPPHIRE |       |   |
| 6-7-85 | 7        | 2'<br>8'<br>12' | VIS OK   | SAME AS OTHER HOLES |                |          |       |   |

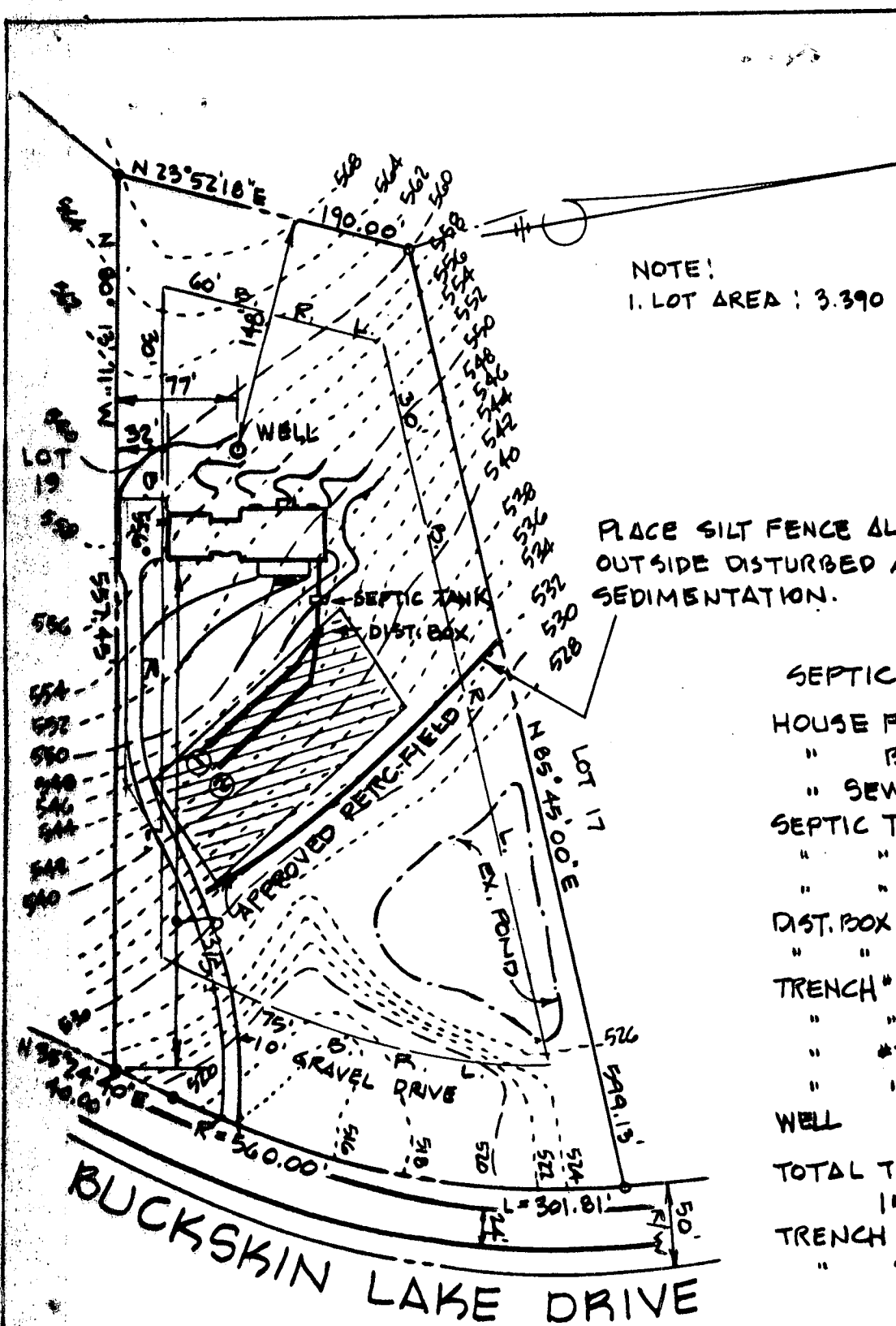
REMARKS REVISED TWICE - CHECK SURVEYORS PLAT FOR FINAL LAYOUT

TYPE OF SOIL MICA SAND LOAM

TESTED BY *Carlson*

ALSO PRESENT KOTTERMAN

EIT 12-1079



NOTE!  
1. LOT AREA : 3.390 AC.±

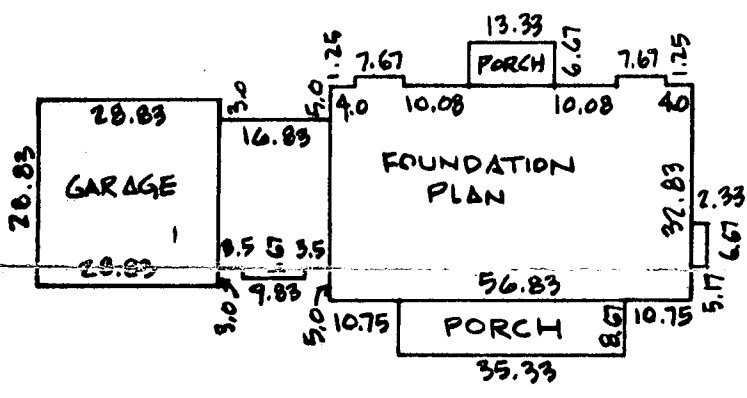
PLACE SILT FENCE ALONG CONTOUR  
OUTSIDE DISTURBED AREA TO CONTAIN  
SEDIMENTATION.

SEPTIC SYSTEM DATA

|                      |        |
|----------------------|--------|
| HOUSE FIN. FL. EL.   | 557°   |
| " BSMT "             | 548°   |
| " SEWER INV. "       | 546°   |
| SEPTIC TANK FIN. GR. | 548°   |
| " " INV. IN "        | 544.75 |
| " " " OUT "          | 544.2  |
| DIST. BOX FIN. GR.   | 546°   |
| " " INV. IN "        | 543.2  |
| TRENCH #1 FIN. GR.   | 546°   |
| " " INLET "          | 543°   |
| " #2 " "             | 541°   |
| " " FIN. GR. "       | 544°   |
| WELL " " "           | 557°   |

TOTAL TRENCH REQUIRED  
155 L.F.  
TRENCH WIDTH : 2'  
" STONE DEPTH : 5'

3'-8" STONE 5"  
158 #1 BR  
193  
155 FE TRENCH



1"=30' Scale for Clarity

ENGINEER  
John L. Schneider  
100 N. Rolling Road  
Catonsville, Md. 21228  
301-744-1945

|   |              |
|---|--------------|
| <b>GRADING STUDY</b>                                  |              |
| LOT 18 TAX MAP 22 T.M. PARCEL 526<br>"BUCKSKIN WOODS" |              |
| FIFTH ELECTION DISTRICT<br>HOWARD COUNTY-MARYLAND     |              |
| SCALE 1"=100'   | MAY 27, 1986 |



B 1 **0564** 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  
**40-81-1494**  
 fill in this form completely

Date Received  
 OWNER INFORMATION  
**WEEBERNORE STEPHEN**  
 15 Last Name Owner First Name  
**12102 FREDERICK RD**  
 36 Street or RFD 55  
**ELLICOTT CITY MD 21043**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**ADOKSKIA** SUBDIVISION  
 SECTION **18** LOT **18**  
**CIAWALK** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION  
**Ralph MAYNE** License No. **203**  
 Driller's Name Firm Name  
**Ralph Mayne Well Drilling**  
**920 Brown Church Rd. Mt. Airy**  
 Address  
**Ralph Mayne** Date **4/31/86**  
 Signature

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NEAR WHAT ROAD **Ellen D. ... Rd.**  
 DISTANCE FROM ROAD **2000** FT or MI **FW**

B 2 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  
**HOWARD** COUNTY NAME **A-35542** COUNTY NO.  
 OEP SIGNATURE **R. W. ...** STATE HEALTH INSERT S  
 DATE ISSUED **052286** EXP. DATE  
 NORTH GRID **510000** EAST GRID **0808000**

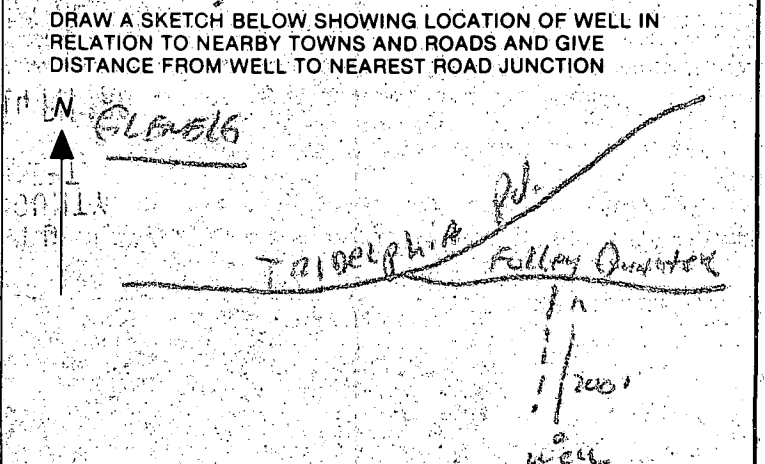
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **130** FEET  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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  
**84508**  
**5186**

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 **AN** WRITE INITIALS IN BOX PERMIT NO. **40-81-1494**

C1 00568 SEQUENCE NO. (OEP USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COES. 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-35542

DATE RECEIVED [ ] DATE WELL COMPLETED 060786 DEPTH OF WELL OK 220 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-81-1497

OWNER NEFFERORE STEPHEN  
 STREET OR RFD FOLLY QUARTER / BUCKSKIN LAKE DR. TOWN GLENELG  
 SUBDIVISION BUCKSKIN LAKES SECTION LOT 18

**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   |                        |
| Sandy   | 2    | 40  | ✓                      |
| Sand Stone                                    | 40   | 45  |                        |
| Micka   | 45   | 75  |                        |
| Sand Stone                                    | 75   | 80  | ✓                      |
| Micka   | 80   | 220 |                        |

**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 500 NO. OF POUNDS 800  
 GALLONS OF WATER 48  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 117 ft.

**CASING RECORD**  
 casing types insert appropriate code below  
 (ST) (CO) STEEL CONCRETE  
 (PL) (OT) PLASTIC OTHER  
 MAIN CASING TYPE (PL) Nominal diameter 6 (NEAREST INCH) Total depth of main casing 150 (NEAREST FOOT)

**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  
 (PL) (OT) PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.) 220  
 (H) (O) 48 (S) (R) (O) 220

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273  
 DRILLERS SIGNATURE [Signature]  
 DRILLERS SIGNATURE ON APPLICATION [Signature]  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

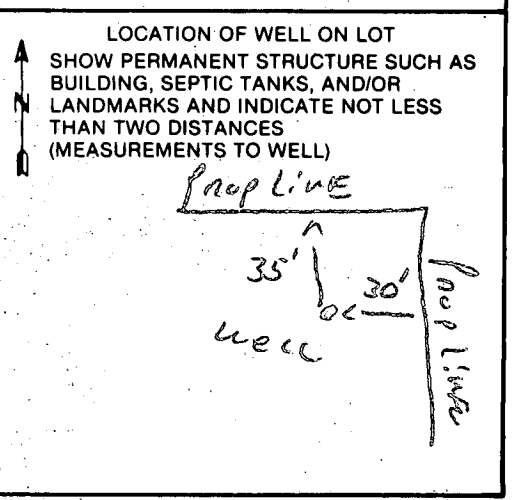
SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) [ ]

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

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 5  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING: 25  
 WHEN PUMPING: 90  
 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: 29  
 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 }





9-1-86  
AM

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation  Replacement  Receipt # 37398  
 Date 7/1/86  
 Name of Installer R.C.M. Plumbing & Heating Co., Inc. Telephone 641-1111  
 License number 5086  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner STEPHEN DEFFERDOLF Telephone 988-9638  
 Subdivision BUCKSKIN LAKE Lot # 18 Well tag # - - -  
 Site Address 4278 BUCKSKIN LAKE DRIVE

|   |   |   |
|---|---|---|
| <b>Pump</b>   | <b>Motor</b>  | <b>Pitless Adapter</b>                                    |
| 1. Type<br>a. Deep well jet _____<br>b. Shallow well jet _____<br>c. Submersible <input checked="" type="checkbox"/>                      | 1. Horsepower _____<br>2. RPM _____<br>3. Voltage _____<br>a. 110 _____<br>b. 220 _____ | 1. Make _____<br>2. Model # _____<br>3. Depth <u>3 FT</u> |
| 2. Make <u>MYERS</u>  |   |   |
| 3. Model # _____  |   |   |
| 4. Capacity <u>10</u> 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 _____ |   |   |
| <b>Tank</b>   | <b>Piping</b>   | <b>Well data</b>  |
| 1. Capacity <u>40 GPM</u>   | 1. Type <u>PVC</u>  | 1. Depth <u>220</u> ft.                                   |
| 2. Pressure relief valve? <u>7.5 PSI</u>  | 2. Size <u>1"</u>   | 2. Yield <u>12</u> GPM                                    |
|   | 3. NSF and/or BOCA Code approved _____  | 3. Static water level _____ ft.                           |
|   | 4. Depth of supply line <u>2 FT</u>   | 4. Will water supply be disinfected by installer? _____   |

9-4-86 Pitless Installed AT 58"; well line 52-58"; Pump tank and relief valve installed S&H

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. R.C.M. P.H. Co. Inc.

Signature of Applicant: Robert C. Hofford

Date: 7/15/86

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