

al/11/86
9/16/86

03-310806%

approved
9/17/86 Curllian

PERMIT

P 30425
A 35692

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X992:2330x
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 3rd
DATE 9/18/86

Bill Dilbar IS PERMITTED TO INSTALL ALTER

ADDRESS 802 Suburban Road, Reisterstown, MD. 21136 PHONE 526-7077

SUBDIVISION Gaither Farm ROAD 11073 Gaither Farm LOT 14

PROPERTY OWNER Daniel S. Poznanovic

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - ~~17~~²⁰⁰ sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box at a point located 150 feet from the back lot line and 50 feet from the right side of the lot as seen when facing the lot from Gaither Farm Road. Run the trenches along level ground toward the back lot line. The back lot line is 89 4.62 ft. long.

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 and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BUDG. PERMIT SIGNED
AND RETURNED 4/4/90
Serial # 30941
Smage

PLANS APPROVED BY R. Hodges DATE 9/04/86

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.

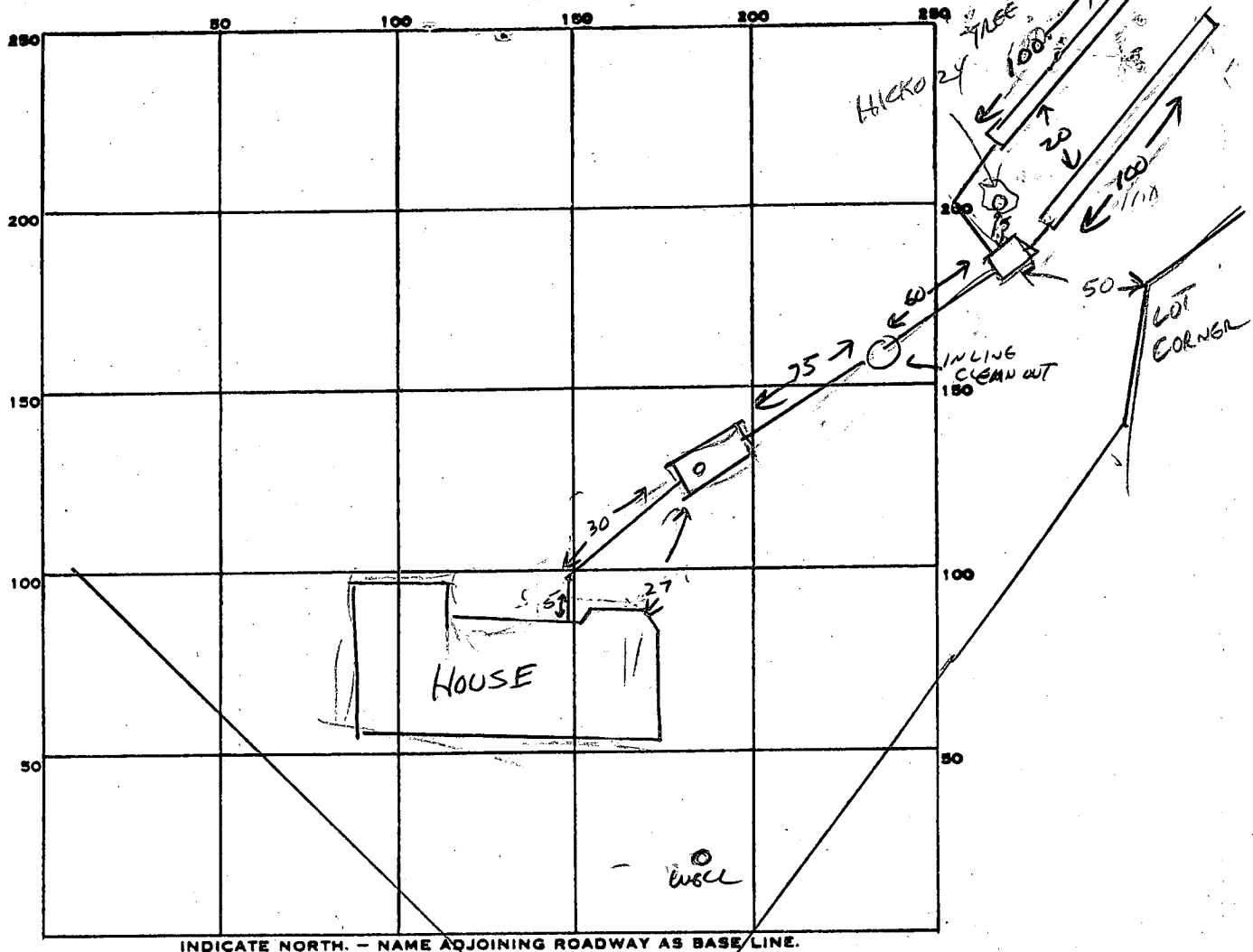
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35592



PERMIT CARD

SEPTIC TANK, LEVEL

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 200 FT.

NUMBER OF TRENCHES 2 (100x100) ONE SIDEWALL
TOTAL BOTTOM AREA 1000

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS SYSTEM INSTALLED 9/11/86 WITHOUT INSPECTION (ANNUAL H.D. MEETING)

OWNER WITNESSED INSTALLATION AND VERIFIED RESULTS.

SYSTEM WITNESSED BY HEALTH DEPT AT'S FINAL COVER BEING COMPLETED, 9/16/86
OW

DATE SYSTEM APPROVED 9/16/86

INSPECTOR Craig Williams

SUBDIVISION: GAITHER FARM

LOT NUMBER: NEW 14

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

200 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 4 feet below original grade.
 Bottom maximum depth 9 feet below original grade.
 Effective area begins at 4 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: 9/4/86 PLACE THE DISTRIBUTION BOX AT A POINT LOCATED 1.50 FT FROM THE BACK LOT LINE AND 50 FT FROM THE RIGHT SIDE OF THE LOT AS SEEN WHEN FACING THE LOT FROM GAITHER FARM RD RUN THE TRENCHES ALONG LEVEL GROUND TOWARD THE BACK LOT LINE RV THE BACK LOT LINE IS 89 4.62 FT LONG RH

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 35692

P _____

DISTRICT 3

DATE 4/20/85

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.

owner: Phillip Dorsch
PROPERTY OWNER Patrick McCuan Daniel S. Pagnanovic
1000 Equestrian Park Ct.
ADDRESS Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 15 NEW 14

ROAD AND DESCRIPTION Homewood Rd and Rte 108
11073 Gaither Farm Rd.

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(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. Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Trenches DATE 9/4/86

REJECTED BY _____ FOR _____ DATE _____

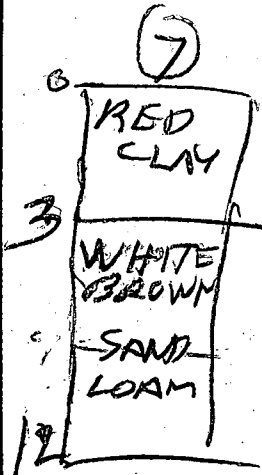
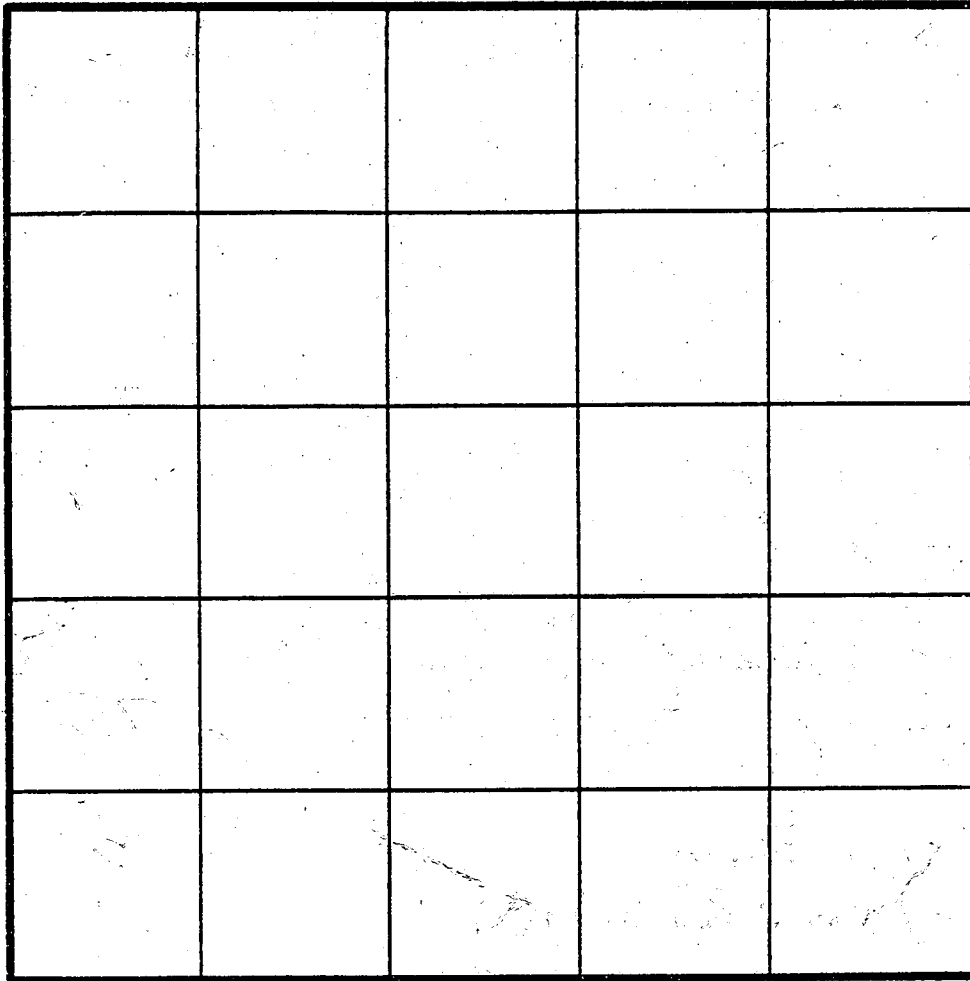
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/2/85 DIGMORE BLOW WATER
7/3/85 HOLD FOR PLAT RH B.P. 69970
9/4/86 Specs Written 19/17

THIS IS NOT A PERMIT

LOT 19

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	75	4	1206	1207	1207	1210	3
	70	7.5	1206	1207	1207	1211	4
	71	12	LOOKS		OK		

Hole
2357
artime
12 2

max
Depth
4.5

200
0
15
18
21
24
15
5
3
9
12

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. HODGINS

7/3/85 DAVE & LONNIE (ALSO CO)
ALSO PRESENT JANE NAJERU George

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 35692

P _____

DISTRICT 3

DATE 4/20/85

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.

Phillip Beach
PROPERTY OWNER 1000 Equitable Bank Ctr.
ADDRESS Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 15

ROAD AND DESCRIPTION Homewood Rd. and Rte. 108

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(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.

Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

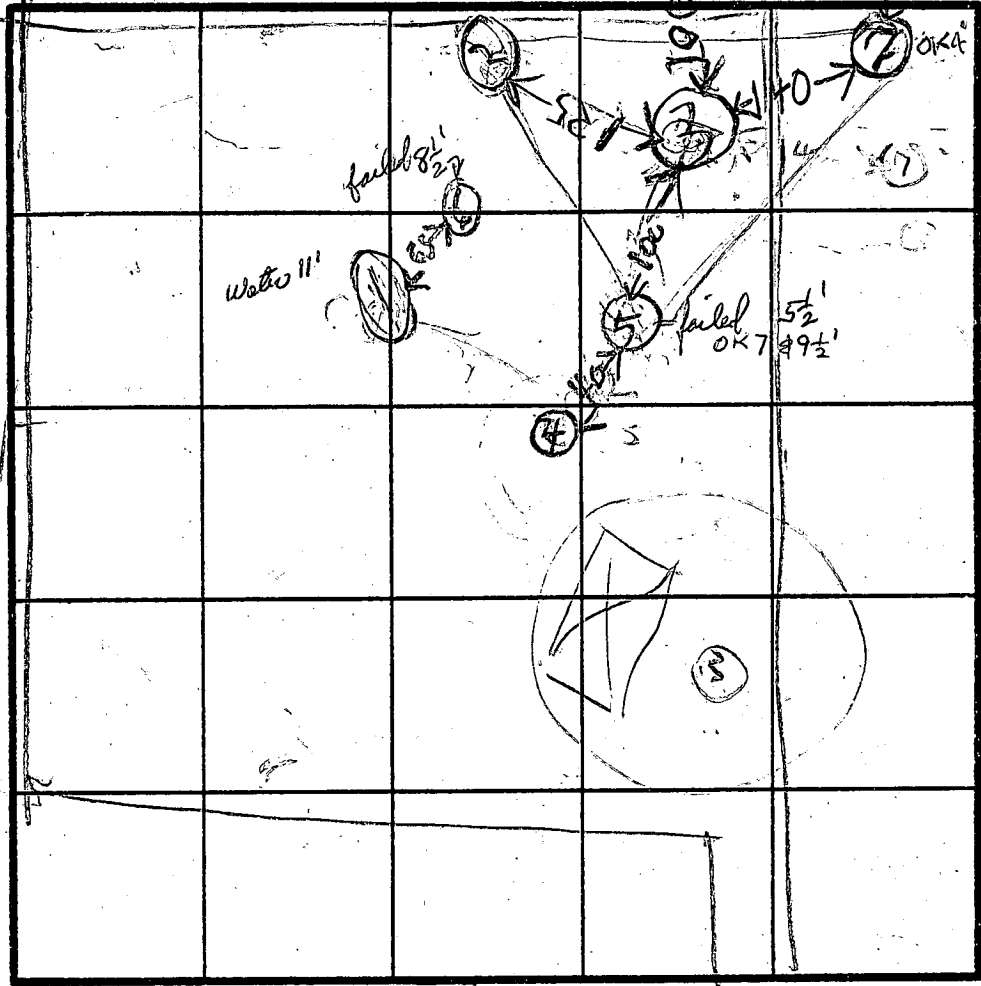
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 14

FENCE ON PROP LINE

R.H.#	LETTER
1	C
2	D
3	A
4	B
5	EXTRA
6	F
7	G



SOIL PROFILE

0
BROWN CLAY
3
BROWN SAND LOAM & FEW ROCKS
11
WATER
12

0
BROWN GRAY CLAY
5
BROWN CLAY SAND LOAM
8.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

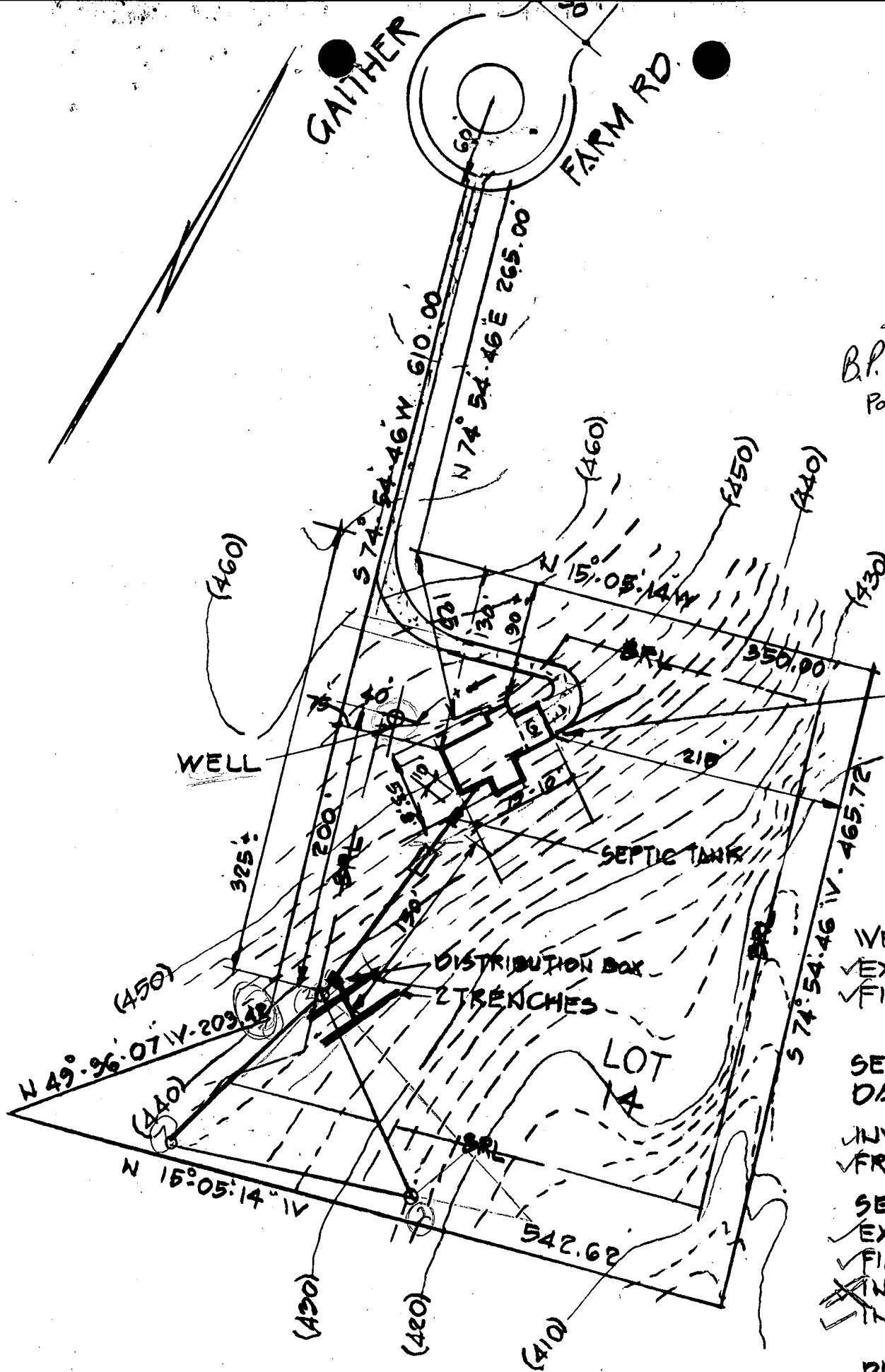
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
7/2/85	1 D	8	203	208	208	227	19
	1 S	4	203	219	219	240	21
	(14)	12	WATER 11 FT				
	2 S	3.5	222	242	242	310	28
	2 D	8	222	223	223	229	5
	2 V	14	LOOKS OK				
	3 S	3.5	258	305	305	326	28
	3 D	8.5	259	300	300	322	14
	3 V	12	LOOKS OK				
	4 V	7	LOOKS DOUBTFUL				
	5 S	5 1/4	413	424	424	451	15
	5 D	9 1/4	413	420	420	435	15
7/3/85	6 D	5	1110	1141	1141	1156	5
	5 M	7	1145	1149	1149	1156	5

0
BROWN CLAY
BROWN SAND LOAM
14
RED CLAY
RED BROWN SAND LOAM

0
BROWN RED CLAY
7
BROWN RED SAND LOAM
16
39
17

REMARKS: HOLES (1, 2, 3, 4) SURVEYOR HOLES (5, 6, 7) EXTRA
 TYPE OF SOIL: CRILL'S
 TESTED BY: B. HODGES
 ALSO PRESENT: DAVE & LONNIE OF RLO Backhoe, JANE MADEAU Geologist

EH-21079



B.P. 69970
POZNANOVIC

2 STY
BRICK & FRAME
FF 455.0
B. 446./W.O.

WELL DATA
 EX. GR. 454.3
 FIN. GR. 454.0

SEPTIC SYSTEM DATA
 INV. SEWER FROM HSE 445.50

SEPTIC TANK
 EX. GR. 446.0
 FIN. GR. 446.0
 INV. IN 445.40
 INV. OUT 445.10

DISTR. BOX.
 EX. GR. 439.0
 FIN. GR. 439.0
 INV. IN 436.0

TRENCH INFOR.
 EX. GR. 438.00
 INV. 435.00 (03')
 2 TRENCHES, 60 LF EA, 2' WIDE,
 20' APART, TRENCH DEPTH = 1 1/2 FT., STONE
 error 45'

2 - 107' trenches

PLOT PLAN
LOT 14
GAITHER FARM
 3RD. DISTR. HO. CO. MD
 4-14-86 SCALE = 1" = 100'

B 1 **1034** 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

WA-81-1463

fill in this form completely

OWNER INFORMATION

Date Received:

15 Last Name: **BOYD** Owner: **BOYD** First Name: **WILLIAM**

36 Street or RFD: **105 RUMBLE CREEK RD**

57 Town: **ELK LANE** 70 State: **72** Zip: **21044**

B 3 **LOCATION OF WELL**

8 COUNTY: **WASHINGTON** 21

23 SUBDIVISION: **CATFISH FARM** 42

SECTION: 44 46 LOT: 48 50

52 NEAREST TOWN: **ELK LANE CITY** 71

MILES FROM TOWN (enter 0 if in town): M I

DRILLER INFORMATION

Driller's Name: **Joseph L. Boyce** 77 License No. **80**

Firm Name: **Joseph L. Boyce Well Drilling**

Address: **5517 Ridge Hill Rd. W. MD. 21771**

Signature: **Joseph Boyce** Date: **11/12/86**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

11 NEAR WHAT ROAD: **Carroll Farm Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 DISTANCE FROM ROAD: 37

ENTER FT or MI: 38 39

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.): 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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

COUNTY NAME: **HANOVER** COUNTY NO.: **A-25692**

OEP SIGNATURE: _____ STATE HEALTH INSERT S 41

DATE ISSUED: **05 13 86** CO-SIGNATURE: **A. Wilson** 48 EXP. DATE: **11/12/96** 49

NORTH GRID: **512000** 50 55 EAST GRID: **0929000** 57 63

APPROXIMATE DEPTH OF WELL: FEET 24 28

APPROXIMATE DIAMETER OF WELL: INCH 30 34

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other: _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8

N 2

Location of well:
42' casing
7' above gr
38' open
9' bag cement
5/29/86
JL

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

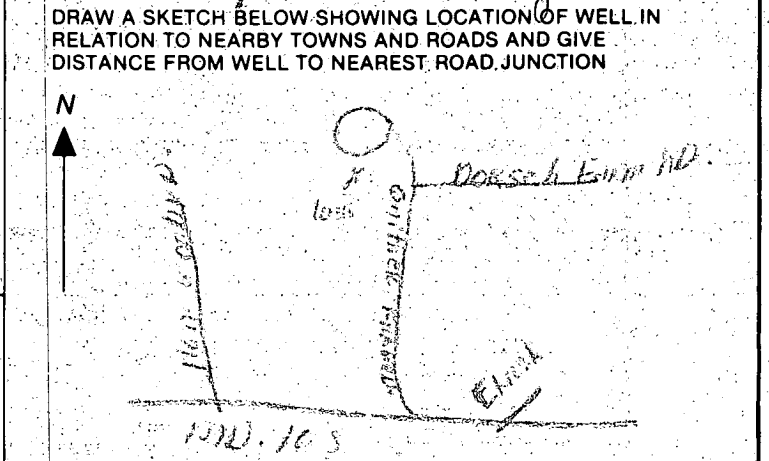
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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): 41 52



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER: **G A P** 54 63

FORCE: **AM** WRITE INITIALS IN BOX 67-68 PERMIT No. **WA-81-1463** 70 71 72 73 74 75 76 77 78-79

SPECIAL CONDITIONS:

C1 00521 SEQUENCE NO. (OEP USE ONLY)
 (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-35692**

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
052986

Depth of Well
205
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
NO-81-1463

OWNER **POZNANOWIC DANIEL**
 STREET OR RFD **GATHER FARM RD** TOWN **ELLCOTT CITY**
 SUBDIVISION **GATHER FARM** SECTION _____ LOT **14**

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	
SAND Stone	2	36	
GRAY GRAVEL	36	205	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **876**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. **38** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter (nearest inch) **6**
 Total depth (nearest foot) **42**

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

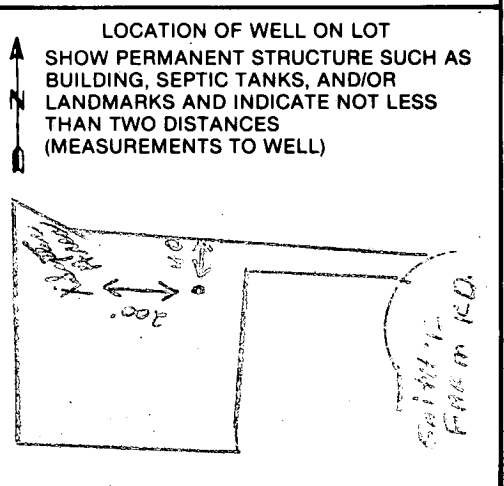
DEPTH (nearest ft.)
40 **41** **205**
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **63**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **29**
 WHEN PUMPING **112**
 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:
 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 }



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. **238**
 DRILLERS SIGNATURE *Joseph J. Mays*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

6/11/87

667 LOT# on WCU# PLEASE

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 # 38827
Date 3-3-87

Name of Installer Crowe P+H Inc

Telephone 531-3311

License number 2356
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner Daniel S. Pagnanovic Telephone 740-7086

Subdivision Quithers Farm Lbt # Well tag #

Site Address 11073 Quithers Farm Road Ellicott City

Pump

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

Motor

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

Pitless Adapter

- 1. Make
- 2. Model #
- 3. Depth

2. Make Donalds

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

- 1. Capacity 60 gal
- 2. Pressure relief valve?

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 36"

Well data

- 1. Depth ft.
- 2. Yield GPM
- 3. Static water level 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: Chuck J. Crowe

Date: 3-3-87

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

Lot 4

Well HO-81-1402

11013 Gaither Farm

Lot 5

Steve Plot

11015 ? Gaither Farm

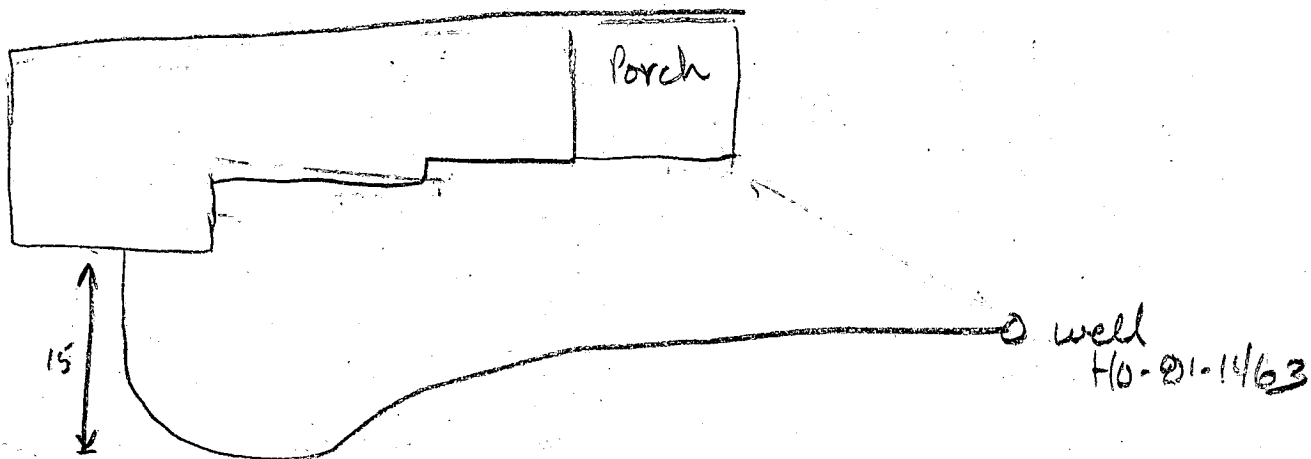
Lot 14?

11073 Gaither Farm

Well HO-81-1463

J. Mayne.

Pitless adapter ok. No ground wire. Pitless is 36 in below grade. Not completed.



6-11-87 BN/JEN

