

11/4/92 11-12
11/6/92 ANYTIME

PERMIT

04-3505⁹⁶

SEWAGE DISPOSAL SYSTEM

P 4588

A 32090

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX-TIME EXPIRED

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

FOR F.C.O.P. COMPLIANCE

DATE 10/9/91

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

5/6/93 C. Williams/C. B.

DATE SYSTEM APPROVED 11/8/92

INDEXED

INSPECTOR R. B. Kelly

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Lisbon Estates LOT 9 ROAD 1624 Brittle Branch Way

PROPERTY OWNER Barnard Brothers Construction Company, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Start the first trench 185 feet from the front lot line and 45 feet off the right lot line. Run trenches on contour toward left side of property.

MAINTAIN AT LEAST 100 FEET FROM THE WELL TO ALL PARTS OF THE SEPTIC SYSTEM.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 10/8/92 R/B*

PLANS APPROVED BY Craig Williams/Sid Abel/Mark Rifkin

REVISED DATE 6/19/92

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

BLDG. PERMIT SIGNED

AND RETURNED 10/11/94

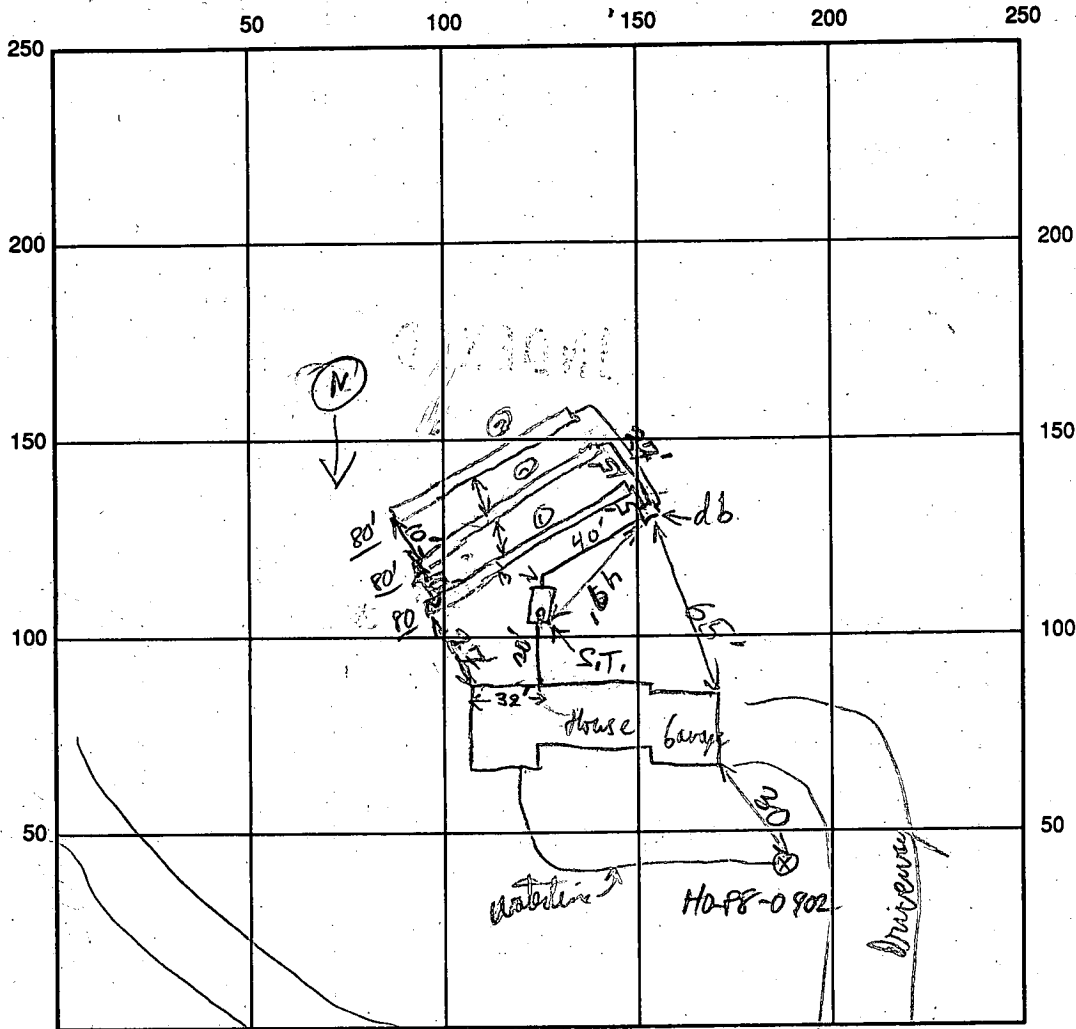
Serial # 56493 sundsch

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
32090



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Bottle Branch Way

SEPTIC TANK LEVEL 1000gal CLEANOUTS @ ST

DISTRIBUTION BOX LEVEL d.b. LID IS 2 1/2' BELOW GRADE.

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 240 FT. (80' each)

NUMBER OF TRENCHES 3 ^{Total} ONE-SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Took & D.P. set - OK to enter S.T. + House - lat trench open - OK to continue call for disposal.
have ends open. R/P 11/16/92 - Trench OK to cover R/P 11/16/92

Pitless adapter + vent line OK @ 3 1/2' - R/P 11/16/92

DATE SYSTEM APPROVED 11/6/92 INSPECTOR Ronald [Signature]

Paid

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32090

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE. 992-2330

DISTRICT _____

DATE 7-16-82

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 BARNARD Brothers Construction Company, Inc.
Lawrence Blumberg/Charles Snouffer

ADDRESS 2909 Old Court Road, Baltimore 21209 PHONE ~~574-9300~~ 481-7621

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. 10 / 89

ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection
(1624 Brittle Branch Way) with S.R. 94

SIZE OF LOT 3.21 Acres TYPE BLDG. (S.F. Detached) 4 BR
(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.

Reimer Tracy & Assoc. by Arthur E. Meager
(SIGNATURE OF APPLICANT)

APPROVED BY C. Wilman FOR TRENCHES DATE 3-8-83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

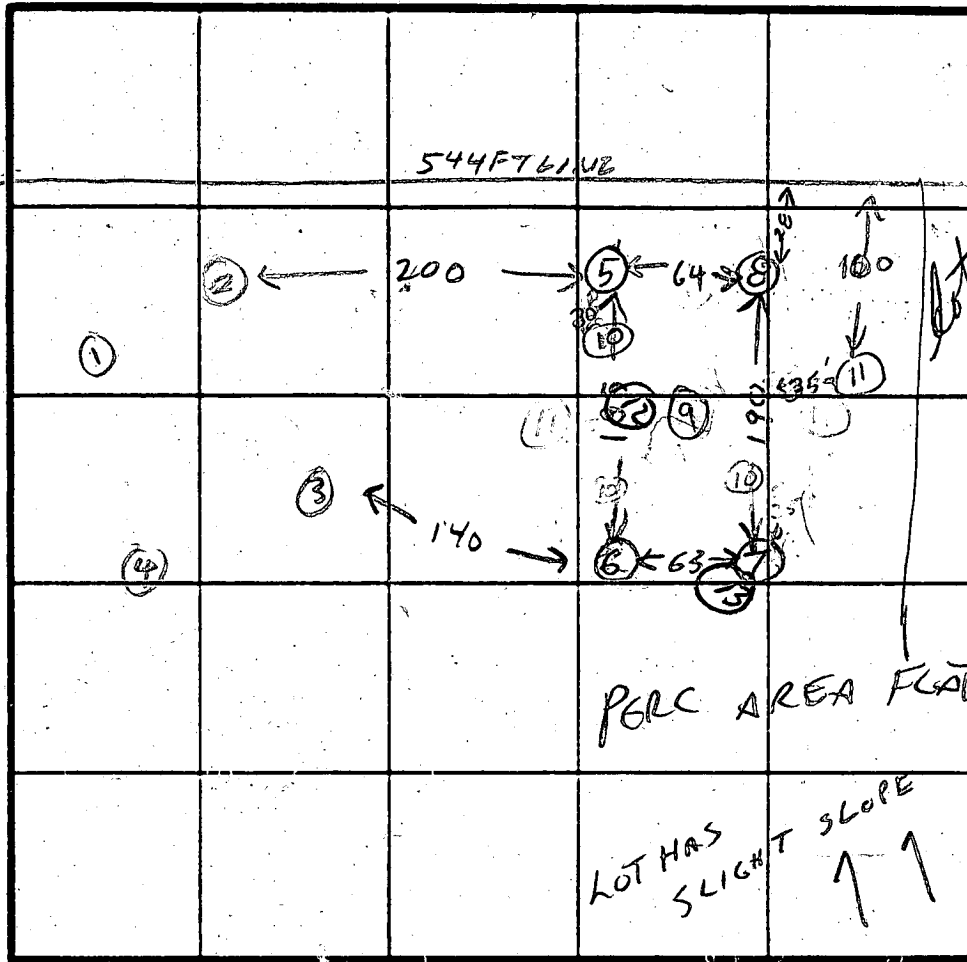
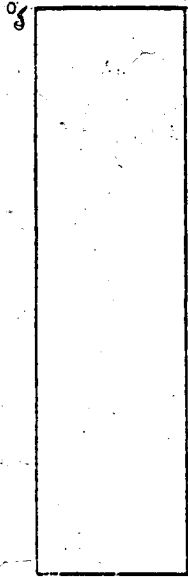
REASONS FOR REJECTION OR HOLDING SEPT 82 FS SAID HOLD FOR WET SEASON

BLDG. PERMIT SIGNED
AND RETURNED 9/1/82
Serial # 45374 STD
Admittance

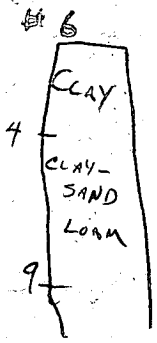
THIS IS NOT A PERMIT

45

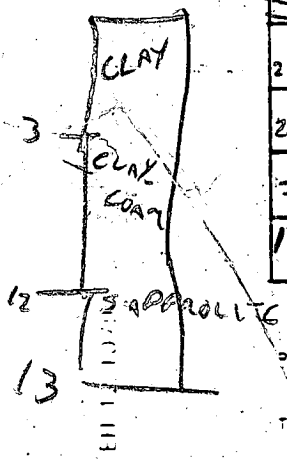
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/16/82	65	4	144	209	209	250	FAILSLOW
	67	9	143	209	209	237	28
	67.2	5	3:16	3:23	3:23	3:36	13 MIN
	75	4	153	210	210	231	21
	70	9	153	210	210	231	21
	7V	13	3 FT CLAY THEN CLAY/LOAM		SAPPHIRE AT 12'		
	85	4	212	226	226	244	18
	80	9	212	226	226	247	21
	8V	13 1/2	3 FT CLAY THEN CLAY/SILT/LOAM				
2-24-83	9	13 1/2	3 FT CLAY THEN CLAY/SAND TO 13 1/2'		NO WATER BUT SOIL U DAMP AT 12'		
2-24-83	W 10	12 V	WATER AT 12'		AFTER 15 MIN WATER AT 9 1/2'		
2-24-83	11	12 V	WATER AT 12 1/2'		AFTER 20 MIN WATER AT 11'		
12/16/81	12 12'	CLAY TO 3 1/2'	STRIPS YELLOW BROWN FLAKS 10/1500				
	13 12'	CLAY TO 4'	YELLOW OR SILT LOAM BELOW - FLAKS 20-30%				



REMARKS

PERC AREA FLAT; START SYSTEM AT #7 HOLE

TYPE OF SOIL

SANDY

TESTED BY

CW & RH

ALSO PRESENT

USB 0

LARRY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32090
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

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DATE 7-16-82

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

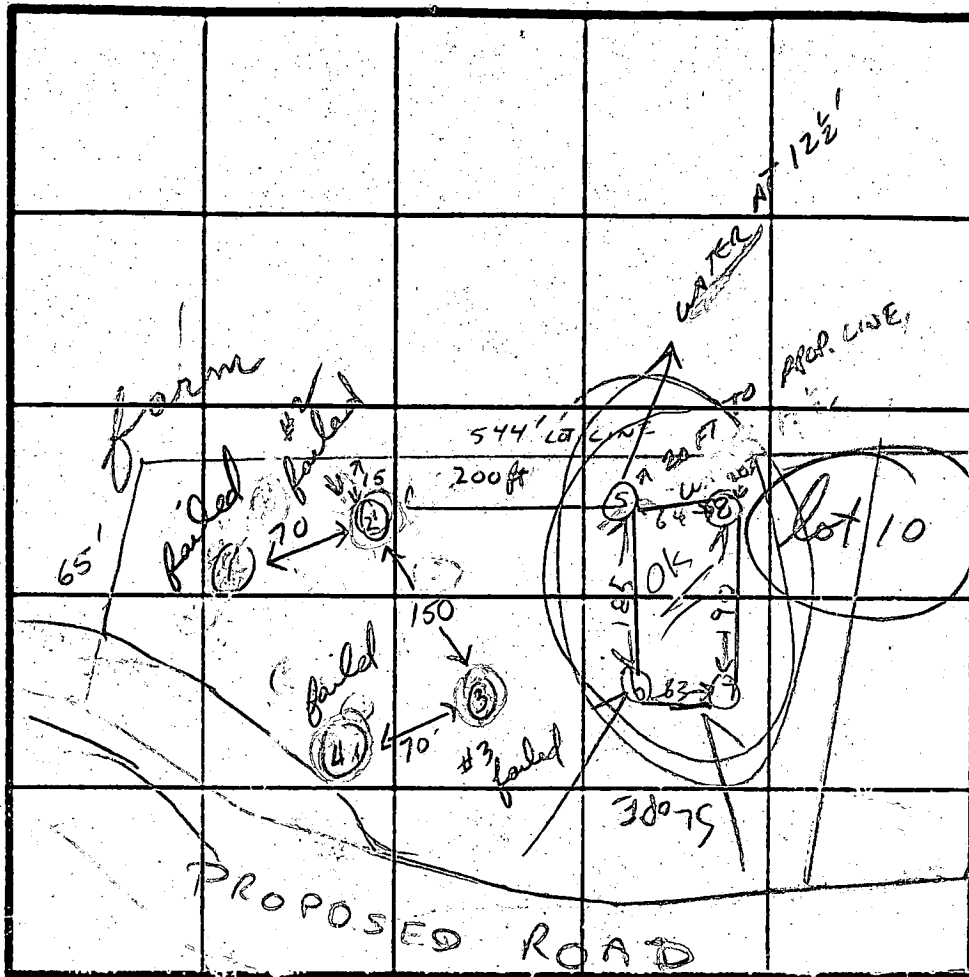
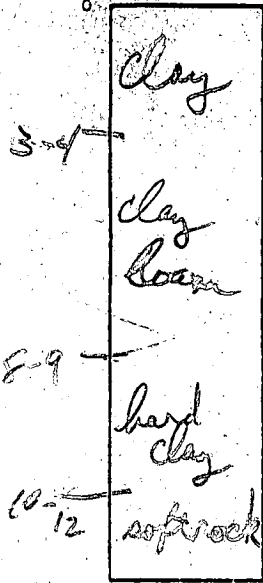
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

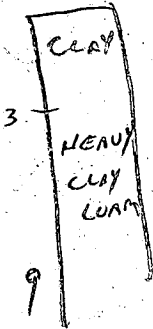
LOT 10
 holes
 (1-4)

SOIL PROFILE

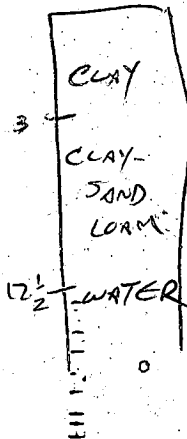


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

HOLE 2+3



HOLE 5



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-25-82	1 S M		NOT TESTED				
	V						
8-25-82	2 S M	3 1/2 8 1/2	10:27	12:37 FAILED	12:37	1:02	25 MIN X
	V		HEAVY CLAY LOAM				failed
8-25-82	3 S M	3 1/2 8 1/2	12:21	12:52 FAILED			X failed
	V		HEAVY CLAY LOAM 0-8 FT				failed
8-25-82	4 S M	3 1/2 8 1/2	1:00	1:16 FAILED	1:16	1:16	X X failed
	V		HEAVY CLAY LOAM TO 8 FT				
8-	5 S M	3 1/2 8	3:11	3:17	3:17	3:32	15 MIN
	V		3:15	3:17.5	3:17.5	3:21	3 MIN
	V	12 1/2'	CLAY TO 3' THEN CLAY LOAM TO 9'-10'				WATER AT 12 1/2'

REMARKS ADVISE SHALLOW SYSTEM TO AVOID WATER TABLE

TYPE OF SOIL ORIGINAL PERC AREA FAILED - CLAY

TESTED BY C. Williams

UBB VANDERBALK

LARRY DREHOFF

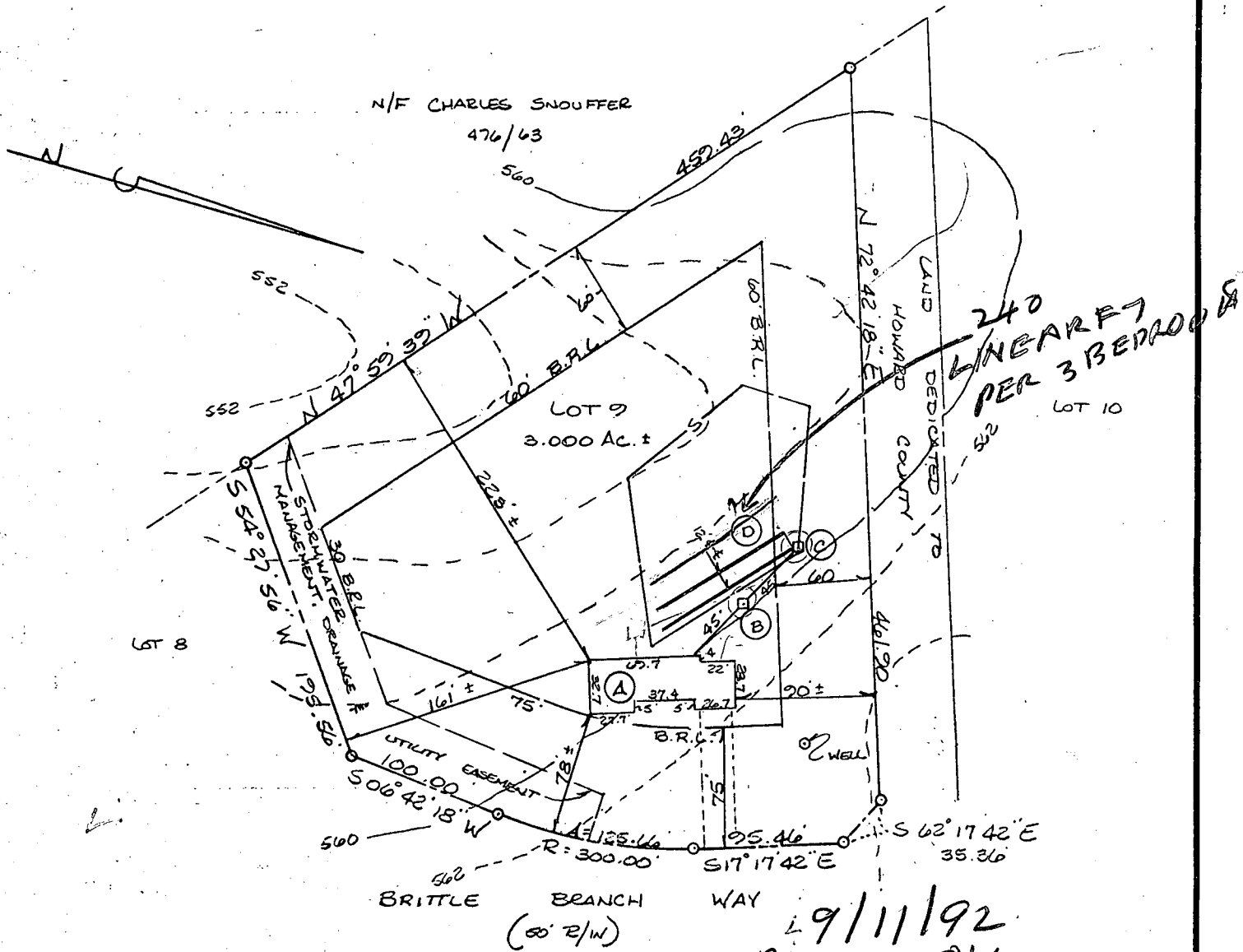
ALSO PRESENT

Ⓐ PROP. 3 BED. HOUSE
 F.F. ELEV. = 542.0
 BSMT. ELEV. = 553.1
 INV. ELEV. = 557.1

1000 GAL 3 BED ROOMS
 Ⓑ PROP. SEPTIC TANK
 EX. ELEV. = 559.8
 INV. IN = 556.7
 INV. OUT = 556.4

Ⓒ PROP. DIST. BOX
 EX. ELEV. = 559.6
 INV. ELEV. = 555.9

Ⓓ PROP. TRENCHES
 INV. ELEV. = 555.6
 1.5' STONE, 5.5' BOT. MAX.
 LENGTH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT
 ISSUANCE.



240
 LINEAR FT
 PER 3 BEDROOMS
 LOT 10

9/11/92
 PLANS OK
 BP 45374
 R. Hodges

PLOT PLAN
 LOT 9
 LISBON ESTATES
 SITUATED ON BRITTLE BRANCH WAY
 ELECTION DISTRICT N=4
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' SEPT. 1992



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

LIBERTY SURVEY, INC.

4140 RIDGE ROAD

TAYLORSVILLE, MARYLAND

410-875-0722

21157

REFERENCE

PLAT # 9448

JOB NO.

91-28

B 1 **5678** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

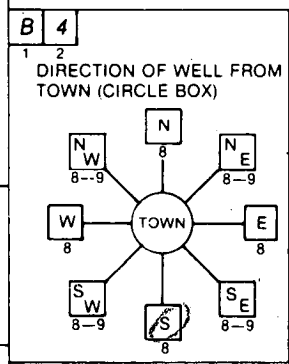
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-99-0902
 fill in this form completely

Date Received (APA) **052389**
 OWNER INFORMATION
 FRANK HOWARD
 PO BOX 159
 MARYLAND
 21771

LOCATION OF WELL
 HOWARD COUNTY
 LISBON SUBDIVISION
 SECTION 44 LOT 9
 LISBON NEAREST TOWN
 MILES FROM TOWN 1 MI

Trans to R. Mayne
 DRILLER INFORMATION
 Joseph L. Mayne
 238 License No. 80
 5512 Ridge Rd. Mt. Airy, Md. 21771
 5/22/89 Date



Brittle Branch Way
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST SOUTH EAST
 DISTANCE FROM ROAD 65 FT

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
 STATE SIGNATURE
 DATE ISSUED 071789
 CO SIGNATURE Craig Williams
 EXP. DATE 7/17/90
 NORTH GRID 543000 EAST GRID 0777000
 EXTENDED 6/14/90

APPROXIMATE DEPTH OF WELL 240 FEET

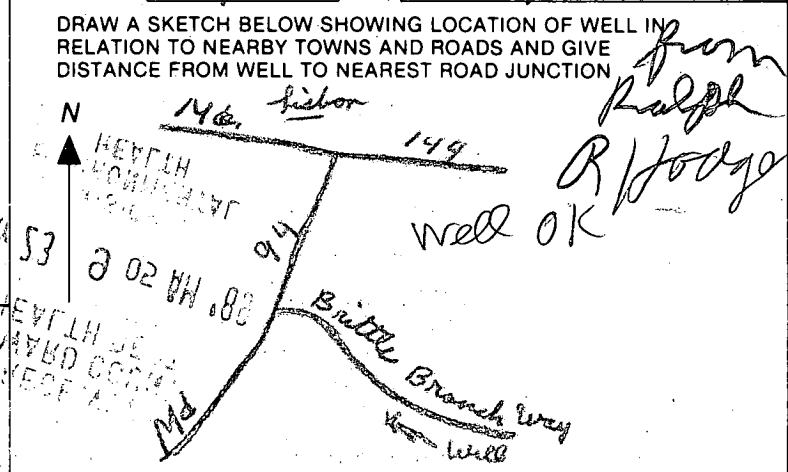
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary Drive-POINT
 other _____

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
 N 77 7
 E 54 3

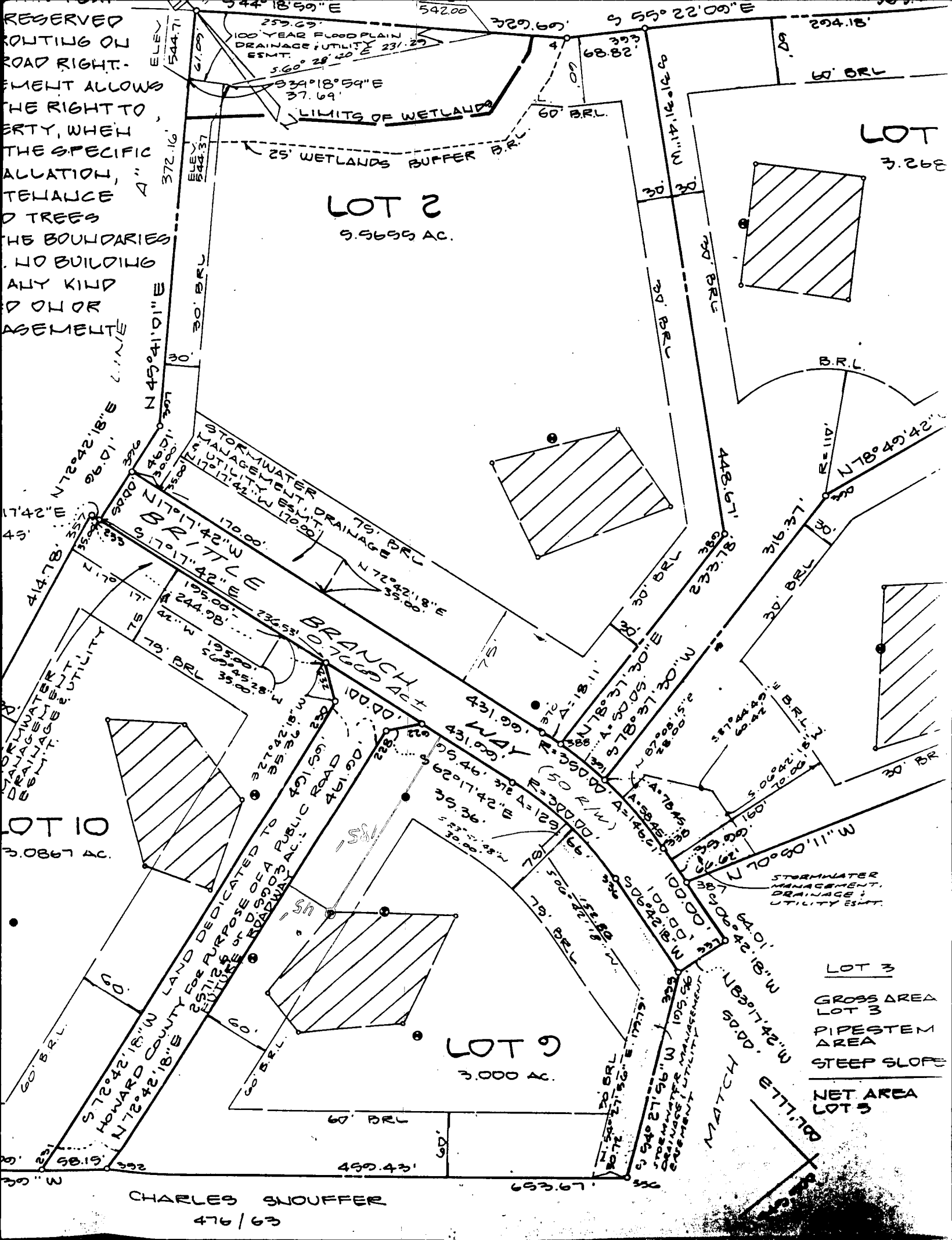
7/3/90 9:30
 26 FT CASING
 24 FT open H₂O
 6 Bags
 arrived 6/15
 well already grouted
 Information

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 CW PERMIT No. HO-99-0902

SPECIAL CONDITIONS



RESERVED ROUTING ON ROAD RIGHT. EMENT ALLOWS THE RIGHT TO ERTY, WHEN THE SPECIFIC ALLUATION, TELENCE "A" D TREES THE BOUNDARIES. NO BUILDING ANY KIND D ON OR ASEMENTE

100 YEAR FLOODPLAIN DRAINAGE UTILITY ESMT.

LOT 2
9.9699 AC.

LOT 3
3.266 AC.

LOT 9
3.000 AC.

LOT 10
3.0867 AC.

LOT 3
GROSS AREA LOT 3
PIPESTEM AREA
STEEP SLOPE
NET AREA LOT 3

CHARLES SNOUFFER
476/63

C1 1030 SEQUENCE NO. (DENV 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 32090**

ST/CO USE ONLY
 DATE RECEIVED
052389

DATE WELL COMPLETED
070390

Depth of Well
145
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-88-0902
 OTHERWISE OK

OWNER **FRAIL DEVELOPERS**
 last name **BRITHE BRANCH WAY** first name
 TOWN **LISBON**
 SUBDIVISION **LISBON ESTATES** 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	
Top Soil	0	2	
Brown Shale	2	17	✓
Brown Slate	17	20	
Blue Slate	20	50	
Brown Slate	50	55	✓
Blue Slate	55	145	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **24** 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 top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **26**

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.)
 1 **H0** **24** **145**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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 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.

DRILLERS IDENT. NO. **773**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

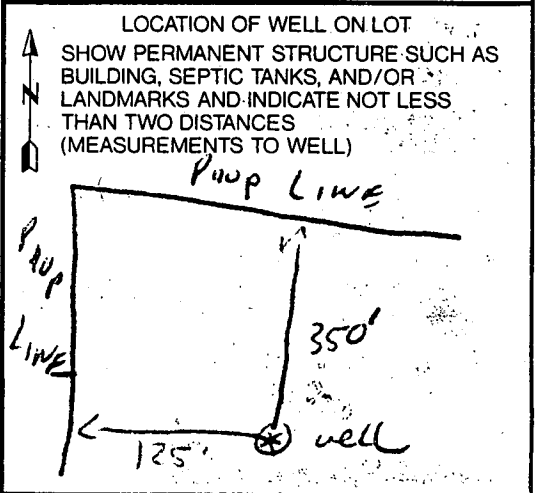
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
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 **16**
 WHEN PUMPING **17**
 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**
 (CIRCLE) (YES or 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) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE **2** (nearest foot)
- below }



DRILLER COUNTY

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 # 485761
Date 9-24-92

Name of Installer K.H. Plumbing

Telephone 857-0255

License Number 8300

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Barnard Bros. Inc. Telephone 489-7621

Subdivision Lisbon Estates Lot # 9 Well Tag # - - -

Site Address 1624 Brittle Branch Way

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make _____
- Model # _____
- Capacity _____ GPM
- 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

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? yes

Piping

- Type _____
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line _____

Well data

- Depth 145 ft.
- Yield _____ GPM
- Static water level _____ ft.
- 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.

OK - 11/6/92 RB,

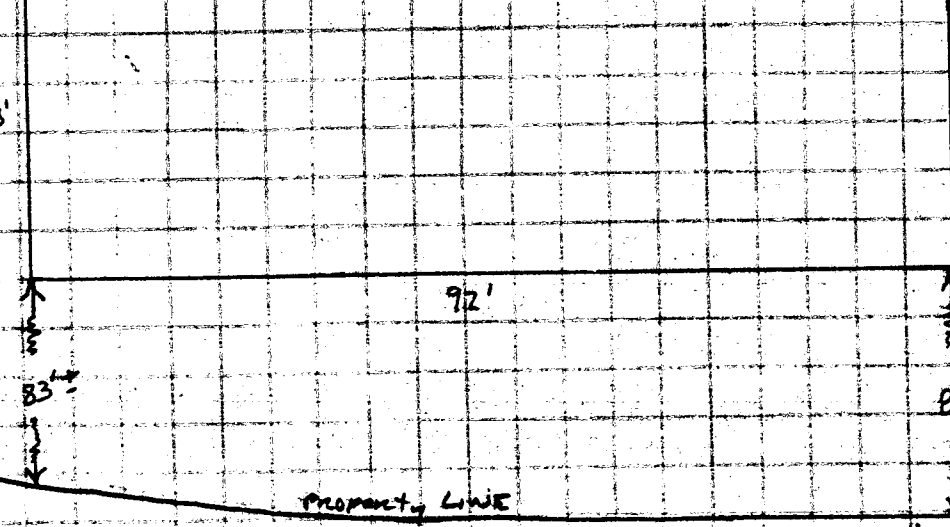
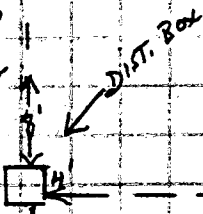
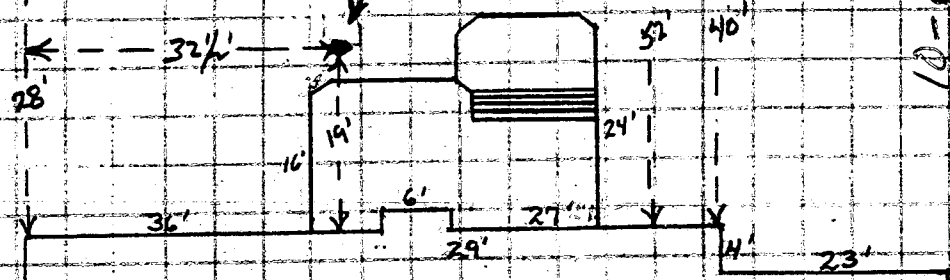
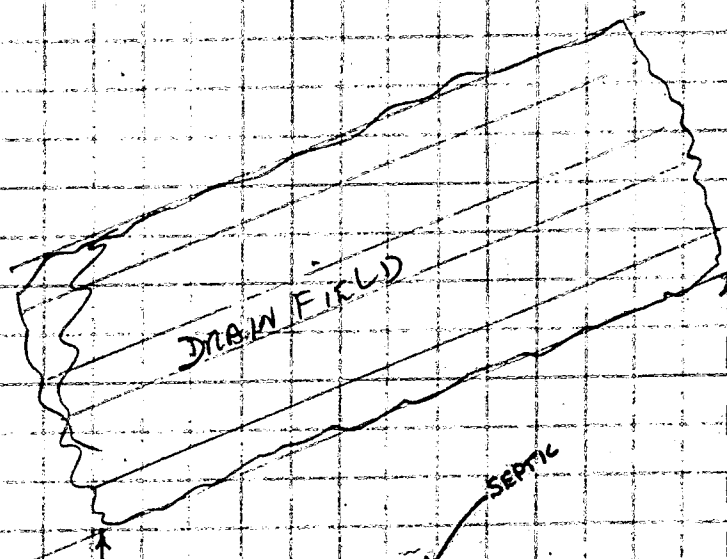
Signature of Applicant: Keith Hurdentunak

Date: 9-24-92

25 025 50 11 3: 31

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

NOTE: WELL HEAD TO SD = 103'



10-11-94

Proposed deck of mine NO
impact to existing well as
septic waives to 10' MIN. tank
to structures waived ~~because~~
because the tank will still be
accessible for
service.

Amy McMedden

SCALE: 1" = 20'

1624 BRITISH BRANCH WAY
LOT 9 LILBON ESTATES
OCT 10, 1994

PROPERTY LINE

172'

160'