

5/25/87
P.M.

05-392888

APPROVED
7/26/87
RH
P 38879
A 31721
DISTRICT 5th
DATE 9/16/87
DATE SYSTEM APPROVED 5/26/87
INSPECTOR RH

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Souder Builders, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 9335 Scaggsville Road, Laurel, Maryland 20707 PHONE

SUBDIVISION Dunfretten Estates ROAD 13749 Pasture Green Ct. LOT 8

PROPERTY OWNER Souder Builders Johnson

ADDRESS

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 174 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3 feet below original grade. 5 1/2 feet of stone below distribution pipe.

LOCATION - Start the trench 410 feet from the back lot line and 110 feet from the left side of the lot as seen when facing the lot from the back lot line. Run the trench toward the left side of the lot as seen when facing the lot from the back lot line. The back lot line is the 250' lot line on the Eastern part of the lot.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY R. Hodges DATE 5/16/83

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

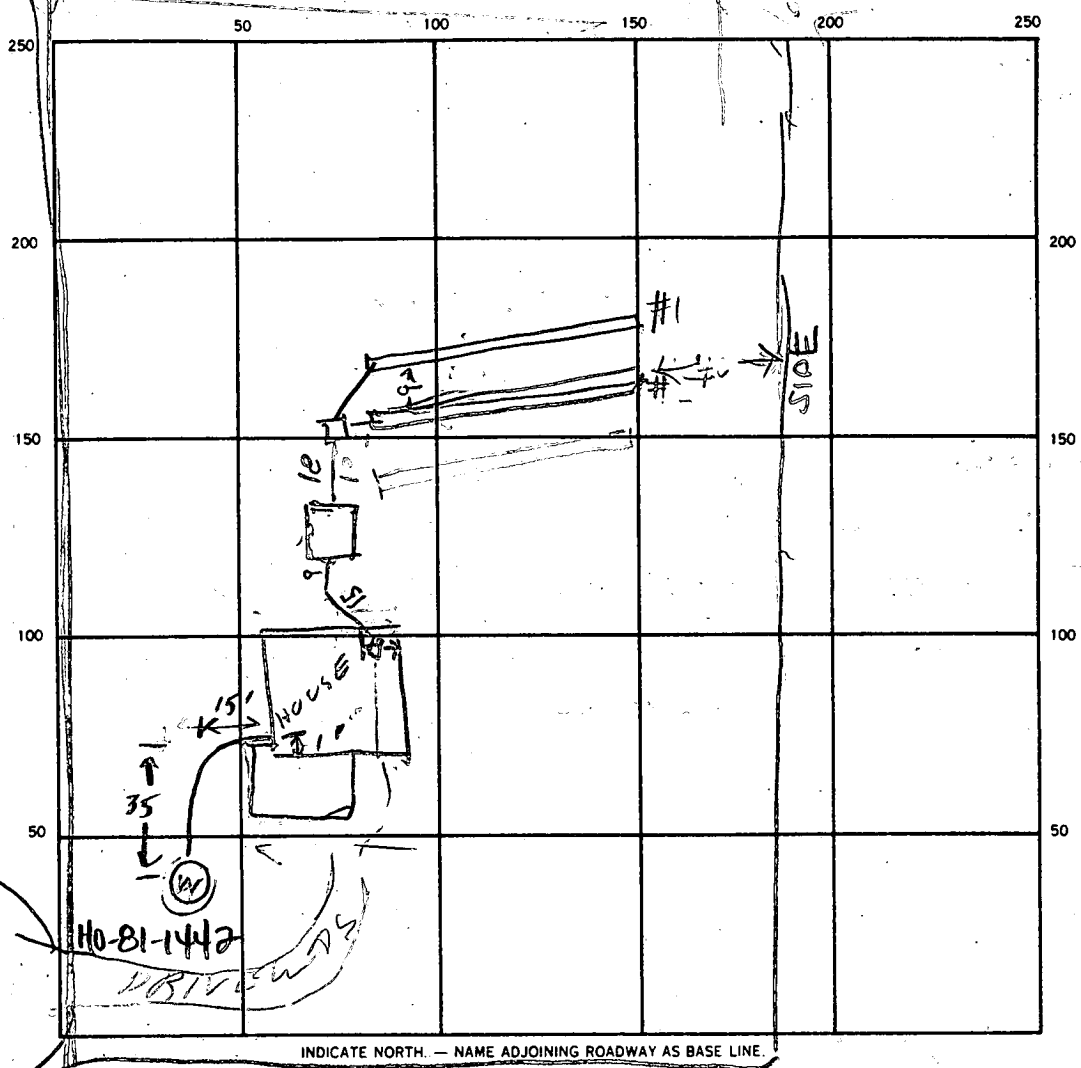
BLDG. PERMIT SIGNED
AND RETURNED 9/14/83
Serial # 505401

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 31721

OK



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL OK CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH

#1	#2
9	9

 FT. TRENCH WIDTH

#1	#2
2	2

 FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH

#1	#2
6	6

 FT. TOTAL LENGTH

#1	#2	TOTAL
65	67	132

 FT. ~~INSTALLED~~ **REQUIRED**

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 792 SQ. FT. 696

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/25/07 - LOCATION OK PER PLAN TRENCH DUG
ADD STONE TO TRENCHES & CALL A/H
5/26/07 AM - NOT READY 5/26/07 PM STONE ADDED & TANK
HOOKED UP

DATE SYSTEM APPROVED 7/26/07 INSPECTOR Raymond Rode

A 31721

SUBDIVISION: DUNFRETTE
ESTATE S

LOT NUMBER: 8

DRY WELL OR DRY WELL AND TRENCH

125 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 2 1/2 feet below original grade.
 Bottom maximum depth 10 feet below original grade.
 Effective area begins at 2 1/2 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 5 1/2 feet of stone below distribution pipe.

TRENCHES

174 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3 feet below original grade.
 Bottom maximum depth 8 1/2 feet below original grade.
 Effective area begins at 3 feet below original grade.
5 1/2 feet of stone below distribution pipe.

4-WO

- 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: START THE TRENCH OR PLACE THE DRY WELL
410 FT FROM THE BACK LOT LINE AND 110 FT FROM THE
LEFT SIDE OF THE LOT AS SEEN WHEN FACING
THE LOT FROM THE BACK LOT LINE. RUN THE TRENCH
TOWARD THE LEFT SIDE OF THE LOT AS SEEN WHEN
FACING THE LOT FROM THE BACK LOT LINE. THE BACK
LOT LINE IS THE 250.00 FT LOT LINE ON THE EASTERN
PART OF THE LOT 5/16/83 RH
4/25/87 ADD. SPECS FOR SITE PLAN

Ppe

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 31721

P _____

DISTRICT 5th

DATE 11/24/87

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 S. Turner Nichols and James S. Nichols
SOUDER BUILDERS, INC
ADDRESS 13270 Triadelphia Mill Road 9335 OLD SCAGGSVILLE RD PHONE 286-2993 725 5772

PROPERTY LOCATION:
SUBDIVISION Dunfretten Estates LOT NO. #8
13749
ROAD AND DESCRIPTION Pasture Green (Macadam)

SIZE OF LOT 3 Acres 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.

APPROVED BY Raymond Dodson FOR S. Turner Nichols - James S. Nichols (SIGNATURE OF APPLICANT) DATE 5/16/83
sp Ray Keel on Finch

REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/16/83 Specs Written R/H

BLDG. PERMIT SIGNED
AND RETURNED B. Nelson
3/2/87

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31721

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 11/24/87

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 S. Turner Nichols and James S. Nichols

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #8

ROAD AND DESCRIPTION Pasture Green (Meadow)

SIZE OF LOT 3 Acres 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.

S. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

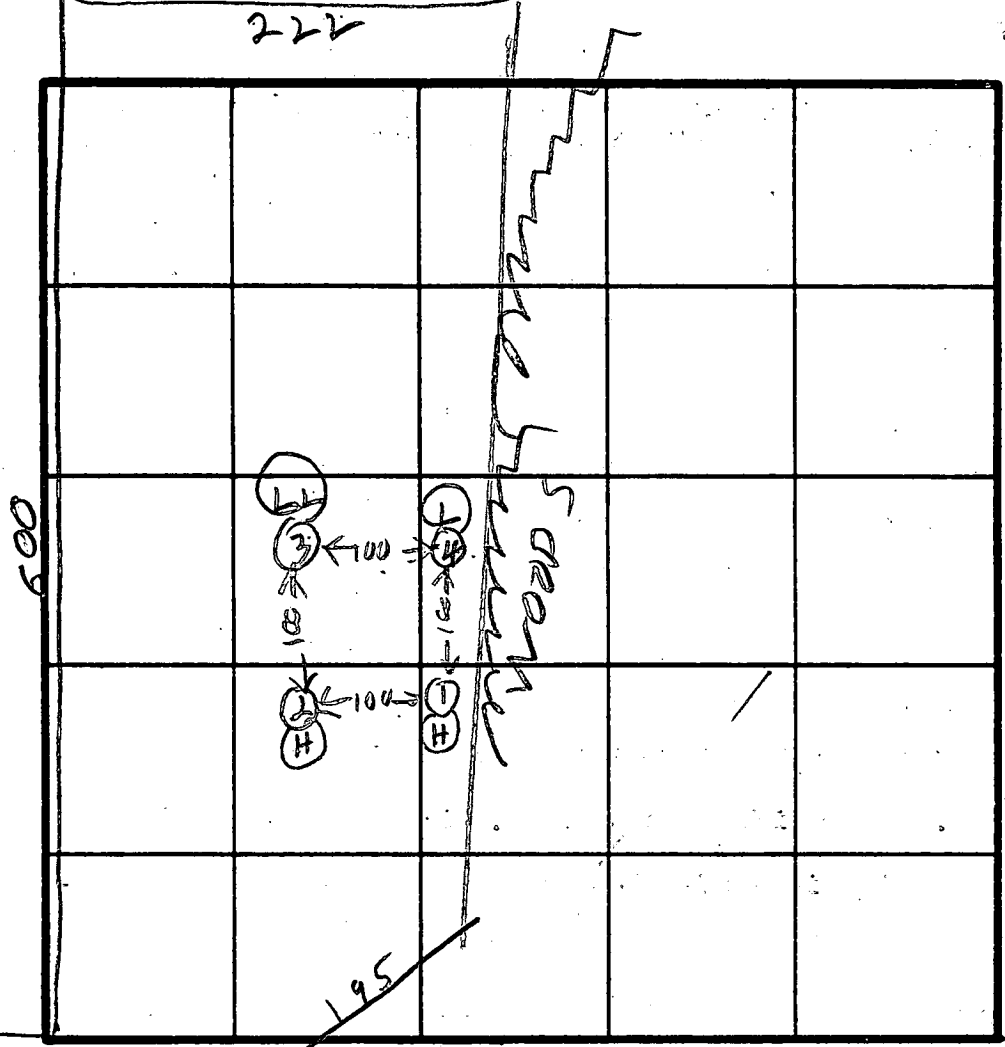
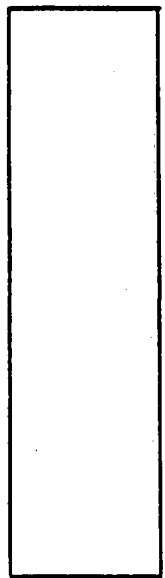
THIS IS NOT A PERMIT

Soilplat #8

HOLE ELEVATIONS

- ② = HIGHEST
- ③ = LOWEST
- ④ = LOW

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
12/2/81	1S	4	211	214	214	218	4
	IV	11	TOP 1	1 ft	CLAYEY		
			BOT	10 ft	SANDY & ROCKS		
	2D	8	220	221	221	222	1
	2S	4	220	221	221	224	3
			TOP	1 ft	CLAYEY		
	2V	12	BOT	11 ft	SANDY & ROCKS		DRY
	3S	4 1/2	231	234	234	237	3
			TOP	2 ft	CLAYEY		
	3V	14	BOT	12 ft	SANDY		DRY
	4S	4	243	244	244	247	3
			TOP	2 ft	CLAYEY		
	4V	12 1/2	BOT	10 ft	SANDY		DRY

no time 3
max depth 1 1/2

REMARKS _____

TYPE OF SOIL _____

TESTED BY R HORGES ALSO PRESENT URN ORR F
T NICHOLS

EH-12-1079

B 1 **5718** 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
HO-21-1442
 fill in this form completely

Date Received: **09/19/86**
 OWNER INFORMATION
 SOUNDER BUILDERS INC
 9335 SCAGGSVILLE RD
 LAUREL MD 20707

B 3 LOCATION OF WELL
 HOWARD COUNTY
 DUNFRETTON EST
 SECTION 44-46 LOT 8
 DAYTON
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
 Ralph Mayne
 203
 Firm Name: **Ralph Mayne (well drilling)**
 Address: **9120 Brown Church Rd. Mt Airy**
 Signature: **Ralph Mayne** Date: **4/9/86**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 PASTURE GREEN CH NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **250** FT or MI

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
 A31721 COUNTY NO.
 OEP SIGNATURE: **Ralph Mayne** STATE HEALTH INSERT S
 DATE ISSUED: **05/01/86** EXP. DATE
 NORTH GRID: **502000** EAST GRID: **0802000**

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)

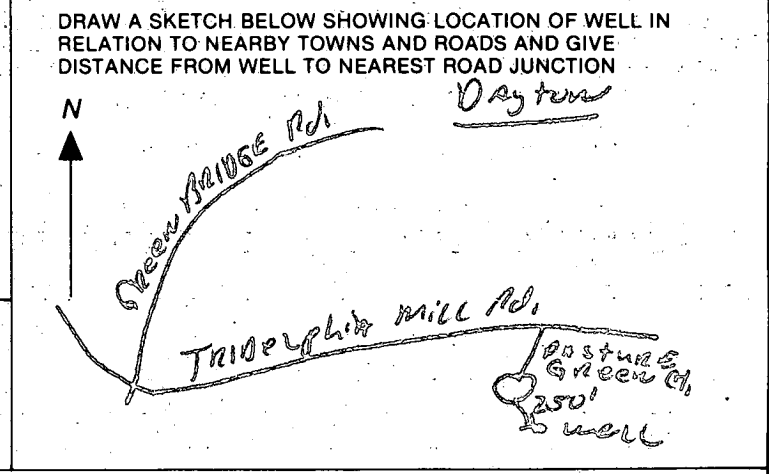
APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST 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 _____

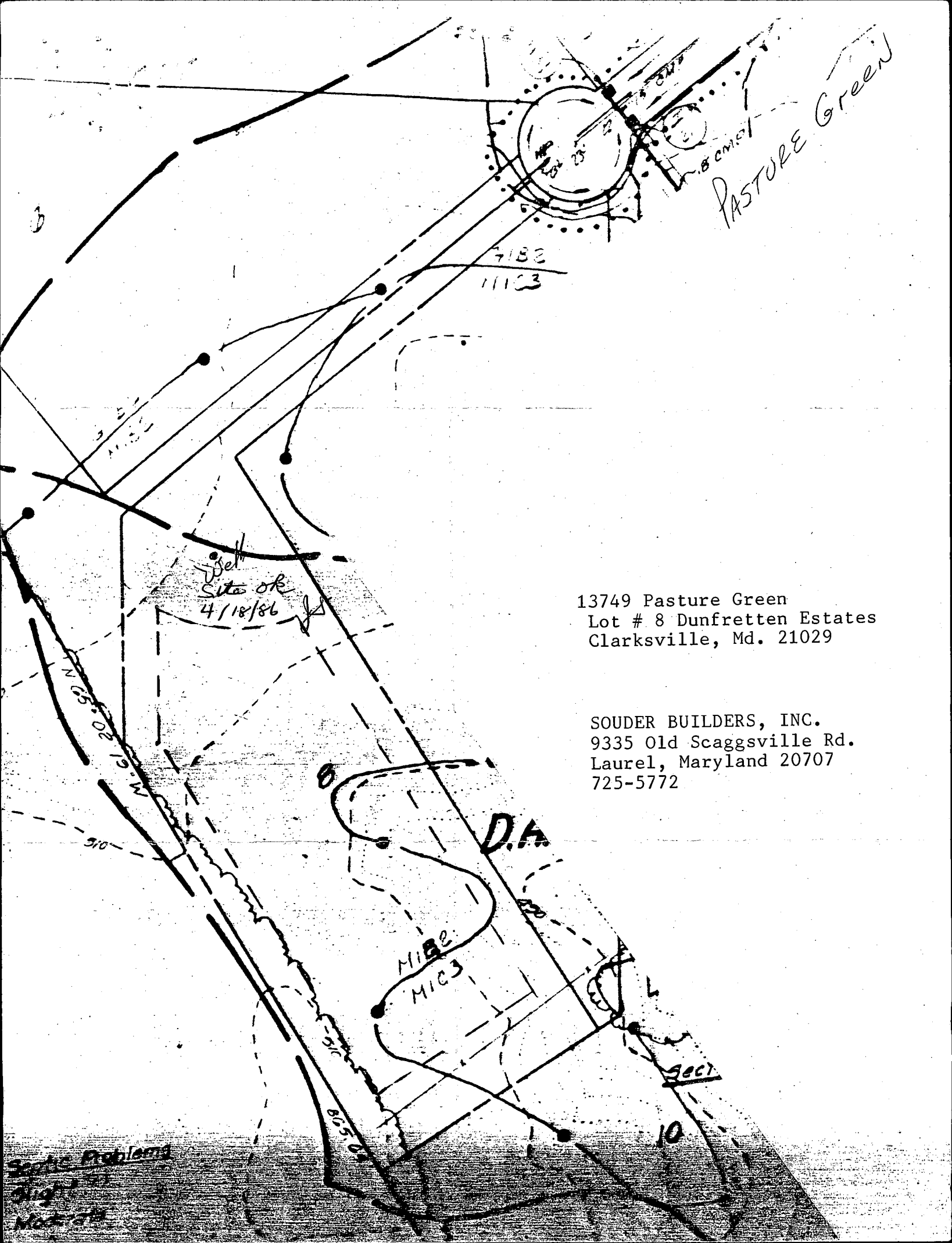
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well 2:00 PM
 2. NOT Ready to
 3. front - left side
 WRITE THE BOX NUMBER FROM THE MAP HERE
7/24/86
 Location: **near rd 48' casing 45' open 2' above w trap cement**
Thiadelphia mill rd.

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 WRITE INITIALS IN BOX PERMIT No. **HO-21-1442**

SPECIAL CONDITIONS



PASTURE Green

7182
11123

Site OK
4/18/86

13749 Pasture Green
Lot # 8 Dunfretten Estates
Clarksville, Md. 21029

SOUDER BUILDERS, INC.
9335 Old Scaggsville Rd.
Laurel, Maryland 20707
725-5772

M182
MIC3

Sec 1

10

Some Problems
Original
Modified

C1 00499

SEQUENCE NO. (OEP USE ONLY)

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 31721

DATE RECEIVED

04 10 86

DATE WELL COMPLETED

07 28 86

DEPTH OF WELL

22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-01-1442

OWNER S OUDER BUILDERS INC last name first name

STREET OR RFD 335 SCAGGSVILLE RD TOWN LAUREL MD 20707

SUBDIVISION DUNFRETEN ESTATES SECTION LOT 8

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 450 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 45 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot). Codes: PL (60-61), G (63-64), 48 (66-70).

OTHER CASING (if used) diameter inch depth (feet) from to. Includes a grid for recording casing data.

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

DEPTH (nearest ft.) 40 46 240. Includes a grid for recording depth data.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. 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...

DRILLERS IDENT. NO. 273. DRILLERS SIGNATURE (Must match signature on application). SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) 56 60.

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. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min. to nearest gal.) 9. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 30.

WHEN PUMPING 120. TYPE OF PUMP USED (for test) A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), 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) LAND SURFACE (nearest foot).

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). Includes a hand-drawn diagram of a well location with distances to a road and property lines.

7/29/87

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 # 39183
Date 4-13-87

Name of Installer Kastner Oly. & Hg Inc.

Telephone 725-5000

License number 1862

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Sander Bldg. Inc.

Telephone 725-5772

Subdivision Dunfretton Estates Lot # 8

Well tag # HO-81-1442

Site Address 12749 Pasture Green
Clarksville, Md 21029

Pump

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

Motor

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

Pitless Adapter

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

2. Make Gould's

3. Model # _____

4. Capacity 5 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 42 gal.
- 2. Pressure relief valve? yes

Piping

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

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? No

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: [Signature]

Date: 4-13-87

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

72987

Ritless adaptor at 36 inches. Well line
ok. No ground, plastic casing. Junction at
inside wall grouted. JENadeau

HEALTH
ENVIRONMENTAL

FEB 21 11 04 AM '87

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Douglas Soudler
9335 Old Scaggsville Rd
Lanham Md 20704

(Name)

(Address)

NO 81 1442

PA-8543408

(OEP Well Permit Number)

(Date)

4/9/86

PASTURE GREEN

