

2/12/99
3:00 Septic Tank
2/16/99 Noon
CO.

2/10/99 Pump
check needed

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-325944

P 511403

A 56429-D

DISTRICT _____

DATE 2/11/99

DATE SYSTEM APPROVED 5/3/99

INSPECTOR SA

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

Lehsac Corp.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 202 Azar Court Baltimore, MD 21227 PHONE (410) 242-6888

SUBDIVISION Gaither Overlook LOT 4 ROAD 11012 Dorsch Farm Road

PROPERTY OWNER Ryan Homes

ADDRESS _____

PUMPED SEPTIC SYSTEM REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS
MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK
NUMBER OF BEDROOMS 4

INSTALL: 1-1250 Gallon Pump Chamber - Manhole Cleanout Required

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Place the distribution box 277 feet down the right (448.74') lot line and 15 feet off that lot line as seen when facing the lot from Dorsch Farm Road. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/8/98 DKS

PLANS APPROVED BY Kim Maiste

DATE 12-03-98

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

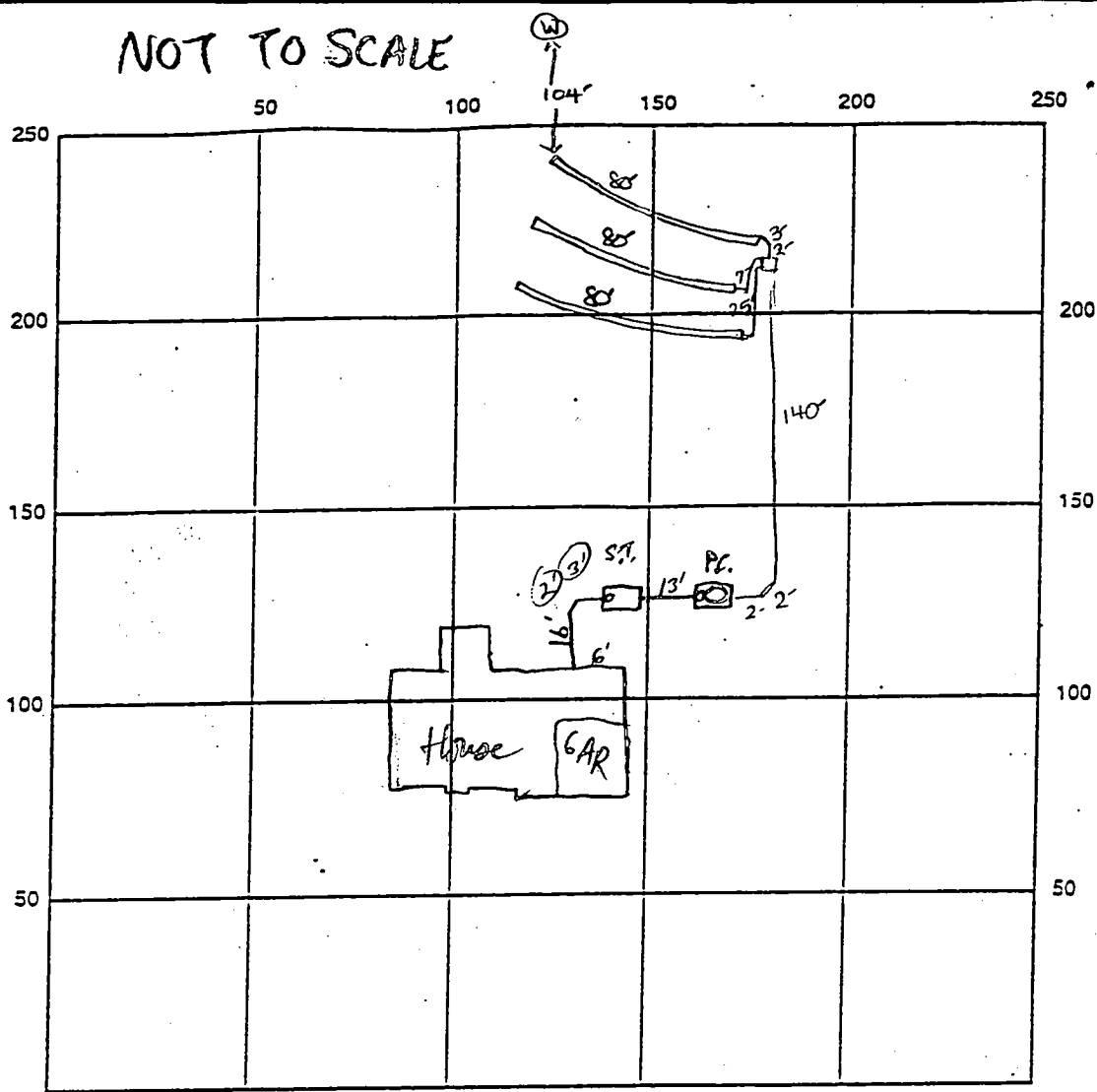
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

56429-D

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Pump Chamber 1250 gal. mid Seamed
 SEPTIC TANK LEVEL 1250 gal. mid Seamed
 CLEANOUTS one on site, one on p.c. manhole on p.c.
 DISTRIBUTION BOX LEVEL OK
 TILE
 DRAIN FIELD/TILE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 x 80 FT. + 240
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWELL
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: Septic Tank, Pump Chamber & House Connection OK. R/P 2/12/99
 2/16/99 OK to cover all septic work - Needs pump performance test. OK 5/13/99 Septic pump check OK - alarms OK
 2-17-99 WPI-OK to cover, P.A. 4' below grade, casing 1.5' above grade, has 2pc Cap, line skewed out of house, WPI form given to plumber. (Km)
 DATE SYSTEM APPROVED 5/13/99 INSPECTOR A McMulle

APPLICATION

PERCOLATION TESTING

A 564290

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3-26-96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J Thomas Schweaner RYAN HOMES

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuser Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____

PROPERTY LOCATION: 21044

SUBDIVISION _____ LOT NO. 474

ROAD AND DESCRIPTION 11012 Dorsch Farm Road

TAX MAP 29 PARCEL # 21

**BLDG. PERMIT SIGNED
AND RETURNED 12-3-98
Serial # B00115259**

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Donald R. Reuser Jr
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

56429 D

COUNTY #

SOIL PROFILE

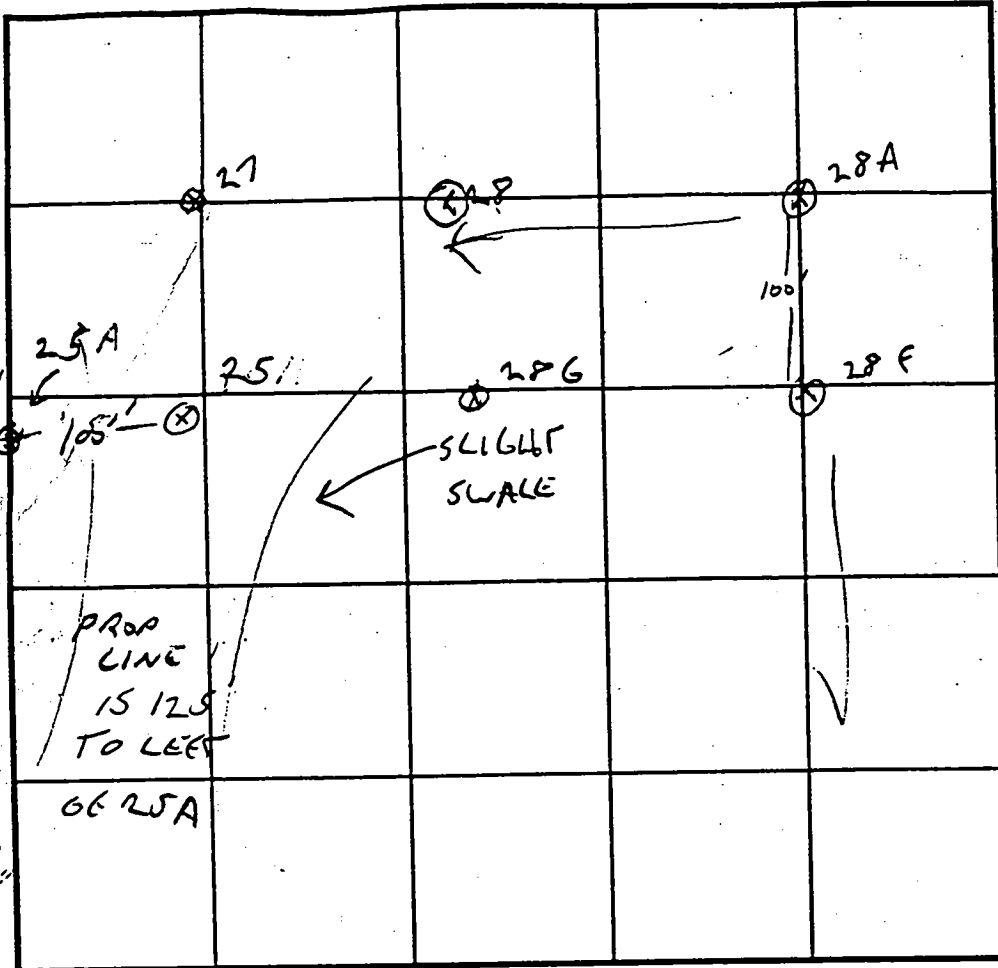
25

0'
TOPSOIL
2'
BROWN CLAY LOAM
3-4'
LIGHT BROWN SSC
11'

28H

6"
TOPSOIL
3'6"
DARK BROWN C.L.
BROWN SANDY LOAM
8'

GREY SANDY LOAM
11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

28 F + G

0'
TOPSOIL 1'
ORANGE CLAY LOAM 4'
TAN SILT 20% QUARTZITE ROCK
11'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/26/96	28 F	5'	12:01	12:02	12:02	12:04	2 MIN
	28 G	4'	12:11	12:13	12:13	12:15	2 MIN
	25	5.5'	12:18	12:20	12:20	12:24	4 MIN
	28 H	5'	12:30	12:32	12:32	12:34	2 MIN

REMARKS LOT 4 USE 1 28 G

TYPE OF SOIL

TESTED BY GLEN SAVAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 3

APPLICATION

PERCOLATION TESTING

A 56429

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TEST FEES
FOR 38 LOTS
PAID 2-1-96
ALM

DISTRICT _____

DATE 3-26-96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J Thomas Scrivener

ADDRESS c/o Land Design + Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Renner Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

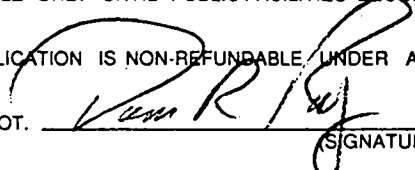
SUBDIVISION _____ LOT NO. 24

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

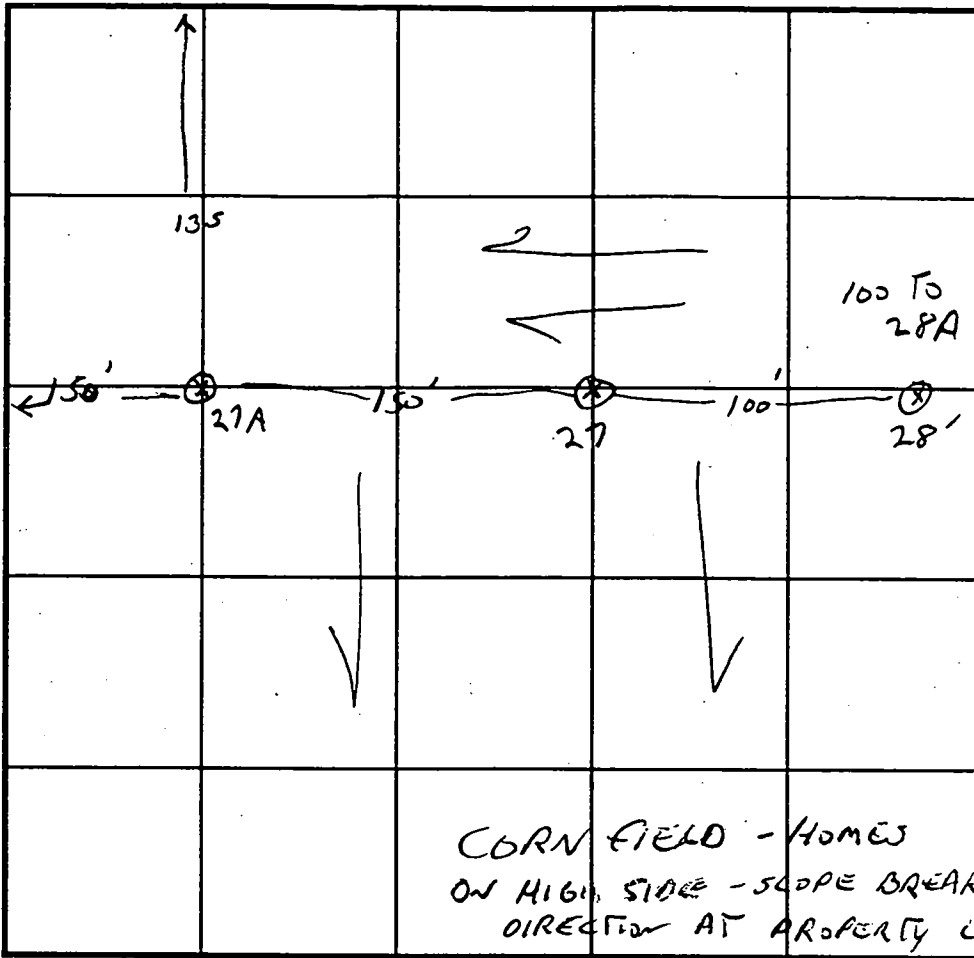
THIS IS NOT A PERMIT

564290

COUNTY #

SOIL PROFILE 27

SIMILAR TO 27A
10% COBBLE



SOIL PROFILE 27A

TOPSOIL 2'
 ORANGE-BROWN CLAY LOAM 6-7'
 TAN SSL 11' 6"

TOPSOIL

BROWN CLAY LOAM

ORANGE BROWN SANDY CLAY LOAM COARSE GRAINE

5% QUARTZITE + mica

CORN FIELD - HOMES ON HIGH SIDE - SCOPE BREAKS OTHER DIRECTION AT PROPERTY LINE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/26/96	27A	7'	10:20	10:36	10:36	11:06	30 MIN
		3.5"	10:20	10:22	10:22	10:25	3 MW
	27	5'	10:29	10:30	10:30	10:33	3 MIN
	28	4.5"	10:40	10:44	10:44	10:52	8 MIN
	28A	4'	10:49	10:50	10:50	10:53	3 MW
	28	7'	11:53	11:54	11:54	11:55	1.5 MIN

TOPSOIL

ORANGE CLAY LOAM

GREY BROWN SANDY LOAM

30% MIXED ROCK

REMARKS LOT 2, USE 27, 27A, 25, 25A LOT 4 USE 28, 28G

TYPE OF SOIL

TESTED BY G. SAUSAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 15 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

10.5'

WATER & DRAINAGE EASEMENT

10' PUBLIC TREE MAINTENANCE EASEMENT PG. 226

EX. LOT 5 PLAT NO. 3407

lot 18

PROPOSED PAVING

FARM 12/19/1971 WSI Lot 4 OK

lot 19

WATER QUALITY EASEMENT

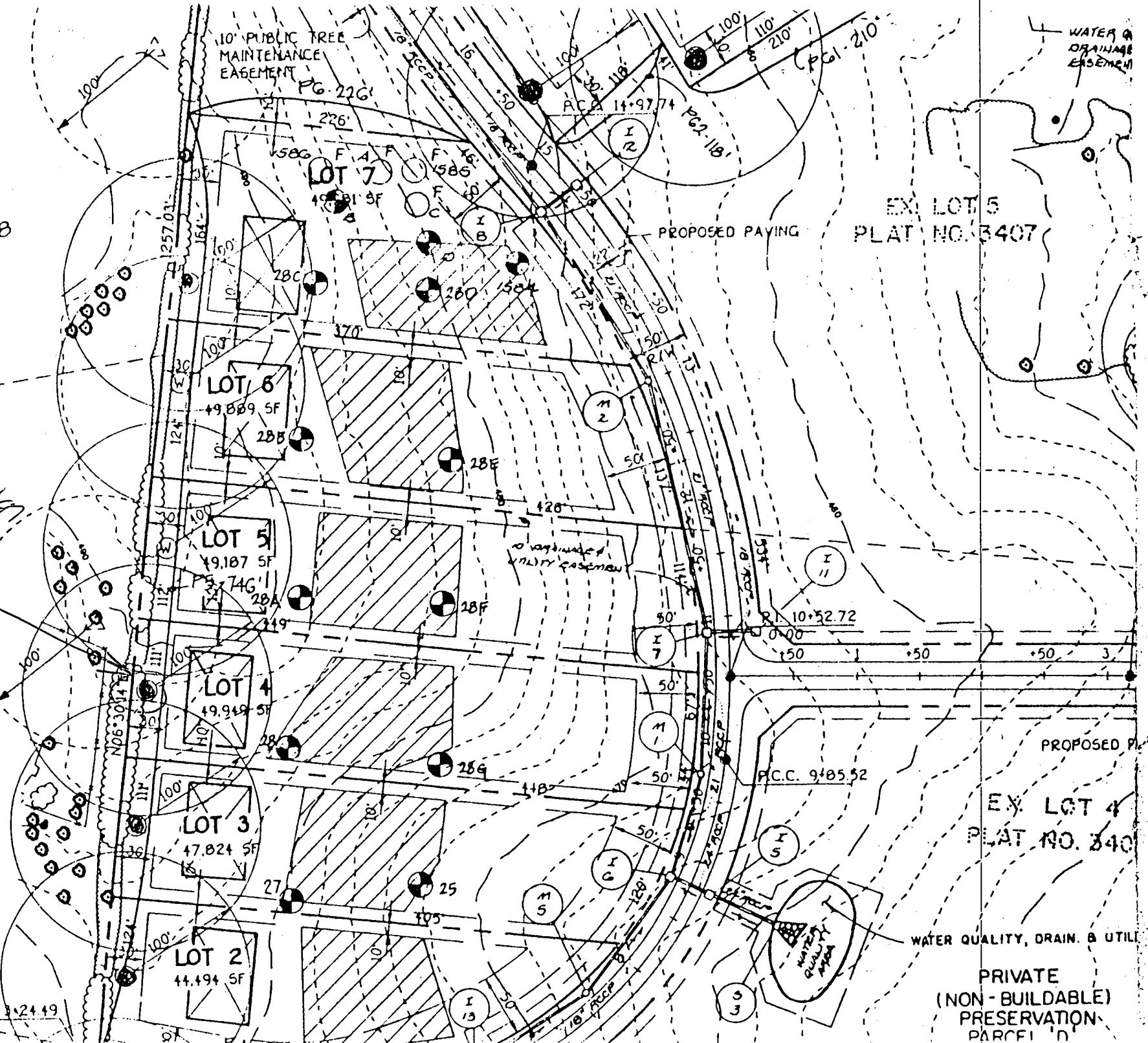
PROPOSED PAVING

EX. LOT 4 PLAT NO. 3407

WATER QUALITY, DRAIN. & UTIL.

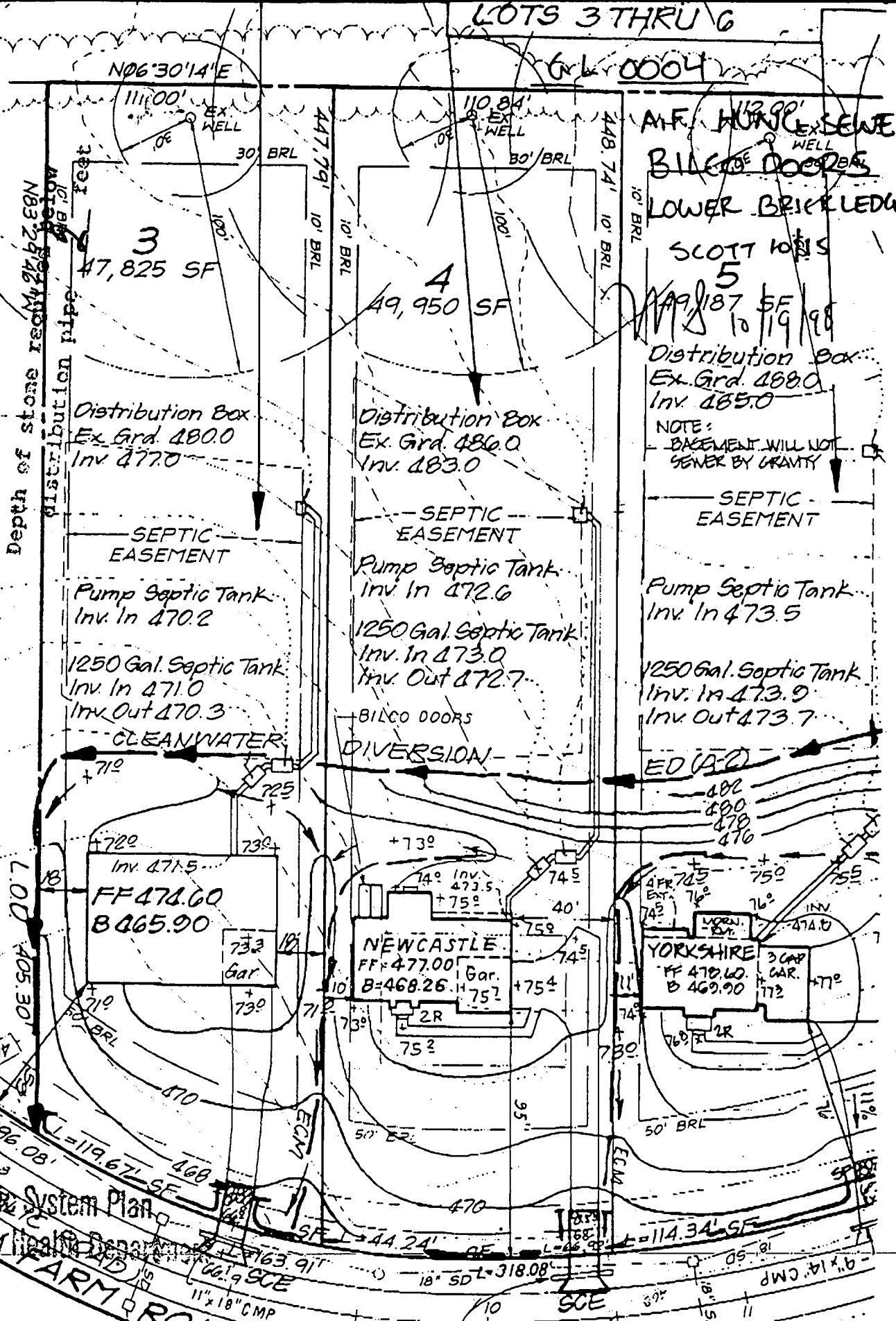
PRIVATE (NON-BUILDABLE) PRESERVATION PARCEL

BEGIN 24.49



Grk 0004

Total linear feet of trench required **240** feet
 width of trench(es) **3** feet
 Depth of trench(es) **5** feet
 Depth of stone riser **10** feet
 Distribution pipe **10** feet



A.M.F. HUNTER SEWER
 BILCO DOORS
 LOWER BRICK LEDGE
 SCOTT 10115
 5
 49,187 SF
 10/19/98
 Distribution Box
 Ex. Grd. 480.0
 Inv. 485.0
 NOTE:
 BASEMENT WILL NOT
 SEWER BY GRAVITY

Post-It: Fax Note	7671	Date: 10-15-98	Pages: 1
To: SCOTT JAMES	From: JOEY ECKER	Co/Dept: RYAN	Co: CFS
Phone #	Phone #	Fax #	Fax #
LOT 4			

Approved Sewer System Plan
 Howard County Health Department

Kim Maisto
 Signature
 OCT 15 '98 11:52
 Date 10.3.98

C1 05142 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 56429

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

ST/CO USE ONLY DATE RECEIVED MM DD YY 02 26 98

DATE WELL COMPLETED 02 26 98 Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-99-7429

OWNER Woodlot Enterprises STREET OR RFD 1st name 2nd name TOWN Wild Lake SUBDIVISION 3rd name SECTION LOT 4

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, Mica, Sandstone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 11 NO. OF POUNDS 1700

CASING RECORD MAIN CASING TYPE (S) T Nominal diameter top (main) casing 6 Total depth of main casing 42

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M SD 116 DRILLERS SIGNATURE R. M. Magee LIC. NO. M SD 113

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

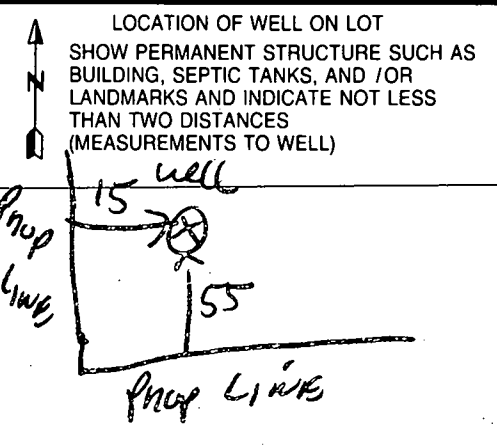
DEPTH (nearest ft.) Table with columns: T, E, A, C, H, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51-55)

GRAVEL-PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 26 WHEN PUMPING 38 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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 () below LAND SURFACE 2 (nearest foot)



B 1 **8735**

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1429
fill in this form completely

(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-8 ON ALL CARDS)

Date Received (APA)

02/09/98

OWNER INFORMATION

WOODCOFF ENTERPRISES

15 Last Name 8 Owner 13 First Name 34

5026 DORSEY HALL DR

36 Street or RFD 55

ELLICOTT CITY MD 21042

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph MAYNE

CIRCLE: MSD/ MGD/ MWD

116

Driller's Name

Ralph MAYNE well DRILLING

77 License No. 80

Firm Name

5120 Brown Church Rd Mt Airy

Address

Ralph Mayne Feb 4 1998

Signature

Date

B 3 LOCATION OF WELL

HOWARD

8 COUNTY 21

GAITHER OVERLOOK

23 SUBDIVISION 42

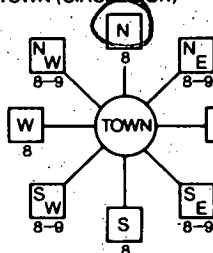
SECTION **4** LOT **4**

WILD LAKE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **4** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Dorsh Farm Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



225

34 DISTANCE FROM ROAD 37

ENTER FT OR MI **75**

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

DATE ISSUED

Kim Maisto 2/17/99

INSERT S

011118

43 CO SIGNATURE 48

EXP. DATE 41

NORTH GRID **830000**

50 55

EAST GRID **05210000**

57 63

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)

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 _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **GAP**

FORCE **1-11** WRITE INITIALS IN BOX

PERMIT No. **HO-94-1429**

SPECIAL CONDITIONS

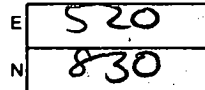
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

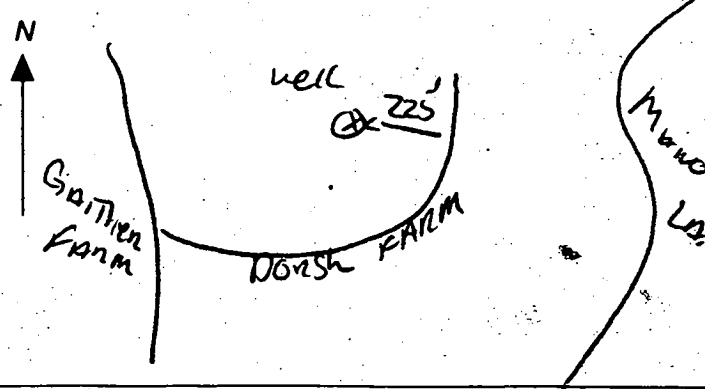
SOURCES OF DRILLING WATER

- 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



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~461-0033~~ PHONE (410) 313-2640
FAX (410) 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer LEHSAC CORPORATION

Telephone 4102426888

License Number # 3344

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner RYAN HOMES Telephone 4106540501
Subdivision GAITHENS HURT Lot # 4 Well Tag # HO-94-1429
Site Address 11012 DORSCH FARM RD.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make JACUZZI
- Model # 154521B-F2
- Capacity _____ GPM

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

- 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 _____

Tank

- Capacity 86
- Pressure relief valve? 7

Piping

- Type 1
- Size POLY
- NSF and/or BOCA Code approved _____
- Depth of supply line 42"

Well data

- Depth 185 ft.
- Yield 10 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? N

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.

2/17/99 - WPI on
Wm SRU

Signature of Applicant: [Signature]

Date: 2/19/99

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