LAYOUT 7/7/03 10 APTINSP 4	27
INSP 2 7/8/03 12 PM INSP 5	36697
INSP 3 INSP 6	Je .
ISSUE DATE: PERMIT	P 519023 B
APPROVAL DATE: 2/8/03 INDEXED	A 59898-N

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogle's Septic Cl	ean, Inc.	IS PERI	MITTED TO	INSTA	LL 🛛	ALTER 🗌
ADDRESS: 580 Obre	echt Rd., Sykesville	21784	PHONE NUMB	ER:	<u>410-79</u>	5-5670
SUBDIVISION: Mc	Cann Property		LOT NUMBER	:	_14	<u>. </u>
ADDRESS: 14709 S	Susan Marie Way	PROPE	RTY OWNER:	Pulte	Homes,	Inc.
SEPTIC TANK CAPAC	ITY (GALLONS):	1250	OUTLET BAFF	FLE FIL	TER RE	QUIRED 🗌
PUMP CHAMBER CAP	PACITY (GALLONS):	N/A	COMPARTMEN	NTED T	ANK RE	QUIRED 🏻
NUMBER OF BEDROO	OMS:	4				
SQUARE FEET PER BI	EDROOM:	180				
LINEAR FEET OF TRE	NCH REQUIRED:	240	HOUSE SERVE	ED BY I	PUBLIC	WATER 🗌
TRENCHES:	Trench to be 3.0 feet wide. 6.0 feet below original grade feet of stone below distribution	. Effective a				
LOCATION:	Place the distribution box mi trenches on contour in both d	•	en the two upper o	corner ea	asement s	takes. Run
NOTES:						
PLANS APPROVED:	Brian Baker			D	ATE:	3/31/03

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS WATERTIGHT SEPTIC TANKS REQUIRED

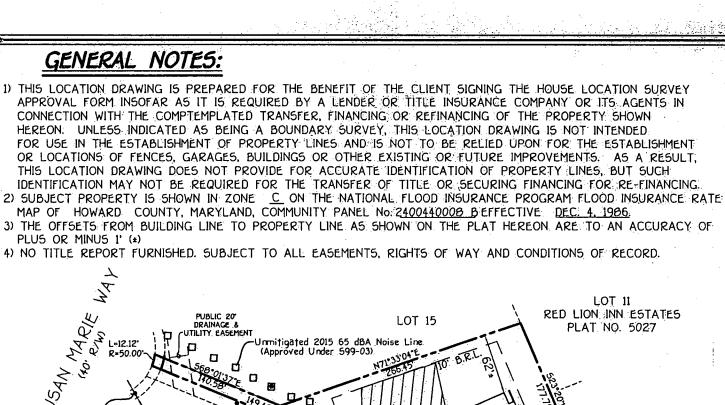
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

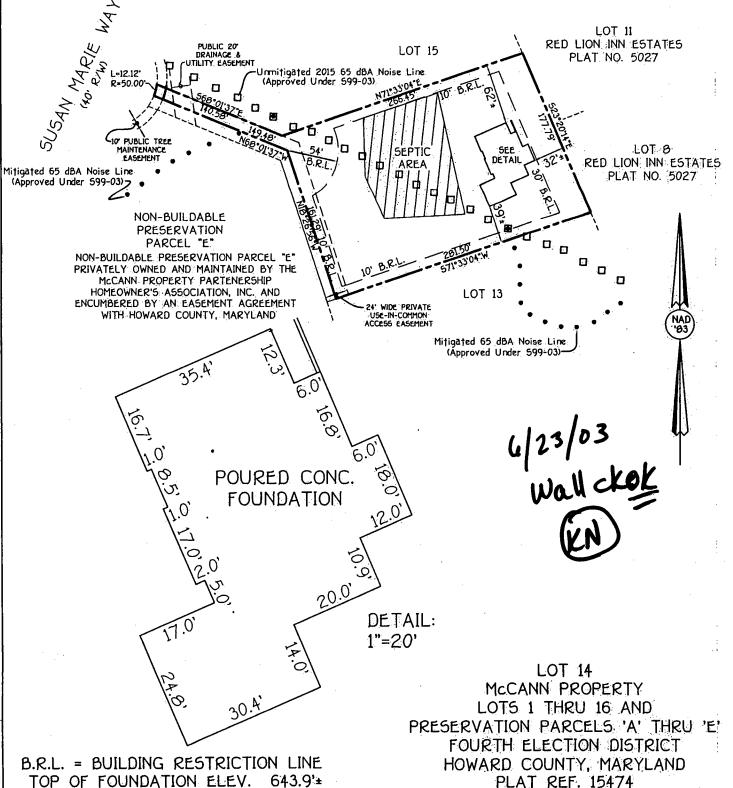
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM BUILDING PERMITE STONE ON SIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT AND RETURNED LL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM 630/03 BODHLOG-UG PROPRIE TANK
10903 BODHLOG-II XII OFFN DECK

NOT TO SCALE HO-44-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	ABSORPTION AREA DISTRIBUTION BOX LEVEL DISTRIBUTION BOX BAFFLE DISTRIBUTION BOX PORT SEPTIC TANK DATA SEPTIC TANK I LEVEL CAPACITY SEAM LOC SEAM LOC TOP TANK LID DEPTH
A + ROAD	BAFFLES BAFFLE FILTER MANHOLE LOC Centa 6" PORT LOC Front WATERTIGHT TEST SEPTIC TANK 2 LEVEL CAPACITY GAL SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST
PRE-CONSTRUCTION 7/7/03 SRA Staked house constend to form of to lessen over Change specs	
1/8/03 OK to Cover all work (30)
FINAL INSPECTOR DATE OF A	GUNDIE TIMESTA DVIOLIUS AND ESTEUDING APPROVAL DESCRIPTION APPROVAL DESCRIPTION APPROVAL

•





PLAT REF. 15474



TENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE ELLICOTT CITY, MARYLAND 21042 (410) 461 - 2855

PROFESSIONAL MD SURVEYOR 1069

MAR MARKETTA

OF MARY

HOUSE LOCATION DRAWING

FOUNDATION LOCATION:6/12/03 FINAL LOCATION:____BOUNDARY SURVEY:

SCALE:1:=100' DATE:6/19/03 DRAWN BYAKO CHECKED BY:W.G PROJECT No.:61769

OK TO LOWER Approved Septic System Plan Marie Way
Howard County Health Department 1797 INVERT ComING OUT 642.00 642.30 639,00 GAR. FF 6410 fotal linear feet of trencis required 240 Width of trench(es) feet Depth of trench (es) Steet Depth of stone required palow Gistribution pipe 2 PRI 12:17 | TX/RX NO. 74561 TOTAL P.01

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the deared inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Phumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval,
Company Name: Fogles Well Drilling Telephone #: 410-795-5670 Address: 580 objecto+ RD Syle Suille mod 20184
(Mast circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Allew Cornector License# # M50007 "A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.
Name of Property Owner: Tulle Home's Telephone #: Subdivision: McCon Estate Lot #: 14 Well Tag #: HO - 94 - 3323 Site Address: 14709 Susa Prope Way
Submersible Pump Data Make: Complet Make: Complet Make: Complet Make: Complet Make: Complet Make: Complet Two piece wateright cap: 455 Screened, vented well cap: 455 Screened, vented well cap: 455 Well Yield: GPM NSF approved: 455 Depth of well encountered at time of pump installation: 50 (feet) If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 Torque arrestors or Cable guards are required - Must circle one Safety rope, if used, attached to inside of well casing with eye bolt
Piping to house Type: 1" Black Plastic PSI: 160 (160 psi min) Depth of supply line: 42(36" min) House Connection PVC sleeved to undisturbed soil at wall penetration: 465 Approximate length of sleeve: 5 Sleeve caulked and scaled properly: 425
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.
Date Insp. Requested: 7/7/03 Date Insp. Requested: 7/7/03 Date Insp. Approved: 7/7/03 Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/attached to cap properly Safety rope installed inside of well casing Correct well tag attached properly and casing 8" above finished grade Water supply line sleeved adequately at house connection Adequate grout observed below pitless adapter HD-215 (Rev. 8/00)

c 1 14415 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND _ WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
) 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 13) A59898
ST/CO USE ONLY DATE Received MM DO YY	PLETED Depth of Well 22 / つし 26	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER FISHER - Collins - Car STREET OR RFD Lest name Susan	Marie Way first name TOWN 51K	Lesville,
SUBDIVISION McCann Prox	perty Section	гот
WELL LOG Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Pay)	<u>C 3 </u>
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROWING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing		3 9
Top Soil 0 2 Brown Shalf 2 40	NO. OF BAGS NO. OF POUNDS 145 OF GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE
R S1.16 2 40	from 48 TOP 52 tt. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
Brown JUACK 2 70	*(enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING 65 ft.
Brown Slake 40 50 Blue Slake 50 65 Brown Slake 65 20 3lue Slake 20 120	types insert appropriate ST COOCRETE	WHEN PUMPING 20 ft.
Blue SLATE 50 65	code below PBASTIC OTHER	TYPE OF PUMP USED (for test)
Brown SCAte 65 >0 U	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	A air P piston T turbine other C centrifucal R rotary O describe
21. E SLATE 20 120	60 61 63 64 66 70	C centrifugal R rotary O (describe below) J jet S submersible
	E OTHER CASING (if used) A diameter depth (feet)	27 27 27
	inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
	Ğ	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED
	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
	below PLASTIC OTHER	PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED Yes N	E 1 / / 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	H ² 23 24 26 30 32 36 S	49 LAND SURFACE (nearest)
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51 E	49 50 51
HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	DIAMETER (NEAREST	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVI CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTE! HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF M' KNOWLEDGE.	50 00	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M SD	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	D (20' /p
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68 MDE USE ONLY	/30' / 10/
LIC. NO D I	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Propling time
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70 72 74 75 76 TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	
.DENV-CR00	COUNTY	

Review OK MR 4/26/02

Page of ______ Of _____

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

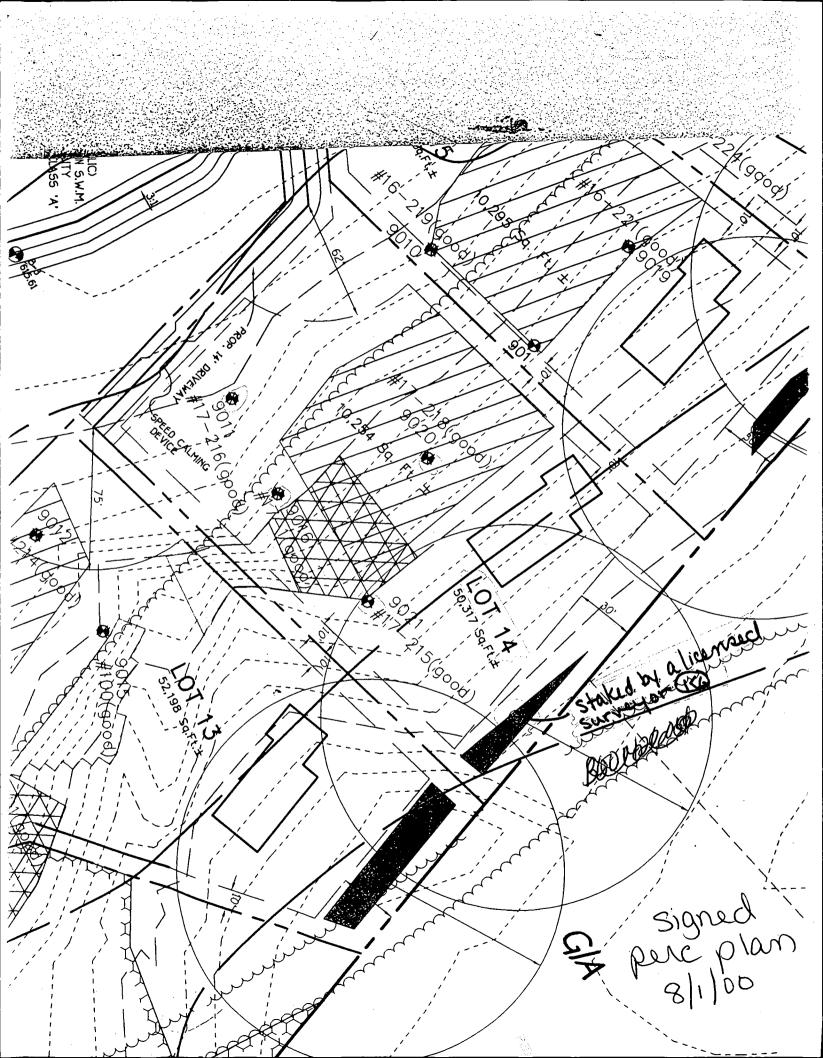
Well Permit No. HO - 94-3323 Location of property (road) Susan Man Subdivision McCann Property Well Driller Ralph Mayne	Lot 14 Block Plat Sec. Owner Fisher, Collins + Carter
Depth of well) > O Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.	ive ground 2 ft.
I. High rate pumping reservoir drawdown Time pump started 13:15 Total time 15 m in to reach pumping	Pumping rate 106pm water level 85 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW (gallons per
minute in-	below M.P.	time to fill 🛣 (if used) gallon bucket		minute)
tervals	65 A	6 Sec		10 Bim
12:15		<u> </u>	Test Stanted	
12:30	85 FC	12 Sec		5 GPM
12:45	85 K	12 See		5 6 pm
1:00	85 M	12 Sec		5 GPM
1:15	85 1	12 1		
1:30	85 "	12 '1		5 '
1:45	85 1	12 1		5 1, 5 GPus
21.00	85 pc	12 Sec		5 GPus
2:15	85 H	12 Stc		5 GPM
21, 30	85 FC	12 Sec 12 Sec	\	5 Am
2:45	85 "	12 1	\ \	5 4
3:00	85 "	12 "	<u> </u>	5 u
3:15	85 FM	12 Sec		5 Grm
3130	85 /	12 Sec		5 6rm
			/ V	
L				

Page of			Review	
Date				
		FIELD DATA SI HOWARD COUNTY WELL		
Well Permit No.	. но - <u>94 - 33</u>	23	^	
Location of pro	operty (road)	usan Marie	Way Plat	Sec
Subdivision <u> </u>	Palah May	perty Lot Owne.	. Way 14 Block Plat t _ Fisher, Collin	ns + Carter
	·			
Distance	f well e of measuring po	oint (M.P.) above gr	ound	
Static :	water level (S.W.	.L.) below M.P.		
I. High rate	pumping reser	rvoir drawdown		
Time pum	p started	 .	Pumping rateft.	holow M. P.
Total ti	meto	reach pumping water	levelit.	Delow M.P.
II. Recovery	pump test data -	observations to be	recorded every 15 minu	
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
minute in- tervals	below M.P.	time to fill 5 gallon bucket	(11 useu)	minute)
Leivais				
	-			
	 			
	+			
	_		<u> </u>	

SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER	_
B 1 (MDE USE ONLY)			112 94 7200 /-	
1 2 3 6		DRILL WELL	HO 717 73323/	1
<u>.</u>	516 4 9 Hease pr	int or type	fill in this form completely	<u>ارا</u>
. Date Received (APA)		B 3 //	LOCATION OF WELL	
01 25 02 OWNER INFOR	MATION	Howand	<u></u>	
8 MM DD YY 13	•	8 COUNTY MC ANN	Prop 21	
Fisher - Collins. Cante			<u> </u>	
15 Last Name Owner	First Name 34	23 SUBDIVISION	42	
102)2 BALT. NATIONS Street or RFD	ac PIKE	SECTION L	LOT 17	
36 Street or RFD	*	44 46	48 50	
EUICOTT CHY MO:	21042	Cooksuic	LE	
	2 Zip 76	52 NEAREST TOWN	7	
DRILLER INFORMATION		MILES FROM TOWN (ent	er 0 if in town) ·MI	
Driller's Name 76	10 D 1/2		73 76 77 78	
	•	B 4 1 2	C - MAAIRIE I MI	
RAGHE MAYNE WELL D	nilling	DIRECTION OF WELL FROM	SUSAN MARIE WAY	
Firm Name	: :A 2.004	TOWN (CIRCLE BOX)	II NEAR WHAT HOAD 30	
12014 HANDY Rel. MYA	14 MI) 2/3/1		ON WHICH SIDE OF ROAD	
Address	5 /- 1400	NW 8-9 NE 8-9	(CIRCLE APPROPRIATE BOX)	
Male & Mayer	> /-24-02		wesi (Sie EAS 34 Ц С О 37 SOUTH	Τ
Signature	Date	TOWN)—E	DISTANCE FROM ROAD	
B 2 WELL INFORMATION APPROX. PUMPING RATE —	_5		ENTER FT OR MI 38 39	
(GAL. PER MIN.) 8	12	S _W S _E		
AVERAGE DAILY QUANTITY NEEDED	<u>500</u>	8-9 [\$] 8-9	TAX MAP: 8 BLK 0 PARCEL 18	<u>.</u>
(GAL. PER DAY) 14		NOT TO	O BE FILLED IN BY DRILLER	
USE FOR WATER (CIRCLE APF			H DEPARTMENT APPROVAL	
DOMESTIC POTABLE SUPPLY & RESIDEN	TIAL	16. 1000/13	1 59890	
IRRIGATION	CHILTHDAL	COUNTY NAME	COUNTY NO	
F FARMING (LIVESTOCK WATERING & AGRIC	CULTURAL	STATE		
22 I INDUSTRIAL, COMMERICIAL, DEWATERIN	G	SIGNATURE	INSERT S 41	
		DATE ISSUED	1 1 1 1 00/00/03	
P PUBLIC WATER SUPPLY WELL		43 MM DD YY 48	COSIGNATURE EXP. DATE	
T TEST, OBSERVATION, MONITORING		NORTH 545 0	000 EAST 793000	
G GEO-THERMAL		GRID 50 50	0 0 0 GRID 77 3 0 0 0 55 63	
		SHOW MAJOR FEATURE	TE OF	
150		BOX & LOCATE WELL .		
APPROXIMATE DEPTH OF WELL 24	FEET	WITH AN X		
APPROXIMATE DIAMETER OF WELL 6"	NEAREST	SOURCES OF DRILLING	WATER	
APPROXIMATE DIAMETER OF WELL6"	INCH	1 well		
METHOD OF DRILLING	(circle one)	2. <u> </u>		
BORED (or Augered) JETTED	Jetted & DRIVEN			
20	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	-B	
37 CABLE REVerse ROTary	DRive-POINT	FROM THE MAP HERE		
other		1 12	5	
	NED WELL C	1/2 550		
REPLACEMENT OR DEEPEI (CIRCLE APPROPRIATE		N - 2	000	
N THIS WELL WILL NOT REPLACE AN EXISTIN	•	150	.0	
THIS MICH WILL DEDLACE A MICH THAT W		DRAW A SKETCH BELOV	W SHOWING LOCATION OF WELL IN	
ABANDONED AND SEALED		·	TOWNS AND ROADS AND GIVE	
S THIS WELL WILL REPLACE A WELL THAT V		DISTANCE FROM WELL	TO NEAREST ROAD JUNCTION	•
39 S AS A STANDBY-CONTACT LOCAL APPROVI	NG AUTHORITY			
D THIS WELL WILL DEEPEN AN EXISTING WE	LL		OLD Fred Rd.	
PERMIT NUMBER OF WELL TO BE REPLACED OF	R DEEPENED	N	Susmu MARIE	
(IF AVAILABLE) 41	52	, V	1 Sec	
Not to be filled in by driller (MDE OR CO	DUNTY USE ONLY)	1 ♣	MARIE	
, i			well well	
APPROP. PERMIT NUMBER $\sharp Q 2 Q$	02G001	·	- my	
.1.	01/ 02=0		, 450	
PERMIT No. ##O - 70, 71, 72	- 99 - 3 323			
SPECIAL CONDITIONS				
NUTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			⊗	



APPLICATION

PERCOLATION TESTING

P_____

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

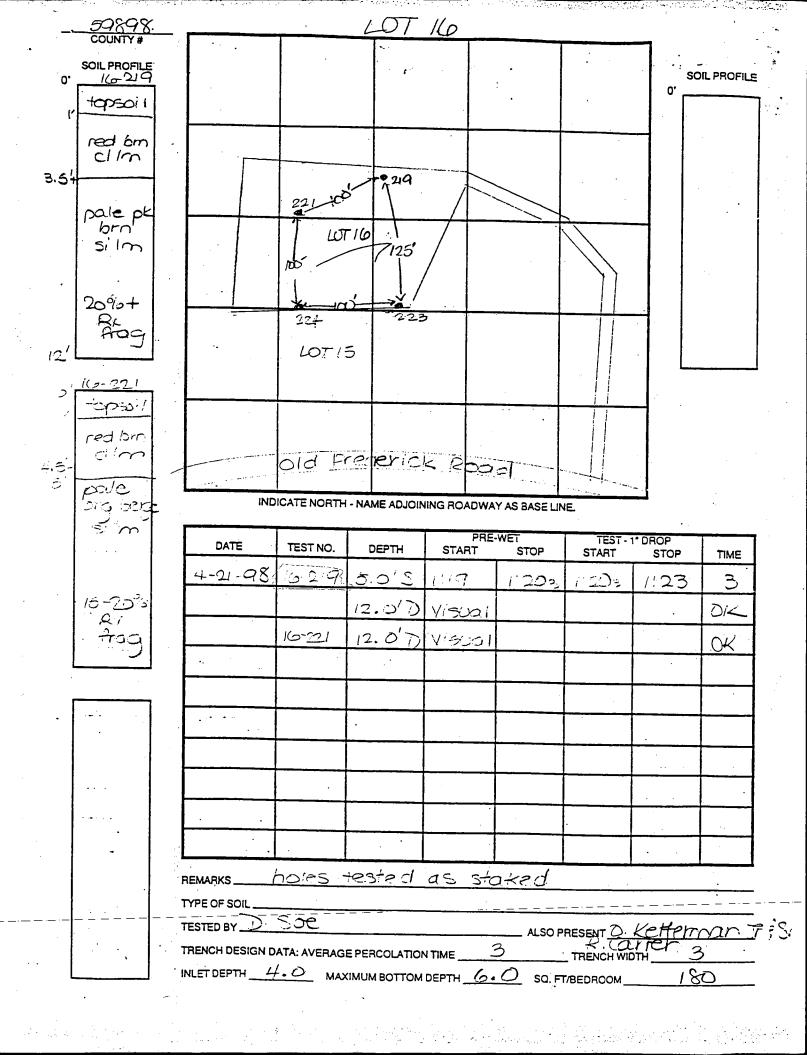
DATE 3/30/98

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERA	IIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
ROPERTY OWNER	
ADDRESS	PHONE
GENT OR PROSPECTIVE BUYER <u>FISHER</u> COLUMS A	nd CARTER (Agent)
ADDRESS 10272 Baltimore national pik- ELLICOTT CITY MD. 2104	e phone (4/0) 461- 2855
ROPERTY LOCATION:	
SUBDIVISION McCaan property	LOT NO
ROAD AND DESCRIPTION OLD FREDERICK	
	·
TAX MAP 8 PARCEL# 78	
SIZE OF LOT	PE BLDG. SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY U	VTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THI
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	
and the second s	DATE
	and the second s
HOLD PENDING FURTHER TESTS	
REASONS FOR REJECTION OR HOLDING	
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR LD. #	DATE
•	DATE

THIS IS NOT A PERMIT

HD-216 (3/92)



APPLICATION

PERCOLATION TESTING

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	P				
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Γ_		 _			
			,		

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO	APPLICATION FOR PERMIT TO CONSTR	UCT (OR RECONSTRUCT) A SEWAGE D	ISPOSAL SYSTEM.
PROPERTY OWNER			
ADDRESS	PHON	E	· · · · · · · · · · · · · · · · · · ·
AGENT OR PROSPECTIVE BUYERFISHER	COLLINS and CA	RTER (Agent)	
LOORES 10272 Raltmore	national pike PHON	(410) 461-284	55
FLLICOTT CITY PROPERTY LOCATION:	MD. 21042		
SUBDIVISION McCaan Pro	perty LOTNI) 17 (14))
ROAD AND DESCRIPTION OLD FRE			
			•
TAX MAP 8 PARCEL# 78	· ·		
	TYPE BLDG.	S. F. D. (SINGLE FAMILY DWELLING OR CO	OMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS	ACCEPTABLE ONLY UNTIL PUBLIC FA	CILITIES BECOME AVAILABLE. 1 FULL	LYUNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC			
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTI	NG THIS LOT. Tacha	(SIGNATURE OF APPLICANT)	(agent).
APPROVED BY	FOR	DATE	
DISAPPROVED BY		DATE	
HOLD PENDING FURTHER TESTS			
REASONS FOR REJECTION OR HOLDING		DATE	
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.E).#	UAIS	
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR LD. #		DATE	

THIS IS NOT A PERMIT

HD-216 (3/92)

