

03-309746

Approved 9/29/86
Stayer

PERMIT

P 37575

A 30458

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 3rd
DATE 8/26/86

Connor Construction Inc. IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 436 Overbrook Road, Catonsville, MD 21228 PHONE 465-9531

SUBDIVISION Wynfield ROAD 2770 Wynfield Road LOT 5, Section 3

PROPERTY OWNER James Raker

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 3

TRENCHES - 192 sq. ft. per bedroom. (with garbage disposal) Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench 160 feet from the front lot line and 110 feet from the right side of the lot as seen when facing the lot from Wynfield Road. Run the trench toward the right side of the lot as seen when facing the lot from Wynfield Road.

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. *dlgs*

PLANS APPROVED BY R. Hodges DATE 2/1/85

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.

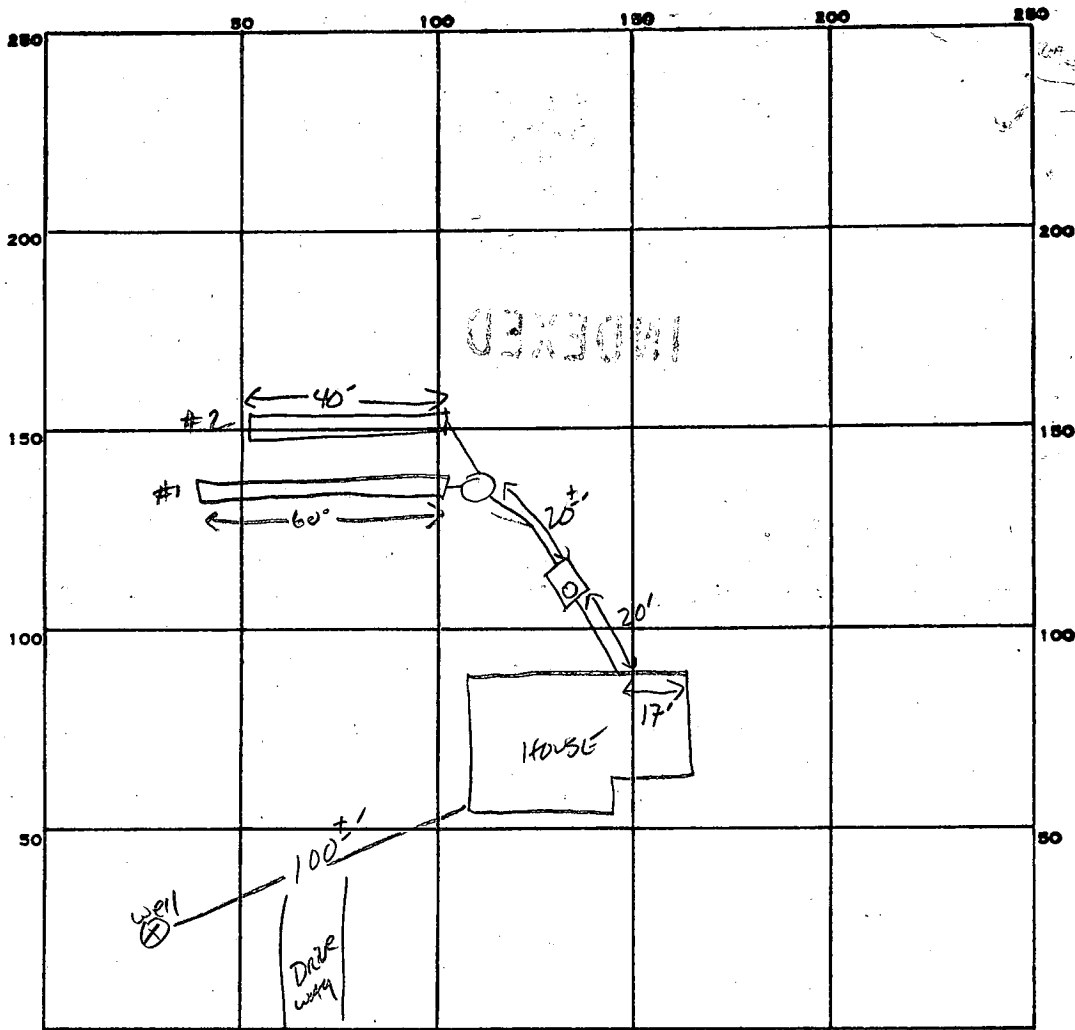
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30458

292
193
576
96
6574
54
36



PERMIT CARD ☒

SEPTIC TANK, LEVEL 1500 GAL

CLEANOUTS 5

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET 4"

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 60 40 TOTAL 100 FT.

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 600

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

ABSORBENT AREA SQ. FT.

REMARKS OK TO ADD STONE TO TRENCH #1 ; OK TO ADD STONE TO #2 AFTER DUG. CAN

BE FINAL ON MONDAY 2A

9/29/86 - OK to cover all work of

DATE SYSTEM APPROVED 9/29/86

INSPECTOR Stanger

SUBDIVISION: WYNFIELDSECT 3 A 30458
LOT NUMBER: 5DRY WELL OR DRY WELL AND TRENCH125 sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total square FeetInlet 4 feet below original grade.Bottom maximum depth 10 feet below original grade.Effective area begins at 4 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 6 feet of stone below distribution pipe.

OR
TRENCHES

158 sq. ft./bedroom - 3 - yesTrench to be 2 wide.Inlet 4 feet below original grade.Bottom maximum depth 10 feet below original grade.Effective area begins at 4 feet below original grade.6 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: 21185 - PLACE THE DRY WELL OR START THE TRENCH ATPERC HOLE (4) WHICH IS LOCATED 160 FT FROM THE FRONTLOT LINE & 110 FT FROM THE RIGHT SIDE OF THE LOT AS SEENWHEN FACING THE LOT FROM WYNFIELD RD - RUN THETRENCH TOWARD THE RIGHT SIDE OF THE LOT ASSEEN WHEN FACING THE LOT FROM WYNFIELD ROAD,
B. Hodges

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

A 30858

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 1/8/80

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 Land Associates

ADDRESS 3450 Fort Meade Road, Laurel, Md. 20810 PHONE Tom Munz - 792-2242
Ted Snovell - 265-6543

PROPERTY LOCATION:

SUBDIVISION WYTYFIELD SECTION 3
Hoffman property LOT NO. 23 LOT 5

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Ted Snovell for Land Associates

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

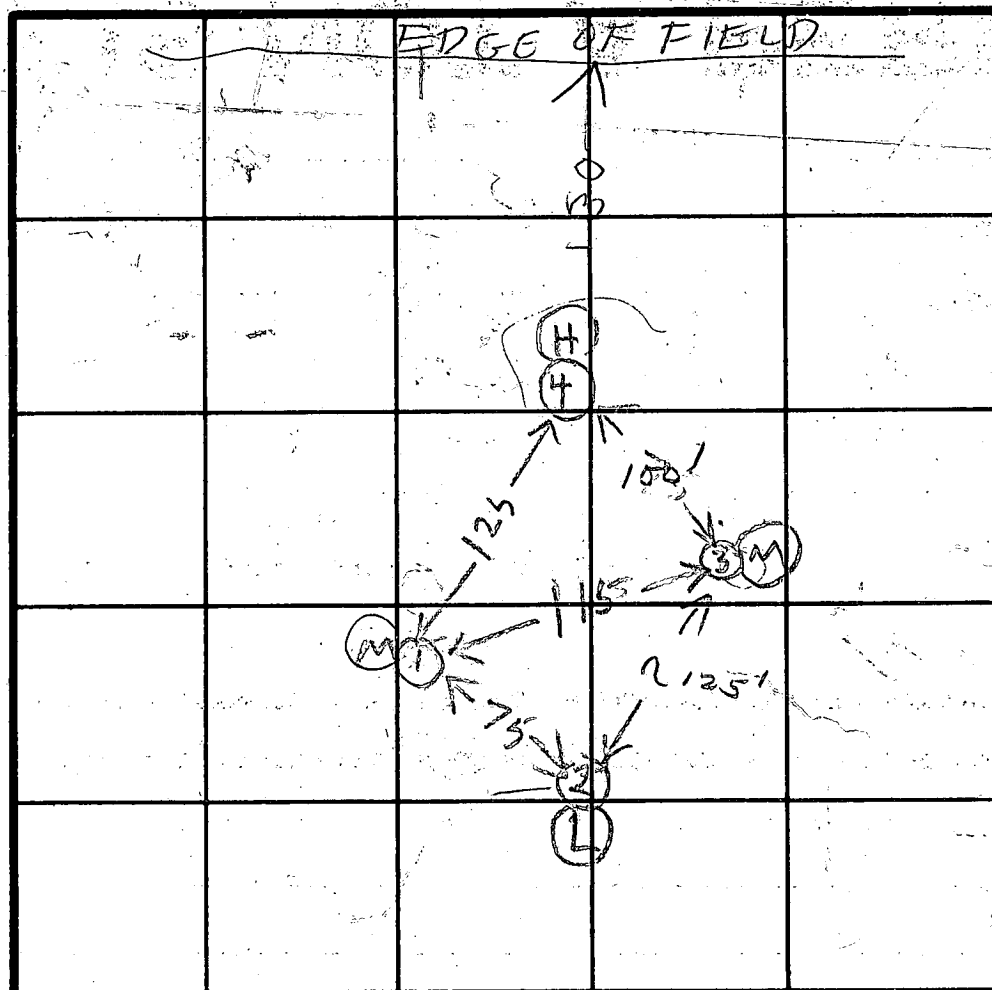
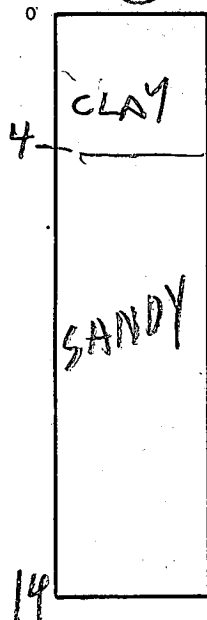
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

23

4
SOIL PROFILE



HOLE ELEVATION
H = HIGH
M = MEDIUM
L = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/80	1D	13 1/2	128	130	130	139	9
	(1)S	4 1/2	129	220	1st INCH	51 MIN	FAIL
	(2)S	4 1/2	135	228	LITTLE PERL	FAIL	
	2D	11 1/2	136	144	144	213	9
	3D	13 1/2	149	157	157	202	5
	3S	4 1/2	151	155	155	202	7
	4D	14	207	212	212	217	5
2/1/80	4S	5	208	212	212	217	5
2/5/80	1M	5	9:38	9:42	9:42	9:46	4
	2S	5	9:47	9:50	9:50	9:53	3
	2D	14	9:47	9:54	9:54	10:00	6

dug deeper

8 MIN. AV.

4 1/2 INLET

2/1/80 HOLES DUG IN WOODS BACK HOE PROBLEM TODAY

REMARKS 2/1/80 - ORIGINAL TWO LOW HOLES - WATER SO TWO DIFFERENT HOLES DUG RH

HOLE TYPE OF SOIL PATTERN DIFFERENT FROM PATTERN SHOWN ON TEST PLAT

TESTED BY R/H ALSO PRESENT J. DUSINSKY

23

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30458

P

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 1/9/80

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 Land Associates

JAMES RAKER

Tom Munz - 792-2242

ADDRESS 3450 Fort Meade Road, Laurel, Md. 20810

PHONE Ted Snovell - 265-6543

PROPERTY LOCATION:

WYNFIELD

SUBDIVISION Hoffman-property

2770 Wynfield Rd.

LOT NO.

23

SECTION 3
LOT 5

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres

TYPE BLDG. 3 or 4 bedrooms

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ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Ted Snovell for Land Associates

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

2/11/85 Spec Written PH

BLDG. PERMIT SIGNED

AND RETURNED

2/27/86 SH

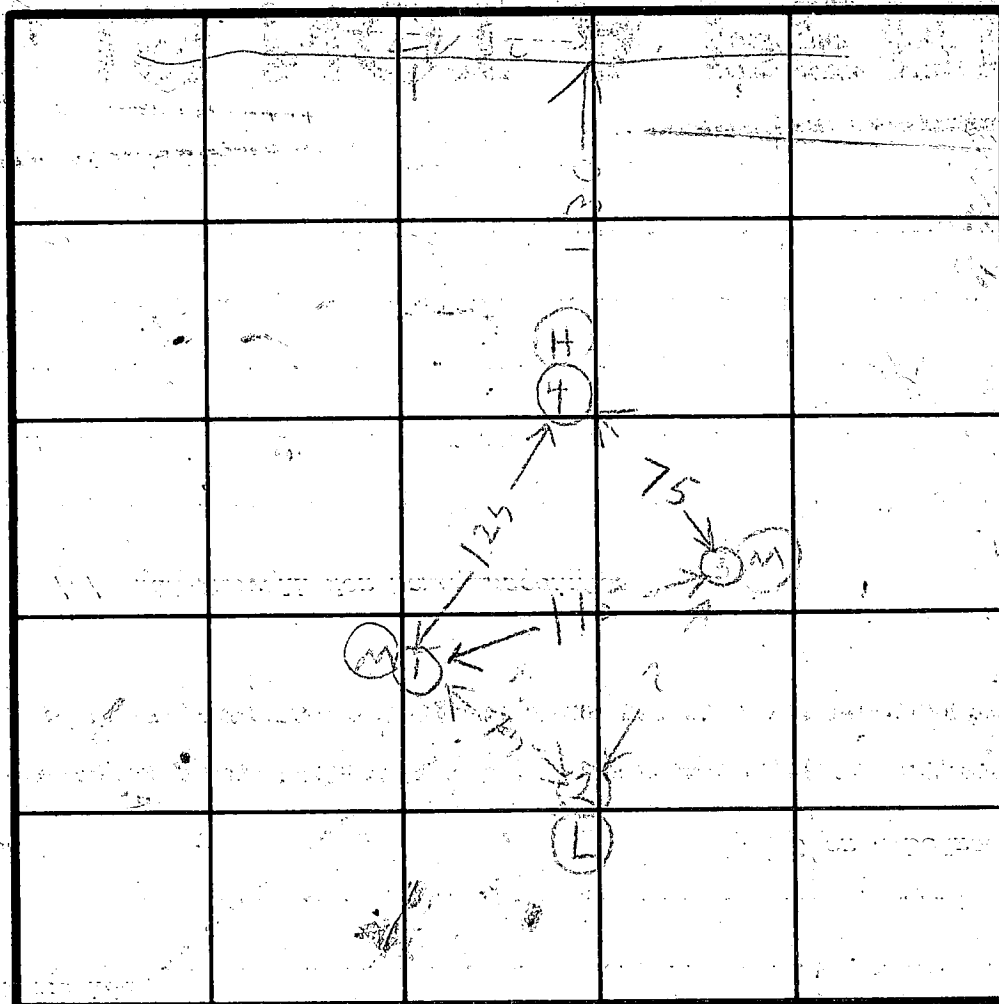
BP# 71792

THIS IS NOT A PERMIT

Q

1

11



7-10-66

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

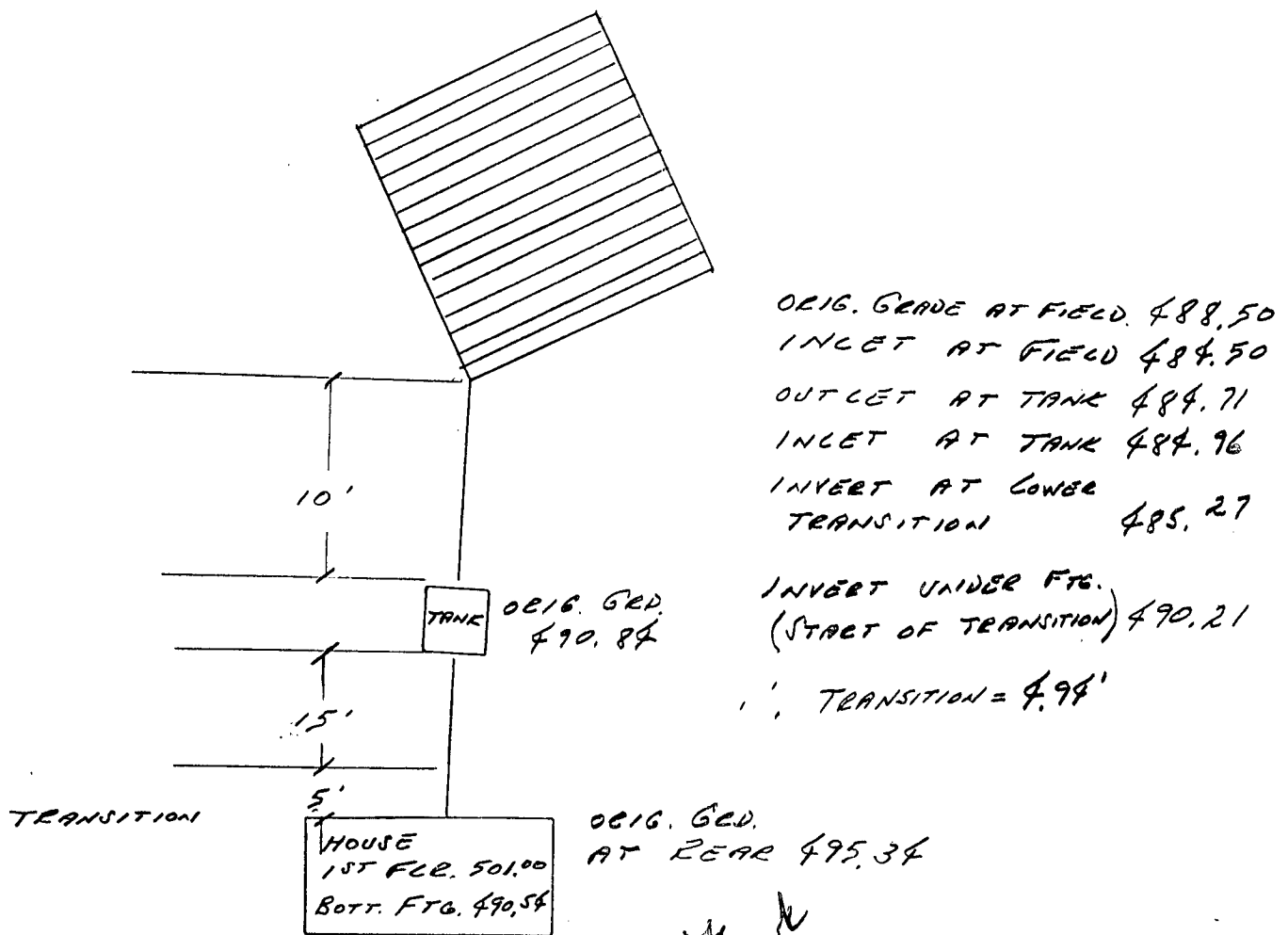
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/30	1 D	13 1/2	128	130	132	139	1
	1 S	4 1/2	129	131	132	134	FAIL
	2 S	4 1/2	135	228	LITTLE OIL	FAIL	
	2 D	11 1/2	137	144	144	143	1
	3 D	14 1/2	141	157	157	202	5
	3 S	4 1/2	151	152	151	202	5
	4 D	14	207	212	212	217	5
2/1/30	4 S	5	208	212	212	217	5

[illegible]

REMARKS: 31/10/67 - GRUBBING TWO LOW HOLES WATER
SO TWO DIFFERENT HOLES DRG RH

TYPE OF SOIL PATTON POINT 27. AREA 7 PATTERNA: 100% - 20 CLAY

TESTED BY 121 ALSO PRESENT S. D.



Handwritten note:
 4/24/84
 elevations ok
 S. Allen

NOT TO SCALE

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.

APR 26 2 51 PM '84

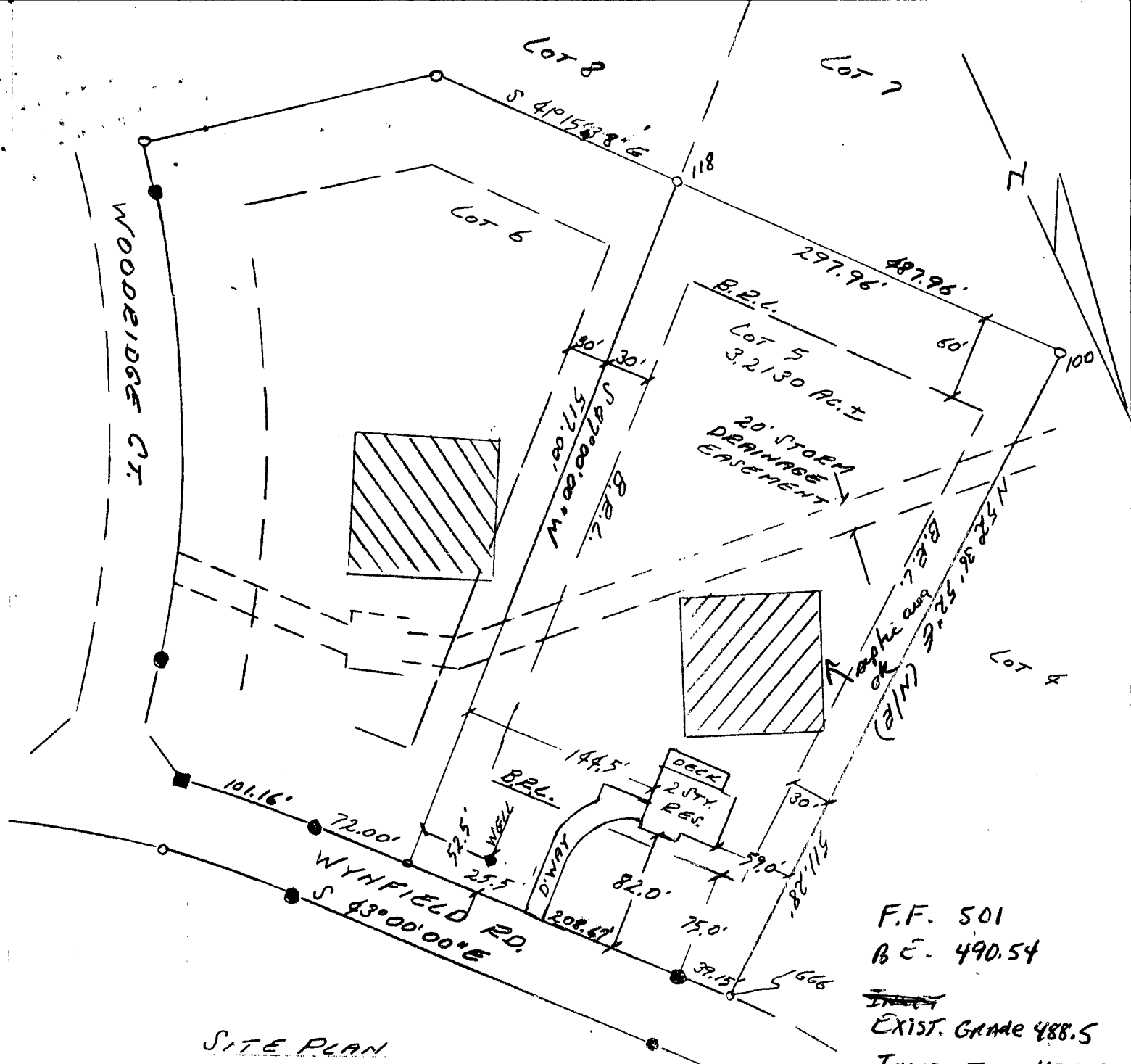
ENVIRONMENTAL
 HEALTH

ELEVATIONS

SEPTIC SYSTEM
PERMIT SERIAL No. 71792

M/M JAMES RAKER
WYNFIELD
SECT. 3 - LOT 5
SUBMITTED BY:
CONNOR CONSTRUCTION, INC.
465-9531

BLDG. PERMIT SIGNED
 AND RETURNED 7-29-84 SA
 BPA# 71792



SITE PLAN

RAKER RESIDENCE

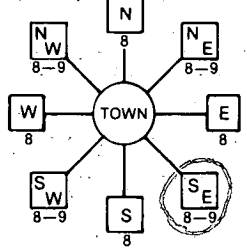

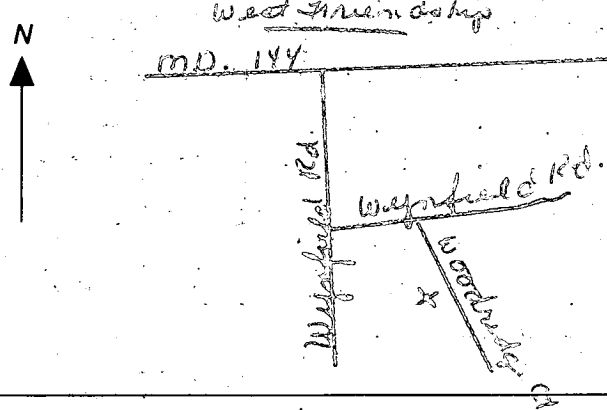
WYNFIELD

SECTION 3 - LOT 5

3RD ELECTION DIST.

HOWARD COUNTY, MD.

3BR w/ disposal
158 #/BR
4-10
97FE TROUGH

B 1 8637	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-1142 fill in this form completely
Date Received: 9/30/85 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		B 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION WYNFIELD SECTION 3 LOT 5 52 NEAREST TOWN WEST FRIENDSHIP MILES FROM TOWN (enter 0 if in town) 1 3/4 MI	
OWNER INFORMATION 15 Last Name BAKER Owner W. First Name JAMES 36 Street or RFD 2957 NORMANDY LANE 57 Town LICO City CITY MD 21043 Zip 76		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
DRILLER INFORMATION Driller's Name Joseph L. Mayne 77 License No. 238 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy, MD 21771 Signature Joseph L. Mayne Date 8/8/85		11 NEAR WHAT ROAD WYNFIELD RD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 DISTANCE FROM ROAD 50 37 ENTER FT or MI Ft	
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 COUNTY NAME Howard COUNTY NO. 230458 OEP SIGNATURE Chris Wilkin STATE HEALTH INSERT S 4/12/86 DATE ISSUED 08/12/85 CO SIGNATURE Chris Wilkin EXP. DATE 4/12/86 NORTH GRID 530000 EAST GRID 0515000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 E 810 S 5 N 530 000 000	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		Location of Well sketch: 42' - casing 33' - open 9' - bag cement 9/30/85 JL	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30 AIR-ROTary <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> 37 CABLE <input type="radio"/> REVERSE-ROTary <input type="radio"/> DRIVE-POINT <input type="radio"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN-EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 40-81-1142		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE CW WRITE INITIALS IN BOX PERMIT NO. 40-81-1142	
SPECIAL CONDITIONS			

8

[illegible]

C12399SEQUENCE 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 A 30458
NUMBER

DATE Received
[] [] [] [] [] []
8 13

DATE WELL COMPLETED
092485
15 20

Depth of Well
22 305 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-81-1142
28 29 30 31 32 33 34 35 36 37

OWNER RAKER JAMES
last name first name
STREET OR RFD WYNFIELD RD TOWN WEST FRIENDSHIP
SUBDIVISION WYNFIELD SECTION III LOT 5

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	
Brown Shale	0	37	
Gray mica rock	37	305	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 9 NO. OF POUNDS 846
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 35 ft.
(enter 0 if from surface)

CASING RECORD
casing types
insert appropriate
code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE 57
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 42

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

SCREEN RECORD
screen type or open hole
insert appropriate code below
STEEL ST BRASS BR OPEN HOLE HO
PLASTIC PL OTHER OT

DEPTH (nearest ft.)
H0 40 305
EACH SCREEN
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN 56 60 (NEAREST INCH)

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 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
Joseph L. Morgan

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

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 4
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING 30
WHEN PUMPING 129
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)
LAND SURFACE
above below (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)
Wood shed

Well Permit No. HO - 81-1142

Subdivision Wynfield Lot 5 Block 2 Plat 2 Sec. III

Well Driller Joseph Maine Owner James Baker

Distance of measuring point (M.P.) above ground 2'

Static water level (S.W.L.) below M.P. 30'

Time pump started 8:00

Pumping rate 109AL

Total time 30 min. to reach pumping water level 129 ft. below M.P.

[illegible]

9/24/86 - PM

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

RAK+K

New Installation X
Replacement _____

Receipt # 37579
Date 8/27/86

Name of Installer John Maske Gasker P+H

Telephone 788 3289

License number 3189

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner MR James Baker

Telephone _____

Subdivision Wynfield Lot # 5 Well tag # HO-81 - 1142

Site Address 2720 Wynfield Rd
Glenwood Md.

Pump

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

2. Make MYERS

3. Model # J74

4. Capacity 5.2 GPM

5. Pump exceeds well capacity Yes X No ~~X~~

6. If Yes, is low pressure cutoff switch installed? Yes X No ~~X~~

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____

Motor

1. Horsepower 3/4

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 X

Pitless Adapter

1. Make HARVEY

2. Model # PT800

3. Depth 4'

Tank

1. Capacity 82
2. Pressure relief valve? 75 lb.

Piping

1. Type BIG Blue

2. Size 1"

3. NSF and/or BOCA

Code approved _____

4. Depth of supply

line _____

Well data

1. Depth 305 ft.

2. Yield 4 GPM

3. Static water

level 93 ft.

4. Will water supply

be disinfected by

installer? yes

9/24/86 Pitless AT 38"; well line 38"-44"; Pump/Motor + Relief Valve to S. Side

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: John Maske

Date: 8-25-86

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