12/6/89 AM

04- 346777

PERMIT

P 45134

SEWAGE DISPOSAL SYSTEM

A 38380

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 10/31/89

DATE SYSTEM APPROVED 11/29/89

INSPECTOR M.R.Fox

RON SMITH- CARROL ~~WATER~~ SYSTEMS 876-6580

~~Fogle's Refuse & Septic Service, Inc.~~ IS PERMITTED TO INSTALL X ALTER ____

ADDRESS ~~558 Obrecht Road, Sykesville, Maryland 21784~~ PHONE ~~795-5670~~

SUBDIVISION Glenwood Springs ROAD 2840 Shadow Roll Court LOT 32

PROPERTY OWNER Bradley Senn PHONE: 262-2586

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 1000 GALLONS NUMBER OF BEDROOMS 3

PUMP SYSTEM - DUAL ALARM SYSTEM FOR 2 PUMPS AND 1000 GAL. PUMP PIT TANK REQUIRED.
TRENCHES - 190 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.
LOCATION - Beginning from the rear left corner, place the first trench 360 feet up the left (537.35') lot line and 10 feet off the same line. Run trenches on contour toward the rear of lot.
NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. DICW

PLANS APPROVED BY Sid Abel DATE 6/07/89

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(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 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

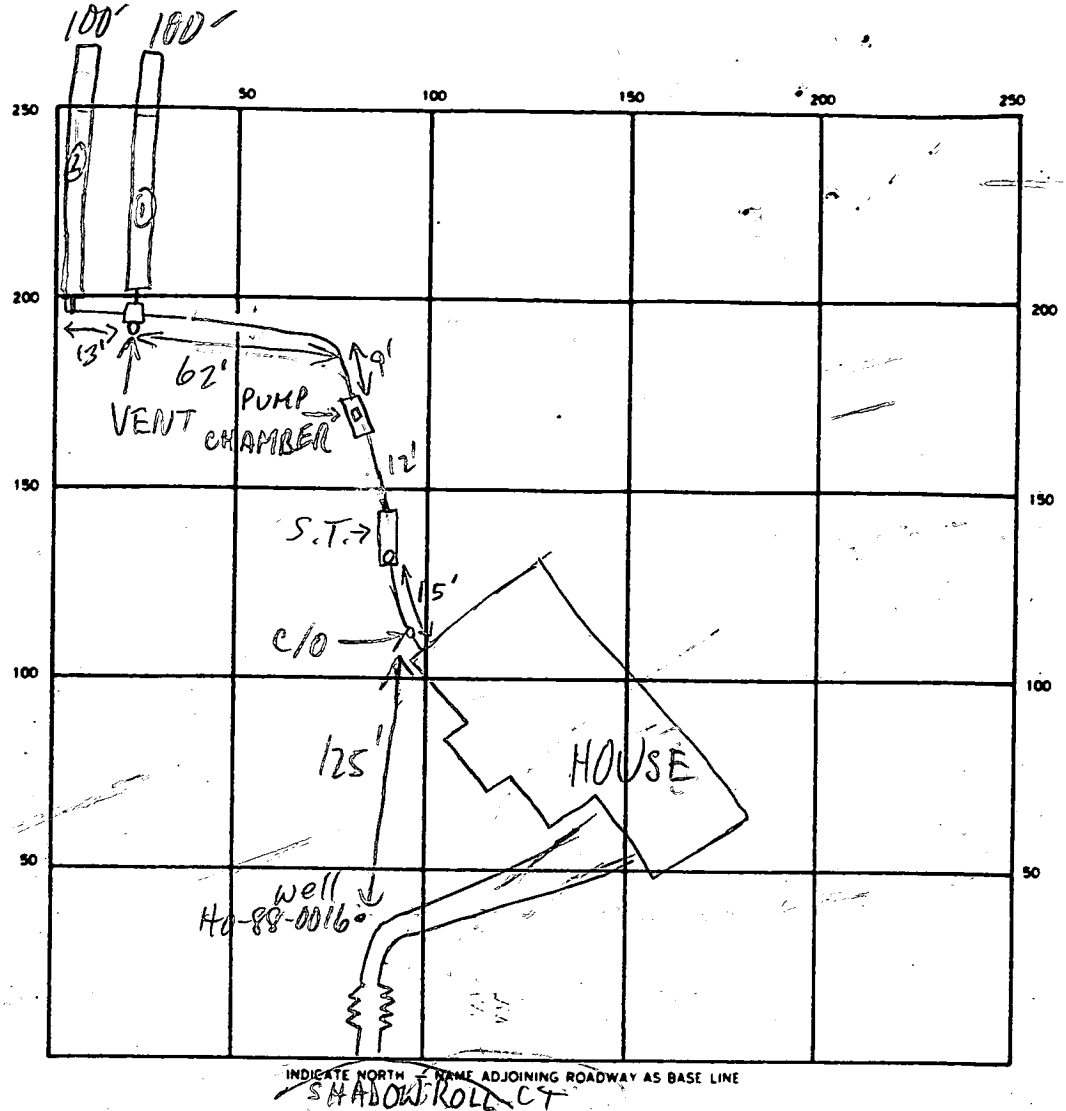
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

A 38380

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



SEPTIC TANK. LEVEL 1000 GAL PUMP CHAMBER / 1250 GAL TANK CLEANOUTS OK - S.T. + INLINE

DISTRIBUTION BOX. LEVEL OK - BAFFLE + VENT IN

DRAIN FIELD/TILE FIELD. DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ① 100 ② 100 } 200 FT

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 600 SQ FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 12/6/89 OK TO COVER ALL WORK - PUMP SYSTEM STILL NEEDS TEST. MR 1/29/90 PUMP SYS OK, BUT ONLY 2 FLOATS: 1 WHICH TURNS ON PUMPS IN ALTERNATION, 1 WHICH TURNS ON ALARM MR

DATE SYSTEM APPROVED 1/29/90 INSPECTOR M. R. Fein

APPLICATION

A 38380

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 10-14-86

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 Bradley Senn - 1262-2586

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave., Ellicott City, Md 21043 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION Hakes Property LOT NO. Thirty Two
Revision 7/29/87

ROAD AND DESCRIPTION ~~Hobbs~~ Road 2840 Shadow Roll Ct.

TAX MAP 14 PARCEL # 87,83,202

SIZE OF LOT 3+ ACRES TYPE BLDG. SFD
(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.

Ronald D. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY S. Abel FOR Shallow Trenches DATE 6-23-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/3/87 Perc Satisfactory - hold for subdivision Plat. S. Abel
Pump System Required - SA

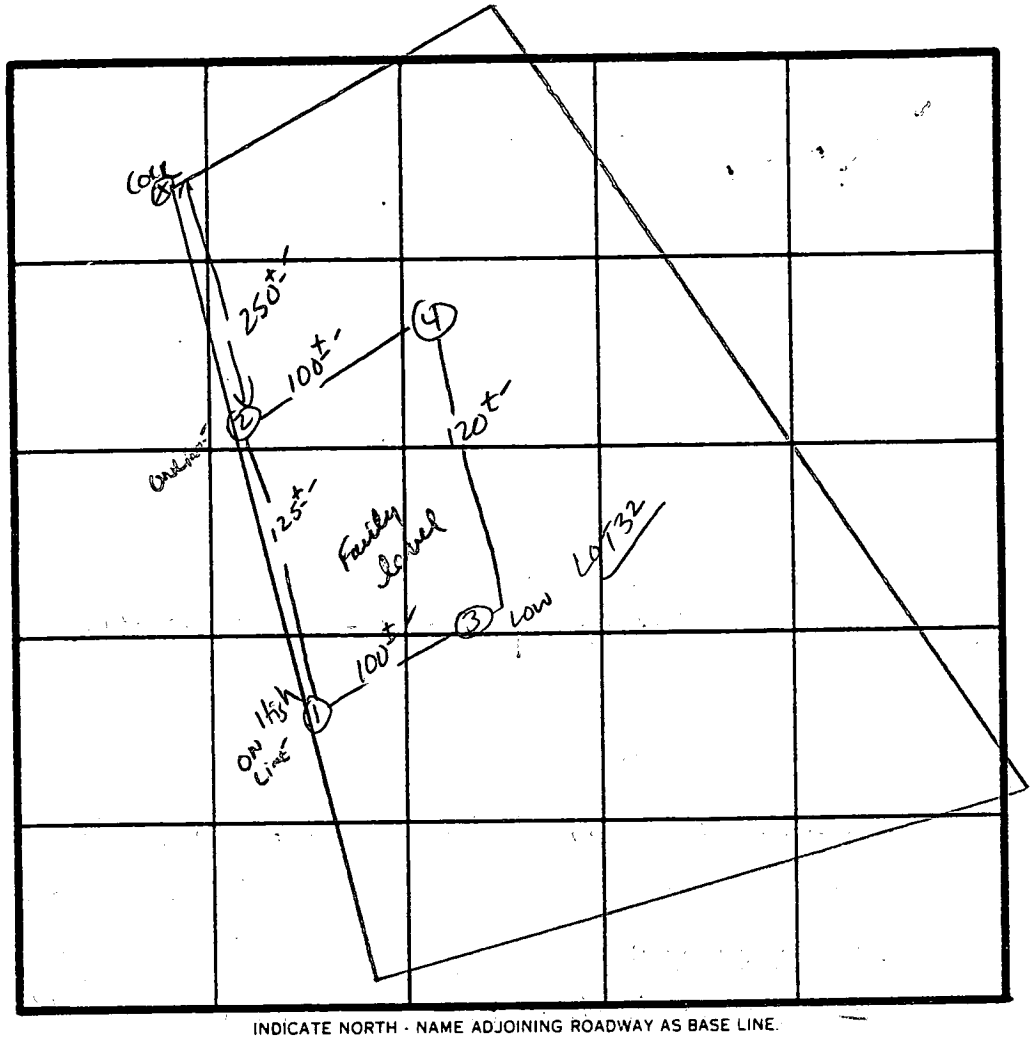
BLDG PERMIT SIGNED AND RETURNED 6-7-88
BP 25364814

THIS IS NOT A PERMIT

① ② ③ ④

SOIL PROFILE

0' 6"	A1-3
	Yellow RED Silt Loam 9-12% Clay <10% FRAGS
4.5'	Yellow RED Silty SAND Loam 15-20% FRAGS and 3
	Yellow BROWN #2
13.5'	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/3/87	1 S	4.5'	11:01	11:05	11:05	11:15	10 min
	1 M	8'	10:58	11:00	11:00	11:05	5 min
	1 V	13.5' uniform soil below 4.5'					
	2 V	12.5' uniform soil below 4.5'					
	3 S	4.5'	11:17	11:25	11:25	11:42	17 min
	3 V	13' uniform soil below 4'					
	4 S	4.5'	11:21	11:23	11:23	11:26	3 min
	4 V	13' uniform soil below 4'					

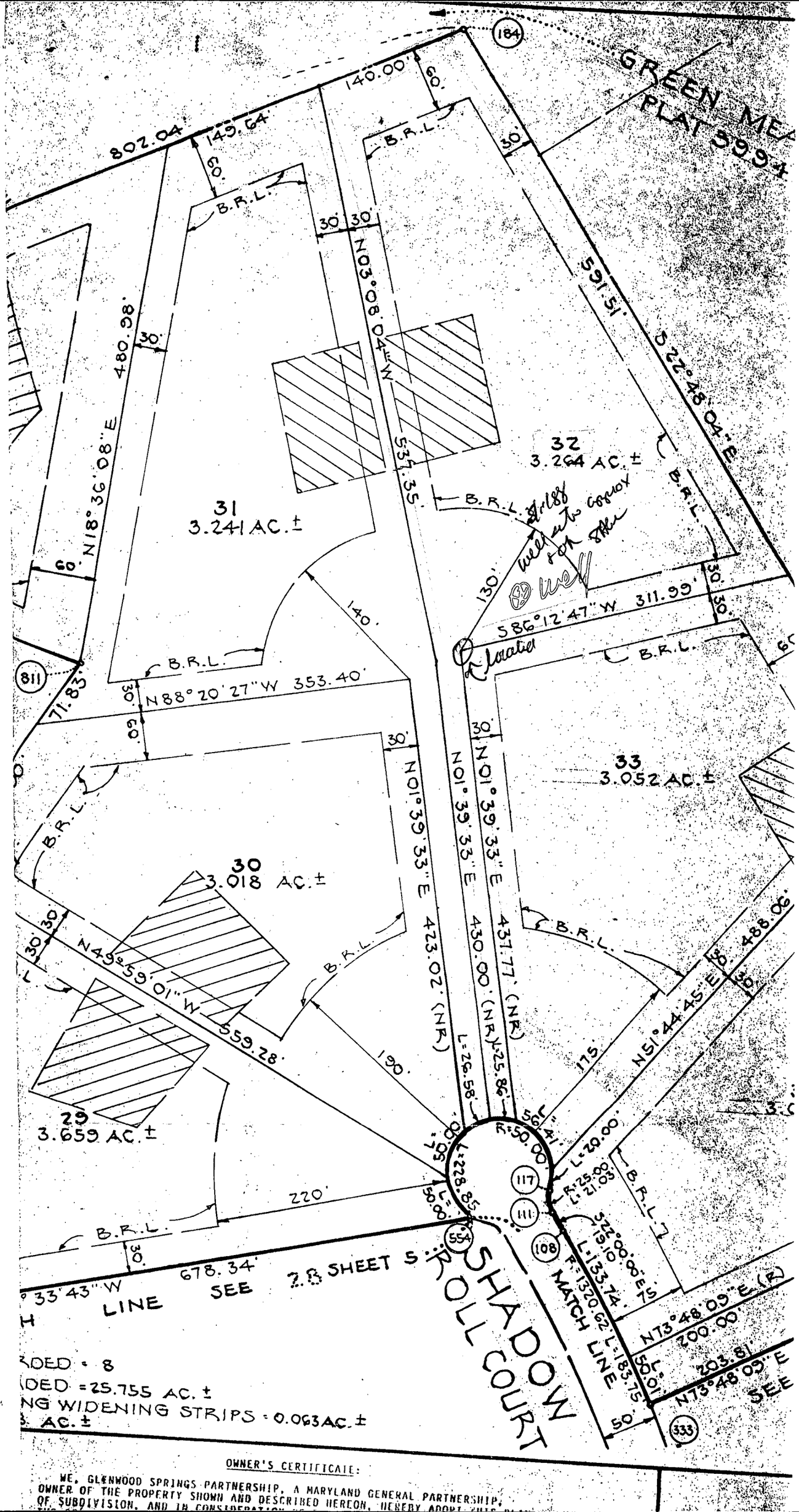
$\bar{X}$ = 9 min
INLET 4'
MAX D 6'
187 ℔/BD

REMARKS Holes not per plat use shallow system due to rock frags

TYPE OF SOIL MANOR

TESTED BY S. Abel ALSO PRESENT Phil M. / C. Cissil

EH-12-1079



DED = 8

DED = 25.755 AC.±

NG WIDENING STRIPS = 0.063 AC.±

AC.±

OWNER'S CERTIFICATE:

WE, GLENWOOD SPRINGS PARTNERSHIP, A MARYLAND GENERAL PARTNERSHIP, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT

NOTE: ALL INFORMATION PERTAINING TO SEPTIC SYSTEM (EQUIPMENT & ELEVATIONS, ETC.) HAS BEEN DESIGNED BY "PSI DESIGN GROUP" (PHONE: 292-3057)

BUILDING RESTRICTION LINE

PROPOSED CLEARING FOR HOUSE, DRIVEWAY AND YARD

FUTURE BASEMENT BATH (IF ANY) TO BE ROUGHED-IN ONLY. SEWAGE EJECTION PUMP TO BE A FUTURE ADDITION

PROPOSED HOUSE
EXIST. ELEV. AT SEPTIC TANK = 607.7
INV. ELEV. (OUT OF) HOUSE = 606.0
INV. ELEV. (INTO) SEPTIC TANK = 605.8
INV. ELEV. (OUT OF) SEPTIC TANK = 605.5
INV. ELEV. (INTO) CENTRIFUGAL PUMP = 606.2

LOT 32
3.264 ACRE

LOT 33

LOT 31

LOT 30

TRENCH LENGTH = 100' MAX. (TYP.)
ACTUAL TRENCH LENGTH TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPARTMENT

SEPTIC FIELD

FORCE MAIN

PUMP

EXISTING WELL
ELEV. 609.0'

PROPOSED ASPHALT DRIVEWAY

GRAVEL DRIVE

INV. ELEV. (INTO) DIST. BOX = 607.8
INV. ELEV. (INTO) TRENCH = 607.0
EX. ELEV AT DIST. BOX AND TRENCH = 611.0

S 22° 48' 04" E
140.00'
N 85° 53' 20" E
N 03° 08' 04" W
537.35'
S 86° 12' 47" W
311.99'
591.91'
N 01° 39' 33" E
437.77' (NR)
N 01° 39' 33" E
430.00' (NR)
60'
30'
B.R.L.

SHADOW ROLL COURT

BLDG. PERMIT SIGNED AND RETURNED 6-7-89
BP 253614
BK

PLOT PLAN

SCALE: 1" = 50'

NOTE:
ALL INFORMATION PERTAINING TO THE EXISTING LOT(S) SHOWN ON THIS DRAWING (SUCH AS PROPERTY LINE METES & BOUNDS, SEPTIC FIELD LOCATION, WELL LOCATION, TOPOGRAPHY, AREAS, BUILDING RESTRICTION LINES & SETBACKS, ETC.) HAVE BEEN OBTAINED FROM DOCUMENTS WHICH WERE PROVIDED BY THE PROPERTY OWNER. WE ASSUME NO RESPONSIBILITY FOR THE ACCURACY OF THESE ITEMS.

ARCHITECTURAL REGISTRATION BOARD 6695-R RUSSELL WILLIS JENKINS III STATE OF MARYLAND

SITE DEVELOPMENT PLAN

LOT 32
GLENWOOD SPRINGS SUBDIVISION
HOWARD COUNTY, MARYLAND

RUSSELL W. JENKINS, III A.I.A. ARCHITECT

APRIL 7, 1989

ARCHITECTURAL REGISTRATION BOARD 6695-R RUSSELL WILLIS JENKINS III STATE OF MARYLAND

EMERGENCY/TEMP NO. IF ANY

B 1 | 5618 | 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-88-0016
fill in this form completely

Date Received (APA): 04 27 88

OWNER INFORMATION

Carman Associates
Last Name / Owner / First Name

P.O. Box 122
Street or RFD

Ellicott City MD 21043
Town / State / Zip

DRILLER INFORMATION

Joseph T. Dwyne
Driller's Name: 238 (77 License No. 80)

Joseph T. Dwyne well drilling
Firm Name

5512 Rte. 120, Mt. Airy 21771
Address

Joseph T. Dwyne 4/26/88
Signature / Date

LOCATION OF WELL

B 3

Howard
8 COUNTY

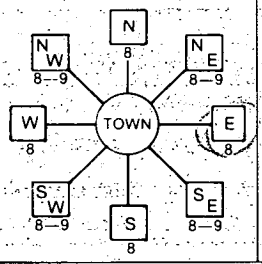
Glenwood Springs
23 SUBDIVISION

SECTION: | LOT: 32

Glenwood
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Stillwell Mill Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N), WEST (W), 32, EAST (E), SOUTH (S)

DISTANCE FROM ROAD: 425
ENTER FT or MI: FT

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A 38380 — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 06 23 88
CO SIGNATURE: [signature]
EXP. DATE: 12-22-88

NORTH GRID: 533000
EAST GRID: 0794000

APPROXIMATE DEPTH OF WELL: 200 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.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 7914
N 5313

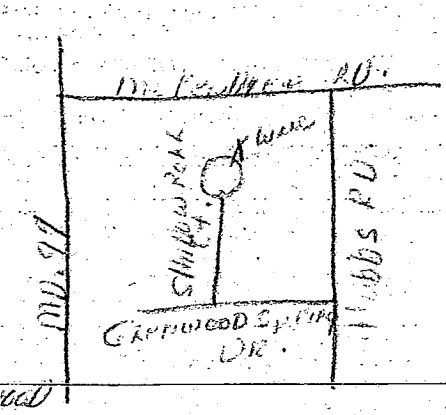
7-6-88 10 AM
67' casing (2' above)
33' open
9 bags
location as per Stake
000 000 H2O sample taken

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: SA (WRITE INITIALS IN BOX) PERMIT No. HO-88-0016

SPECIAL CONDITIONS

COUNTY

C 1 | 9674 | 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-38380

DATE Received

DATE WELL COMPLETED 07/06/88

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-88-C016

OWNER CARMEN ASSOCIATES

STREET OR RFD last name SHADEL Hall Ct. first name TOWN GLENWOOD

SUBDIVISION GLENWOOD SPRINGS SECTION LOT 32

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 FROM	FEET TO	Check if water bearing
SAND	0	60	
GRAY MICA ROCK	60	305	✓

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. 937

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N

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 1 ft. TOP to 35 ft. BOTTOM (enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below

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)
ST	6	61

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL | BR BRASS BRONZE | HO OPEN HOLE | PL PLASTIC | OT OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)
1	10	65 to 305
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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 (TELESCOPE CASING) | (E.R.O.S.) (LOG INDICATOR) | WQ (OTHER DATA)

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 51

WHEN PUMPING 116 113

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 (CIRCLE) (YES or NO) 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

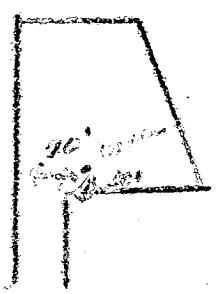
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above / − below 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)

N



COUNTY

Page ___ of ___
Date 9/5/88

Review 1-26-90 JEN

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0016
Location of property (road) SHADOW Roll Ct.
Subdivision Glenwood Springs Lot 32 Block ___ Plat ___ Sec. ___
Well Driller J. Mayne Owner CARMEN ASSOC.

Depth of well 305'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 51'

I. High rate pumping -- reservoir drawdown

Time pump started 11:20 Pumping rate 20 gpm.
Total time 30 MIN to reach pumping water level 113 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:35	116'	3 sec.		20
11:50	113	7		8½
12:05	113	8½		7
12:20	113	8½		7
12:35	113	8½		7
12:50	113	8½		7
1:05	113	8½		7
1:20	113	8½		7
1:35	113	8½		7
1:50	113	8½		7
2:05	113	8½		7
2:20	113	8½		7
2:35	113	8½		7

HD-224

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 X
Replacement ____

Receipt # 45385
Date 12/20/89

Name of Installer Carroll Water Systems Inc. Telephone 876-6880

License Number 074
Certified Well Pump Installer X Well Driller ____ Registered Plumber ____

Name of Property Owner Brad Senn Telephone ____
Subdivision Glenwood Springs Lot # 72 Well Tag # ____-____-____
Site Address ____

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Goulds
3. Model # 5E30S
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ____ No X
6. If Yes, is low pressure cutoff switch installed? Yes ____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards ____ Other ____

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make Marfloon
2. Model # B10X
3. Depth 4'

Tank
1. Capacity 120
2. Pressure relief valve? Yes

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 280'

Well data
1. Depth 300 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: 12/20/89

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

HD-215