·5/10/88 PD

03-287912

## PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

₽	40/46
A	38801

DISTRICT \_\_\_\_3rd

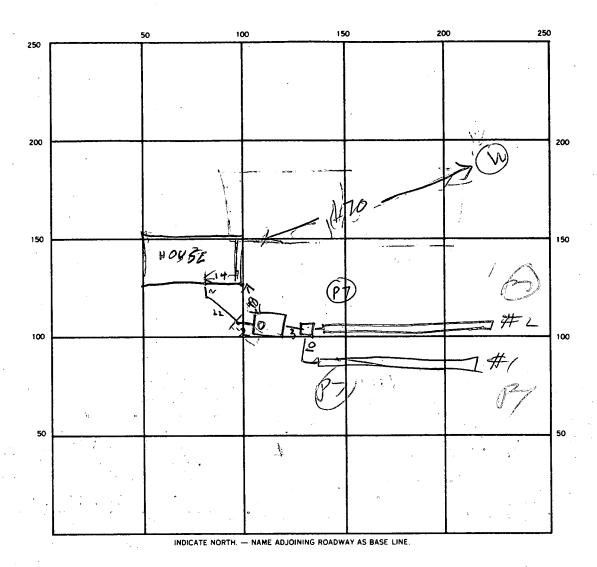
HOWARD COUNTY

BUREAU OF INVIRONMENTAL HEALTH

INDEXED

		DATE	12/31/87
DATE	SYSTEM	APPROVED	1/11/8 1
		INCRECTOR	RIX

	Jack Fyock	<del></del>	IS F	ERMITTED TO	INSTALL X	ALTER
ADDRESS				PHONE.	988-92	70
SUBDIVISION	Humple Property	ROAD _	735 River F	Road	LOT3	
PROPERTY OWNE	ER	Catherine	e Conaway		<del></del>	
ADDRESS					·	
IF GARBAGE GRI	NDER IS USED INCREASE SEPTIC 1	TANK CAPACITY BY	50% AND ABSORP	TION AREA BY	22%.	
GARBAGE GRIND	DER? YES NO	X				
	•					• •
SEPTIC TANK CA	PACITY 1000 GALLONS	NUMBER OF	F BEDROOMS 3			a A
	area begins at 2.5 for distribution pipe.  - Place the distribution off the same lot line.  520.21 ft. lot line.  - No trench to exceed cap to grade or above	on box <b>7</b> 0 fee e as seen whe Run trenche 100 feet in 1	et up the rig en facing the es on contour length. Prov	tht (906.6 lot from	5') lot li right-of- e left lot	ine and 170 fee way.along the : line.
PLANS APPROVED B	sio sio	d Abel			DATE	12/28/87
	NTIL INSPECTED AND APPROVED					
	ARD COUNTY COUNCIL NOR THE HEALTH I	DEPARTMENT IS RESPO	NSIBLE FOR THE SUCC	ESSFUL OPERAȚIC	N OF ANY SYSTEM	i.
NOTE: CLEANOUT	REQUIRED EVERY 70 FEET OF SEWER LIN	NE AND/OR AT 90° SWEE	EPS IN LINES FROM HOL	JSE TO DRAIN FIE	LDS.	•
NOTE: ALL PARTS	OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTI	ION BOX. TRENCHES) TO	BE 100 FEET FROM WEL	L. (UNLESS OTHEF	WISE SPECIFICALI	Y AUTHORIZED)
NOTE: IF DEEP TRI	ENCH(ES) ARE USED CALL FOR INSPECTIO	N BEFORE AND AFTER	PLACING GRAVEL IN TE	RENCH(ES).	•	•
NOTE: NO DRY WE	LL SHALL EXCEED 15 FOOT IN DIAMETER	. NO ABSURPTION TREM	ICH TO EXCEED 100 FE	ET IN LENGTH.	ì	
NOTE: ALL PIPE FE	ROM HOUSE TO SEPTIC TANK MUST BE CA	IST IRON OR SCHEDULE	40 PVC OR ABS.			
PERMIT VOID AFTER	R TWO YEARS.					
	AND PIPE ON SEPTIC TANK AND DRY WELL IF TOP OF SEPTIC TANK IS DEEPER THAN	· ·		. CAST IRON, CON	CRETE OR TERRA C	OTTA OR PVC OR ABS
NOTE DISTRIBUTE	ON ROYES MUST HAVE BAFFLES		,			



SEPTIC TANK, LEVEL 1000 CLEANOUTS OK
DRAIN FIELD/TILE FIELD. DEPTH 4725 FT. TRENCH WIDTH 3 3 FT. INLET DEPTH 2.5 2.5 FT.  EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 96 96 FT. 1 2
NUMBER OF TRENCHES ONE SIDEWALL/BOTTOM AREA SQ. FT. 570  DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
ABSORBENT AREA SO. FT.  REMARKS 5/11/98 LOCATION OR PER PERC 755- HOLD
DATE SYSTEM APPROVED 5/1/188 INSPECTOR Raymond Glodge

Rent Sopm

## APPLICATION

PERCOLATION TESTING

Δ	388	0	/
	-		

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

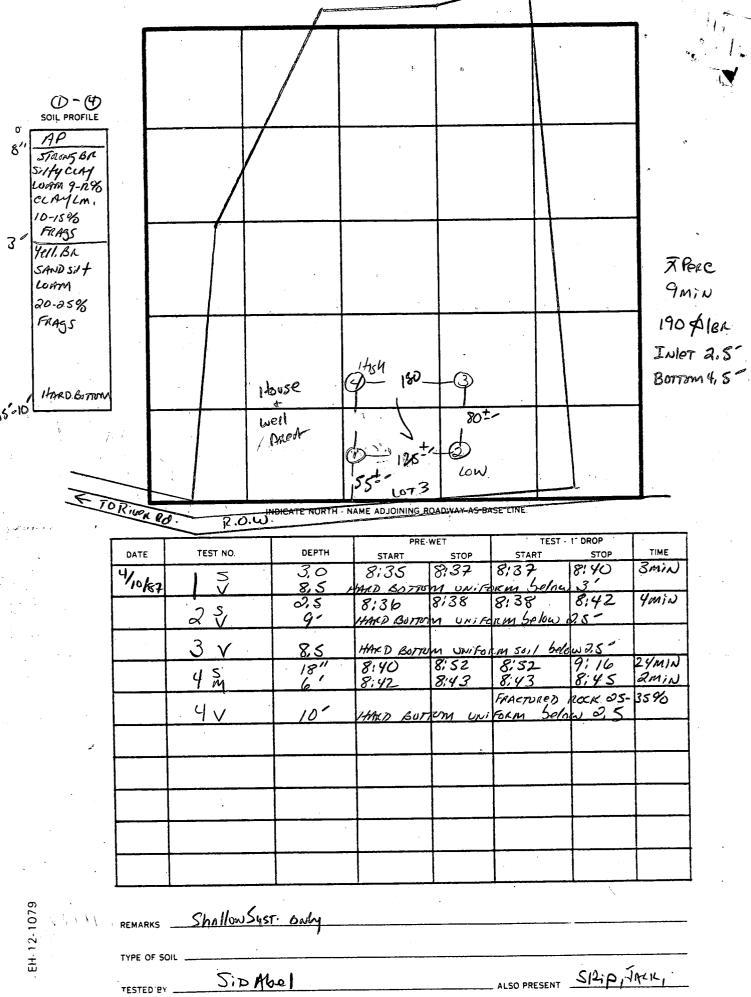
DATE 3/3/87

3/2/87 2ND of to piscoso THE COUNTY HEALTH OFFICER TO: ELLICOTT CITY, MARYLAND PROSPECTIVE BUYER ADDRESS PROPERTY LOCATION (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 (SIGNATURE OF APPLICANT) APPROVED BY REJECTED BY REASONS FOR REJECTION OR HOLDING 4-10-87 PERC SATISFACTORY

BLDG. PERMIT SIGNED

BP16199

THIS IS NOT A PERMIT



SiD Abel

TESTED BY

Kindry 27th rot town anodo ist tait withing it 171025 JAN TWENCL FXIST TUELCH 506h - 124 IND Jank , Ebh EXILT G TUNK ENTER TOUGH 5'16h 16F Short VINI 57264-7617 ल्यार्थ. 1005 1005 10,027 AC 1112, Md 国旧和田 732 Black 8 5 991

# APPLICATION

PERCOLATION TESTING

P \_\_\_\_\_

A 38802

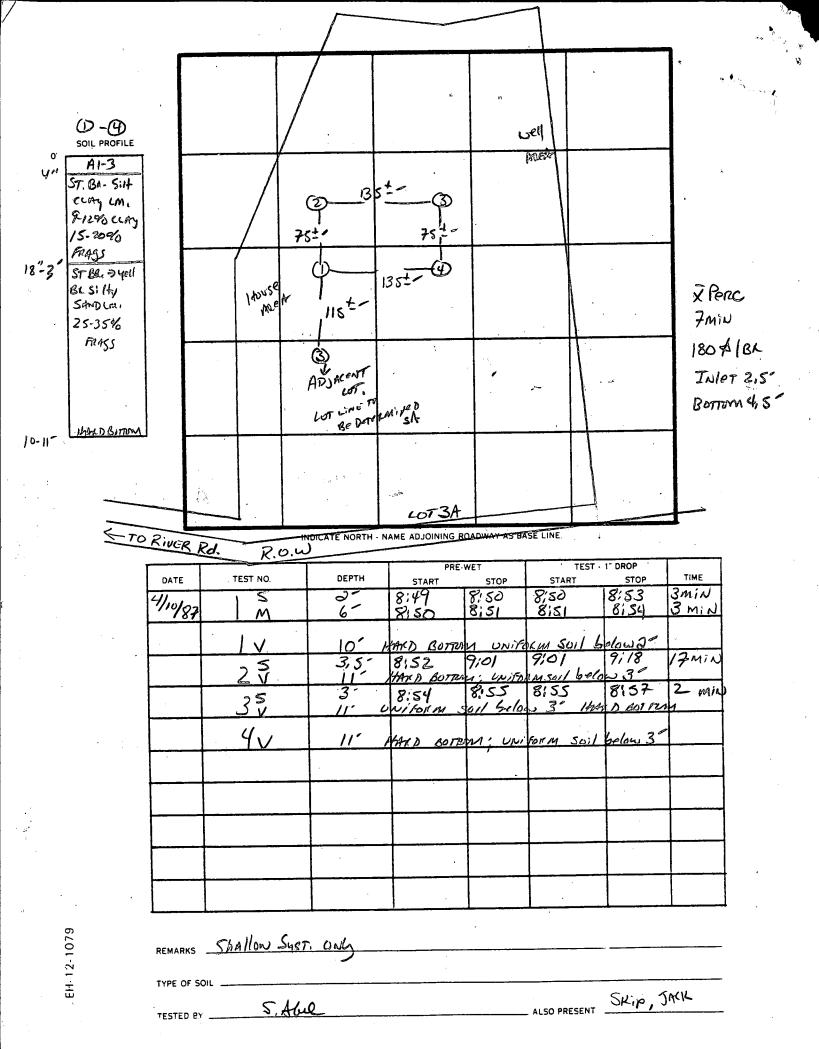
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

DATE 3/2/87

		2 . v / - 09 ·		
TO:	THE COUNTY HEALTH OFFICER	146	4	* * * * * * * * * * * * * * * * * * * *
	ELLICOTT CITY, MARYLAND	٠.		
	I, HEREBY, APPLY FOR THE NECESSARY TEST	IN ORDER TO CONSTRUCT (OR RECONSTRU	JCT) A SEWAGE DISPOSAL SYSTEM.	
	Cathopine	P. Humple	Snaureum)	
PROP	_		111	4 44/4
	ADDRESS 725 RIVE	e Kd	PHONE 44	2 2343
	5-yriscula	2 M		
PROS	PECTIVE BUYER			
		•	PHONE	
	ADDRESS	1	PHONE	<u></u>
PROP	ERTY LOCATION:	Park	-1565 -1	
	0 - 10 6	2) · / of <	204 N1910N	A 2
SUBD	IVISION JUER X	20, 0 4	LOT NO	
2040	IVISION PICER KI	oung Property	**************************************	
RUAL	AND DESCRIPTION			
	MAP PARCEL # 62	A Service of the Control of the Cont		
TAX	MAP PARCEL #	· · · · · · · · · · · · · · · · · · ·	து இது இது இது இது இரும்பார் இது இரு இது இது இது இது இது இது இது இது இது இது	
SIZE	OF LOT apples 5 act	205	TYPE BLDG. HON	nE
		•	, (SINGLE	FAMILY DWELLING OR COMMERCIAL)
			,	ADDE LEUD I VINNEDCTAND TOE
THE	SYSTEM INSTALLED UNDER THIS APPLIC	ATION IS ACCEPTABLE ONLY UNTIL PL	JECT FACILITIES BECOME AVAI	LABLE. I FULLY UNDERSTAND THE
FEE	CONNECTED WITH THE FILING OF THIS F	PERC TEST APPLICATION IS NON-REFU	INDABLE UNDER ANY CIRCUMST	ANCES. I ALSO AGREE TO COMPLY
	·	2	. 11	10
WIT	H ALL M.O.S.H.A. REQUIREMENTS IN TE	STING THIS LOT. (alkens	ne K Hump	ele (Conoway
			(SIGNATURE OF APPLICA	ANII
APPR	OVED BY			DATE
		1		
REJE	CTED BY	FOR		DATE
	DEMBING FURTHER TESTS			DATE
	PENDING FURTHER TESTS	1		
REAS	ons for rejection or holding 4-10-8	7 PEAC SATISFACTORY, 16	12 for 1 cst. I Afur	·

## THIS IS NOT A PERMIT



Bldg Permits Section Howard County, Md APR 08 1988

Burning Li

To Whom It May Concern:

MENTENLIS, LICENSIS & MALLINI Request permission to change the House Location on permit No. 16199.

Bldg. eddress: 735 River Road Sykesville, Md 21784

Owner: Catherine Conaway 725 River Road
Sykesville, Md. 21784

phone -- 442-2343

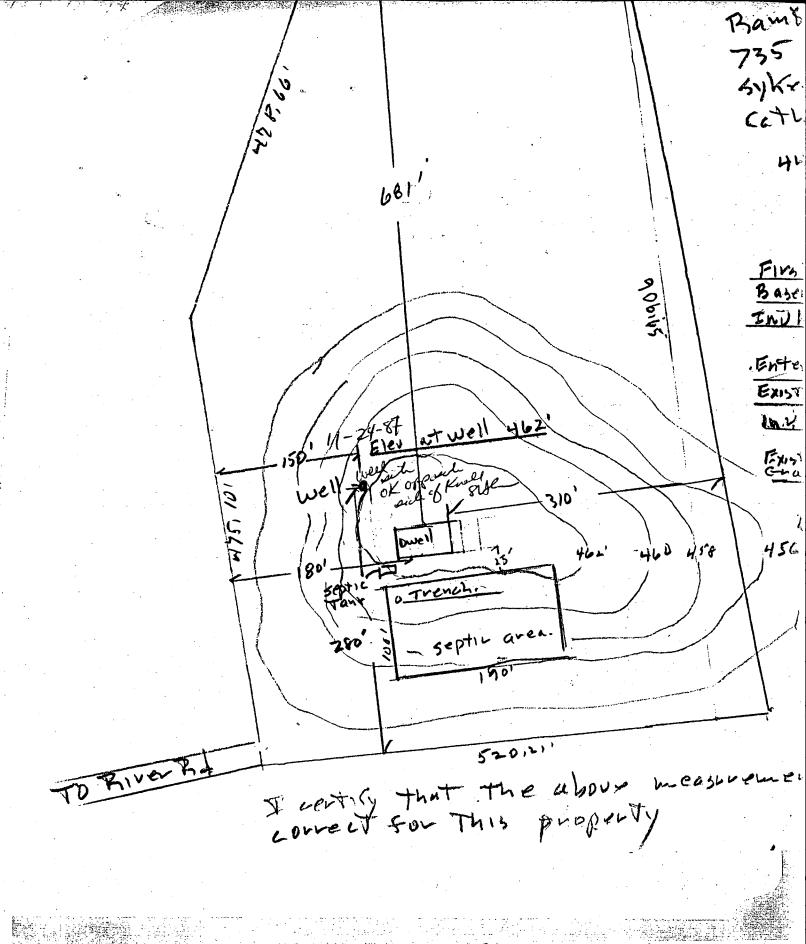
Enclosed are four copies of the new house location. I would appreciate your consideration of this request at your earliest convenience. Ther Than Moung Location of this request at your no changes other than Moung Location of Houset septic Health Depart plan, of Houset septiments you

Catherine Conaway

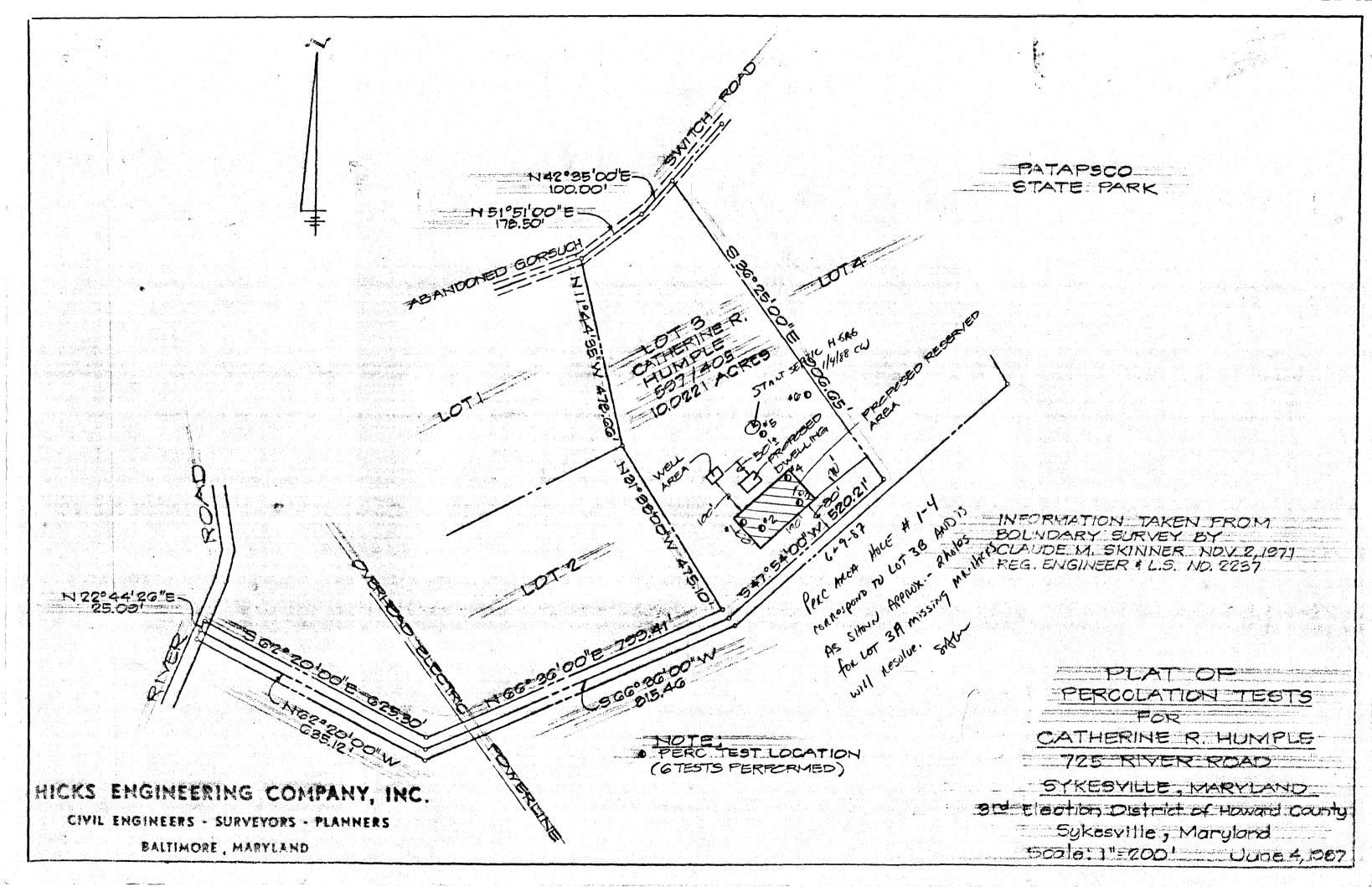
approved per of 2 4.11.88 C. Ghe Clam

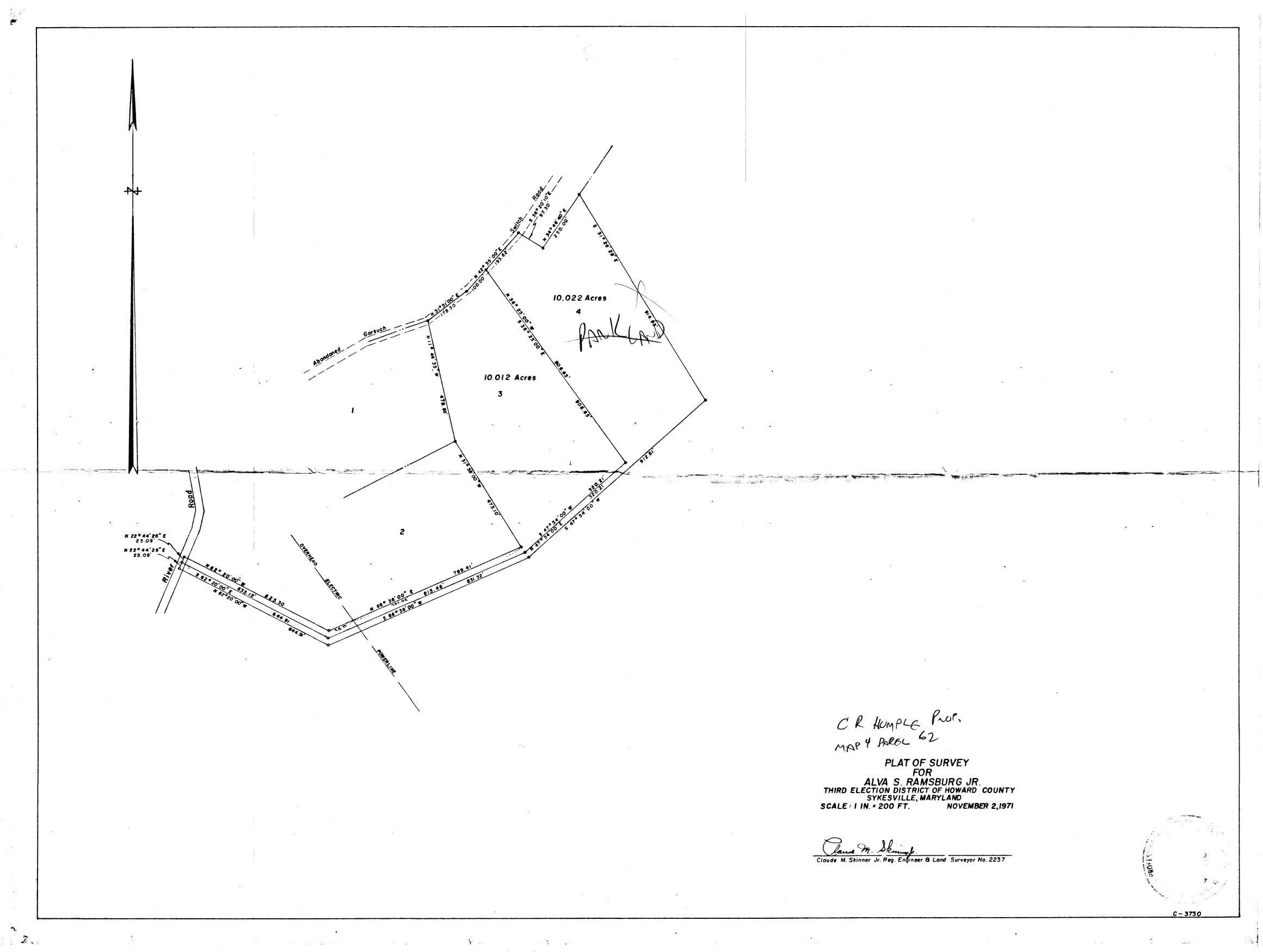
PGMIT 16199 SEPTIC SYSTEM TO BE INSTALLED AULS! BEFORE BP APPROVED. WILL ADVISE WHEN COMPLETED! BUILDEG -NUTLEIGP.

1001 NEW LOcation For House 5 River Rid Lot 3 Sykebul Me, In 2 800+ 1010221 Acres 50190 TO RIVER BY 5,470,50 000



178.50 Apprendo kon 150/FCOON - SERVICE ONLY WILSON OBSENTO CONSCIONS, Mams burg Trans, Mams Burg River AND AGREE TO CONTOUN 735 River OW' 735 Priver Pr 2 ED WILLIAM OBSENTED. gykerulle me 2178 Cotherine Conaw Ø. 4422343 12/30/87 elevarions ch BLDG. PERMIT SIGNED AND RETURNED 12-30-87 10° Not 1019 FINST Floor E1.463 Basement " FNV HUUSP Enter Tank " 453 Expt Grado at Tout MU Tank 451.2 Trice at well EXIST Gundo Tuench Scotic Tank 456,5- ) 320 IAU Trench 454 Fd Wilson 4422343 to are actual 920:21 renke I certify that the about measurem y Wullen for This





B 1 1514 SEQUENCE NO.	STATE OF I	ΜΑΡΥΙΑΝΙΟ	STATE PERMIT NUMBER
D / LJ14 (DP USE ONLY)	PERMIT TO		40-81-2452
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED	please pri		70 fill in this form completely
IN COLS: 3-6 ON ALL CARDS)			<u> </u>
Date Received (APA)	a. (4)	$\begin{bmatrix} B & 3 \end{bmatrix}$	LOCATION OF WELL RYDYFZ
WNER IN	FORMATION	HOWARD	40.10
MILSONED		8 COUNTY	21 1/16/29
15 Last Name Owner	First Name 34	RAMSKA IL	
7 2 5 KIVER K	[]) FO 55	SECTION A	LOT 3
SVKESVILLE	W2121784	44 46	48 50
57 Town	70 State 72 Zip 76	52 NEAREST TOWN	
DRILLER INFO	RMATION	MILES FROM TOWN (ent	or Oif in town 7 Mi
George F. Easterday	40		73 76 77 78
L. Franklin Easterday, In	77 License No. 80	B 4	735 KIVEK PD
Firm Name	The second secon	DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
9265 Brown Church Rd., Mt	.Airy, Ma. 21//1	TOWN (CIRCLE BOX)	NORTH
1 Them 4 Easter	A. 11-6-87	ZW 8 ZE	ON WHICH SIDE OF ROAD  (CIPCLE APPROPRIATE BOX)  W 37 E
Signature	Date	8-9	(CIRCLE APPROPRIATE BOX) WEST S BAST
B 2 WELL INFORM	MATION	(TOWN)—E	SOUTH
ÁPPROX. PUMPING RATE (GAL. PER	MIN.) 5 12		34 700 37
AVERAGE DAILY QUANTITY NEEDED		SW L SED	DISTANCE FROM ROAD
(GAL PER DAY)	14 20	8-9 [S]	ENTER FT or MI
USE FOR WATER (CIRCL	E APPROPRIATE BOX		NOT TO BE FILLED IN BY DRILLER
D HOME (SINGLE OR DOUBLE H	IOUSEHOLD UNIT ONLY)		HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATER		HOWARD	A-38801/38802
L'_J IRRIGATION)	STATE AND SEDERAL GOV	COUNTY NAME STATE	COUNTYNO
OTHER (REQUIRES APPROPR	IATION PERMIT)	, SIGNATURE	INSERT S 41
PUBLIC OR PRIVATE WATER	COMPANY (REQUIRES	DATE ISSUED	Sychan Club 05-26 88
P APPROPRIATION PERMIT AND APPROVAL)	STATE HEALTH DEPARTMENT	43 48 C	O SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITO	ORING (MAY REQUIRE	NORTH 5 5 3 0 0	0 EAST 0 0 0 0
APPROPRIATION PERMIT)		SHOW MAJOR FEATUR	RES OF 12-17-89 Missed grout
APPROXIMATE DEPTH OF WELL 2	( O FEET	BOX & LOCATE WELL.	12-17-01
24	28	SOURCES OF DRILLING	G WATER 36 Ft open hole
APPROXIMATE DIAMETER OF WELL	6 NEAREST	1. WELL	39 11 000
		2.	10 H bago cement
METHOD OF DRI		3.	A CONTRACTOR A
20	ITED Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary)	WRITE THE BOX NUME FROM THE MAP HERE	
37 AIR-ROTary AIR-PERcussion REVerse RC	· · · · · · · · · · · · · · · · · · ·	THOM THE WATER	of Jernalau
<u>CABLE</u> <u>REV</u> erse RC	<u>Dirive-1 Dirivi</u>	E Sive	
other		N STATE	2 000
REPLACEMENT OR D	EEPENED WELLS	DRAW A CKETCH FELV	000
(CIRCLE APPROP	RIATE BOX)	RELATION TO NEARBY	OW SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE
N THIS WELL WILL NOT REPLA	i i	1	L TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A ABANDONED AND SEALED		N SYKES V WE	PH.
39 S THIS WELL WILL REPLACE A		1 A 734/301	A CONTRACTOR OF THE PROPERTY O
	LEVICTING WELL		
D THIS WELL WILL DEEPEN AN	· · · · · · · · · · · · · · · · · · ·	A Roman A	1. 22 FH '87
PERMIT NUMBER OF WELL TO BI	E REPLACED ON DEEPENDED	1. 1. 2. 0	
		HEY)	H & IV
Not to be filled in by drill	<del></del>	HONVE	TVET
APPROP. PERMIT NUMBER	GAP		
SOROS A WRITE DEDMIT NO CO	7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6		
FORCE INITIALS PERMIT No. 1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1	
SPECIAL CONDITIONS			(99)
1		· /	

COUMTY

\$1.45\frac{1}{2}

c 1 20.62	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED:
(THIS NUMBER IS TO BE FIN COLS. 3-6 ON ALL CAR		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 3880/
DATE Received	DATE WELL COMPLETE		PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13	15 2 1 7 8 7	(TO NEAREST FOOT)	40-81-2457
OWNER	WILSON "	Ed.	
STREET OR RFD	KAMSBURG RE		SVKESUITE
WELL	LOG	GROUTING RECORD YES NO	C 3
Not required fo	F FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
PENETRATED, THEI THICKNESS AND IF	WATER BEARING	TYPE OF GROUTING MATERIAL  CEMENT CM BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET Check if water bearing	NO. OF BAGS 10 NO. OF POUNDS 1000	PUMPING RATE (gal. per min. 5 11 15
+ (11	0 2	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE
Top Soil By Shale		from of tt. to 36 ft.	WATER LEVEL (distance from land surface)
1 1/2	2 30	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface).  casing CASING RECORD	BEFORE PUMPING
127 Shalf		types insert ST CO	WHEN PUMPING Z2 Z5
[	20 20	(appropriate code PL OT	TYPE OF PUMP USED (for test)
gray mica		below PLASTIC OTHER	A air P piston turbine
By Mica gray Mica	39 41	MAIN Nominal diameter Total depth CASING (top (main) casing of main casing	C centrifugal R rotary Other (describe
M MICA	39 41	TYPE (nearest inch) (nearest foot)	J jet S submersible
a ray Mila	41 49	S 7 6 6 7 7 6 6 70	27
9 , 5 , 1120		E OTHER CASING (if used) A diameter depth (feet)	DIMD INCTALLED
a traine	49 51 6	inch from to	DRILLER WILL INSTALL PUMP VES (NO.)
By Mica gray Mica			(CIRCLE) (YES OF NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
E lander	5195	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
gray misg		or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) PLACE (A,C,J,P,R,S,T,O) 29 29
By Mila	95 96	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY:
I MHA	96 100	below PLASTIC OTHER	(to nearest gallon)  SIMAD HODGE BOWER
gray		<u>C</u> [2]	PUMP HORSE POWER  37  PUMP COLUMN LENGTH
breating =	100 101	DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box
	10/ 300		(circle appropriate box and enter casing height)
gray Mica		H <sub>2</sub>	LAND SURFACE (nearest feet)
•	PRIATE LETTER	C 23 24 26 30 32 36 R 3	1 foot)
A WELL WAS ABANI	DONED AND SEALED VAS COMPLETED	N 38 39 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA		SLOT SIZE 123(NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P WELL  THEREBY CERTIFY THAT THIS WE	RTED TO PRODUCTION	OF SCREEN (NCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL	17.13 "WELL CONSTRUCTION" LL CONDITIONS STATED IN THE	GRAVEL PACK	" Back Lot lare
ABOVE CAPTIONED PERMIT, AI PRESENTED HEREIN IS ACCURAT OF MY KNOWLEDGE.		IF WELL DRILLED WAS FLOWING WELL INSERT	THAN TWO DISTANCES (MEASUREMENTS TO WELL)  Pack Lot Mare
DRILLERS IDENT. NO.	40	F IN BOX 68 68 68	9 m
DRILLERS SIGNATURE	Tarlanday	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	/
(MUST MATCH SIGNATUR	RE ON APPLICATION)	74 75 76	9.
SITE SUPERVISOR (sign.	of driller or journeyman	TELESCOPE LOG OTHER DATA	. 195
responsible for sitework if	different from permittee)	CASING INDICATOR	l V
		HEALTH 👢 👢 👍	Koap

of 14-8 00 TO Now J2, Rom Ricer,

OF 14/5/18 RN 2781 Da Rt B4 Drive leading to alumn
Review N-1-1248 SAM

MC 508

#### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Local	Permit No. HO - 8/-2457 tion of property (road) River Not.	•	•		
Subd. Well	Driller G. EMSRUDY	Lot 3 Owner	Block Wlson	Plat Ecl.	Sec.
	Depth of well 300 460m  Distance of measuring point (M.P.) abo  Static water level (S.W.L.) below M.P.	ve ground	24		
I.	High rate pumping reservoir drawdown Time pump started 8'15	<del></del>	oing rate	12 apm	
	Total time 30 min to reach pumping	water leve		ft. below	M.P.

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE  time to fill #/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8,45	101'	6 5uc	<b>%</b>	10 gpm
9.00	115'	8 Sec	pump at 250'	7 cpm
9.15	117'	9 5us	Richanan	6/2 gpm
9:30 %	117'	9 Sec.		61/2 gpm
			•	
9.45	119'	9		1.1/2
10 100	121'	//		51/2
10.14	116	11		5//2
10:30	166	11		5/2
10:45	116'	11		5/2
11.00	16	11	والمعارض والمستعرف والمراجع والمستعرف والمراجع والمستعرف والمراجع والمستعرف والمستعرف والمستعرف والمراجع والمرا	5/2
11.15	116	11		5/2
11:30	116'	11		5/2
11:45	116	10		51/2

Mala

#### 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

Telephone  Telephone
Telephone  t # Well Tag #  Pitless Adapter  sepower 1. Make  2. Model #  tage 3. Depth
Pitless Adapter sepower 1. Make 2. Model # tage 3. Depth
sepower       1. Make         2. Model #         tage       3. Depth
2. Model # tage 3. Depth
2. Model # tage 3. Depth
tage 3, Depth
110
220
1.12
No/2/30 hinetalledaki VestGerika (No)
ii iiiataiitaaan ita r
pump and electrical wiring from
cable guards Cother Trong
tiese Problems from
Da. Well data
eft.
eGPM
and/or BOCA 3. Static water
e approved 🚹 👭 📉 🔞 evel 📆 ft.
th of supply 4. Will water supply
ebe disinfected by
e1. Depthft. e2\ Yield GPM and/or BOCA3. Static water e approved

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



### HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 29, 1991 Reply to:

Charles Streaker, Sanitarian 461-9933 or 461-9934

Mr. Gil Wilson Land Development Corp. 735 River Road Sykesville, Maryland 21784

RE: Humple Property - Lot 3 735 River Road Well Tag No. HO-81-2457

Dear Mr. Wilson:

This is to advise you that the septic system was installed, inspected and approved on May 11, 1988.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was previously documentated to be 15.0 parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

COMAR 24.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to continue to comply with the following conditions:

المرابع والمرابع والمناف والمناف والمرابع والمرا

The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.