10/30/91

PERMIT

05-409209

P 47583

A 38838

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED FOR F.C.O.P. COMPLIANCE

DISTRICT 5th

DATE 10/25/91

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED 9/8/93 C. Williams/CKK

DATE SYSTEM APPROVED 10/30/91

INSPECTOR RH

Custom Excavating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 12789 Folly Quarter Road, Ellicott City, MD 21043 PHONE 531-2876

SUBDIVISION Ridgewood LOT 4 ROAD 13309 Springwood Court

PROPERTY OWNER DAVID OF Milton F. Borkowski

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 290 feet down the left (797.47') lot line and 100 feet off the same lot line when facing the lot from Springwood Court. Run trenches on contour toward the left lot line. Maintain a minimum of 100 feet from the well.

Note - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/7/91 RH

PLANS APROVED BY Jane E. Nadeau/Ray Hodges cm DATE 7/26/91

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

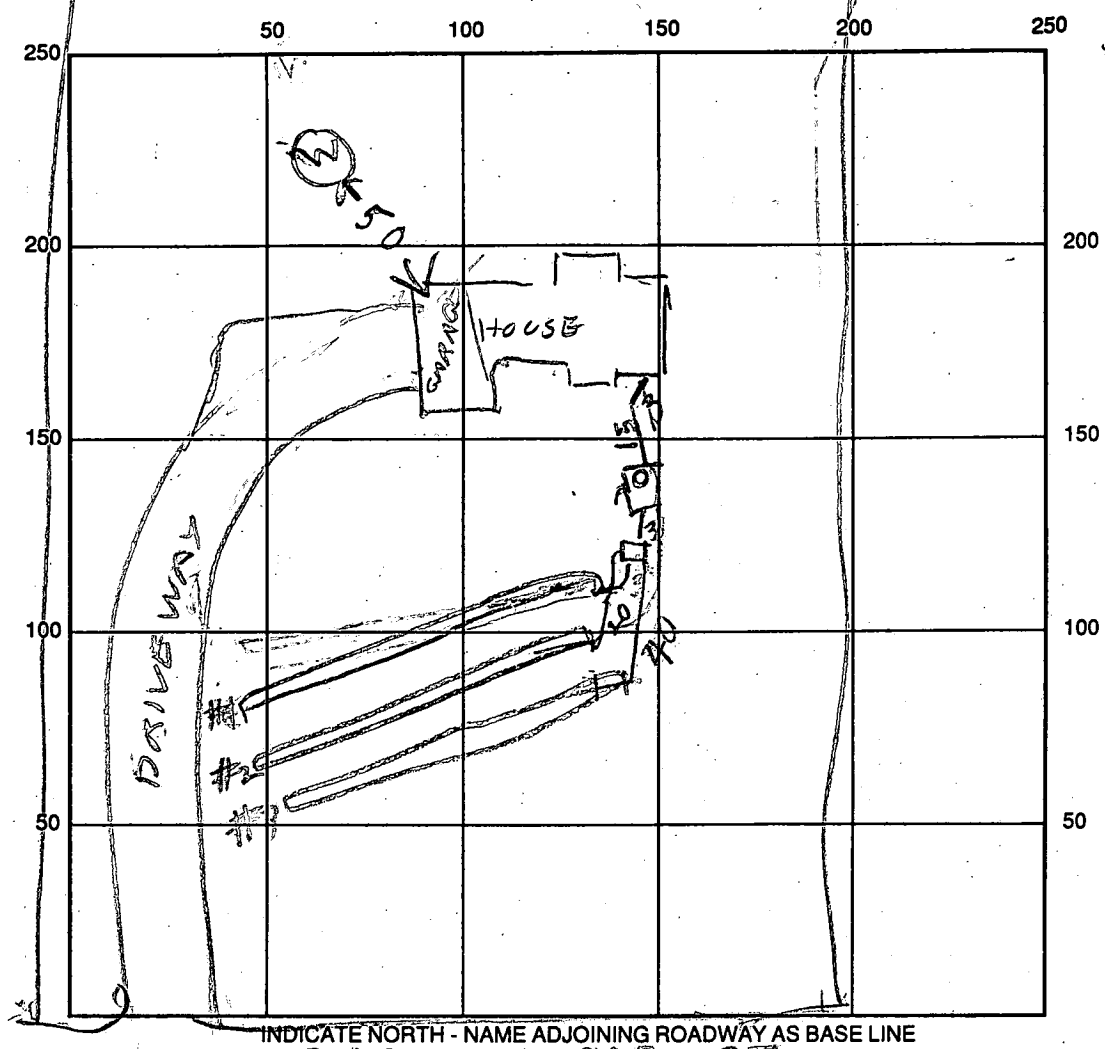
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 38838



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

S. SPRING WOOD CT

SEPTIC TANK LEVEL OK IS UU CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1 | 2 | 3 = 100 | 100 | 100 FT. 300

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL/BO~~TTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/30/91 - LOCATION OK PER PLANS TRENCHES OK

DATE SYSTEM APPROVED 10/30/91 INSPECTOR Kathleen Hodges

APPLICATION

A 38838

PERCOLATION TESTING

P

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

5-21-87
perc ok'd pending
approved plat
JN/BN

DISTRICT

DATE 2/26/87

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 (1) ~~Royden A. Blunt~~ Milton F. Borkowski
c/o F.A.M. Equities, Inc. 233 E. Redwood Street.
ADDRESS Baltimore, MD 21202 PHONE

PROSPECTIVE BUYER (2) F.A.M. Equities, Inc.
802 Garrett Bldg., 233 E. Redwood Street
ADDRESS Baltimore, MD 21202 PHONE 301-685-8588

PROPERTY LOCATION: Intersection of Rt. 32 and Folly Quarter Road

SUBDIVISION Ridgewood (13304 Springwood Court) LOT NO. ~~3~~ 4 on Preliminary

ROAD AND DESCRIPTION Public CT B

TAX MAP 22 PARCEL # 160

SIZE OF LOT 4.0 AC TYPE BLDG. Single Family
(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. Wigand H. Theimer (Agent for F.A.M. Eq.)
(SIGNATURE OF APPLICANT)

APPROVED BY FOR BLDG. PERMIT SIGNED AND RETURNED 7/20/87 DATE

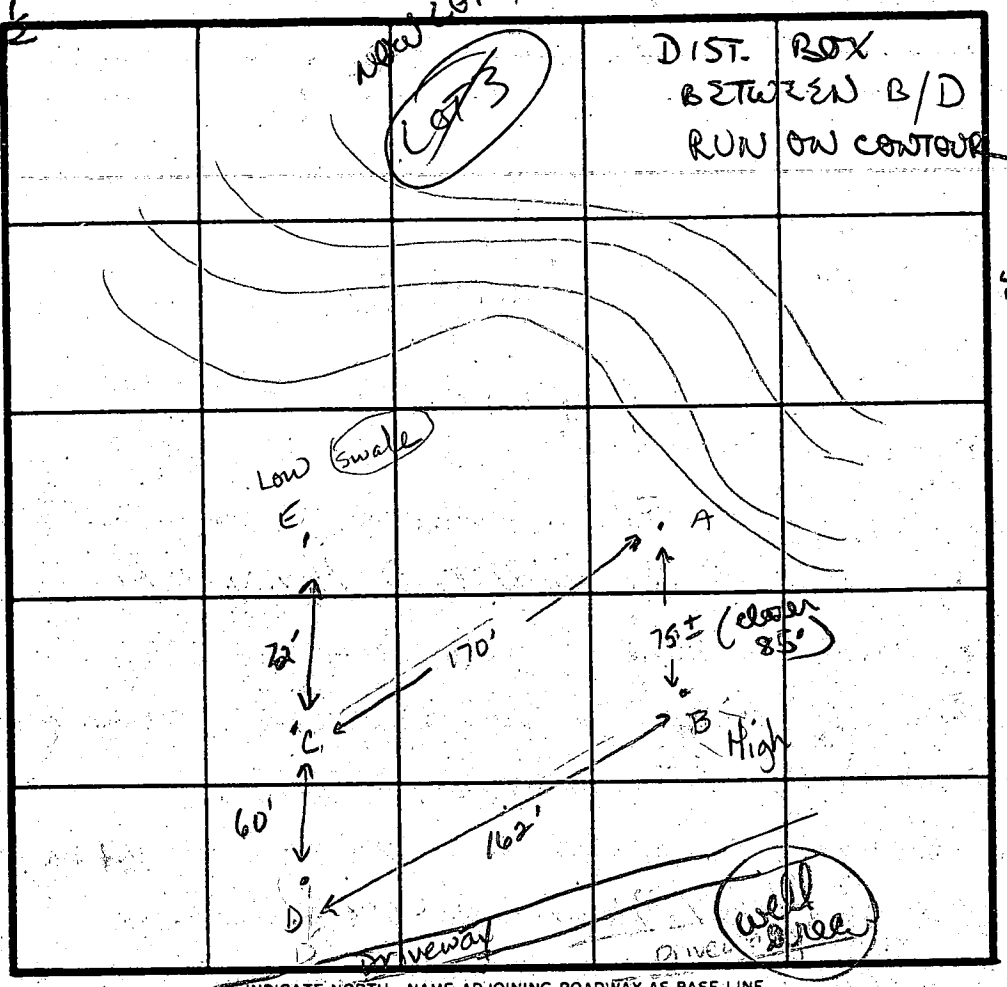
REJECTED BY FOR Sewer # 386944 3 Bedrooms DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR (HOLDING) for field located holes and subdivision plat

THIS IS NOT A PERMIT

SHALLOW SYSTEM ONLY $\bar{X}$ = 2½ min
INLET 3½'
MAX DEPTH 5½
174 Ø/BD



A

SOIL PROFILE

0 – 4.5' Org/br si cl loam
4.5' – 7.0' Org/br si sa loam, trc mica
7.0 – 11.5 Br sa si loam, trc schist frags.
11.5 Bottom

B

0 – 4.0 Red si cl loam
4.0 – 8.5 Brown micaceous si loam
8.5 – 11.5 Brown si sandy loam
11.5 Bottom

C

0 – 3.0 Rd br si cl loam
3.0 – 7.0 Rd br micaceous si loam
7.0 – 11.5 Brown si sa loam, trc micaceous schist fragments
11.5 Bottom

D

0 – 4.5 Rd br cl si loam, trc mica
4.5 – 11.0 Rd-tan micaceous si loam, trc schist fragments
11.0 Bottom

E

0-3 Dk br si cl loam
3-5 Yellow br si cl lm
5 – 8.5 Br si sa lm, trc mica
8.5 – 11.5 Br si cl lm
11.5 – 13.5 Gr sa si lm, trc schist fragments

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5-21-87	A	3.5 S	3:04	3:12	3:12	3:14	2min
		6.5 M	3:04	3:05	3:05	3:07	2min
		11.5 D	Bottom (see profile)				
	C	4.5 S	3:05	3:07	3:07	3:09	2min
		11.5 D	Bottom (see profile)				
	D	3.5 S	3:40	3:41	3:42	3:43	2min
		11.0 D	Bottom (see profile)				
	B	3.5 S	3:28	3:30	3:30	3:32	2min
		6.5 M	3:32	3:34	3:34	3:38	4min
	E	11.5 D	Bottom (see profile)			Water at 13:5'	

E 12.5 ✓ Good material at 5.0'

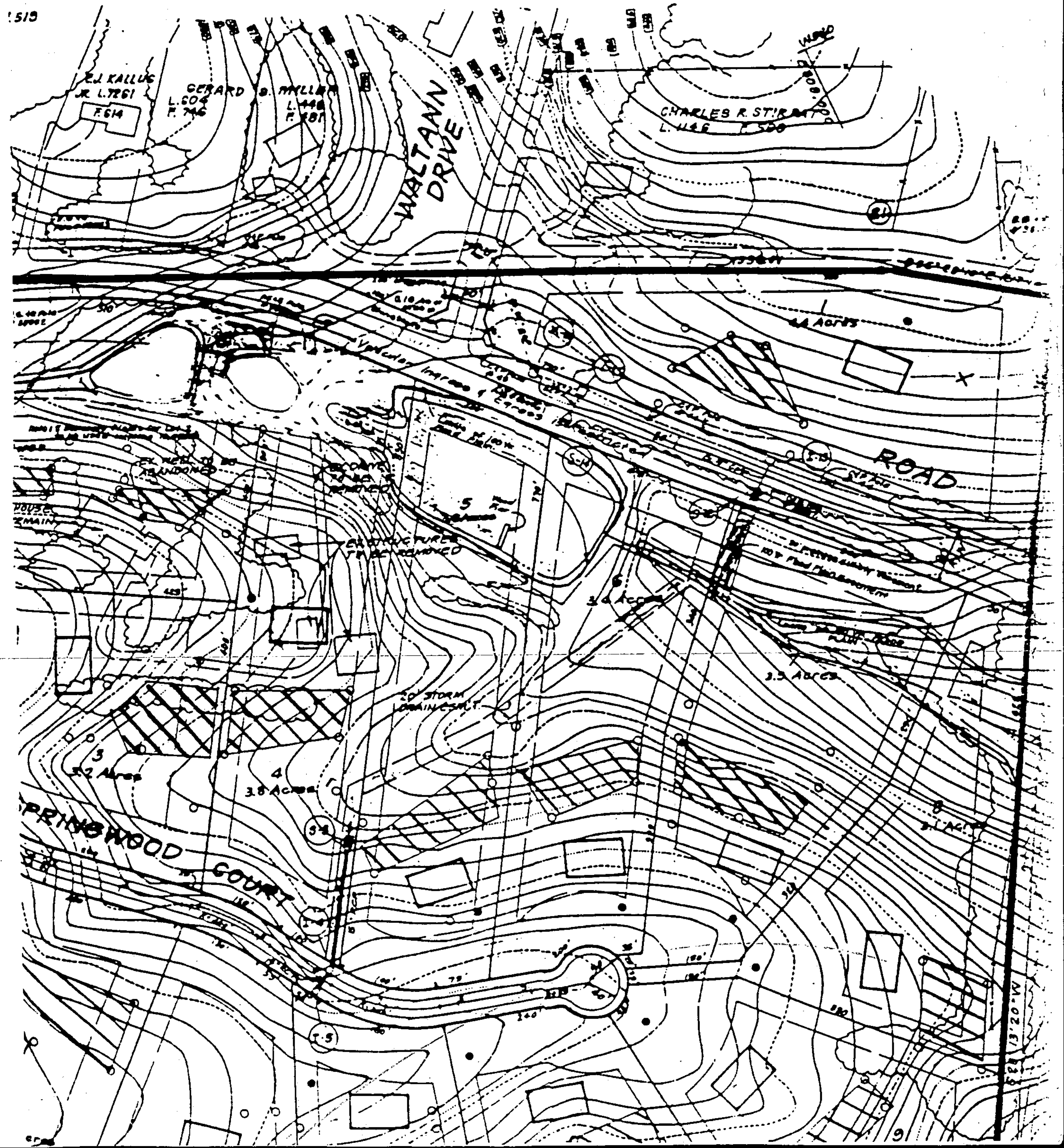
REMARKS Shallow system recommended due to low elevations. E visual at center of basin. Perc field was adjusted up slope.

TYPE OF SOIL Rd-br si cl loam, orange-tan mic si loam, br si sa loam.

TESTED BY J. Nadeau / B. Nixon ALSO PRESENT Jeff, Chris

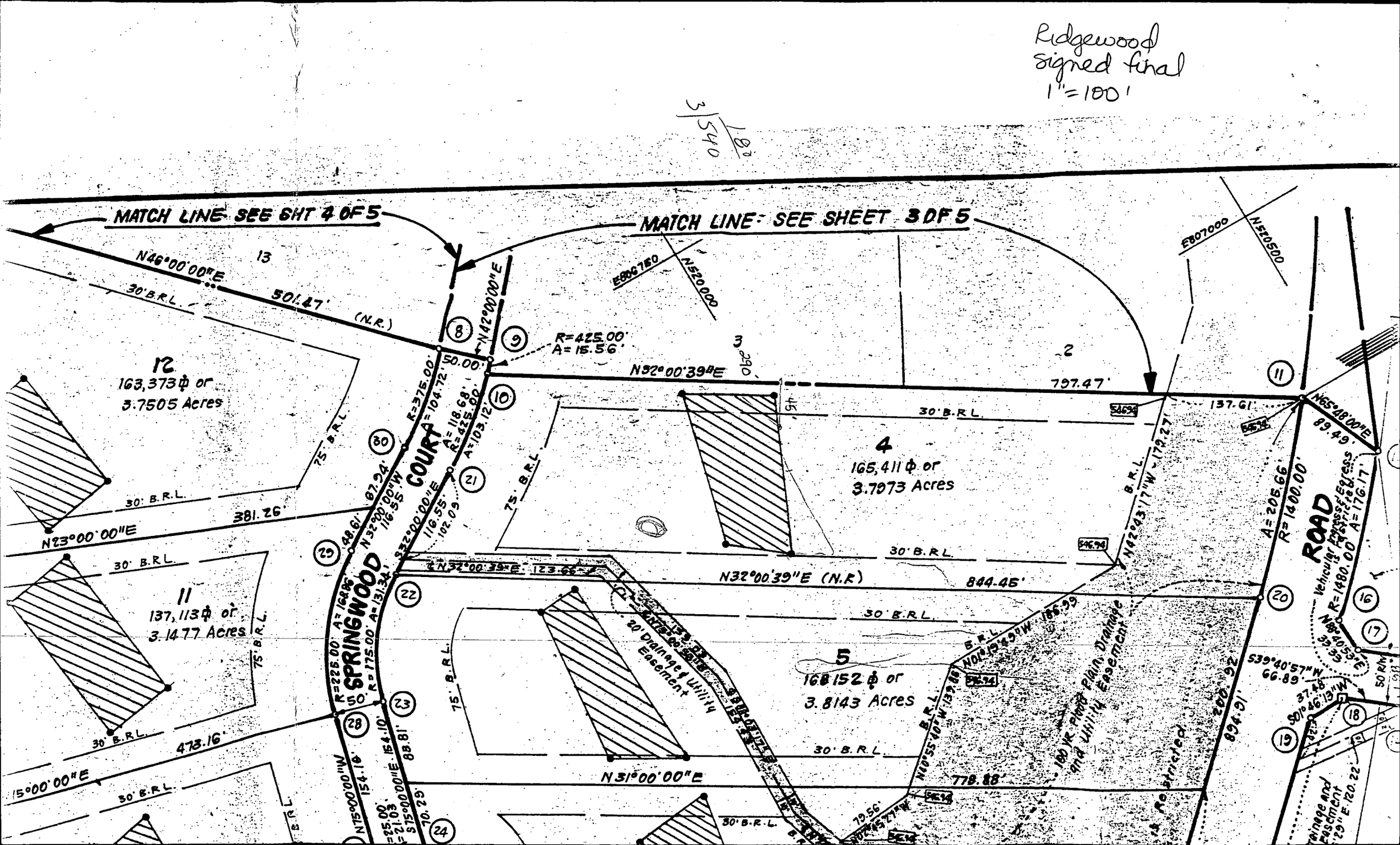
EH-12-1079

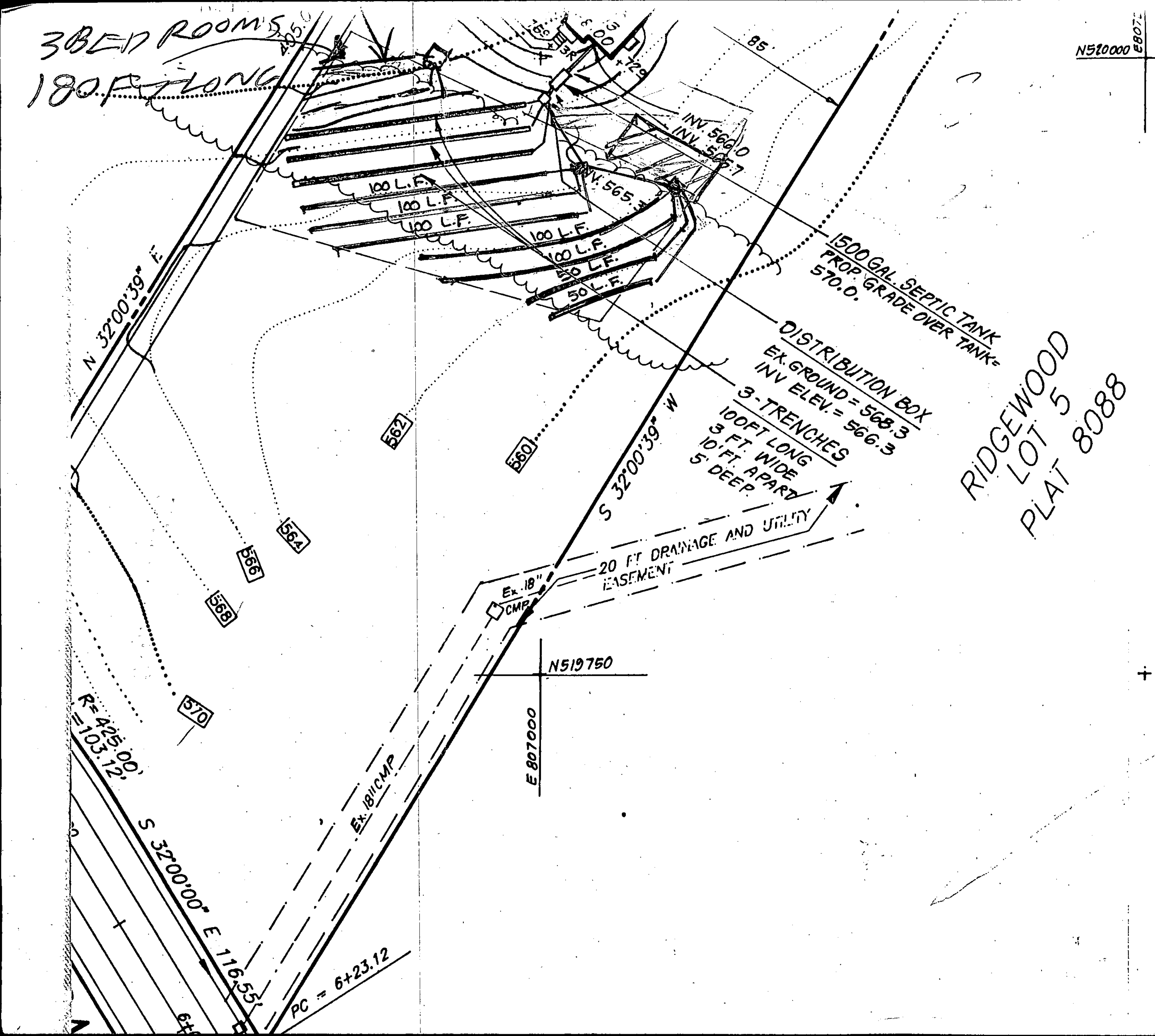
Ridgewood
signed preliminary
1" = 200'



Ridgewood
signed final
1"=100'

3/540 18




3 BED ROOMS
180 FT LONG
INV. 566.0
INV. 565.7
INV. 565.
100 L.F.
100 L.F.
100 L.F.
100 L.F.
100 L.F.
50 L.F.
50 L.F.
85
N520000
E807
1500 GAL. SEPTIC TANK
PROP. GRADE OVER TANK=
570.0.
DISTRIBUTION BOX
EX. GROUND = 568.3
INV ELEV. = 566.3
3-TRENCHES
100 FT LONG
3 FT. WIDE
10 FT. APART
5' DEEP.
RIDGEWOOD
LOT 5
PLAT 8088
N 32°00'39" E
S 32°00'39" W
562
560
564
566
568
570
20 FT DRAINAGE AND UTILITY
EASEMENT
Ex. 18" CMP
N519750
E 807000
R= 425.00'
=103.12'
S 32°00'00" E 116.55'
Ex. 18" CMP
PC = 6+23.12

EMERGENCY/TEMP NO. IF ANY

B T 1560 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-81-2550
fill in this form completely

Date Received (APA): 12/2/87

OWNER INFORMATION

R D CONTRACTORS INC
Last Name / Owner / First Name

9048 FURROW AVE
Street or RFD

ELLICOTT CITY MD 21043
Town / State / Zip

DRILLER INFORMATION

George F. Easterday
Driller's Name — 77 License No. 80

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771
Address

George F. Easterday — 12/18/87
Signature — Date

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 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)

APPROXIMATE DEPTH OF WELL: 700 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 37 AIR-ROTary CABLE AIR-PERcussion ROTARY (Hydraulic Rotary)
REVerse-ROTary DRive-POINT
Other

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
- 39 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) 41 52

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

APPROP. PERMIT NUMBER: GAP 54 63

FORCE [ ] WRITE INITIALS IN BOX 67 68 PERMIT No. HO-81-2550 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL

COUNTY: HOWARD
SUBDIVISION: DOGWOOD
SECTION: LOT 4
NEAREST TOWN: GLENELG
MILES FROM TOWN (enter 0 if in town): 1 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

NEAR WHAT ROAD: SPRINGWOOD COURT

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

DISTANCE FROM ROAD: 40
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A38838 — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 01/18/88 — CO-SIGNATURE: B. Nelson — EXP. DATE: 07/15/88

NORTH GRID: 520000
EAST GRID: 080700

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

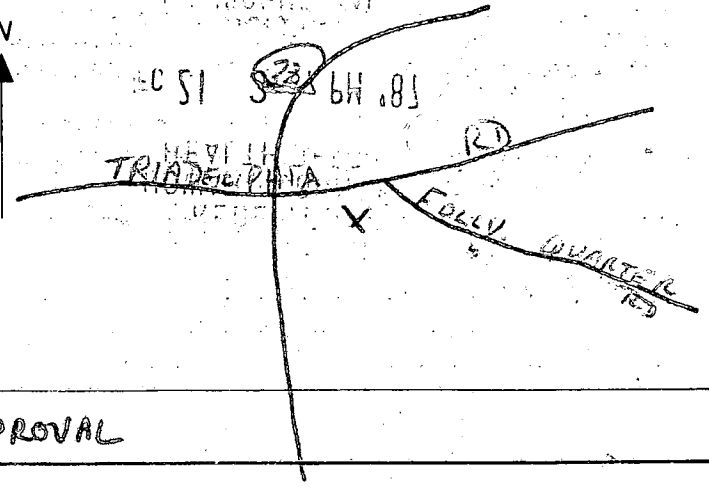
WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 7
N 520 0

000 000

2-9-88
3:00 pm
Location ok
2 ft above ground
48 ft open hole
63 ft casing
17 bags cement
JE Nadeau

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



SPECIAL CONDITIONS: NEEDED FOR PRELIM S/D APPROVAL

COUNTY

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

SEQUENCE NO. (OEP USE ONLY)
...BER IS TO BE PUNCHED ...ES 3-6 ON ALL CARDS)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 38838

DATE Received	DATE WELL COMPLETED	Depth of Well (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
	020888	400	HO-81-2500

OWNER: CONTRACTORS (last name) R. D. (first name)
STREET OR RFD: SPRINGWOOD COURT TOWN: ~~[illegible]~~ GLENELG
SUBDIVISION: RIDGEWOOD SECTION: ____ LOT: 4

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
topsoil	0	1	
Red clay	1	6	
Red mica	6	20	
brown mica	20	57	
gray mica	57	65	
brown mica	65	75	✓
gray mica	75	400	

note 1½ GPM

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. 40
George F. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Robert K. Huebner
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): Y (yes, circled) / N (no)
TYPE OF GROUTING MATERIAL: CEMENT CM (circled) / BENTONITE CLAY BC
NO. OF BAGS 17 NO. OF POUNDS 1700
GALLONS OF WATER 85
DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 48 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	63

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.)

	Type	From	To
1	HO	61	400
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 ____

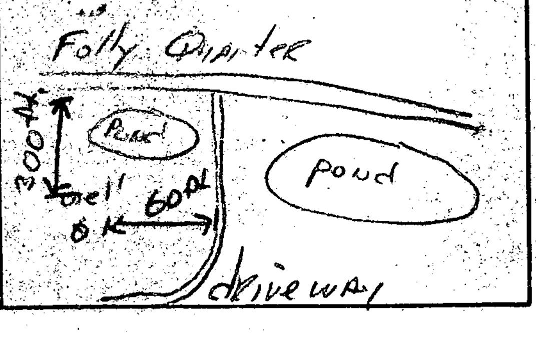
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING; (E.R.O.S.) — LOG INDICATOR; WQ — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31
WHEN PUMPING 195
TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible (circled)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE YES or NO) YES NO (circled)
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 (circled) / − below LAND SURFACE 2 (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)



DRILLER

Water 65-75

2-18-88
8:00
Thur

Page ____ of ____
Date ____

Review ok 10/31/91 cw

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2500
Location of property (road) SPRINGWOOD COURT
Subdivision RIDGEWOOD Lot 4 Block ____ Plat ____ Sec. ____
Well Driller GEORGE EASTERDAY Owner CONTRACTORS, R.D.

Depth of well 400 16 PM
Distance of measuring point (M.P.) above ground 24"
Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
Total time 30 min to reach pumping water level 191 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)
9:15	190	30 Sec	Pump Set 350'	2
9:30	192	35 Sec	Joe Worthington	1.7
9:45	194	38 Sec		1.5
10:00	195	38 Sec		1.5
10:15	195	38 Sec		1.5
10:30	195	38 Sec		1.5
10:45	195	38 Sec		1.5
11:00	195	38 Sec		1.5
11:15	195	38 Sec		1.5
11:30	195	38 Sec		1.5
11:45	195	38 Sec		1.5
12:00	195	38 Sec		1.5
12:15	195	38 Sec		1.5
12:30	195	38 Sec		1.5
12:45	195	38 Sec		1.5
1:00	195	38 Sec		1.5
1:15	195	38 Sec		1.5
1:30	195	38 Sec		1.5
1:45	195	38 Sec		1.5
2:00	195	38 Sec		1.5
2:15	195	38 Sec		1.5
2:30	195	38 Sec		1.5
2:45	195	38 Sec		1.5
3:00	195	38 Sec		1.5
HB-225	195	38 sec		1.5

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 ✓
Replacement ____

Receipt # WPI 47572
Date 10/24/91

Name of Installer LA MECHANICAL INC.
Telephone 750-1067

License Number 3195
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner DAVID/MILTON BORKOWSKI Telephone 988-9151
Subdivision RIDGEWOOD Lot # 4 Well Tag # HO-81-2500
Site Address 13309 SPRINGWOOD CT.

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

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

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? ____

P.A. OK per RH 10/18/91

Piping
1. Type ____
2. Size ____
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

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: OCT 24, 1991

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

HD-215