

4-7-89  
13 MP  
4/11/89

# 348222

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

P 43772

A 40064

DISTRICT 4th

DATE 3/13/89

DATE SYSTEM APPROVED 4-11-89

INSPECTOR JEN

Walter W. King Plumbing and Heating Contractors IS PERMITTED TO INSTALL X ALTER

ADDRESS 5305 King's Court, Frederick, Maryland 21701 PHONE 662-6990

SUBDIVISION White Wood Estates ROAD 17400 White Dogwood Ct 8

PROPERTY OWNER Richard B. Pettit & Company, Inc.

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4 <sup>2256</sup>  
5/1024 207.8 205 ft trench

TRENCHES - 256 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide.  
Inlet 3.5 feet below original grade. Bottom maximum depth 8.5 feet below  
original grade. Effective area begins at 3.5 feet below original grade.  
5 feet of stone below distribution pipe.

LOCATION - Place the first trench 75 feet up the left (403.03') lot line and 115 feet  
off the same lot line as seen when facing the lot from White Dogwood Court.  
Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY Sid Abel DATE 8/11/88

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

BUDG. PERMIT SIGNED  
AND RETURNED 2/12/90  
Serial # 31224 - P-17

BUDG. PERMIT SIGNED  
AND RETURNED 3/29/89  
Serial # 24391 - deck

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

BUDG. PERMIT SIGNED  
AND RETURNED 3/24/90  
Serial # 31804 - deck

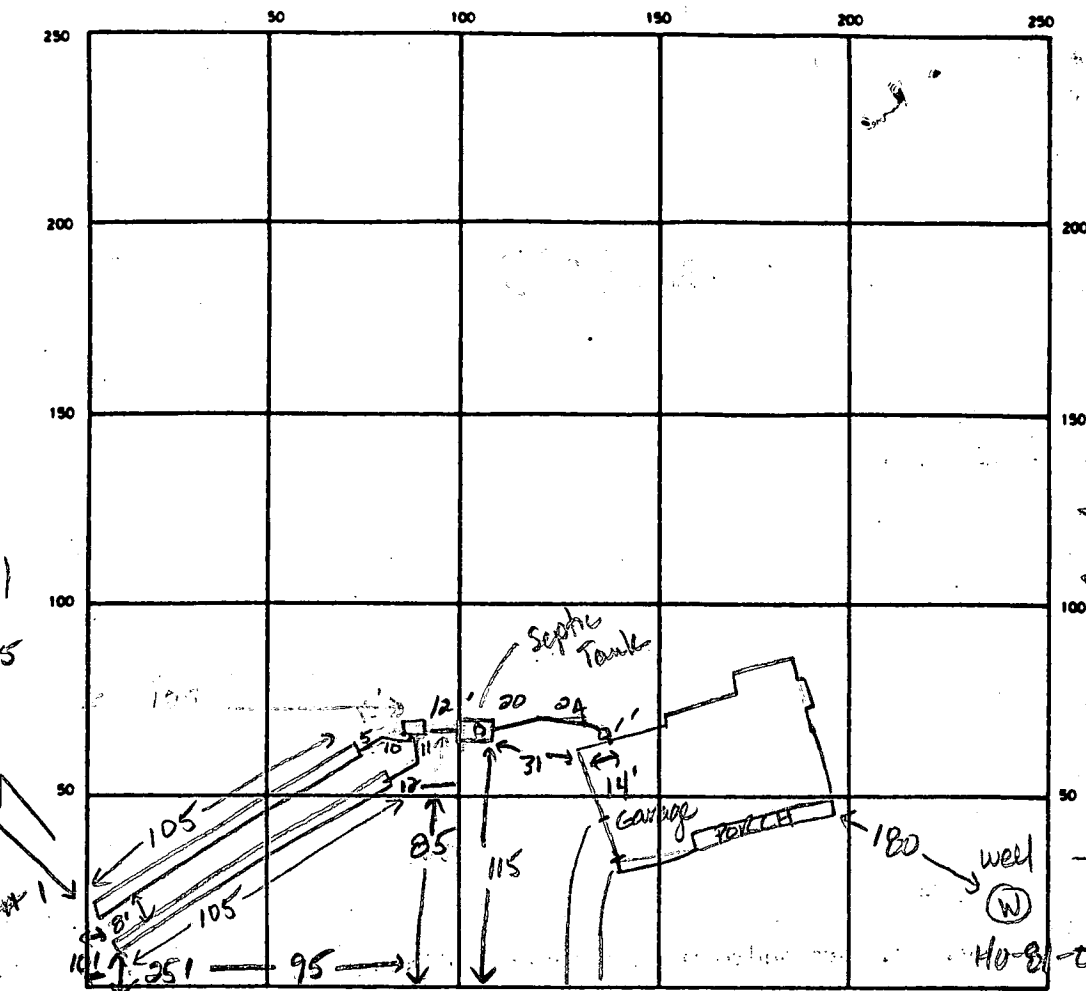
40064

Lot-7 well

H0-81-0095

(W)

115



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

White Dogwood Court

SEPTIC TANK. LEVEL 2000 gal CLEANOUTS 1 in line at house, 1 on septic tank

DISTRIBUTION BOX. LEVEL OK (with baffle)

DRAIN FIELD TILE FIELD. DEPTH 9.0 9.0 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4' 4' FT.

EFFECTIVE GRAVEL DEPTH 5.0 5.0 FT. TOTAL LENGTH 105 105 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 525 525 SQ. FT.

DRYWELL INSIDE DIAMETER        FT. EFFECTIVE DEPTH BELOW INLET        FT.

ABSORBENT AREA 1050 SQ. FT.

REMARKS 4-7-89 OK to add stone, pipe & paper to both trenches. JEN  
4-7-89 OK to cover from house to dist. box once c-o on septic tank.  
OK to cover trenches #1 & 2 if necessary. leaving both ends open JEN  
4-11-89 OK to cover all work. JEN

DATE SYSTEM APPROVED 4-11-89

INSPECTOR James E. Madreau

# APPLICATION

PERCOLATION TESTING

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

10/21/87  
perc OK'd pending  
approved plat  
(B)

A 40064

P \_\_\_\_\_

DISTRICT 4TH

DATE 9-8-87

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 Kennard Warfield Jr PERMITS Co, Inc 963-2896

ADDRESS 14663 Tridelpia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION White Property White DOWD EST LOT NO. 8

ROAD AND DESCRIPTION South side of Balto National Pike (Rt 144) = north side of Hardy Rd 17400 White DOWD Ct.

TAX MAP 7 PARCEL # 1

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.

Mal D Klein  
(SIGNATURE OF APPLICANT)

APPROVED BY Pickney Abel FOR Deep trenches DATE 8-12-88

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING for field located holes & sub-plat

BLDG. PERMIT SIGNED  
AND RETURNED 1-11-89

BP22914 SM

# THIS IS NOT A PERMIT

on LOT 7

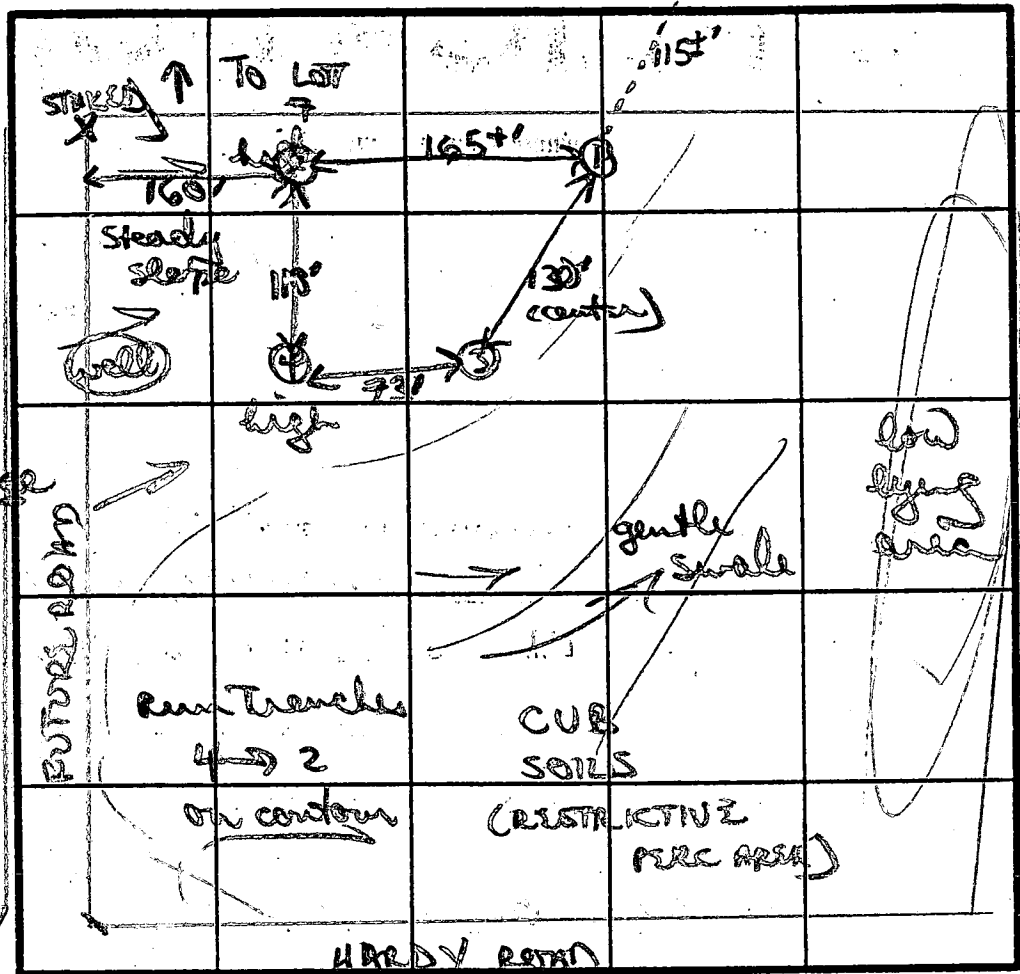
INLET 3.5'  
MAX D 8.15  
X = 12.5 MIN  
200 B/D ROOM

SOIL PROFILE

red/brown clay 3 1/2'  
fairly quickly to purple/orange silty loam scattered patches of blueish weathered material  
↓ 100' 5'

② ③

orange/purple clay 3 1/2'  
to orange/purple silty loam w/ 5% small frags scattered  
↓ 5'  
12' D

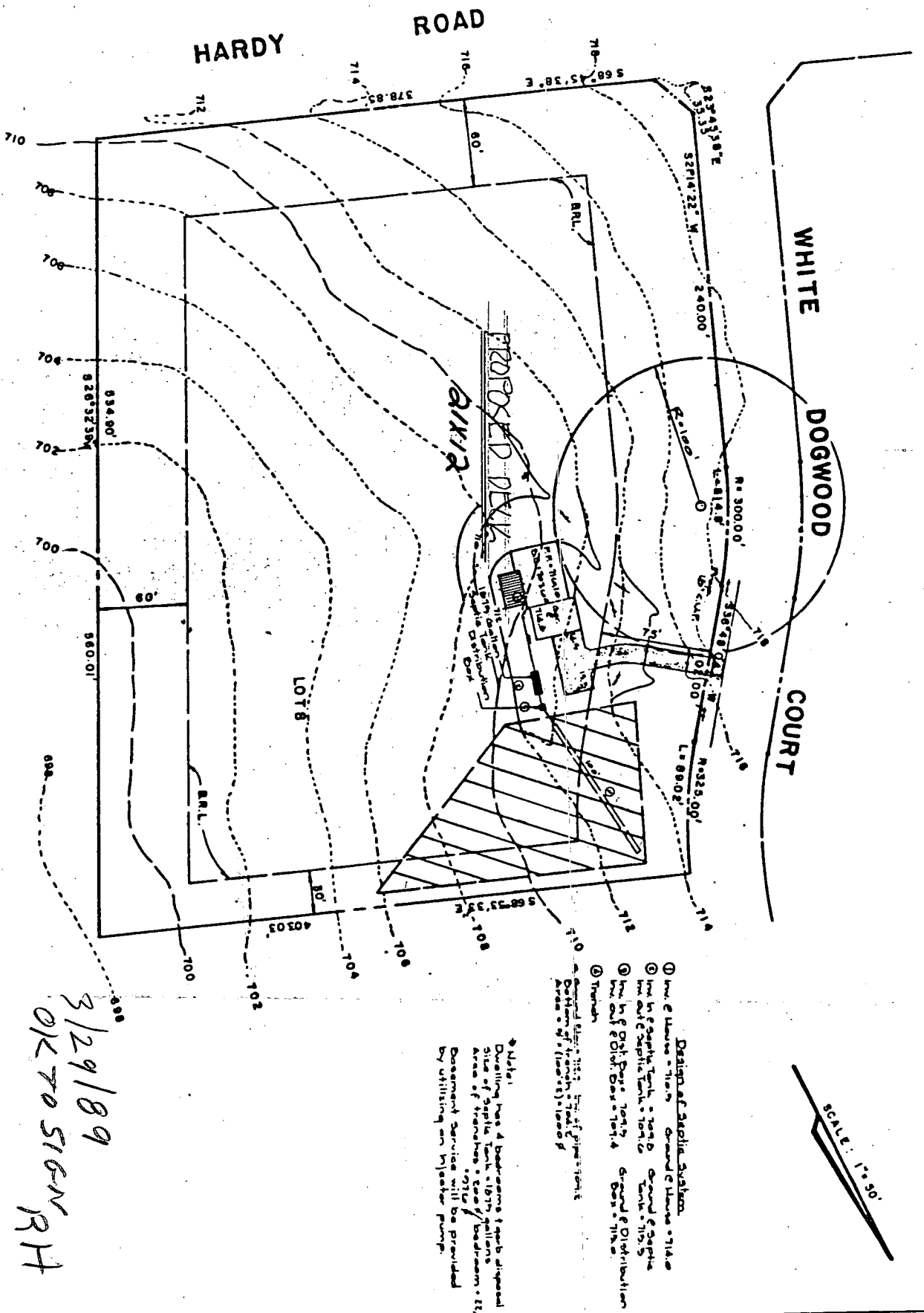


④  
similar soils to #1  
w/ layers of yellow/purple silty clay 6-8'  
back to orange gully silty loam  
12 1/2' D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH       | PRE-WET              |      | TEST - 1" DROP |      | TIME   |
|---------|----------|-------------|----------------------|------|----------------|------|--------|
|         |          |             | START                | STOP | START          | STOP |        |
| 10/2/87 | ①        | 4' S        | 239                  | 245  | 245            | 254  | 9 MIN  |
|         |          | 13' D       | bottom (see profile) |      |                |      |        |
|         | ②        | VISION ONLY | GOOD SOILS           |      | 4' ↓           |      |        |
|         |          | 12' D       | bottom (see profile) |      |                |      |        |
|         | ④        | 3 1/2' S    | 251                  | 303  | 303            | 330  | 27 MIN |
|         |          | 7 1/2' M    | 251                  | 258  | 258            | 309  | 11 MIN |
|         |          | 12 1/2' D   | bottom (see profile) |      |                |      |        |
|         | ③        | 3 1/2' S    | 256                  | 258  | 258            | 301  | 3 MIN  |
|         |          | 12 1/2' D   | bottom (see profile) |      |                |      |        |
|         |          |             |                      |      |                |      |        |

REMARKS: Dug + tested as staked. Soils uniform enough not to require additional hole  
TYPE OF SOIL: mostly orange & purple clays & silty loams w/ coarse weathered frags  
TESTED BY: B. Nijm  
ALSO PRESENT: [signature]



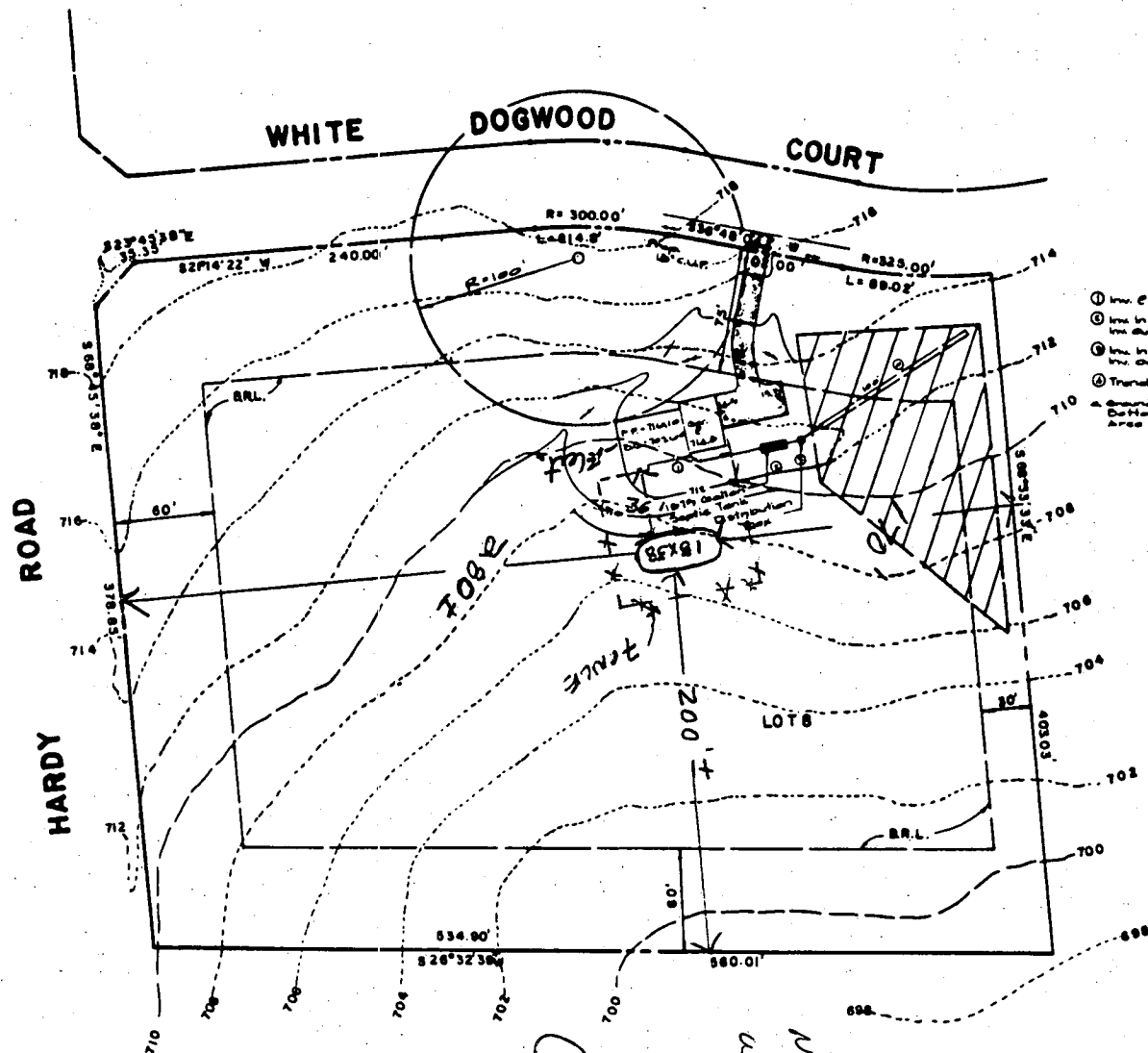
LOT 8  
PLOT PLAN TO ACCOMPANY  
APPLICATION FOR A BUILDING PERMIT  
**WHITE WOOD ESTATES**

4<sup>TH</sup> ELECTION DISTRICT HOWARD COUNTY, MD  
SCALE: 1" = 50' NOVEMBER 9, 1988

3/29/89  
OK TO SIGN RH

R.B. PETTIT & CO. INC  
18211-A FLOWER HILL WAY  
GAITHERSBURG MD  
963-2096 20379

PROPOSED DECK  
LOT 8  
17400 WHITE DOGWOOD CT  
MT AIRY, MD



- Design of Septic System**
- ① In. of House = 710.5 Ground of House = 714.0
  - ② In. in of Septic Tank = 709.0 Ground of Septic Tank = 712.5
  - ③ In. in of Dist. Box = 709.5 Ground of Distribution Box = 714.0
  - ④ Trench

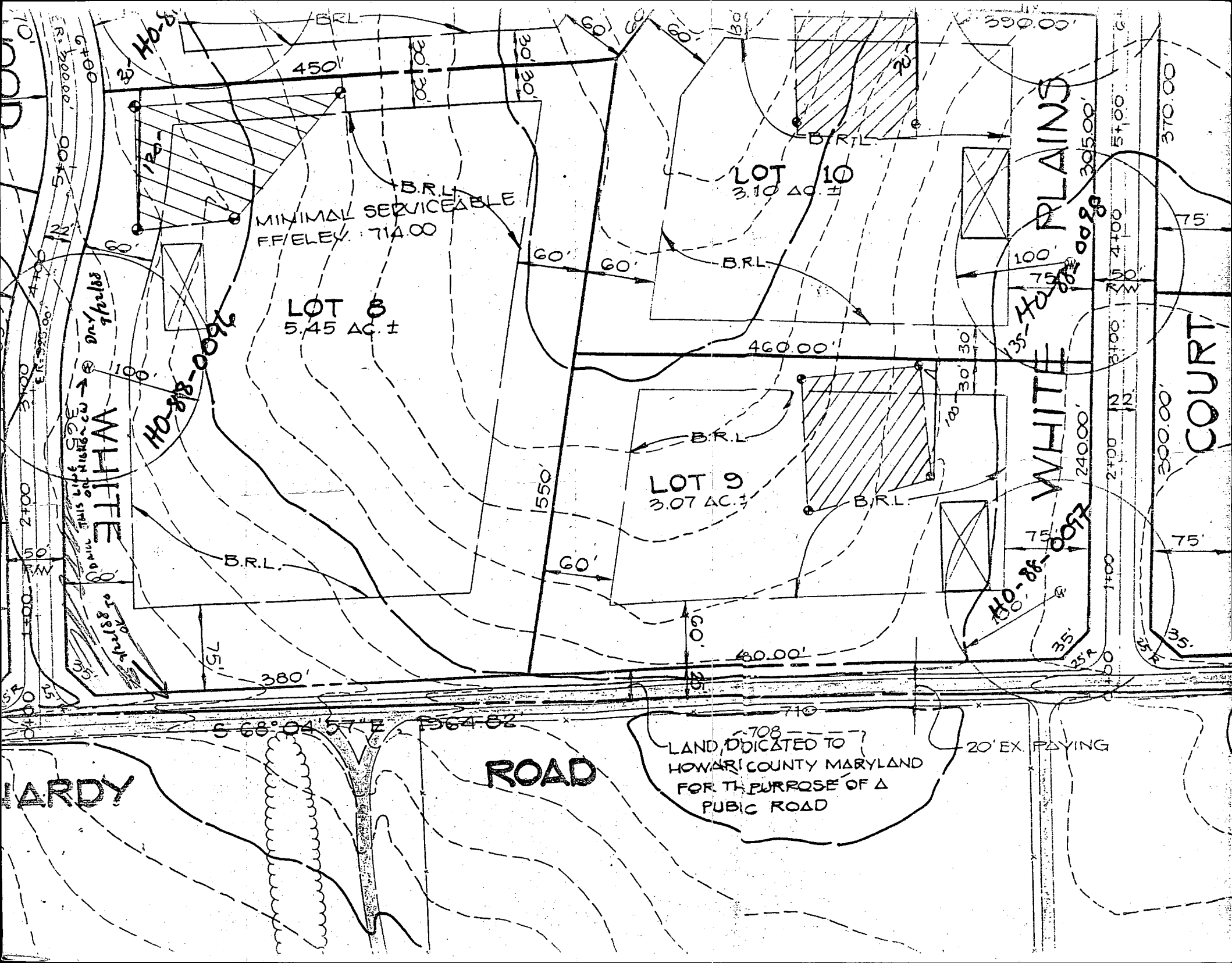
A Ground Elev. = 715.7 In. of pipe = 709.2  
 Bottom of trench = 704.2  
 Area = 4' x (100' x 1') = 400 sq'

**Note:**  
 Dwelling has 4 bedrooms & 1 bath  
 Size of Septic Tank = 1875 gallons  
 Area of trenches = 200' x 4' = 800 sq'  
 Basement Service will be provided by utilizing an injector pump.

*NO INFILTRATION  
 UNDER SEPTIC  
 OR TO PROCEED  
 2/12/90  
 C. J. Miller*

LOT PLAN TO ACCOMPANY  
 APPLICATION FOR A BUILDING PERMIT  
**WHITE WOOD ESTATES**  
 LOT 8  
 4<sup>TH</sup> ELECTION DISTRICT HOWARD COUNTY, MD  
 SCALE: 1" = 50' NOVEMBER 9, 1988

**FISHER, COLLINS AND CARTER, INC.**  
 CONSULTING ENGINEERS AND LAND SURVEYORS  
 8388 COURT AVENUE  
 ELLICOTT CITY, MARYLAND 21043



MINIMAL SERVICEABLE  
FF/ELEV. 714.00

LOT 8  
5.45 AC. ±

LOT 10  
3.10 AC. ±

LOT 9  
3.07 AC. ±

WHITE PLAINS COURT

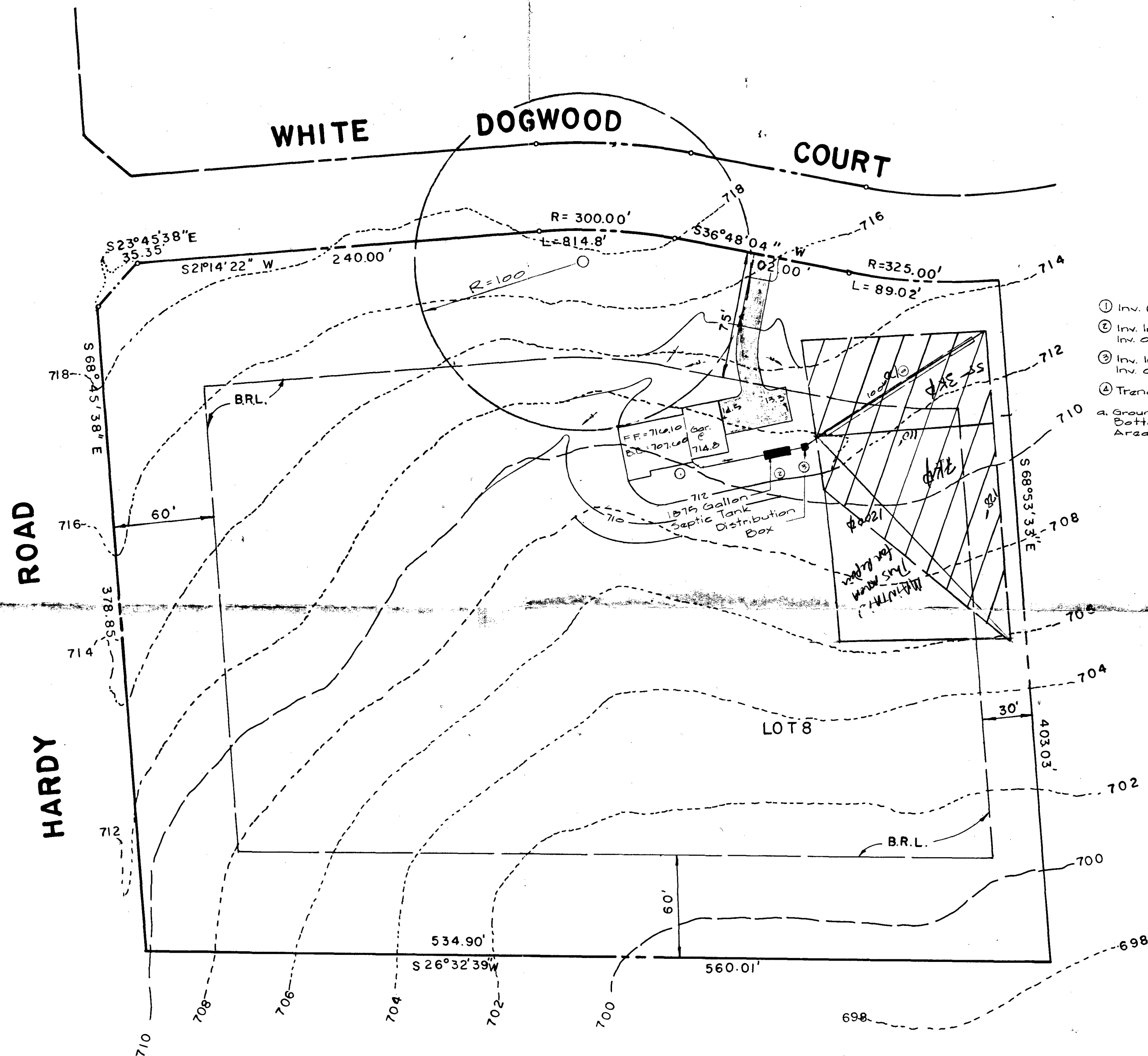
ROAD

LAND DEDICATED TO  
HOWARD COUNTY MARYLAND  
FOR THE PURPOSE OF A  
PUBLIC ROAD

20' EX. PAYING

WHITE

HARDY



SCALE: 1" = 50'

Design of Septic System

- ① Inv. @ House = 710.5 ✓ Ground @ House = 714.0 ✓
- ② Inv. In @ Septic Tank = 709.8 ✓ Ground @ Septic Tank = 713.3 ✓
- ③ Inv. In @ Dist. Box = 709.5 ✓ Ground @ Distribution Box = 713.0 ✓
- ④ Trench
  - a. Ground Elev. = 712.7 ✓ Inv. of pipe = 709.2 ✓
  - Bottom of trench = 704.2 ✓
  - Area = 5' (100' x 2) = 1000' *close*

\* Note:  
 Dwelling has 4 bedrooms + garb. disposal  
 Size of Septic Tank = 1575 gallons  
 Area of trenches = ~~210~~ 210' (2 bedrooms + 22%)  
 Basement Service will be provided by utilizing an injector pump. *Show*

SDDG. PERMIT SIGNED  
 AND RETURNED 1-11-89  
 BP 22914  
 SCL

PLOT PLAN TO ACCOMPANY  
 APPLICATION FOR A BUILDING PERMIT  
**WHITE WOOD ESTATES**  
 LOT 8  
 4<sup>TH</sup> ELECTION DISTRICT HOWARD COUNTY, MD.  
 SCALE: 1" = 50' NOVEMBER 9, 1988

FISHER, COLLINS AND CARTER, INC.  
 CONSULTING ENGINEERS AND LAND SURVEYORS  
 8388 COURT AVENUE  
 ELLICOTT CITY, MARYLAND 21043

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B 1 <span style="font-size: 24pt; font-weight: bold;">3618</span><br><small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SEQUENCE NO.<br>(DP USE ONLY) | <b>STATE OF MARYLAND</b><br><b>PERMIT TO DRILL WELL</b><br>please print or type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE PERMIT NUMBER<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           40-88-0096         </div><br><small>fill in this form completely</small> |
| Date Received (APA)<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">080488</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | B 3 <span style="float: right;">LOCATION OF WELL</span><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div><br><small>8 COUNTY</small><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">WHITE WOODS EST</div><br><small>23 SUBDIVISION</small><br>SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">44</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">8</div><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">POPULAR SPRING</div><br><small>52 NEAREST TOWN</small><br>MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <small>M I.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       |
| OWNER INFORMATION<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">WARFIELD</div> <small>15 Last Name</small><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">KEW</div> <small>Owner</small><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">14663</div> <small>36</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">TRI OCEAN BLVD</div> <small>55</small><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">GLENVIEW</div> <small>57</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MD 21232</div> <small>76</small> |                               | DRILLER INFORMATION<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">Ralph Wayne</div> <small>77 License No. 80</small><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">Ralph Wayne Well Drilling</div><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">9120 Brown Church Rd. Mt Airy</div><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">Ralph Wayne</div> <small>Date</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2/30/88</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       |
| B 2 <span style="float: right;">WELL INFORMATION</span><br>APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div><br>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>                                                                                                                                                                                                                                                                                                                                                                                          |                               | B 4 <span style="float: right;">NEAR WHAT ROAD</span><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">WHITE OAKWOOD RD</div><br><small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             NORTH<br/>N<br/>WEST<br/>W<br/>SOUTH<br/>S<br/>EAST<br/>E           </div> <div style="text-align: center;">             34 <div style="border: 1px solid black; padding: 2px; display: inline-block;">25</div> 37<br/>             DISTANCE FROM ROAD<br/>             ENTER FT or MI <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ft</div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)<br><input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)<br><input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)<br><input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)                                                                                                                                            |                               | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL<br><div style="display: flex; justify-content: space-between;"> <div>           COUNTY NAME <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div><br/>           STATE SIGNATURE _____<br/>           DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block;">081788</div> </div> <div>           COUNTY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">A-40064</div><br/>           INSERT S. <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div><br/>           CO SIGNATURE <div style="border: 1px solid black; padding: 2px; display: inline-block;">Seth Abel</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02-16-88</div><br/>           EXP. DATE         </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">549000</div> </div> <div>           EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">0765000</div> </div> </div> |                                                                                                                                                                                       |
| APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">750</div> FEET<br>APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. well<br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7689</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5489</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |
| METHOD OF DRILLING (circle one)<br>BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/><br>AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/><br>CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/><br>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<br><div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY<br><input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div>                                                                                                                                                 |                               | Not to be filled in by driller (OEP USE ONLY)<br>APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div><br>FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">SA</div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-88-0096</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |
| SPECIAL CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       |

|                                                                                                                                                               |                                 |                                                                                                                         |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>C1</b> <span style="font-size: 24pt; font-weight: bold;">0586</span><br><small>1 2 3 6</small><br>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | SEQUENCE NO.<br>(DENV USE ONLY) | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE PRINT OR TYPE       | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED.                      |
|                                                                                                                                                               |                                 | COUNTY<br>NUMBER <span style="font-size: 24pt;">A-40064</span>                                                          | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br><span style="font-size: 24pt;">40-88-0096</span> |
| DATE Received <span style="border: 1px solid black; padding: 2px;">8 13</span>                                                                                |                                 | DATE WELL COMPLETED <span style="border: 1px solid black; padding: 2px;">100282</span>                                  |                                                                                               |
|                                                                                                                                                               |                                 | Depth of Well <span style="border: 1px solid black; padding: 2px;">205</span> <small>22 26</small><br>(TO NEAREST FOOT) |                                                                                               |
| OWNER <span style="font-size: 24pt;">WARRFIELD</span>                                                                                                         |                                 |                                                                                                                         |                                                                                               |
| STREET OR RFD <span style="font-size: 24pt;">LINTIE DOEGOOD CT</span>                                                                                         |                                 | TOWN <span style="font-size: 24pt;">POTOMAC SPRINGS</span>                                                              |                                                                                               |
| SUBDIVISION <span style="font-size: 24pt;">WARR</span>                                                                                                        |                                 | SECTION <span style="font-size: 24pt;">E8</span> LOT <span style="font-size: 24pt;">7</span>                            |                                                                                               |

| <b>WELL LOG</b><br>Not required for driven wells.<br><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>Brown Shale</td> <td>2</td> <td>85</td> <td>✓</td> </tr> <tr> <td>Brown Slate</td> <td>85</td> <td>90</td> <td></td> </tr> <tr> <td>Blue Slate</td> <td>90</td> <td>110</td> <td></td> </tr> <tr> <td>Brown Slate</td> <td>110</td> <td>115</td> <td>✓</td> </tr> <tr> <td>Blue Slate</td> <td>115</td> <td>205</td> <td></td> </tr> </tbody> </table> | DESCRIPTION (Use additional sheets if needed) | FEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   | Check if water bearing | FROM                   | TO | Top Soil | 0 | 2 |  | Brown Shale | 2 | 85 | ✓ | Brown Slate | 85 | 90 |  | Blue Slate | 90 | 110 |  | Brown Slate | 110 | 115 | ✓ | Blue Slate | 115 | 205 |  | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (Circle Appropriate Box) <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">N</span><br>TYPE OF GROUTING MATERIAL<br>CEMENT <span style="border: 1px solid black; padding: 2px;">CM</span> BENTONITE CLAY <span style="border: 1px solid black; padding: 2px;">BC</span><br>NO. OF BAGS <span style="font-size: 24pt;">15</span> NO. OF POUNDS <span style="font-size: 24pt;">1500</span><br>GALLONS OF WATER <span style="font-size: 24pt;">70</span><br>DEPTH OF GROUT SEAL (to nearest foot)<br>from <span style="border: 1px solid black; padding: 2px;">0</span> ft. to <span style="border: 1px solid black; padding: 2px;">0</span> ft.<br><small>(enter 0 if from surface)</small> | <b>PUMPING TEST</b><br>HOURS PUMPED (nearest hour) <span style="border: 1px solid black; padding: 2px;">3</span><br>PUMPING RATE (gal. per min. to nearest gal.) <span style="border: 1px solid black; padding: 2px;">8</span><br>METHOD USED TO MEASURE PUMPING RATE <span style="font-size: 24pt;">P</span><br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING <span style="border: 1px solid black; padding: 2px;">45</span><br>WHEN PUMPING <span style="border: 1px solid black; padding: 2px;">93</span><br>TYPE OF PUMP USED (for test)<br><span style="border: 1px solid black; padding: 2px;">A</span> air <span style="border: 1px solid black; padding: 2px;">P</span> piston <span style="border: 1px solid black; padding: 2px;">T</span> turbine<br><span style="border: 1px solid black; padding: 2px;">C</span> centrifugal <span style="border: 1px solid black; padding: 2px;">R</span> rotary <span style="border: 1px solid black; padding: 2px;">O</span> other (describe below)<br><span style="border: 1px solid black; padding: 2px;">J</span> jet <span style="border: 1px solid black; padding: 2px;">S</span> submersible |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------|------------------------|----|----------|---|---|--|-------------|---|----|---|-------------|----|----|--|------------|----|-----|--|-------------|-----|-----|---|------------|-----|-----|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION (Use additional sheets if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | FEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |                        | Check if water bearing |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FROM                                          | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Top Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                             | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Brown Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2                                             | 85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ✓ |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Brown Slate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 85                                            | 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Blue Slate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 90                                            | 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Brown Slate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 110                                           | 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ✓ |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Blue Slate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 115                                           | 205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | <b>CASING RECORD</b><br>casing types insert appropriate code below<br><span style="border: 1px solid black; padding: 2px;">ST</span> <span style="border: 1px solid black; padding: 2px;">CO</span><br>STEEL CONCRETE<br><span style="border: 1px solid black; padding: 2px;">PL</span> <span style="border: 1px solid black; padding: 2px;">OT</span><br>PLASTIC OTHER<br><br>MAIN CASING TYPE <span style="border: 1px solid black; padding: 2px;">PL</span> Nominal diameter top (main) casing (nearest inch) <span style="border: 1px solid black; padding: 2px;">6</span> Total depth of main casing (nearest foot) <span style="border: 1px solid black; padding: 2px;">95</span><br>OTHER CASING (if used) diameter inch <span style="border: 1px solid black; padding: 2px;"></span> depth (feet) from <span style="border: 1px solid black; padding: 2px;"></span> to <span style="border: 1px solid black; padding: 2px;"></span>                                                    |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | <b>SCREEN RECORD</b><br>screen type or open hole insert appropriate code below<br><span style="border: 1px solid black; padding: 2px;">ST</span> <span style="border: 1px solid black; padding: 2px;">BR</span> <span style="border: 1px solid black; padding: 2px;">HO</span><br>STEEL BRASS OPEN HOLE<br><span style="border: 1px solid black; padding: 2px;">PL</span> <span style="border: 1px solid black; padding: 2px;">OT</span><br>PLASTIC OTHER<br><br>DEPTH (nearest ft.) <span style="border: 1px solid black; padding: 2px;">40</span> <span style="border: 1px solid black; padding: 2px;">93</span> <span style="border: 1px solid black; padding: 2px;">205</span><br>SLOT SIZE 1 <span style="border: 1px solid black; padding: 2px;"></span> 2 <span style="border: 1px solid black; padding: 2px;"></span> 3 <span style="border: 1px solid black; padding: 2px;"></span><br>DIAMETER OF SCREEN <span style="border: 1px solid black; padding: 2px;"></span> (NEAREST INCH) |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CIRCLE APPROPRIATE LETTER<br><b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br><b>E</b> ELECTRIC LOG OBTAINED<br><b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL<br><br>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.                                                                                                                                                                                                                                                                                                                                                                                        |                                               | <b>PUMP INSTALLED</b><br>DRILLER WILL INSTALL PUMP YES <span style="border: 1px solid black; padding: 2px;">NO</span><br>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE<br>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: <span style="border: 1px solid black; padding: 2px;">S</span><br>CAPACITY: GALLONS PER MINUTE (to nearest gallon) <span style="border: 1px solid black; padding: 2px;"></span><br>PUMP HORSE POWER <span style="border: 1px solid black; padding: 2px;"></span><br>PUMP COLUMN LENGTH (nearest ft.) <span style="border: 1px solid black; padding: 2px;"></span><br>CASING HEIGHT (circle appropriate box and enter casing height)<br><span style="border: 1px solid black; padding: 2px;">+</span> above } LAND SURFACE (nearest foot) <span style="border: 1px solid black; padding: 2px;">2</span><br><span style="border: 1px solid black; padding: 2px;">-</span> below }                             |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| DRILLERS IDENT. NO. <span style="font-size: 24pt;">915</span><br>DRILLERS SIGNATURE <span style="font-size: 24pt;">Ruth Maye</span><br>(MUST MATCH SIGNATURE ON APPLICATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <span style="border: 1px solid black; padding: 2px;">68</span><br><br>OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>T <span style="border: 1px solid black; padding: 2px;"></span> (E.R.O.S.) <span style="border: 1px solid black; padding: 2px;"></span> WQ <span style="border: 1px solid black; padding: 2px;"></span><br>TELESCOPE CASING <span style="border: 1px solid black; padding: 2px;"></span> LOG INDICATOR <span style="border: 1px solid black; padding: 2px;"></span> OTHER DATA <span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                                                                                                                                                                                                                                              |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | LOCATION OF WELL ON LOT<br>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |                        |                        |    |          |   |   |  |             |   |    |   |             |    |    |  |            |    |     |  |             |     |     |   |            |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

COUNTY

4/11/89

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 y  
Replacement   

Receipt # 43771  
Date 3/13/89  
Telephone 301 662 8990

Name of Installer Walter W. King Plbg. & Htg. Contr.

License Number 2217  
Certified Well Pump Installer    Well Driller    Registered Plumber y

Name of Property Owner Richard B. Pettit & Co., Inc. Telephone 301 962 2096  
Subdivision White Wood Estates Lot # 8 Well Tag # Hd - 88 - 0046  
Site Address 17400 White Dogwood Ct., Mt. Airy, Md. 21771

Pump Motor Pitless Adapter  
1. Type 1. Horsepower 1 1. Make Martinson  
a. Deep well jet 2. RPM    2. Model # BP 10X  
b. Shallow well jet 3. Voltage    3. Depth 40" min  
c. Submersible y a. 110    60" max  
2. Make Goulds b. 220 y  
3. Model # 5ES05422  
4. Capacity 5 GPM  
5. Pump exceeds well capacity Yes    No y  
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 y Other   

Tank Piping Well data  
1. Capacity 40 1. Type plastic 150# 1. Depth 205 ft.  
2. Pressure relief valve? yes 2. Size 1" 2. Yield 8 GPM  
3. NSF and/or BOCA Code approved y 3. Static water level    ft.  
4. Depth of supply line 42" min 4. Will water supply be disinfected by installer? yes  
60" max

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.

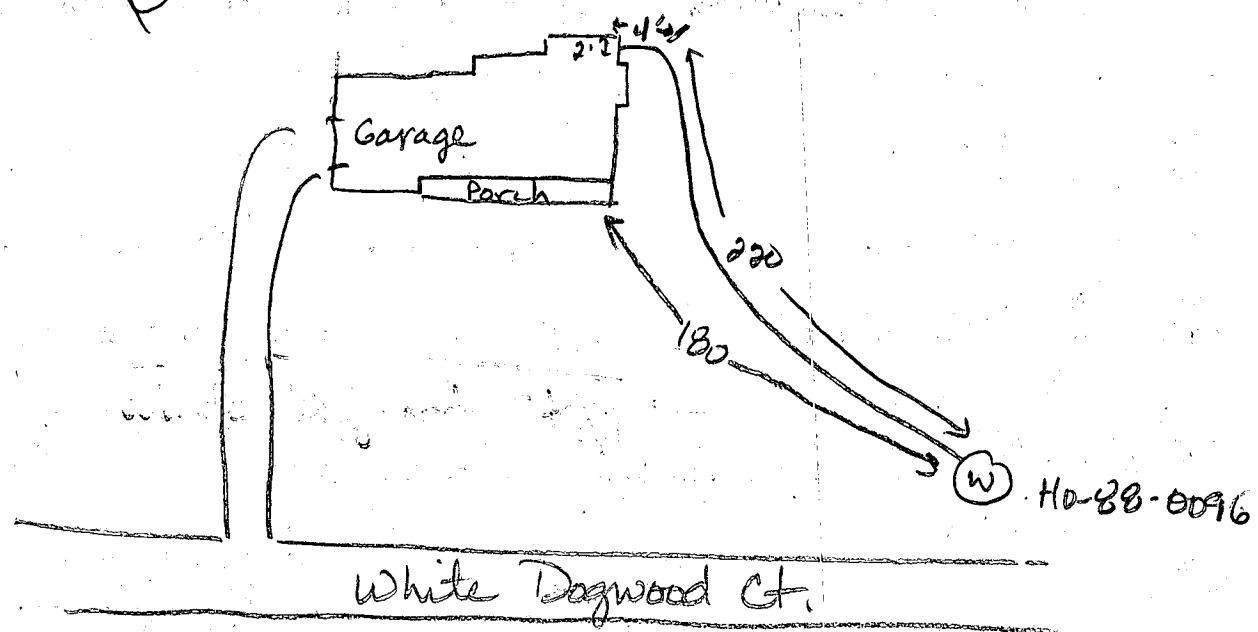
Signature of Applicant: Walter W. King

Date: 3-9-89

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

92  
 0  
 368  
 184  
 220

KEEP



4-11-89

Pitless adaptor at 50 inches below grade. Well line  
 in trench at 42 inches. No ground-plastic casing. House  
 connection ok. No pump tank installed. SENADEAN

RECEIVED  
 HOWARD COUNTY  
 HEALTH DEPT.  
 APR 13 9 16 AM '89  
 DIVISION OF  
 ENVIRONMENTAL  
 HEALTH