

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 50279

A 40787

DISTRICT 5th

DATE 9-15-94

DATE SYSTEM APPROVED 9/29/94

INSPECTOR C. B. 10/1

INDEXED

BWT Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 11974 Route 216, Fulton, Md. 20759 PHONE 498-6138

SUBDIVISION The Warfields LOT 23 ROAD 14825 Sapling Way

PROPERTY OWNER Chris Knudson

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place distribution box 210 feet down the right (560.92') lot line and 20 feet off the same lot line as seen when facing the lot from Sapling Way. Run trenches along contour towards the left (366.86') lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank. OK ALM 9-15-94

PLANS APPROVED BY Donna K. Soe

DATE 6/22/94

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 5/3/95

Serial # 59403

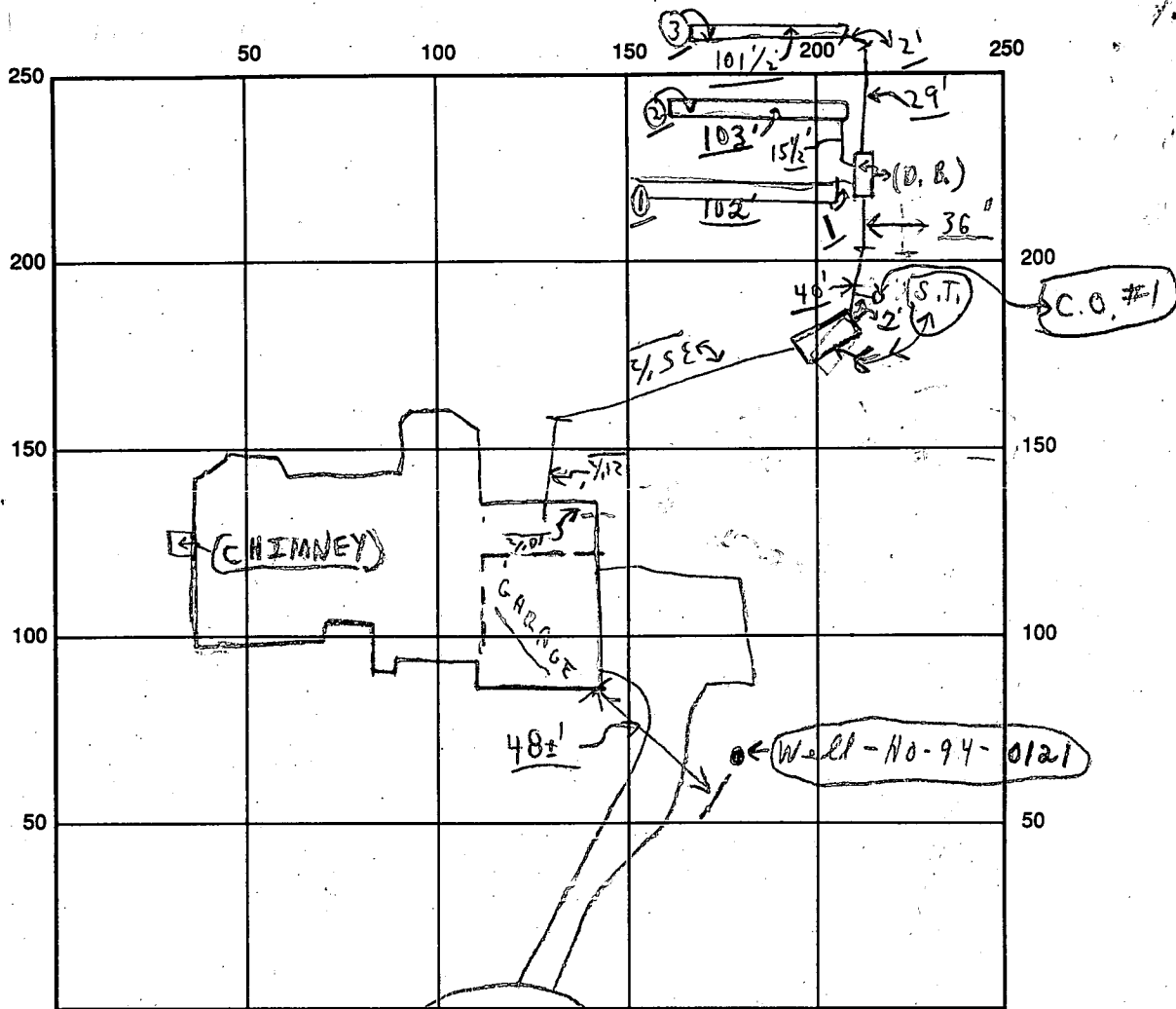
5/28/03 B00141933 attached 6 car garage

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 40787



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS OK S.T. OK C.O. #1 OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 102' + 103' + 101 1/2' = 306 1/2'

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 918 SQ. FT.

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

ABSORBENT AREA 918 SQ. FT.

REMARKS: 9/29/94 (P.M.) Final - ok to cover all work - CBS

9/29 No W.P.T. not ready CBS

DATE SYSTEM APPROVED 9/29/94 INSPECTOR Charles Bryan Stueck

APPLICATION

PERCOLATION TESTING

A 40787

P _____

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

DISTRICT 5th

DATE 12/1/87

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. Knudsen Builders

ADDRESS 14663 Triadelphia Rd PHONE 442-2337 465-2222

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION THE WARFIELDS LOT NO. Lot 23 Preliminary
Sapling Range 22

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd

14825 Sapling Way

TAX MAP 27 PARCEL # 56

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. Mark A Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/2/88
ROCK - PERC w/ LOT 23 TO MAKE 20K +/- AND POSSIBLE SPLIT

IF ACREAGE SUFFICIENT. S. A. 2-3-88 PERC SATISFACTORY - HOLD FOR PLAT

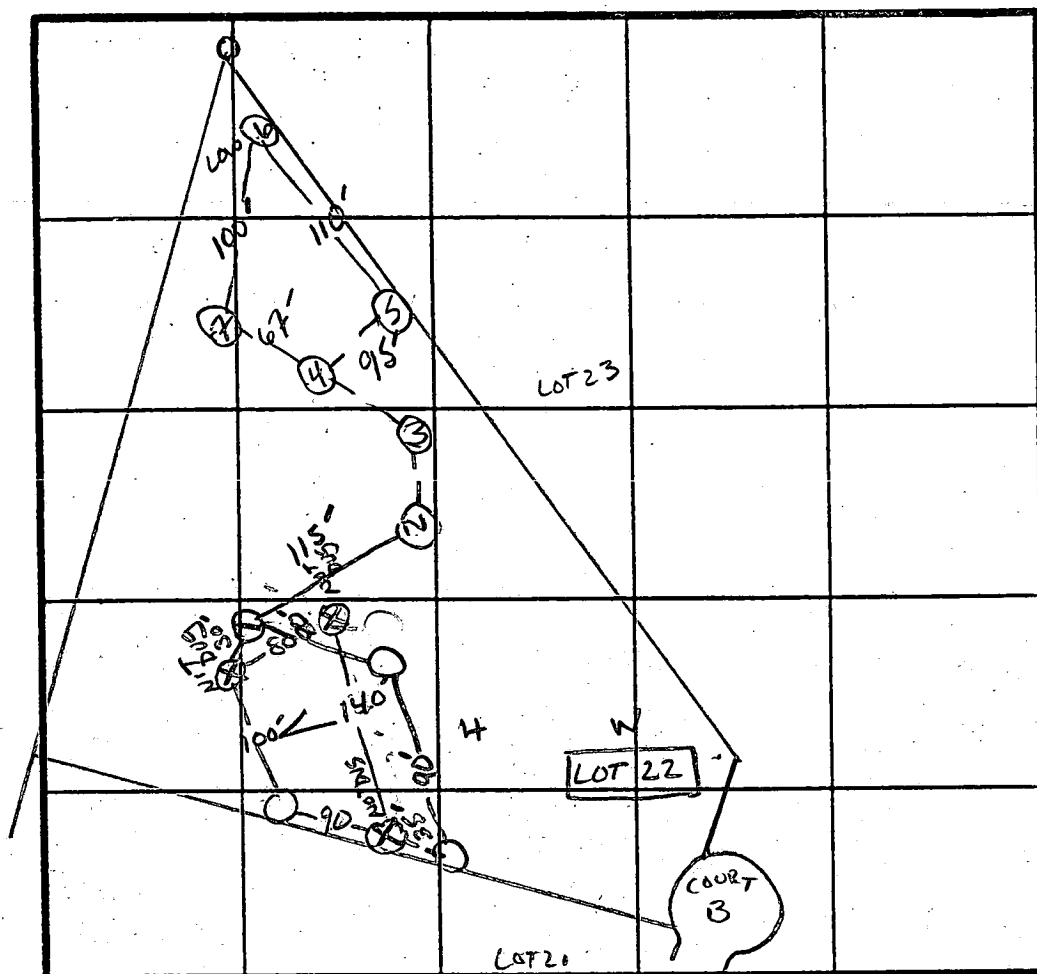
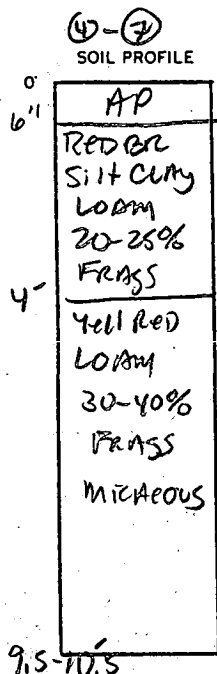
AND LOT LINE CHANGES S. A.

BLDG. PERMIT SIGNED

AND RETURNED

7/62/94
Serial # 33353 SFD-3 Bm

THIS IS NOT A PERMIT



X PERC S MIN
180 1/2 IN
INLET 3.5
BOTTOM 5.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
↓ TO TRIADOLPHIA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/2/88	N	ROCK AT 2.5"	STRUCTURED AT 1.5"				
	2V	ROCK AT 2.0"					
2/3/88	3V	ROCK STRUCTURED AT 5.5-6.0"					
	4 S	4.5"	1:41	1:44	1:44	1:50	6 MIN
	4 V	9.5"	HARD BOTTOM	FRAGS 30-40	% AT 8"		
	5 S	4.5"	1:49	1:51	1:51	1:55	4 MIN
	5 M	6.5"	1:49	1:51	1:51	1:54	3 MIN
	5 V	10"	HARD BOTTOM				
	6 S	4.5"	1:44	1:46	1:46	1:52	6 MIN
	6 V	10"	UNIFORM SOIL BELOW 4.0"				
	7 S	4.5"	1:44	1:45	1:45	1:49	4 MIN
	7 V	10.5"	UNIFORM SOIL BELOW 4.0-4.5"				

REMARKS Holes DIFFERENT - Shallow Syst. only Inlet 4.0'

TYPE OF SOIL MAJOR Lm. → ELIOAK

TESTED BY S. Abel ALSO PRESENT O-KETTERMAN MARK R.

1

9494

SEQUENCE NO.
(DP USE ONLY)

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STATE OF MARYLAND

APPLICATION FOR PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

DATE RECEIVED (APA)

060490

OWNER INFORMATION

WARFIELD KENNARD JR

14663 TRIDELPHIA RD

GLENELG MD 21737

DRILLER INFORMATION

FRANK DELPH

FRANK DELPH WELL DRILLERS INC

18234 PENN SHOP RD MT AIRY MD

FRANK DELPH

5,29,90

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D

APPROXIMATE DEPTH OF WELL

200

FEET

APPROXIMATE DIAMETER OF WELL

6

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted & DRIVEN

AIR-ROtary

AIR-PERcussion

ROtary (Hydraulic Rotary)

CABLE

REVerse-ROtary

DRive-POINT

other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N

THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D

THIS WELL WILL DEEPMEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER

GAP

FORCE

WRITE INITIALS IN BOX

PERMIT No.

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD

8 COUNTY

SAPLING RANGE

23 SUBDIVISION

SECTION

LOT

23

GLENELG

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

2

M.I.

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TOWN

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH

WEST

EAST

SOUTH

DISTANCE FROM ROAD

100

ENTER FT or MI

FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

A-40787

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

DATE ISSUED

CO. SIGNATURE

EXP. DATE

NORTH GRID

EAST GRID

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

795

5123

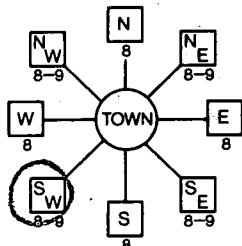
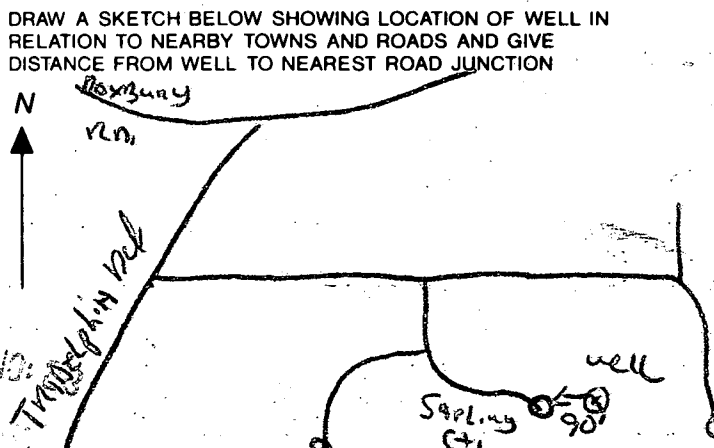
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Sherbrook Lane

Road A

Ct D

ORIGINAL

B 1 04779 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0121 <small>fill in this form completely</small>
Date Received (APA) 061694 OWNER INFORMATION WARFIELD KENNARD JR. 19663 KIRKDELPHIA RD SLEEVES <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL HOWARD 8 COUNTY THE WARFIELDS 23 SUBDIVISION SECTION 44 46 LOT 23 48 50 SLEEVES 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI <small>73 76 77 78</small>	
DRILLER INFORMATION Ralph Mayne Driller's Name Ralph Mayne (well drilling) Firm Name 5120 Brown Church Rd. Mt Airy Address Ralph Mayne Signature Date 4/15/94 <small>77 License No. 80</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Sapping Mt. S ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST DISTANCE FROM ROAD 34 37 ENTER FT. or MI <small>38 39</small>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>8 12 14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A# 40787 COUNTY NO. STATE SIGNATURE DATE ISSUED 7/8/95 CO SIGNATURE Charles B. ... EXP. DATE NORTH GRID 514000 EAST GRID 0794000 <small>43 50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER FORCE C WRITE INITIALS IN BOX PERMIT No. H0-94-0121 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS 442-2337			

1 2 3
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

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

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

COUNTY
NUMBER

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

OWNER
last name
first name
TOWN
SUBDIVISION
SECTION
LOT

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	
	FROM	TO
Top Soil	0	2
Sandy	2	40
Sand Stone	40	45
MICKA	45	55
Sand Stone	55	60
MICKA	60	140
Flint Rock	140	145
MICKA	145	265

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.)

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

DRILLER WILL INSTALL PUMP

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

CIRCLE APPROPRIATE LETTER

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

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

SLOT SIZE

DIAMETER OF SCREEN

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Diagram showing well location on lot with distances to structures and landmarks.

10/28/94
anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date 10/27/94

Name of Installer T.M. Brumand Plumber

Telephone 410-461-6799

License Number #7246

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Christina Sharon Knudsen Telephone 410-461-0780

Subdivision Woodslands Lot # 23 Well Tag # 40-94-0131

Site Address 14825 Spring Way

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make Grundfos
3. Model # _____
4. Capacity 5 GPM

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

5. Pump exceeds well capacity Yes ☐ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other ☐

Tank

1. Capacity 10 gal
2. Pressure relief valve? Yes

pitless adapter
6 R @ 3 ft 10/27/94

Piping

1. Type Blk Poly
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 25' 42"

Well data

1. Depth 265 ft.
2. Yield 12 GPM
3. Static water level 58' ft.
4. Will water supply be disinfected by installer? Yes

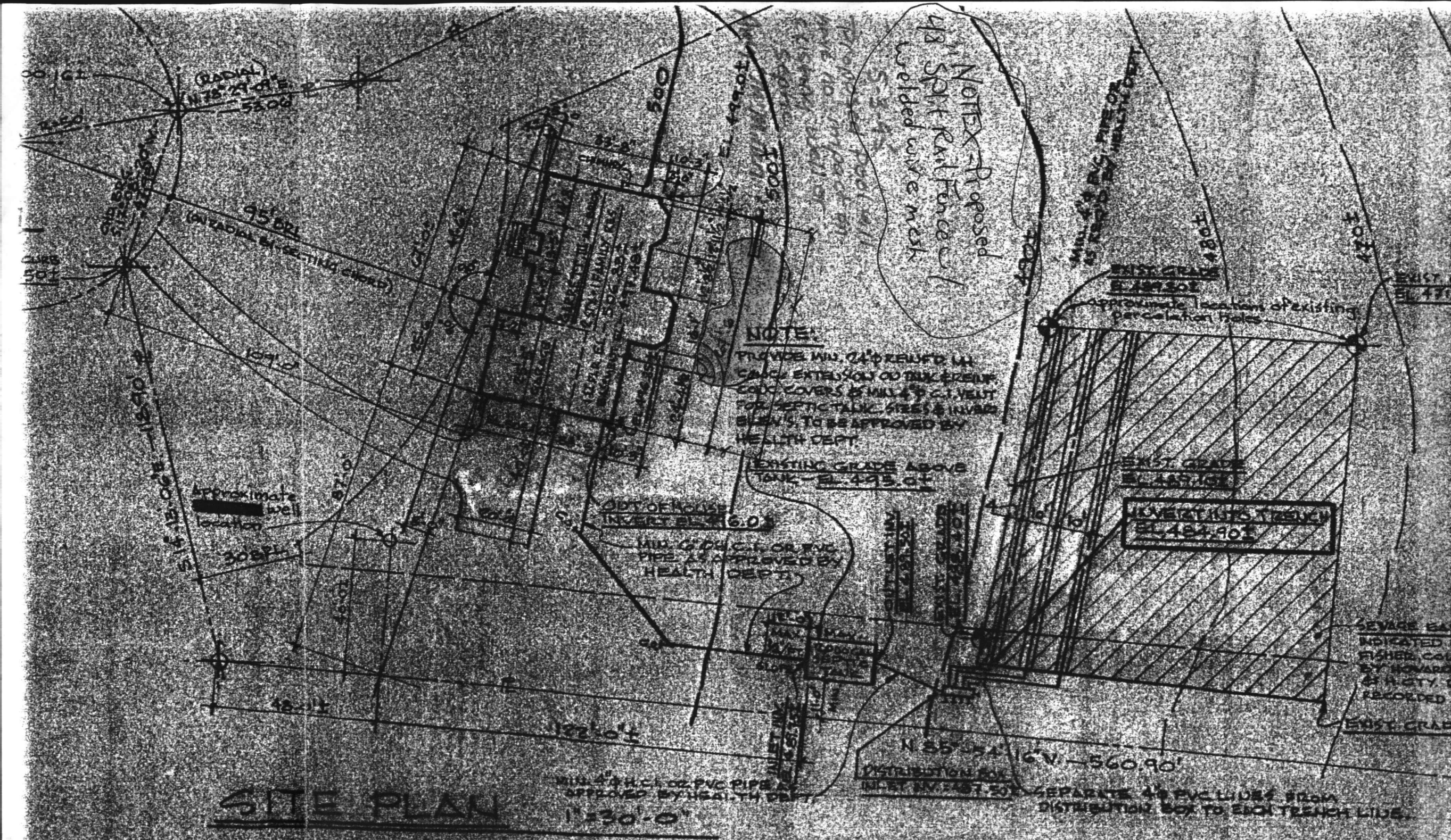
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Timothy M. Brumand

Date: 10/27/94

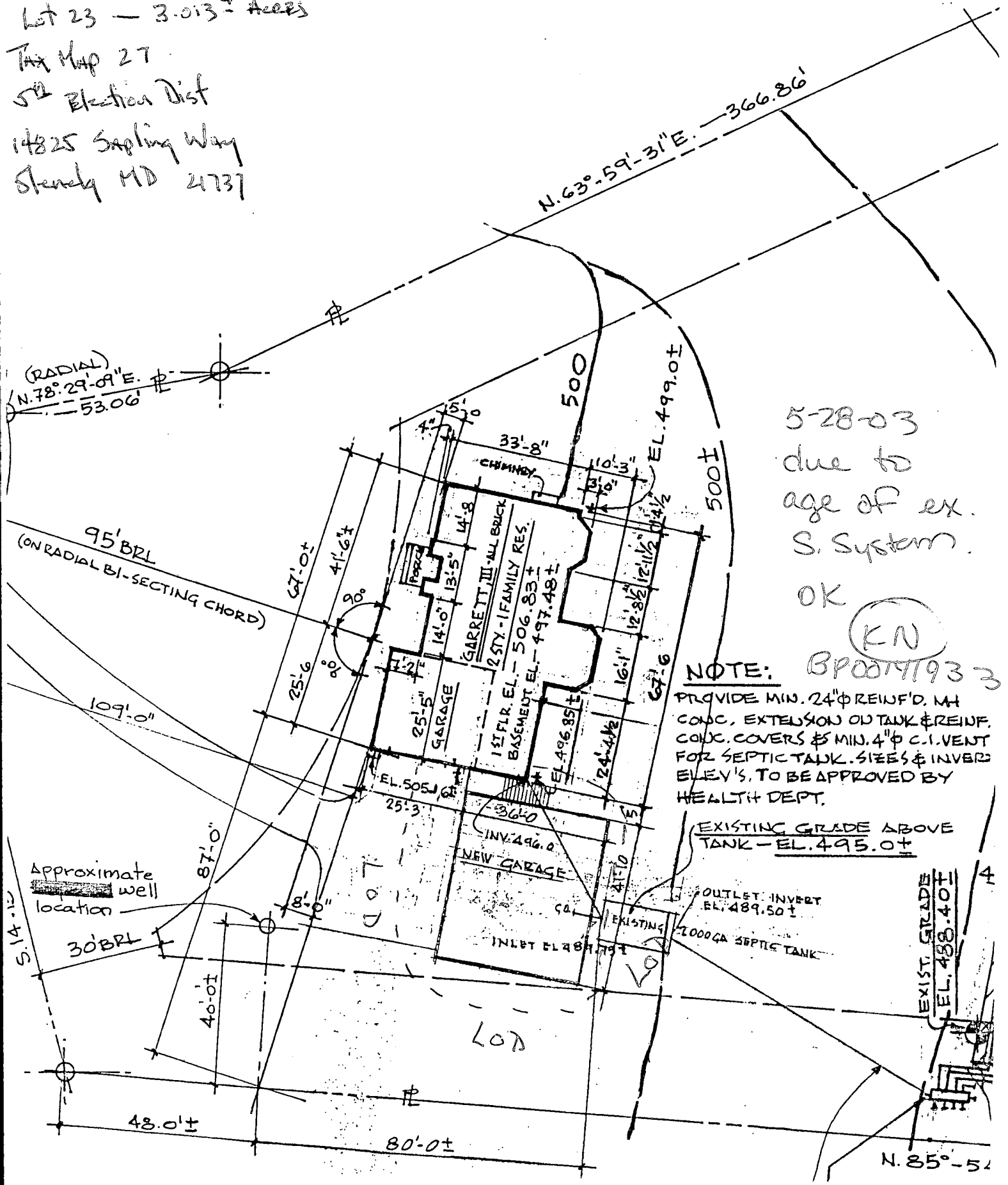
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



NOTE: GRADES & ELEVATIONS INDICATED ARE BASED ON A COMBINATION OF

Christian S. Knudsen Jr

The "Wardfields"
Lots 1-44 Parcel 'A'
Lot 23 - 3.013± Acres
Tax Map 27
5th Election Dist
14825 Sapling Way
Stenchy MD 21731



5-28-03
due to
age of ex.
S. System.

OK

KN

NOTE: BPO0191933
PROVIDE MIN. 24" Ø REINF'D. MH
CONC. EXTENSION OUT TANK & REINF.
CONC. COVERS & MIN. 4" Ø C.I. VENT
FOR SEPTIC TANK. SIZES & INVERT
ELEV'S. TO BE APPROVED BY
HEALTH DEPT.

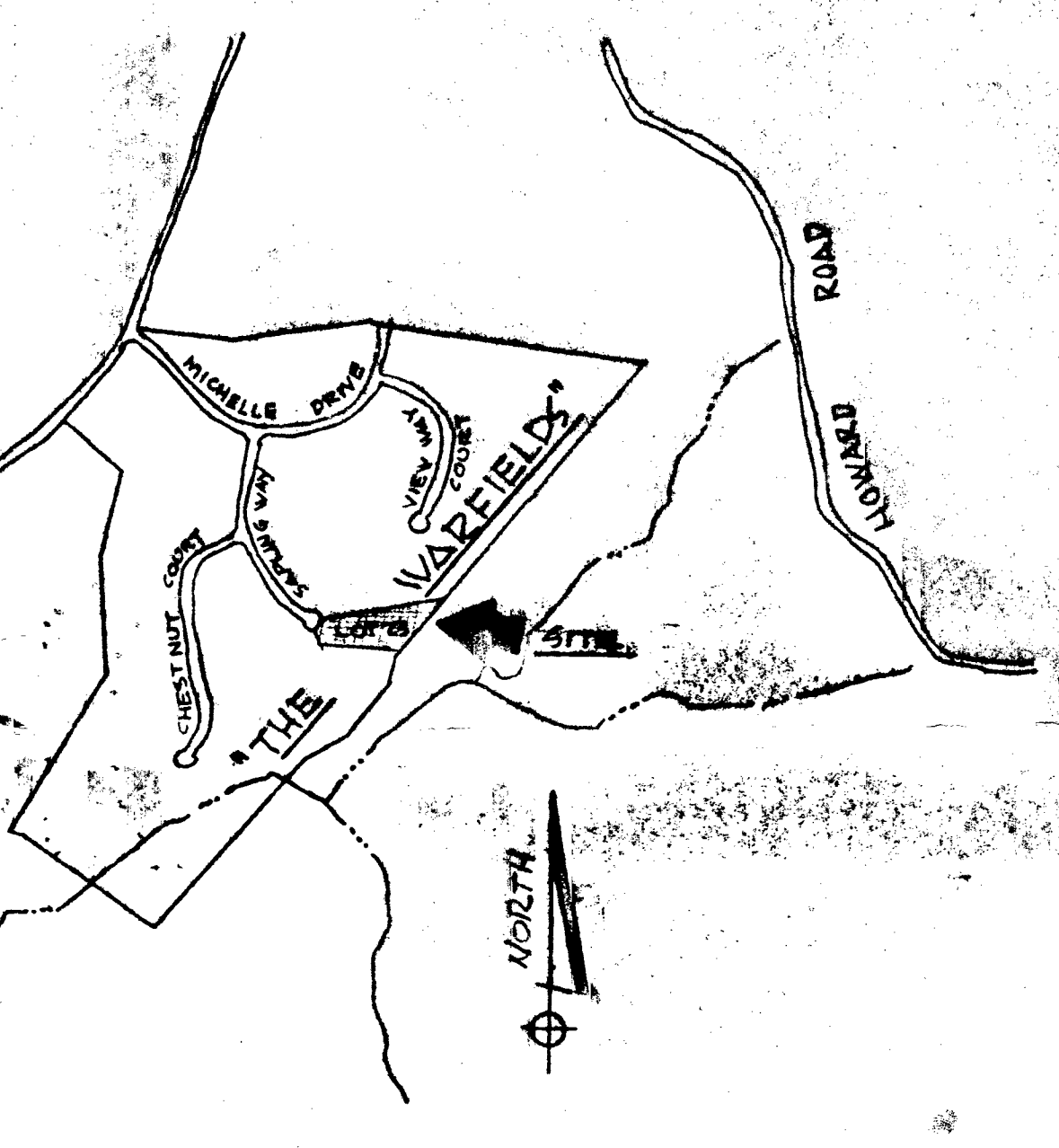
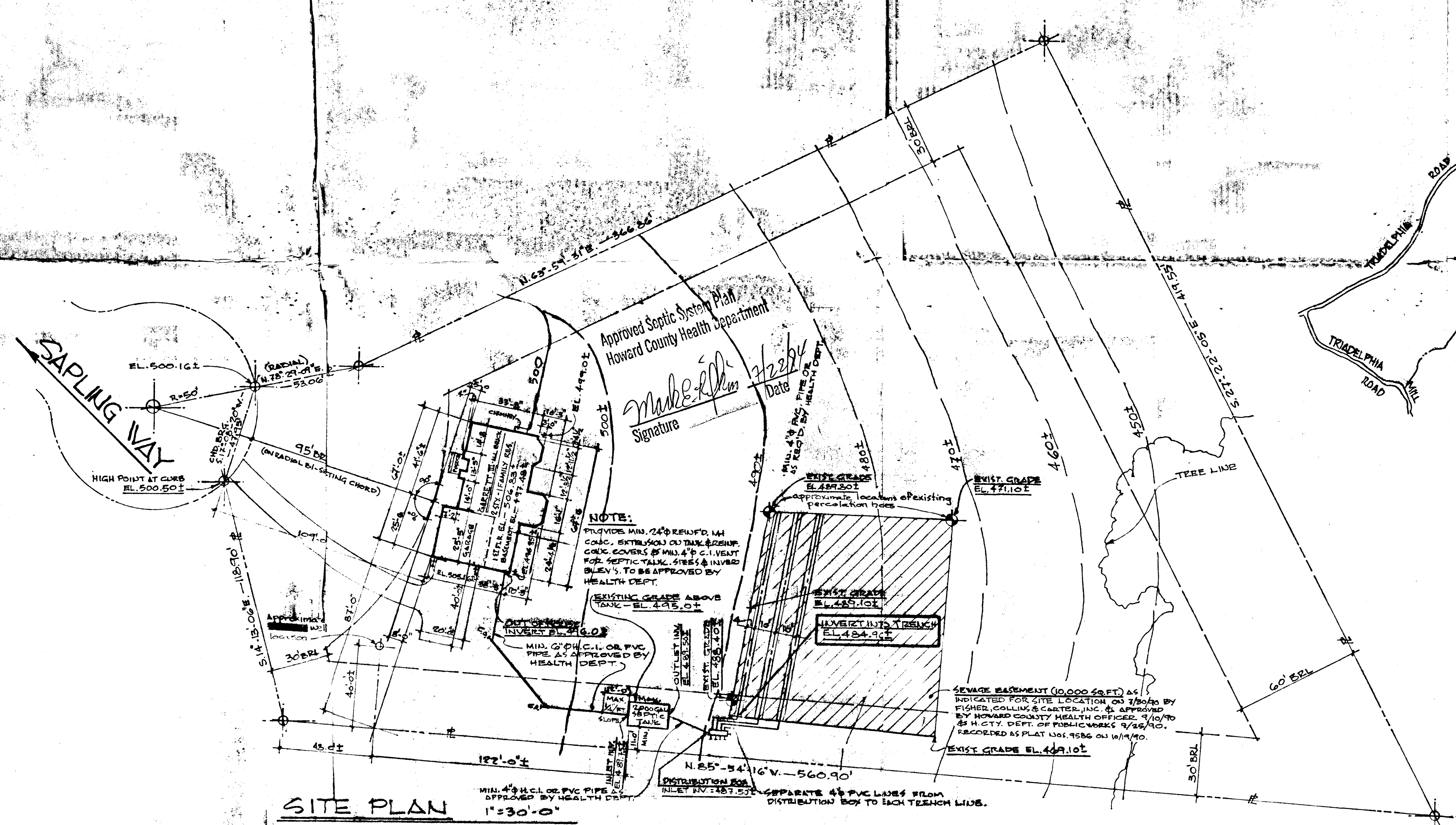
EXISTING GRADE ABOVE
TANK - EL. 495.0±

OUTLET INVERT
EL. 489.50±

EXISTING
2000 GA SEPTIC TANK

EXIST. GRADE
EL. 488.40±

N. 85° - 5'



- SEWAGE DISPOSAL SYSTEM NOTES**
1. INSTALLATIONS SHALL CONFORM TO HEALTH DEPT. REGULATIONS & REQUIREMENTS.
 2. USE SHALLOW TRENCH DISPOSAL SYSTEM. EACH TRENCH LENGTH=100' MIN., WIDTH=3'-0" & DEPTH BELOW PIPE=1'-6". 5'-0" DEEP TRENCH W/1'-0" OF STONE ON BOTTOM, AS INDICATED.
 3. BOTTOM OF TRENCH-LEVEL.
 4. 4" PERFOR. DISTRIBUTION LINES SHALL BE MIN. 100' LONG.
 5. PROVIDE MIN. 3 LINES.
- SHALLOW TRENCH TILE FIELD DETAIL**
NO SCALE.
-

"THE WARFIELDS" - "THE SApLING RANGE"
 LOTS 1-44 & PARCEL 'A'
 LOT 23 - 3.0131 ACRES
 ZONING - R
 TAX MAP 27
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

model	SITE PLAN - GARRETT, III		date	7.5.94	LOT NO 23						
	project	THE WARFIELDS				scale	1"=30.00'				
address	MR. & MRS. CHRISTIAN S. & SHARON A. KNUDSEN, JR.										
ng no.	1										
certification	<table border="1"> <thead> <tr> <th>date</th> <th>revisions</th> <th>remarks</th> </tr> </thead> <tbody> <tr> <td>7-24-94</td> <td>SEPTIC SYSTEM PER HEALTH DEPT.</td> <td></td> </tr> </tbody> </table>					date	revisions	remarks	7-24-94	SEPTIC SYSTEM PER HEALTH DEPT.	
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