PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511496

A 49482-E

DISTRICT

DATE 4/6/99

DATE SYSTEM APPROVED 3/9/99

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

04-356977

INDEXED

S. K. Backhoe & Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Warfields Grant, Sec. II LOT 7 ROAD 3105 Spring House Court

PROPERTY OWNER Trinity Builders

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 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 150 feet up the left (291.69') lot line and 30 feet off that same lot line as seen when facing the lot from spring House Court. Run trenches on contour toward the left 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 KM 12.14.98

PLANS APPROVED BY Amy McMillen DATE 12/08/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

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

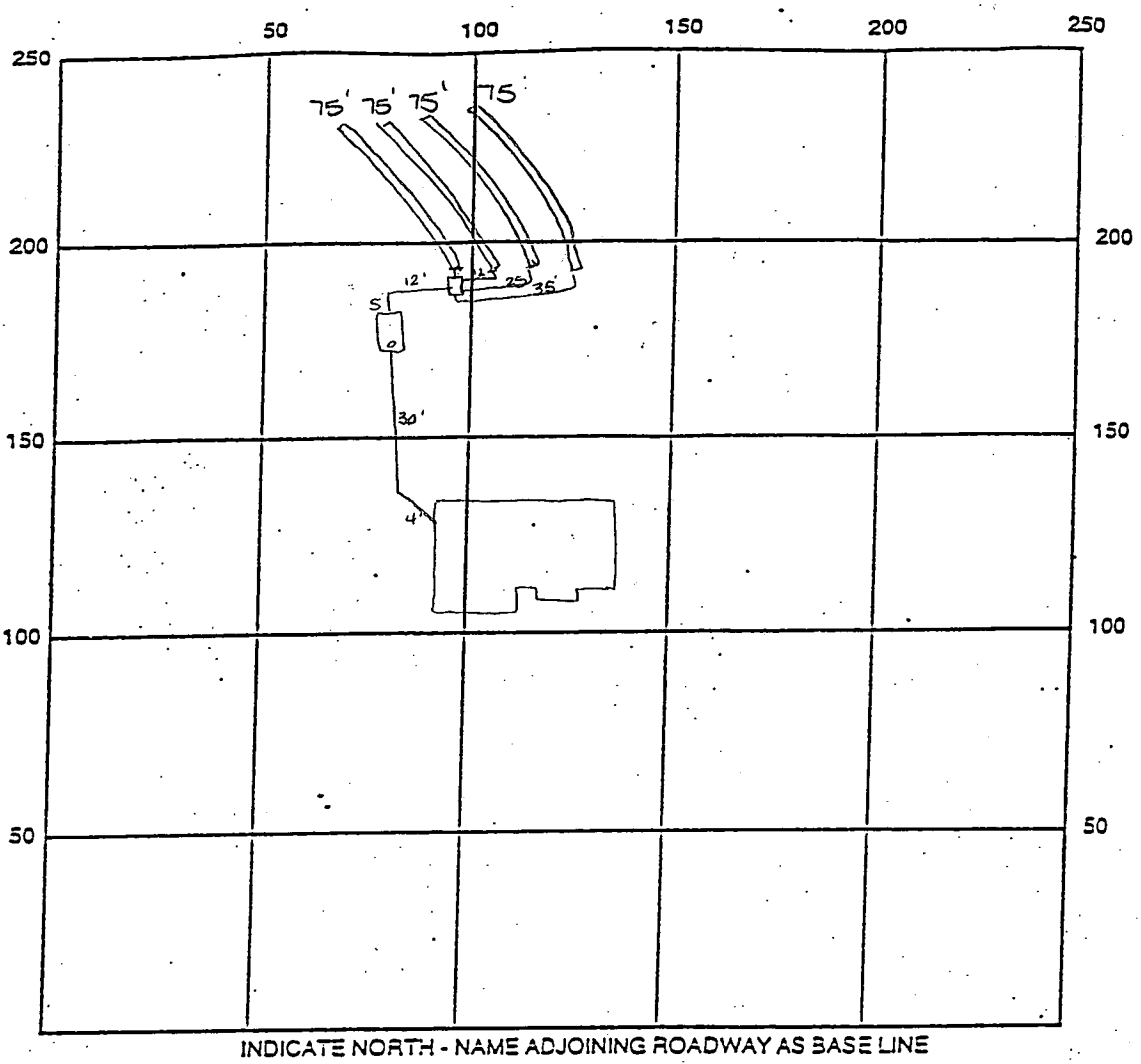
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-250(6-90)

49482-E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 300 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA 300 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 3/9/99 OK to cover all work A

DATE SYSTEM APPROVED 3/9/99 INSPECTOR A-McMeeks

APPLICATION

PERCOLATION TESTING

A 49482E

P _____

DISTRICT _____

DATE 12/ _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~WARFIELDS GRANT LTD. PARTNERSHIP c/o Ronald B. Carter~~ TRINITY Builders

ADDRESS P.O. Box 122 ELLICOTT CITY MD. 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER ATTN: Zach Fisch

ADDRESS 9171 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION _____ WARFIELDS GRANT SEC. 2 LOT NO. 7

ROAD AND DESCRIPTION Daisy Road (3105 Spring House Court)

BLDG. PERMIT SIGNED AND RETURNED 12-8-98
Serial # B00115241

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 5Bm
(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. Zacharia Y. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

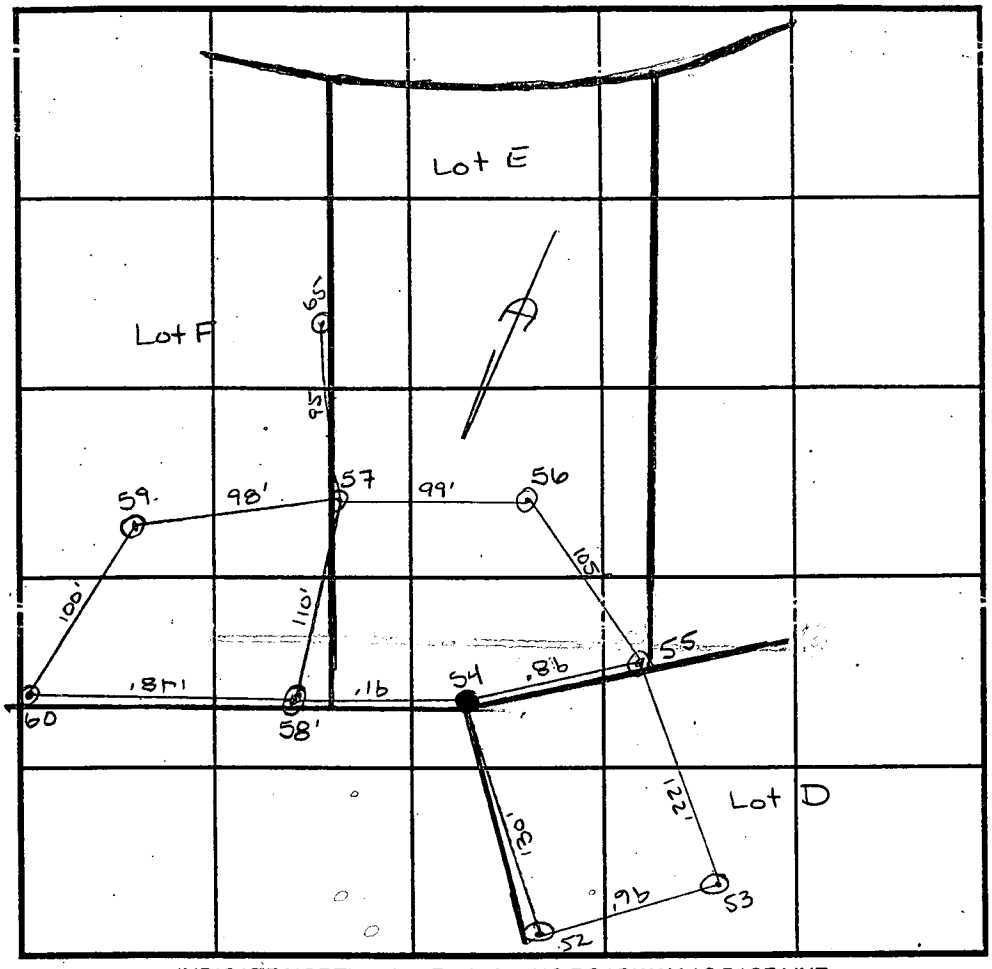
HD-216 (3/92)

A49482E
COUNTY #

SOIL PROFILE
56
0'
SiL red/yel
2
red C
4
SMicL 20-30% rock
12

57
SiL
2
red C
3
SMicL 5% rock
12

58 & 65
red C
4
SL red/yellow 5% rock
11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
54
0'
SiL yel/brn
4
red C
5
SMicL tan
12

55
SiL red
2
red CL
4
SMicL 20% rock
12

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/23/93	56	V12 5½	10:51	10:53	10:53	10:55	2
		9	10:51	10:55	10:55	11:05	10
	57	V12 5	11:07	11:09	11:09	11:13	4
		9	11:07	11:09	11:09	11:14	5
	58	V11 7½	11:33	11:36	11:36	11:42	6
		8	11:32:30	11:33	11:33	11:35	2
	54	V12 6	10:37	10:41	10:41	10:46:30	4½ *
	55	V12 6	10:44	10:45:30	10:45:30	10:48	2½
	65	V12 5	2:24	2:28	2:28	2:38	
		8	2:34	2:34	2:34	2:58	

* LOWER PORTION OF SEPTIC AREA HAS POOR LANDSCAPE POSITION - SEEPAGE - FLAT HIGHER PORTION OF TEST AREA ONLY (CW)

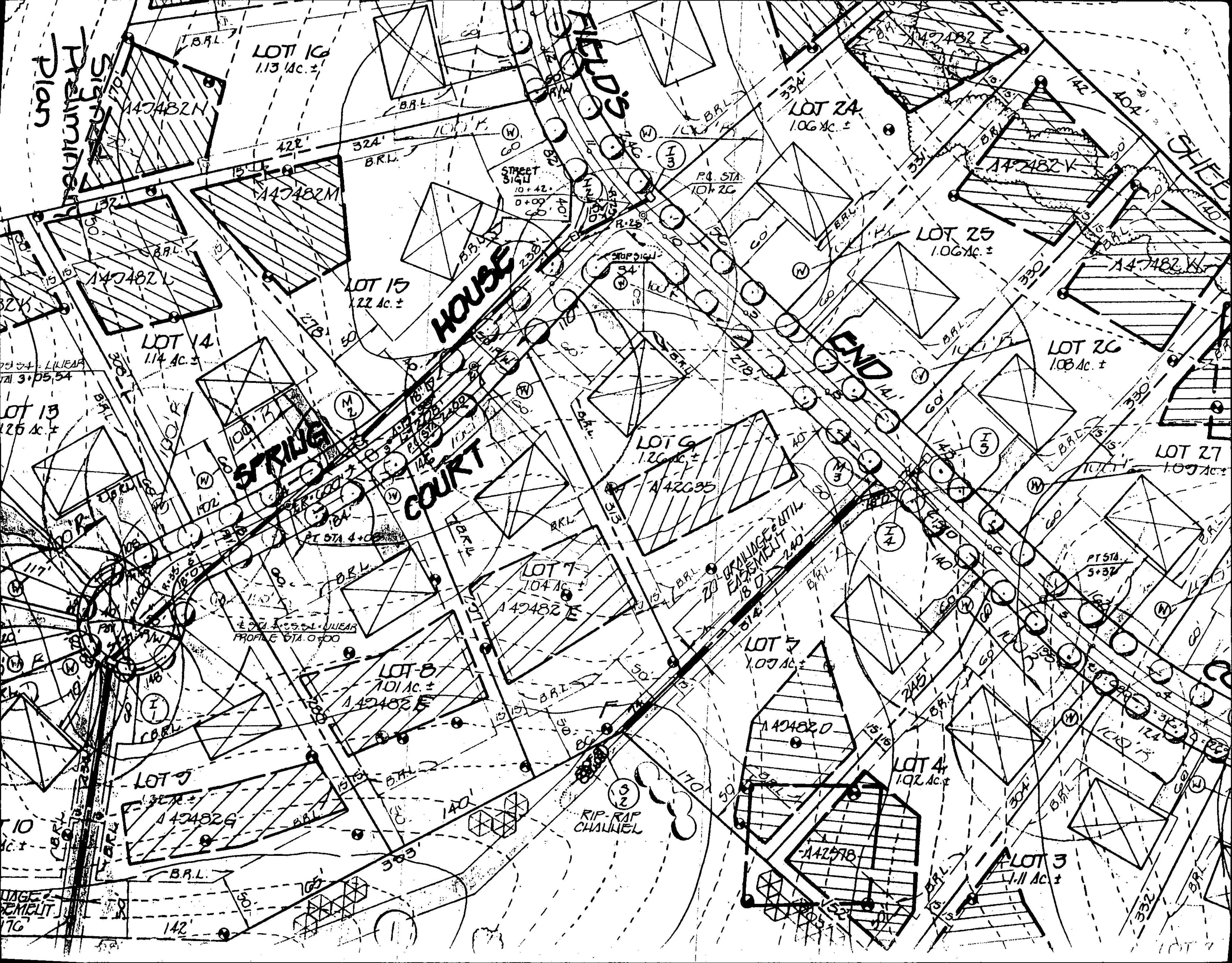
REMARKS TESTS 52,53 ARE FROM A49482D; 59,60 FROM A49482F

TYPE OF SOIL Chester

TESTED BY Amy McMillen / C Wells ALSO PRESENT Cissle / Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT/BEDROOM 180



FIELD'S END
HOUSE SPRING COURT
LOT 16
1.13 Ac. ±
LOT 24
1.06 Ac. ±
LOT 25
1.06 Ac. ±
LOT 15
1.22 Ac. ±
LOT 14
1.14 Ac. ±
LOT 13
1.26 Ac. ±
LOT 26
1.08 Ac. ±
LOT 27
LOT 6
1.2 Ac. ±
LOT 7
1.04 Ac. ±
LOT 8
1.01 Ac. ±
LOT 5
1.09 Ac. ±
LOT 4
1.02 Ac. ±
LOT 3
1.11 Ac. ±
LOT 9
LOT 10
STREET SIGN
STOP SIGN
20' DRAINAGE & UTIL. EASEMENT
RIP-RAP CHANNEL
B.R.L.

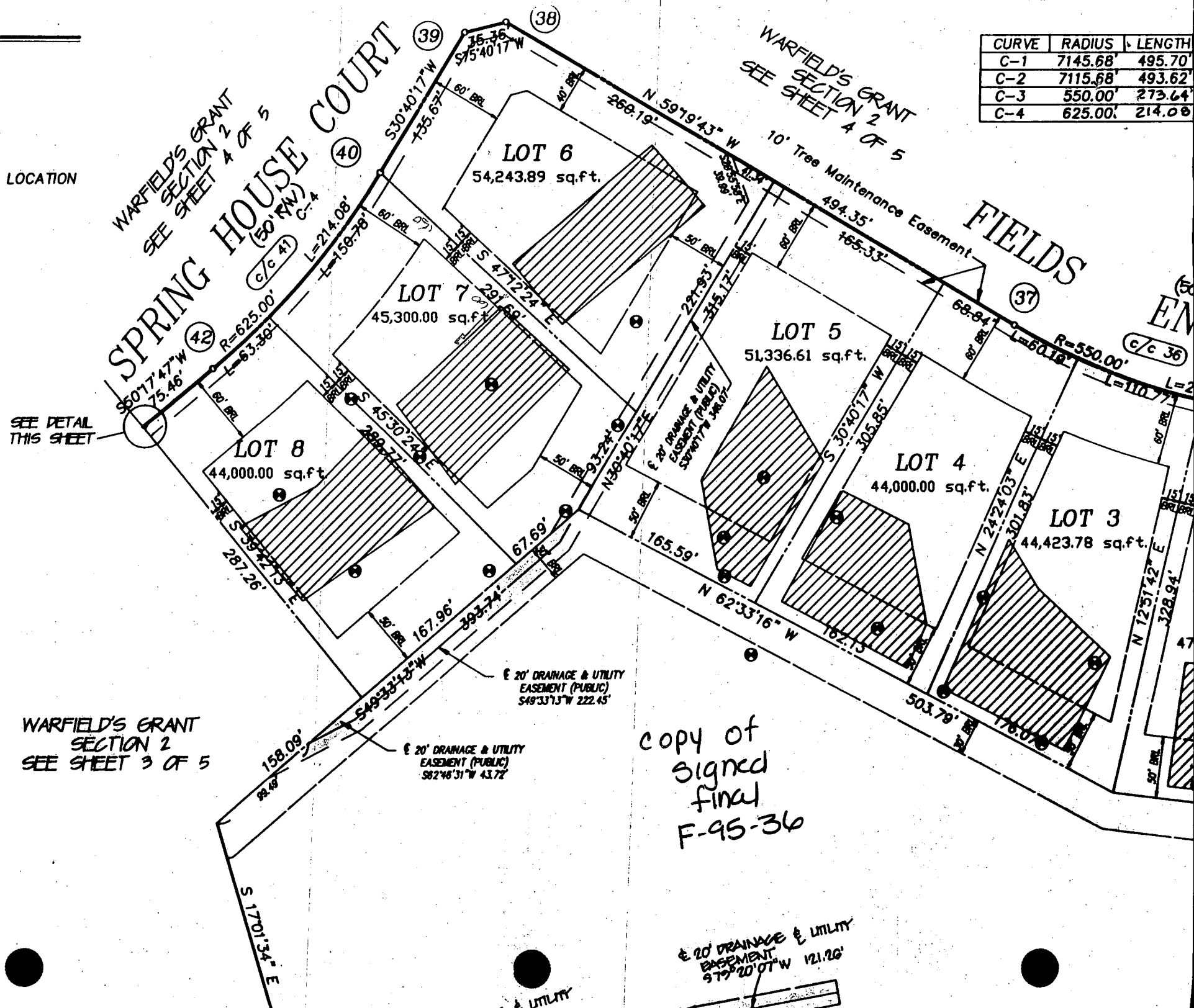
EGEND

ATE POINT #

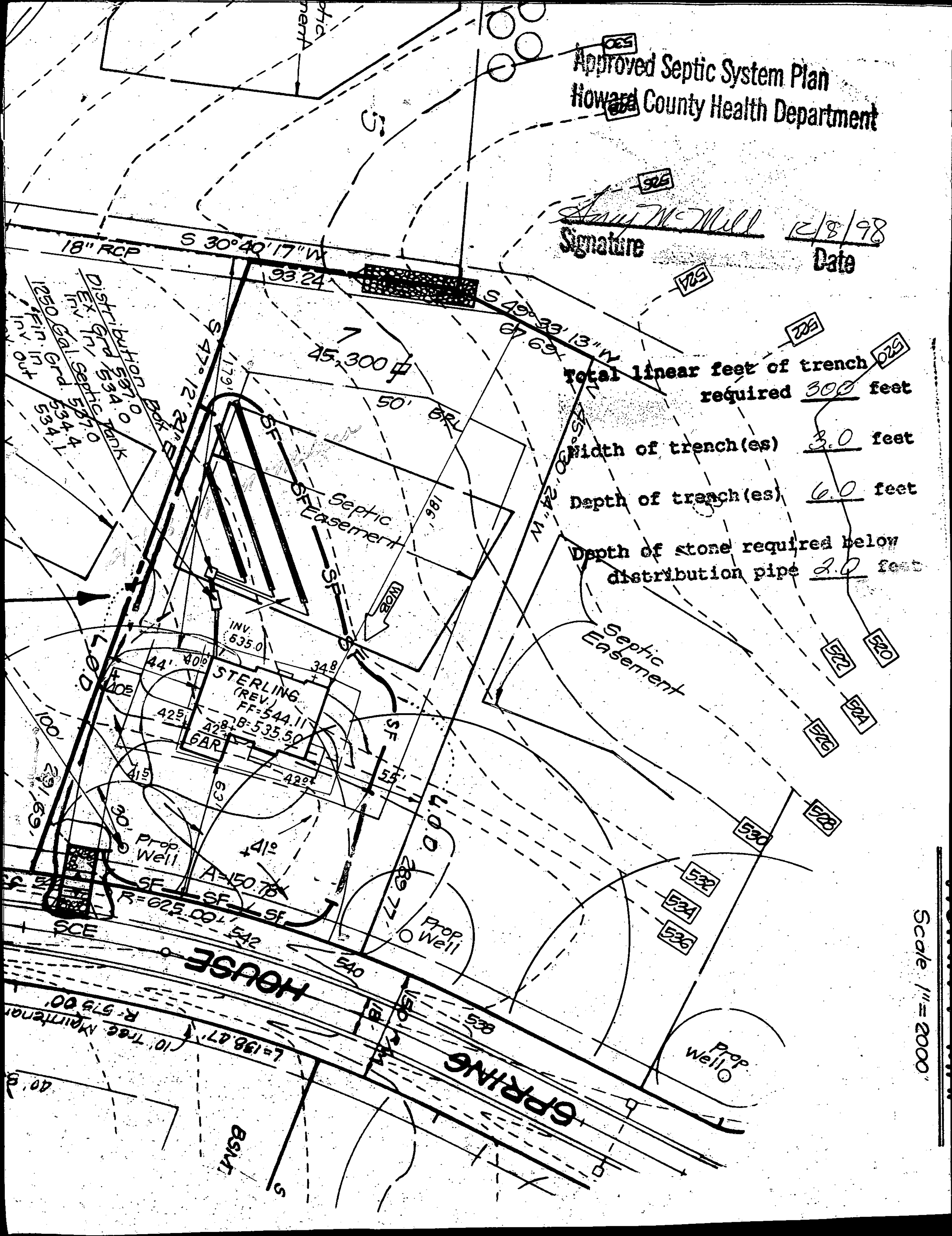
CENTER POINT #

RCOLATION TEST LOCATION

N 528500



CURVE	RADIUS	LENGTH
C-1	7145.68'	495.70'
C-2	7115.68'	493.62'
C-3	550.00'	273.64'
C-4	625.00'	214.08



Approved Septic System Plan
Howard County Health Department
Signature
Date
12/8/98
Total linear feet of trench required 300 feet
Width of trench(es) 3.0 feet
Depth of trench(es) 6.0 feet
Depth of stone required below distribution pipe 2.0 feet
18" RCP
S 30°40'17" W
93.24
S 49°33'13" W
67.63
7
45,300 ☐'
50' BRL
Septic Easement
Septic Easement
Distribution Box
Ex. Grd 537.0
Inv. In 534.0
1250 Gal. Septic Tank
Fin. Grd 537.0
Inv. In 534.4
Inv. Out 534.1
INV. 635.0
STERLING (REV.)
FF=544.11
B=535.50
WOB
SF
L.O.D.
Prop. Well
Prop. Well
Prop. Well
A=150.78
R=625.00
SCE
HOUSE
SPRING
L=138.47
R=575.00
10' Tree Maintenance
BSMT
520
522
524
526
528
530
532
534
536
538
540
542
Scale 1"=2000'

C 1 | 85155 | SEQUENCE NO. (MDE USE ONLY)

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

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

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

COUNTY NUMBER A49482-E

ST/CO USE ONLY
DATE Received MM 10 DD 27 98

DATE WELL COMPLETED MM 10 - DD 22 - YY 98

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 1436

OWNER Trinity (last name) Custom Homes (first name)
STREET OR RFD Spring House Court TOWN Daisy
SUBDIVISION Warfield's Grant SECTION LOT 7

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Top Soil	0	2	
Brown Shale	2	45	
Brown Slate	45	55	✓
Blue Slate	55	75	
Brown Slate	75	80	✓
Blue Slate	80	185	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no (N)

CIRCLE APPROPRIATE LETTER
- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 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 LIC. NO.: MSD 116
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD 117
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 14 NO. OF POUNDS 1400
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 30+ ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	59

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole — insert appropriate code below
(ST) STEEL (BR) BRASS BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 2 DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO	57	185
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)
from ____ to ____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

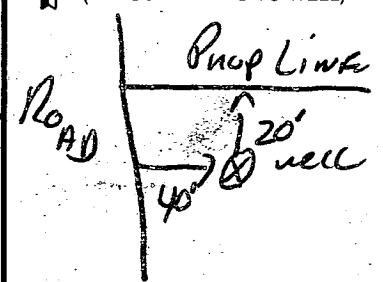
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 10.
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 55 ft.
WHEN PUMPING 75 ft.

TYPE OF PUMP USED (for test)
(A) air (P) piston (T) turbine
(C) centrifugal (R) rotary (O) other (describe below)
(J) jet (S) submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above (−) below LAND SURFACE
2 (nearest) foot

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



COUNTY

Page ____ of ____
Date OCT 20 1998

Review 10/30/98 OK AM

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - HO-94-1436
Location of property (road) ____
Subdivision WAKEFIELDS GRANT Lot 7 Block — Plat — Sec. 2
Well Driller RALPH MAYNE Owner Trinity Builders

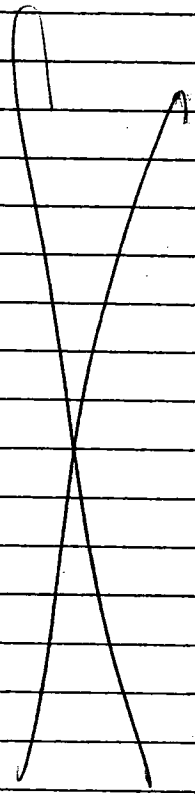
Depth of well 185'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 55'

I. *High rate pumping -- reservoir drawdown*

Time pump started 8:30 Pumping rate 15 GPM
Total time 45 MIN to reach pumping water level 75 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	75 '	6 Sec		10 GPM
9:00	75 "	6 Sec		10 GPM
9:15	75 '	6 Sec		10 GPM
9:30	75 "	6 "		10 "
9:45	75 "	6 "		10 "
10:00	75 "	6 "		10 "
10:15	75 '	6 Sec		10 GPM
10:30	75 "	6 Sec		10 GPM
10:45	75 "	6 Sec		10 GPM
11:00	75 "	6 "		10 "
11:15	75 "	6 "		10 "
11:30	75 '	6 Sec		10 GPM
11:45	75 "	6 Sec		10 GPM



HD-224

59 Ft. Casing 30' open 143 Ags

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 8745 | SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1436

fill in this form completely

Date Received (APA): 02/11/98

OWNER INFORMATION

Last Name / Owner / First Name: TRINITY CUSTOM HOMES

Street or RFD: 6212 DEVON DR

Town: COLUMBIA | State: MD | Zip: 21044

DRILLER INFORMATION

CIRCLE: MSD / MGD / MWD

Driller's Name: Ralph Mayne | License No.: 116

Firm Name: Ralph Mayne (well Drilling)

Address: 9120 Brown Church Rd Mt Airy

Signature: Ralph Mayne | Date: 2/11/98

LOCATION OF WELL

B 3

COUNTY: HOWARD

SUBDIVISION: WARFIELDS GRANT

SECTION: 24 | LOT: 7

NEAREST TOWN: DAISY

MILES FROM TOWN (enter 0 if in town): 1 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

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

NEAR WHAT ROAD: SPRING HOUSE CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD: 40

ENTER FT OR MI: FT

TAX MAP: 13 BLK: 24 PARCEL 128

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard | COUNTY NO.: A49482-E

STATE SIGNATURE | INSERT S

DATE ISSUED: 02/09/98 | CO SIGNATURE: Kimberly Mistle | EXP. DATE: 2/20/99

NORTH GRID: 528000 | EAST GRID: 0719000

APPROXIMATE DEPTH OF WELL: 159 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

(AIR-ROTary) | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7579

N 5328

000 000

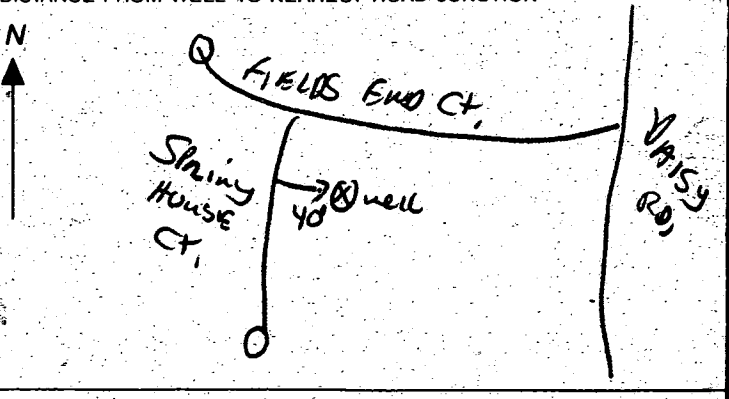
10-21-98
9:30 Grout

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE [KM] WRITE INITIALS IN BOX | PERMIT No. HO-94-1436

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY

4/15/99 OR to cover pitless adaptor #11

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 ____

Name of Installer S.K. Plumbing & Heating Inc Telephone 410-775-0522

License Number 12285
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber Yes

Name of Property Owner Trinity Homes Telephone 410-313-8722
Subdivision Waterfalls Grove Lot # 17 Well Tag # HO - 84 - 2756
Site Address 3105 Spring House Ct.

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible Yes
2. Make Fairbanks
3. Model # 75VS1RC-5-2
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ____ No X
6. If Yes, is low pressure cutoff switch installed? Yes ____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other Sleeve

Motor
1. Horsepower 3/4
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make ____
2. Model # A
3. Depth 42"

Tank
1. Capacity Well-X-Trol 250
2. Pressure relief valve? Yes

Piping
1. Type P.E.
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data
1. Depth 187' ft.
2. Yield 10 GPM
3. Static water level 51 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: [signature]

Date: 4-19-99

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