10/3/97 Site insp. 10AM (must install) 10/27/97 Anytime 2/17/98 a.m. CO 2/2/98 2PM 4/6/98 NOT 1pm C.O. DONE

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59000

A 49860L

DISTRICT 5th

DATE 9/30/97

05- 422132

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXX-XXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 2/26/98

2/23/98 NSAP

INSPECTOR

Fogle's Septic Clean IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Rd Sykesville 21784 PHONE 795-5670

SUBDIVISION Springdale Estates LOT 6 ROAD 13724 Springdale Drive

PROPERTY OWNER Larry Wilson

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

LAYOUT INSP. REQ'D BEFORE EXCAVATION. MR 9/9/97

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 50 feet from the rear (200') lot line and 60 feet from the right (210') lot line. Run trenches on contour to rear of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/30/96 OK ALM

PLANS APROVED BY Mark Rifkin DATE 12/27/96

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

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

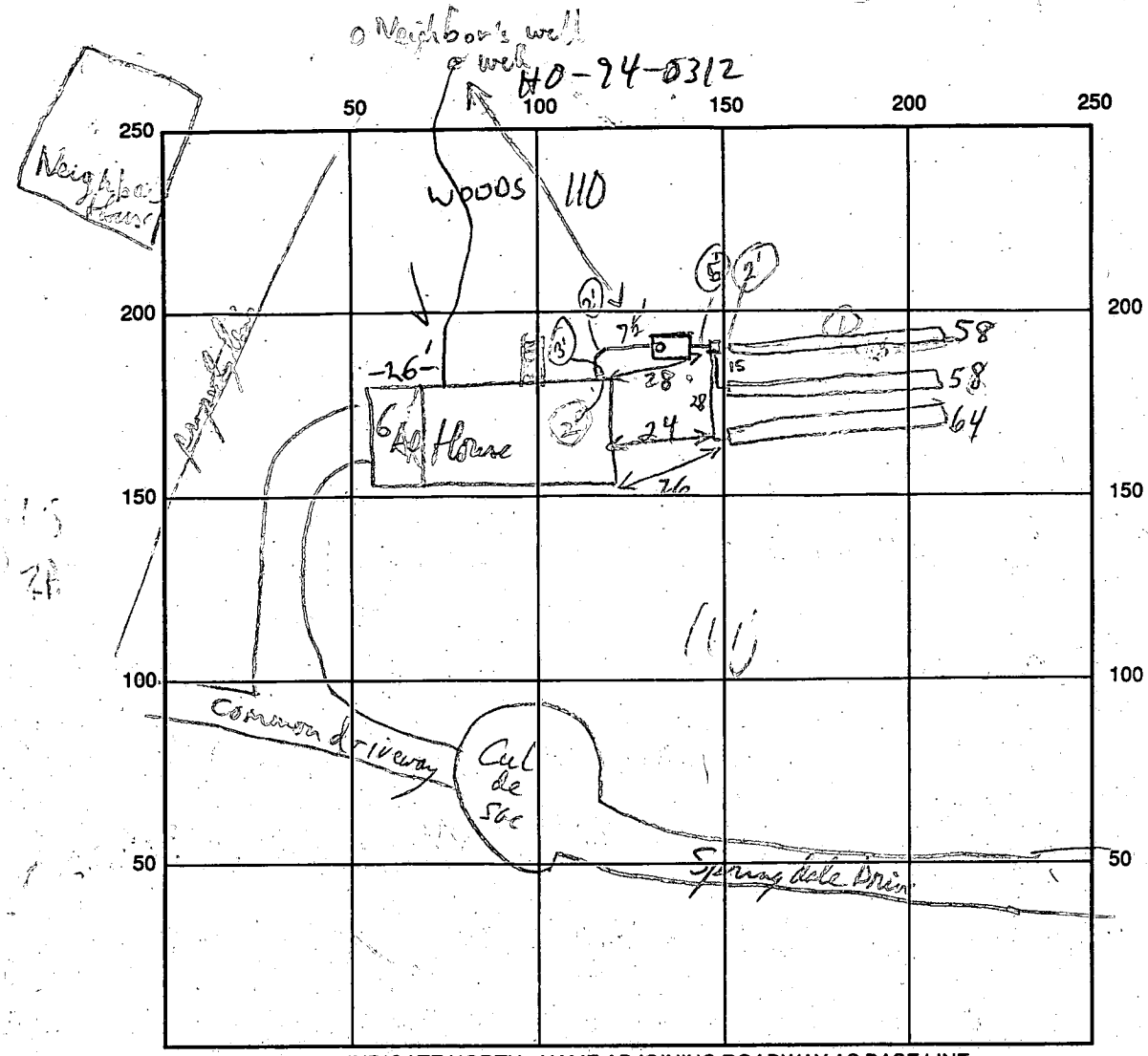
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 49860L



SEPTIC TANK LEVEL 1250 gal CLEANOUTS ST & House

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH 7' FT. TRENCH WIDTH 2 FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH ①58 ②58 ③64 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA ①232 ②232 ③256 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS: 10/3/97 LAYOUT & DESIGN: AS PER SITE PLAN CONFIRMED MR
House connection, S.T., & Int Trench OK to Cover, Call for test of inverts when ready 12/17/98
2/20/98 C.O. NO NEW WORK, EQUIPMENT ON SITE, VERY MUDDY. MR
2/23/98 OK TO COVER TRENCHES, HOLD FOR HOUSE CONN MR
2/26/98 WPI OK TO COVER (NO CASING GRADE) MR
2/26/98 HOUSE CONNECTION OK TO COVER MR

DATE SYSTEM APPROVED 2/26/98 INSPECTOR Mel Lang

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
9830-H Ellicott Mills Drive
Ellicott City, MD 21043
461-8933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer WILLOUGHBY PLUMBING Telephone 410-781-7051

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

Name of Property Owner DALE THOMPSON BUILDERS Telephone 410-995-6734
Subdivision SPRINGDALE Lot # 6 Well Tag # 94-03-12
Site Address 12124 Springdale Rd
Clarksville, Md. 21029

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

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

Pitless Adapter
1. Make HARVARD
2. Model # ____
3. Depth 6'

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

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

Well data (407)
1. Depth ____ ft.
2. Yield 2.4 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

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

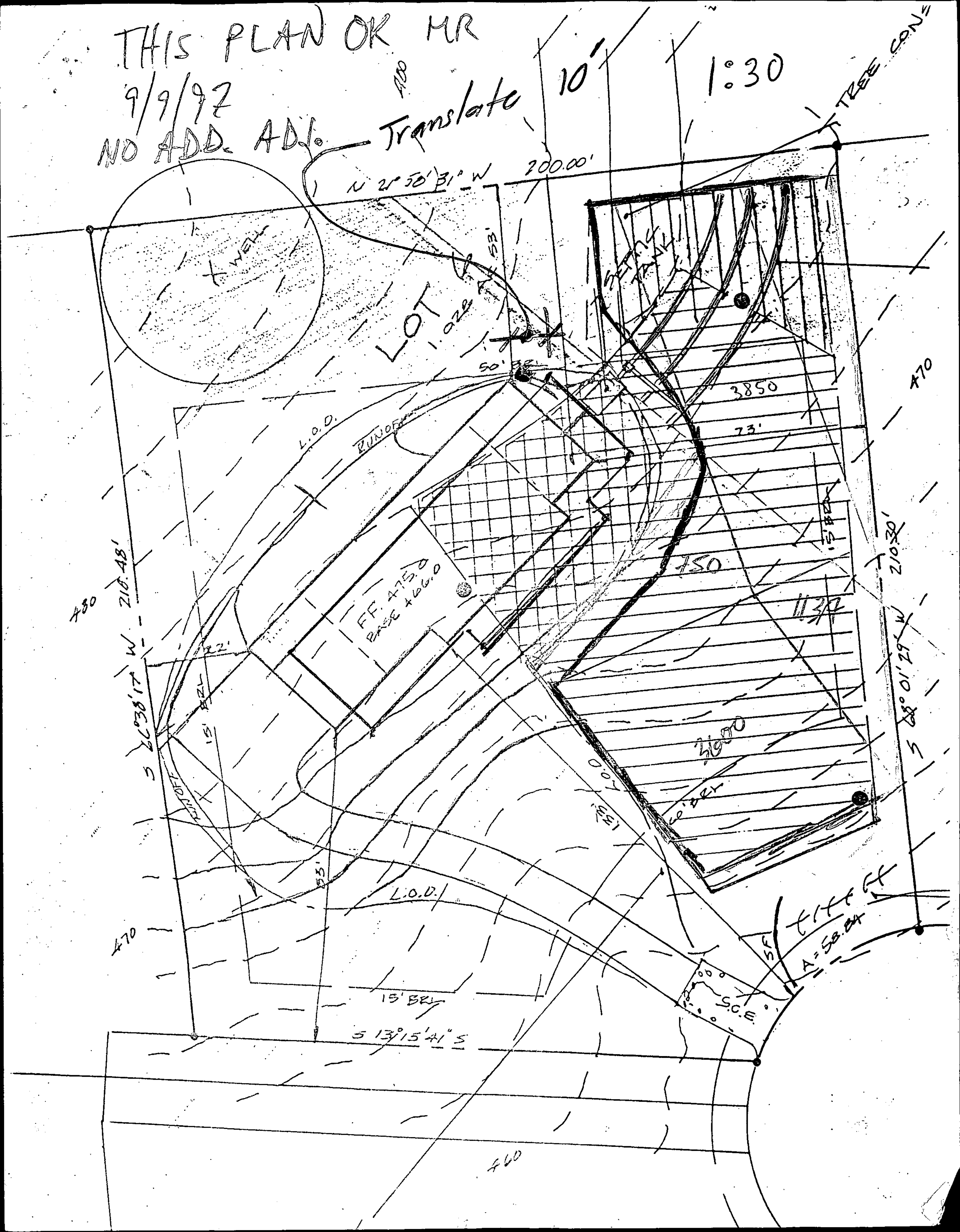
All information given above is true to the best of my knowledge.

Signature of Applicant: [signature]

Date: 3/18/98

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

HD-218


THIS PLAN OK MR
9/9/97
NO ADD. ADJ.
Translate
10'
1:30
N 25°50'31" W 200.00'
WELL
LOT
3850
73'
450
FF 475.0
BASE 466.0
L.O.D.
RUNOFF
15' BRL
480
470
460
S.C.E.
S 13°15'41" S
A=58.84

APPLICATION

PERCOLATION TESTING

A 49860

P _____

DISTRICT _____

DATE _____

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 Leery Wilson

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Springdale LOT NO. X 6 on perc cert

ROAD AND DESCRIPTION (13724 Springdale Drive)

TAX MAP _____ PARCEL # _____

J. PERMIT SIGNED AND RETURNED 12/27/96
Serial # Bra10 3323

SIZE OF LOT _____ TYPE BLDG. SFD - 4 Bdrm
(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. _____
(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)

49860 L
COUNTY #

Lot 7

SOIL PROFILE

0' ALL

tan brn sa cl lm

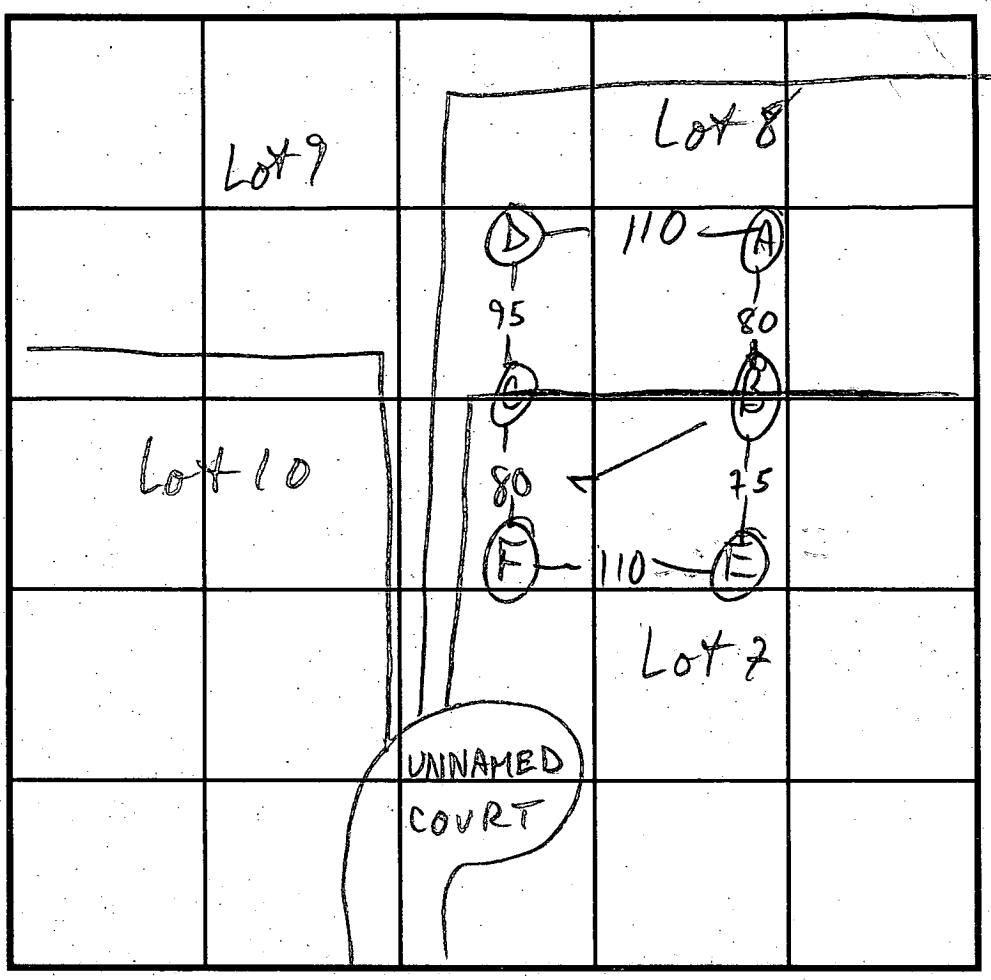
2½-3½

brn tan yel sa mica loam w/some wh. streaks 5-15% frags

11½-12

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/4/94	E	4	11:54	11:57	11:57	12:00	3
	E	11	10-15%	saprolite frags		see profile	
	F	4½	12:01	12:04	12:04	12:06	2
	F	12½	see	profile			
	A	4½	11:44	11:47	11:47	11:49	2
	A	11½	see	profile			
	B	3½	11:47	11:51	11:51	11:53	2
	B	6½	11:47	11:50	11:50	11:56	6
	B	12	see	profile			

REMARKS HOLES PER PLAN ±

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT J. Allen, R. Demmitt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 2

INLET DEPTH 3½ MAXIMUM BOTTOM DEPTH 7½ SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A _____

P _____

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 6

ROAD AND DESCRIPTION _____

_____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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. _____
(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)

COUNTY #

SOIL PROFILE

0'

(K)

tan sa cl lm + sa lm

3

wh. brn tan fine soapstone sand mica 15% frags

13

(J)

tan brn sacl lm

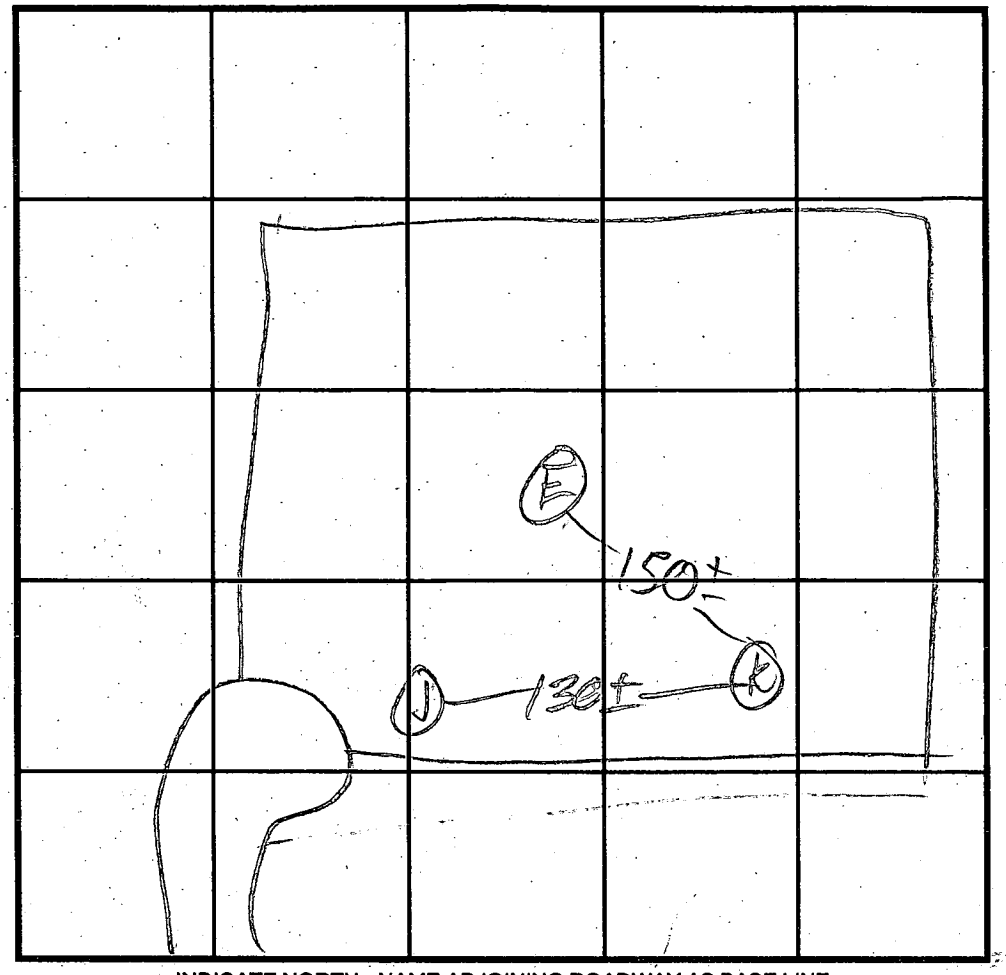
3

tan sand 15-20% saprolite frags

13

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/2/94	K S	3	2:55	2:56	2:56	2:59	3
	K V	13					
	J S	2½	3:08	3:09	3:09	3:13	4
	J V	12½					

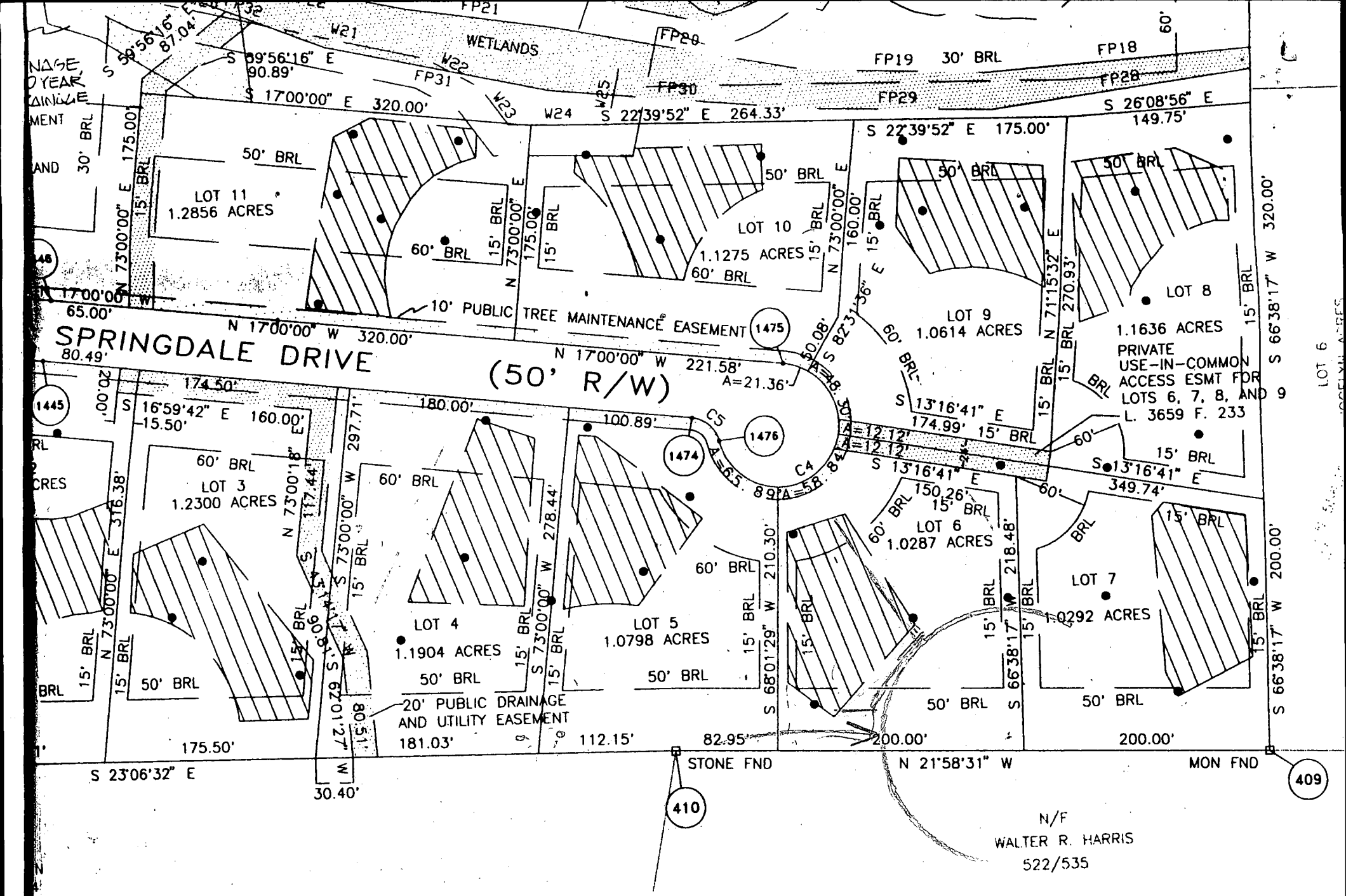
REMARKS

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT R.D, J. Allen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____



SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct, that it is a subdivision of all of the land conveyed by Polly D. [illegible] by her Attorney in Fact Gary Peklo, The Estate of

RECORDED AMONG THE LAND RECORDS OF HOWA
COUNTY, MARYLAND ON APRIL 4, 1996 AS P
NUMBER 1212.

SPRINGDALE ESTATE

C 1 3512 (1 2 3 4 5 6) — SEQUENCE NO. (DENV 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 A49860L

ST/CO USE ONLY
DATE Received (8–13)

DATE WELL COMPLETED: 02/21/95 (15–20)

Depth of Well (22–26): 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0312 (28–37)

OWNER Demmitt (last name) Richard (first name)
STREET OR RFD Springdale Dr TOWN Clarksville
SUBDIVISION SPRING DALE SECTION LOT 6

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
SAND Stone	0	87	
GRAY MICA Rock	87	400	✓

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED (yes Y / no N): no

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 IDENT. NO. 24
Hazel R. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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): yes (44)
TYPE OF GROUTING MATERIAL
CEMENT CM (45–46) BENTONITE CLAY BC
NO. OF BAGS 27 NO. OF POUNDS 2538
GALLONS OF WATER 162
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48–52 TOP) ft. to 85 (54–58 BOTTOM) ft.
(enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60–61)	6 (63–64)	91 (66–70)

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN

		DEPTH (nearest ft.)	
1	HO (8–9)	89 (11–15)	400 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

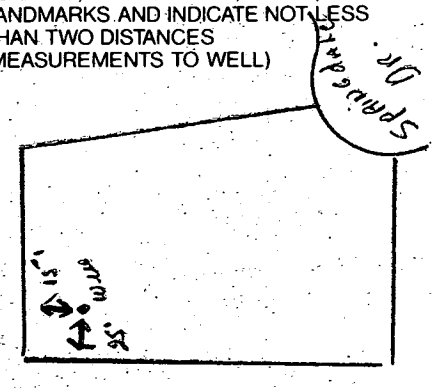
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 6 (8–9)
PUMPING RATE (gal. per min. to nearest gal.): 2.4 (11–15)
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 67 (17–20)
WHEN PUMPING: 330 (22–25)
TYPE OF PUMP USED (for test)
- A air (27)
- P piston (27)
- T turbine (27)
- C centrifugal (27)
- R rotary (27)
- O other (describe below) (27)
- J jet (27)
- S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): NO
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: (29)
CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)
PUMP HORSE POWER (37–41)
PUMP COLUMN LENGTH (nearest ft.) (43–47)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above / – below (49)
LAND SURFACE
2 (nearest foot) (50–51)

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

JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 5334 (1 2 3 6) SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: H0-94-0312 (70 fill in this form completely 79)

Date Received (APA): 12/29/94 (8 13)

OWNER INFORMATION

DEMMITT RICHARD (15 Last Name, Owner, First Name 34)
BOX 228 (36 Street or RFD 55)
CLARKSVILLE MD 21029 (57 Town, 70 State 72, Zip 76)

DRILLER INFORMATION

MSD/MGD/MWD: 24
Driller's Name: Joseph L. Mayne (77 License No. 80)
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy, Md. 21771
Signature: Joseph L. Mayne Date: 12/10/94

WELL INFORMATION

B 2 (1 2)

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 265 (24 28) FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPENED WELLS

(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-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): 41 (52)

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

APPROP. PERMIT NUMBER: (54) G A P (63)

FORCE: MR (67 68) WRITE INITIALS IN BOX PERMIT No. H0-94-0312 (70 71 72 73 74 75 76 77 78 79)

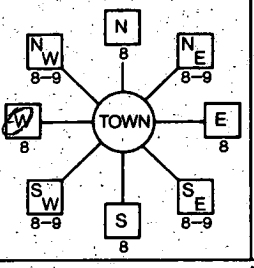
LOCATION OF WELL

B 3 (1 2)

HOWARD (8 COUNTY 21)
SPRINGDALE (23 SUBDIVISION 42)
SECTION (44 46) LOT 6 (48 50)
CLARKSVILLE (52 NEAREST TOWN 71)
MILES FROM TOWN (enter 0 if in town): 3 M I (73 76 77 78)

B 4 (1 2)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Springdale Drive (11 NEAR WHAT ROAD 30)

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

34 250 37 DISTANCE FROM ROAD

ENTER FT OR MI: FT (38 39)

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) A 49860L (COUNTY NO.)

STATE SIGNATURE _____ INSERT S (41)

DATE ISSUED 01/19/95 (43) Mark E. Rifkin (48. CO SIGNATURE) 1/19/96 EXP. DATE

NORTH GRID 4960000 (50 55) EAST GRID 0804000 (57 63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

2/22/95 10:00 NO INSP.

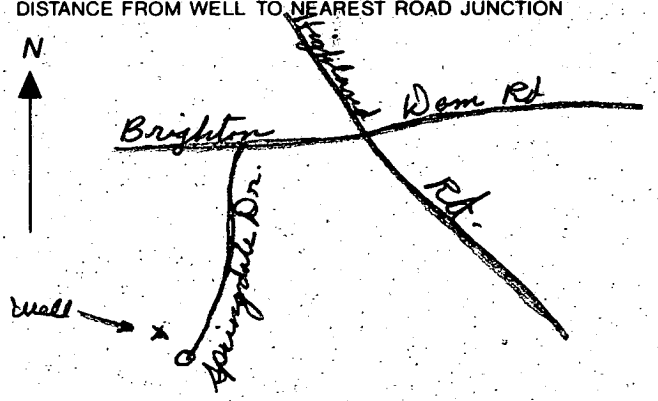
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8004
N 4966

000
000

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



SPECIAL CONDITIONS

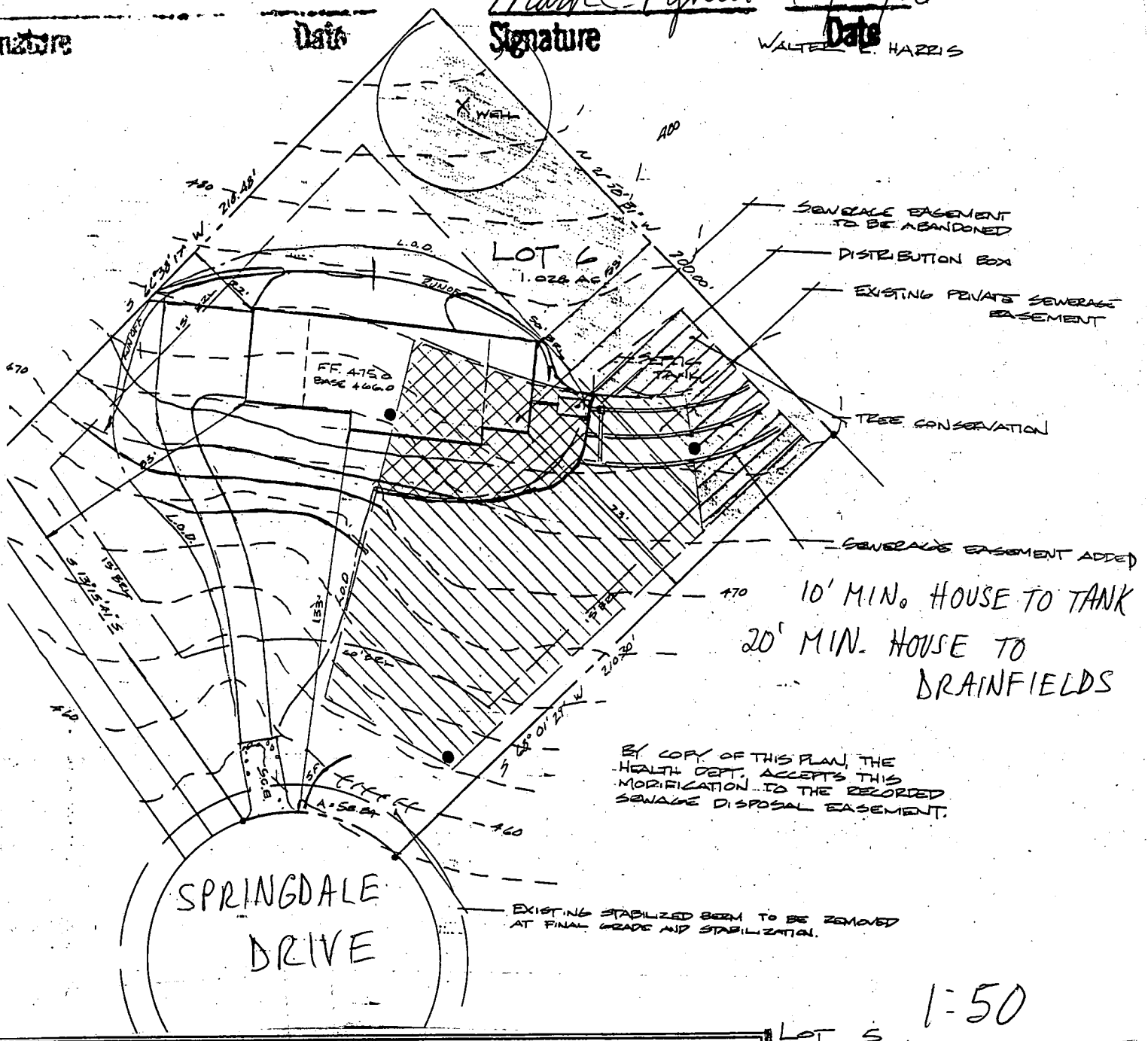
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

Approved Septic System Plan
Howard County Health Department

Mark E. Ryken 12/27/96
Signature Date

WALTER E. HARRIS



Septic Grades & Elevations		
	Inv.	Grade
INVERT AT HOUSE	473.50	475.50
INVERT AT ENTRANCE TO TANK	473.35	
INVERT AT EXIT FROM TANK	473.10	
INVERT AT DISTRIBUTION BOX	473.00	475.70
	472.70	475.70

LOT 6 1:50

by Dale Thompson Builders
(L. Lavalley)
12/27/96