

04-347161

5-8-89 Needs house connection
JEN

SEPTIC SYSTEM TO BE INSTALLED PRIOR TO ISSUANCE OF BUILDING PERMIT

5-8-89
late pm
5/8/89 ASAP

PERMIT

P 43652

SEWAGE DISPOSAL SYSTEM

A 37902

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 7/22/89

DATE SYSTEM APPROVED 4/9/90

INDEXED

INSPECTOR RH

(Hopkins)

American Standard Construction

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 495-3333 792 8975

SUBDIVISION Gaither Sideling ROAD 631 Sideling Court LOT 7 Mike Sunderland

PROPERTY OWNER American Standard Construction Stan @ lot

ADDRESS Beepu # 8501194

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 5

2 Septic tanks 1500 Gallons in Series.

TRENCHES - 900 sq. ft. total trench bottom area. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box as per building permit drawing. Approximately 290 feet from the right-rear (455') lot line and 150 feet from the right (506') lot line. Run trenches along contour in both directions on the left side of the driveway. 300 feet total length of trench required.

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

PLANS APPROVED BY C. Williams DATE 11/22/88

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

37902

5/18/89
5/18/89
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 X
Replacement _____

Receipt # 43653
Date 5/22/89

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner American Standard Construction Telephone 495-3333
Subdivision Gaither Sideling Lot # 7 Well Tag # HO - 88 - 0195
Site Address 631 Gaither Sideling Court

Pump

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

Motor

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

Pitless Adapter

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

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

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

Well data

1. Depth 200 ft.
2. Yield 8.5 GPM
3. Static water level 30 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: _____

Date: _____

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

C1 0526	SEQUENCE NO. (DENV USE ONLY)	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	A 37902
DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13	15 20	22 26	28 37
	171388	200	40-88-0195
		(TO NEAREST FOOT)	

OWNER	AMERICAN PROPERTIES		
STREET OR RFD	last name	first name	TOWN
SUBDIVISION	GAITHER SIDE LING	SECTION	LOT
		4	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 TO	Check if water bearing
SAND STONE	0 12	
GRAY GRANITE	12 200	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS	NO. OF POUNDS
5	440
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from	ft. to
0	19
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	ST CO STEEL CONCRETE PL OT PLASTIC OTHER
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
5 1/2	200

OTHER CASING (if used)	
diameter inch	depth (feet) from to

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

C2	
DEPTH (nearest ft.)	
1	2
8 9	11 15 17 21
23 24	26 30 32 36
38 39	41 45 47 51
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	

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE CASING	
LOG INDICATOR	
OTHER DATA	

C3	
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)	
A air	P piston
C centrifugal	R rotary
J jet	S submersible

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES 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:	
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	
(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)	

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
DRILLERS IDENT. NO.	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

COUNTY

[illegible]

10/03/88

Review

7536
34

2 site 11.15 10/13/6 coated
+ no one
TEST No sample at site

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0195
 Location of property (road) SIDELING COURT
 Subdivision GAITHER SIDELING Lot 7 Block - Plat - Sec. 4
 Well Driller JOSEPH L. MAYNE Owner AMERICAN PROPERTIES

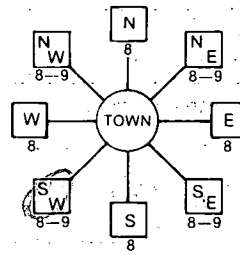
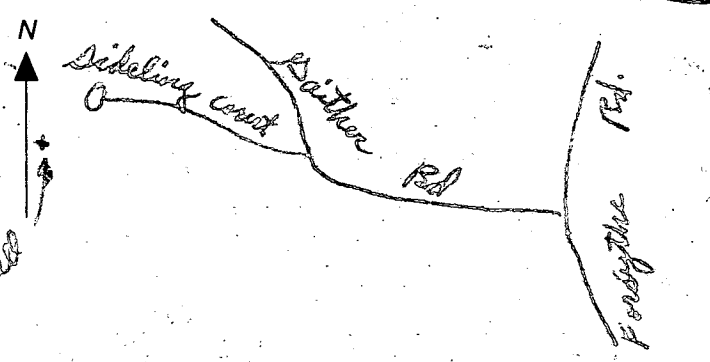
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____; Pumping rate _____ G. P. M.
Total time _____ min. to reach pumping water level _____ ft. below M.P.

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

[illegible]

B 1 1267 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0195 fill in this form completely
Date Received (APA) 022788 OWNER INFORMATION AMERICAN WELL-PAVING 10171 BAYVIEW RD ELLEN TOWN 70 STATE 72 ZIP 76		B 3 LOCATION OF WELL HOPKINS COUNTY GAITHER SIDELING 23 SUBDIVISION SECTION 004 LOT 7-1 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 1/2 MI	
DRILLER INFORMATION Driller's Name: Joseph L. Maguire Firm Name: Joseph L. Maguire Well Drilling Address: 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature: Joseph L. Maguire Date: 7/25/88		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD: Sideling Court ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST DISTANCE FROM ROAD: 1100 FT ENTER FT or MI: FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: HOWARD COUNTY NO. 32902 STATE SIGNATURE: DATE ISSUED: 072088 CO SIGNATURE: EXP. DATE: 12/01/91 NORTH GRID: 554000 EAST GRID: 0801000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> 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 E 800 1 N 550 4	
APPROXIMATE DEPTH OF WELL: 300 FEET 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:		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> 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) APPROP. PERMIT NUMBER: GAP FORCE: 1 WRITE INITIALS IN BOX PERMIT NO. 40-88-0195	
SPECIAL CONDITIONS			



**7020 Gardner Lane
at Mink Hollow Road
Highland, Md. 20777
301-854-0277**

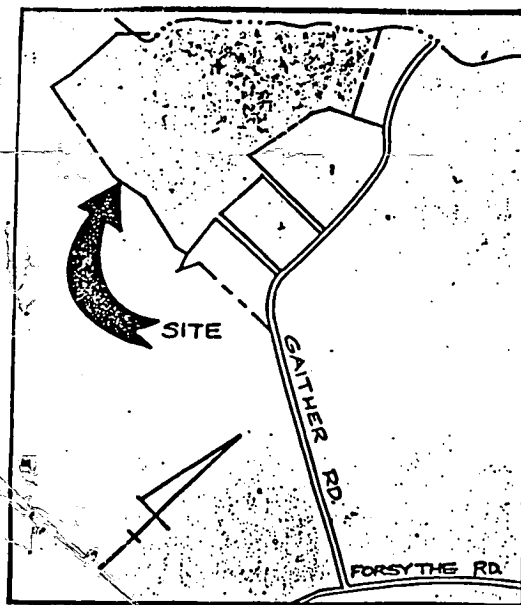
GAITHER SIDELING

PRICE LIST AS OF AUGUST 18, 1987

LOT # 3-\$84,900	5.3 acres
LOT # 4-\$84,900	5.8 acres
LOT # 5-\$79,900	3.0 acres
LOT # 6-\$94,500	6.7 acres
LOT # 7- SOLD	6.2 acres
LOT # 8-\$87,500	7.0 acres
LOT # 9-\$84,900	3.4 acres
LOT # 10-\$84,900	3.4 acres
LOT # 11-\$84,900	4.2 acres
LOT # 12-\$77,900	3.0 acres
LOT # 13-\$74,900	3.8 acres
LOT # 14-\$74,900	3.8 acres

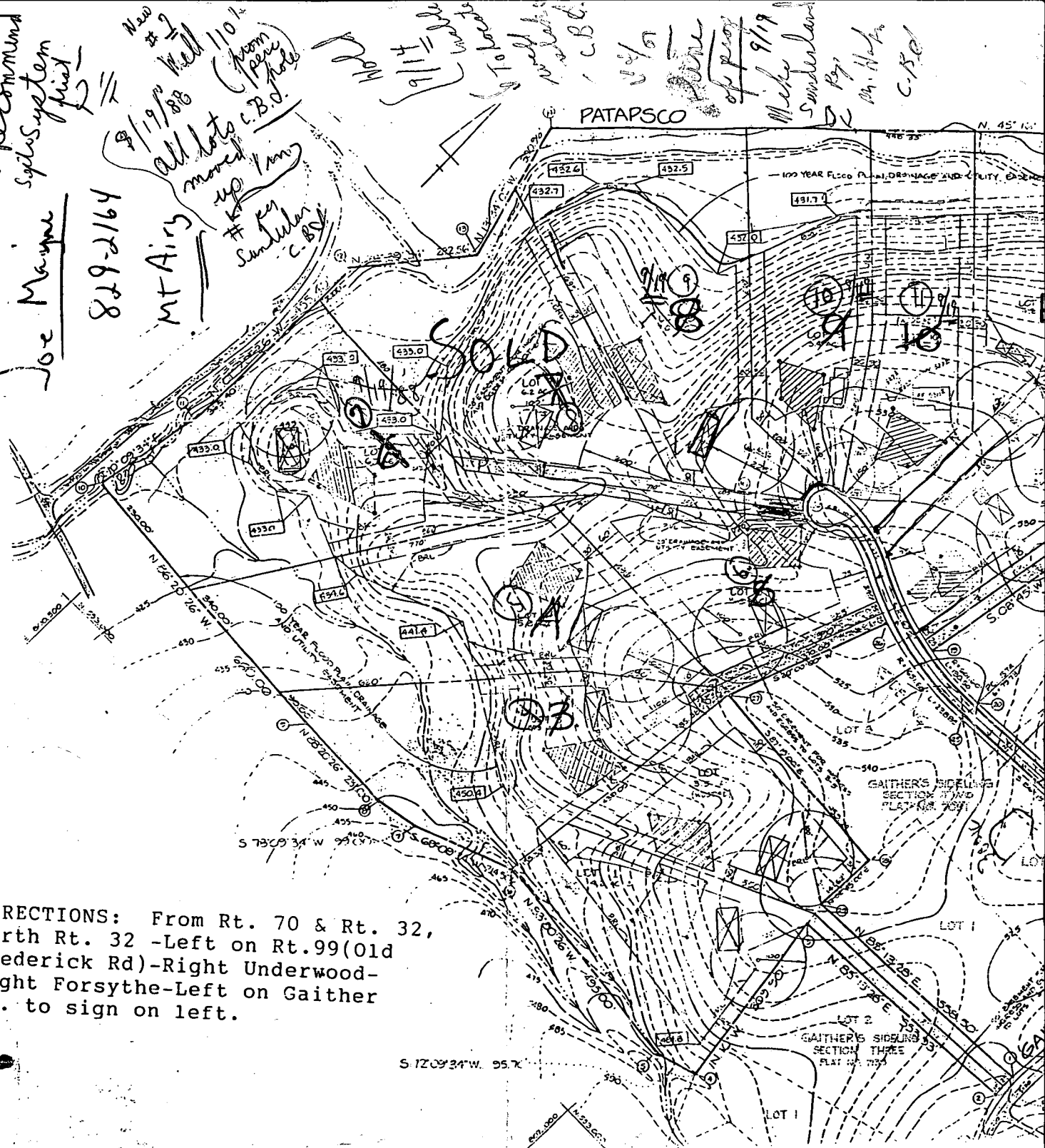
ALL LOTS ARE 100% WOODED

PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE



DIRECTIONS: From Rt. 70 & Rt. 32,
North Rt. 32 -Left on Rt.99(Old
Frederick Rd)-Right Underwood-
Right Forsythe-Left on Gaither
Rd. to sign on left.

S: 1209'34"W. 95.7



APPLICATION

PERCOLATION TESTING

A 37902

P _____

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

DISTRICT 4
DATE 7/2/86 10/7/86

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. 8306 Patuxent/Kauge
Jess 2079 Suite 109

PROPERTY OWNER Arthur Dadian American STANDARD CONST. 495-3333

ADDRESS 1846 16th St NW Wash DC 20009 PHONE 202-332-5364

PROSPECTIVE BUYER Gaither Road Joint Venture

ADDRESS 9 Carissa Ct. Owings Mills, MD 21117 PHONE 301-356-9351

PROPERTY LOCATION: final lot 6 sec 4

SUBDIVISION Gaither Sideling LOT NO. 11 (7)

ROAD AND DESCRIPTION Gaither Road + Patapsco River
631 Sideling Ct. Now 7 9/19/88

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3-5 ac 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.

SIGNATURE OF APPLICANT

APPROVED BY B. Nryon FOR Shallow system DATE 7/2/82

REJECTED BY _____ BOG. PERMIT SIGNED FOR _____ DATE _____
AND RETURNED 5-15-89

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/19/88 Recommend septic system
first; after water well, before house permit
released to C.B.D. + C.W. (Restricted house site) C.B.D.

THIS IS NOT A PERMIT

A 37902

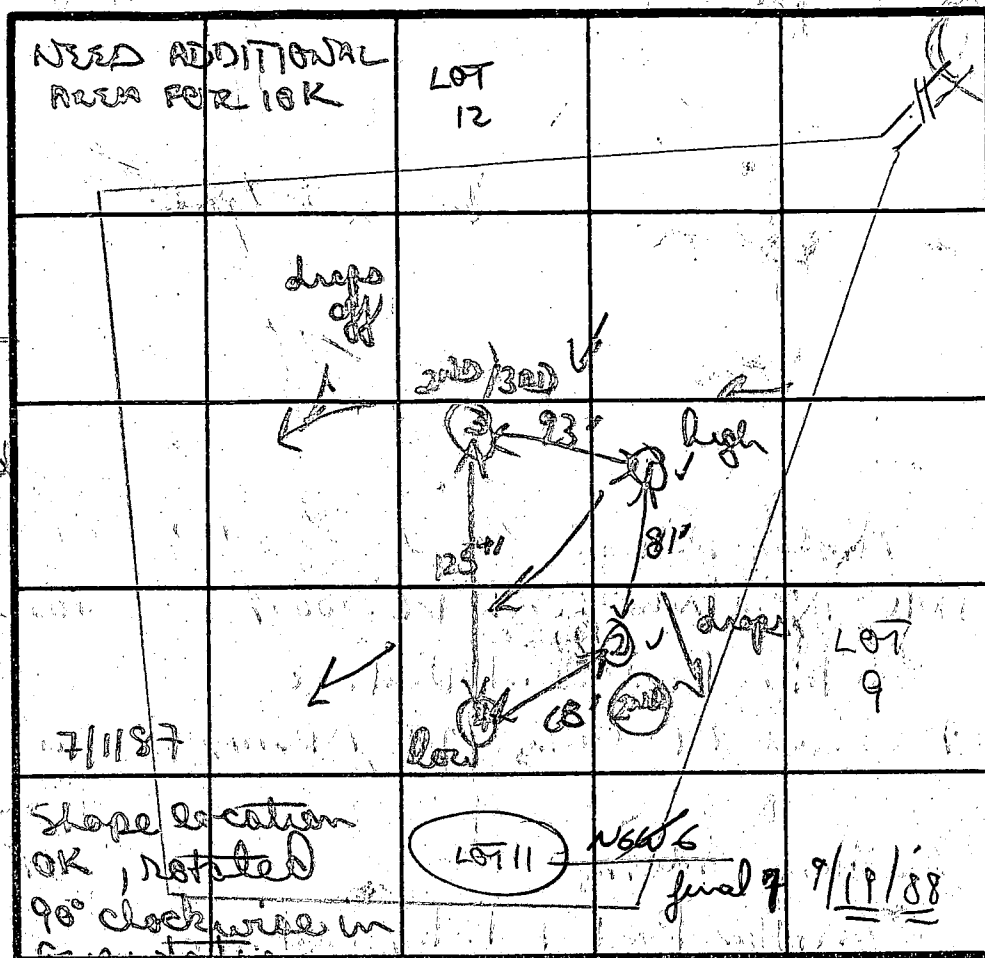
WATCH WET SEASON.

SOIL PROFILE

orange/light
to silty
mud
2 1/2'
sandy
gravelly silty
fine
w/ light
tan silty
mud
lean
11' D

orange powdery
chunky silty
clay mix
from 2 1/2' to 7' 10-15%
small - large
shut fragments
lean
11' D

orange/brown
gritty/chunky
clay lean
2 1/2'
to light
orange tan
powdery
silty mud
lean



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

orange/brown
gritty/silty
lean
2 1/2' gravelly
5 1/2' lean
mostly tan
silty mud
lean
w/ small
fragments
12' D

$\bar{X} = 7 \frac{1}{2} \text{ min}$
WET 4'
MAX 6 1/2'

180 ft

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/14/86	①	2 1/2'	232	235	235	239	4 min
		11 1/2' D	bottom (see profile)				
	③	4 1/2'	245	254	254	315	21 min
		7' M	251	253	253	256	3 min
		11' D	bottom (see profile)				
	②	4 1/2'	258	301	301	304	3 min
		7 1/2' M	255	258	258	301	3 min
		12' D	bottom (see profile)				
	④	4 1/2'	306	312	312	321	9 min
		12' D	bottom (see profile)				

REMARKS no clear lot markers, per shifted out of wet
season soil
 TYPE OF SOIL soils good, generally uniform
 TESTED BY B. Arden ALSO PRESENT T. Anglin

APPLICATION

PERCOLATION TESTING

A 37902

P _____

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

DISTRICT 4
DATE 2/2/86 10/17/86

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 Arthur Dadian

ADDRESS 1846 16th St NW Wash DC 20009 PHONE 202-332-5364

PROSPECTIVE BUYER Gaither Road Joint Venture

ADDRESS 9 Carissa Ct. Owings Mills, MD 21117 PHONE 301-356-9351

PROPERTY LOCATION:

SUBDIVISION Gaither Sidings LOT NO. 11

ROAD AND DESCRIPTION Gaither Road + Patapsco River

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3-5 ac 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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

37902

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 9-5-89

Name of Installer

William M Bosley Mech Cont.
Roland Barnhart JR.

Telephone

848-5630

Shop

833-0127

License Number

3470

Certified Well Pump Installer

Well Driller

Registered Plumber

☒

Name of Property Owner

Dim Std Construction

Telephone

Subdivision

CAITHER Sideling

Lot #

7

Well Tag #

HD-88-0195

Site Address

631 Sideling CT.

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible

2. Make

3. Model #

4. Capacity GPM

5. Pump exceeds well capacity Yes No ☒

6. If Yes, is low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards Other

Motor

1. Horsepower

2. RPM

3. Voltage

a. 110

b. 220

Pitless Adapter

1. Make HARVARD

2. Model # PT800

3. Depth 48"

Tank

1. Capacity

2. Pressure relief valve?

Piping

1. Type VARDLEY

2. Size 1"

3. NSF and/or BOCA

Code approved YES

4. Depth of supply

line 48"

Well data

1. Depth 300 ft.

2. Yield 6 GPM

3. Static water

level 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:

Roland M Barnhart Jr

Date:

9-5-89

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