04-358619

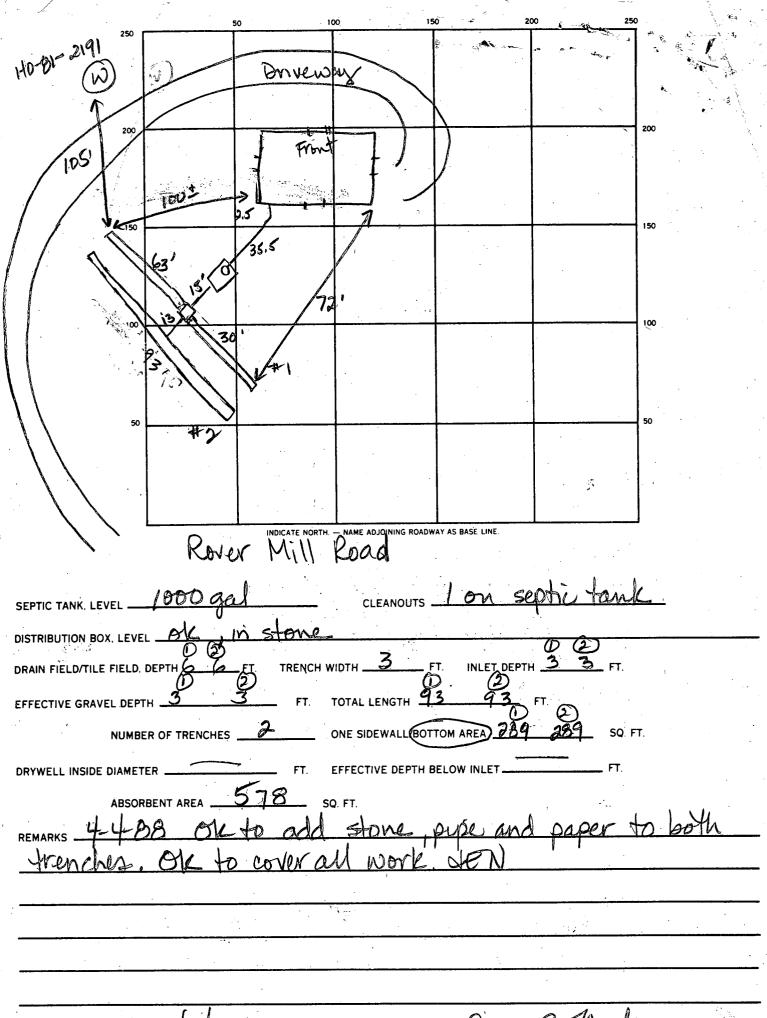
P	4/533
· A	34863

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY		· · ·	DATE 4/19/88
BUREAU OF ENVIRONMENTAL HEALTH 461-9933		DATE SYSTEM AP	PROVED
George Richardson-Bldr tack Fyock	ONDEXED	INS	PECTOR VEN
tack Flock	IS	PERMITTED TO INSTALI	ALTER
SUBDIVISION Hough Property	HOOD ROVER M	Fload LOT	A Pres. Par
PROPERTY OWNER	O'DONNEEL	Tim KAnn	BANNER H
ADDRESS		•	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAP	ACITY BY 50% AND ABSOR	PTION AREA BY 22%.	
GARBAGE GRINDER? YES NO			
SEPTIC TANK CAPACITY 1000 GALLONS NL	JMBER OF BEDROOMS	3_	•
187 sq ft/bdroom, 3ft		rlet at 4 f	t, Bollomat:
6 ft, 2 ft effective area.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
LOCATION - Shallow System Only. Begins 540 feet down the right (139 seen when facing property for towards the rear (1107.00')	99.74') lot line a rom Rover Mill Roa	and 300 feet off	the right line as
NOTE - NO trench to exceed 100 feet	t in length. Prov	vide 6" - 8" dia	meter cleanout and
cap to grade or above on se	ptic tank. ok/cv		
PLANS APPROVED BY Bert Nix	xon	DA	re
COVER NO WORK UNTIL INSPECTED AND APPROVED.	•		
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT	T IS RESPONSIBLE FOR THE SUCC	CESSFUL OPERATION OF ANY	SYSTEM.
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR A	T 90° SWEEPS IN LINES FROM HO	DUSE TO DRAIN FIELDS.	
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRE	NCHES) TO BE 100 FEET FROM WE	LL. (UNLESS OTHERWISE SPE	CIFICALLY AUTHORIZED)
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE A	IND AFTER PLACING GRAVEL IN T	RENCH(ES).	
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER, NO ABSORP	TION TRENCH TO EXCEED 100 F	EET 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 PIPE ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MAI		R. CAST IRON, CONCRETE OR	
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.			

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

EH - 2-1186



DATE SYSTEM APPROVED ________

INSPECTOR Jane E. Nadlan

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	D				

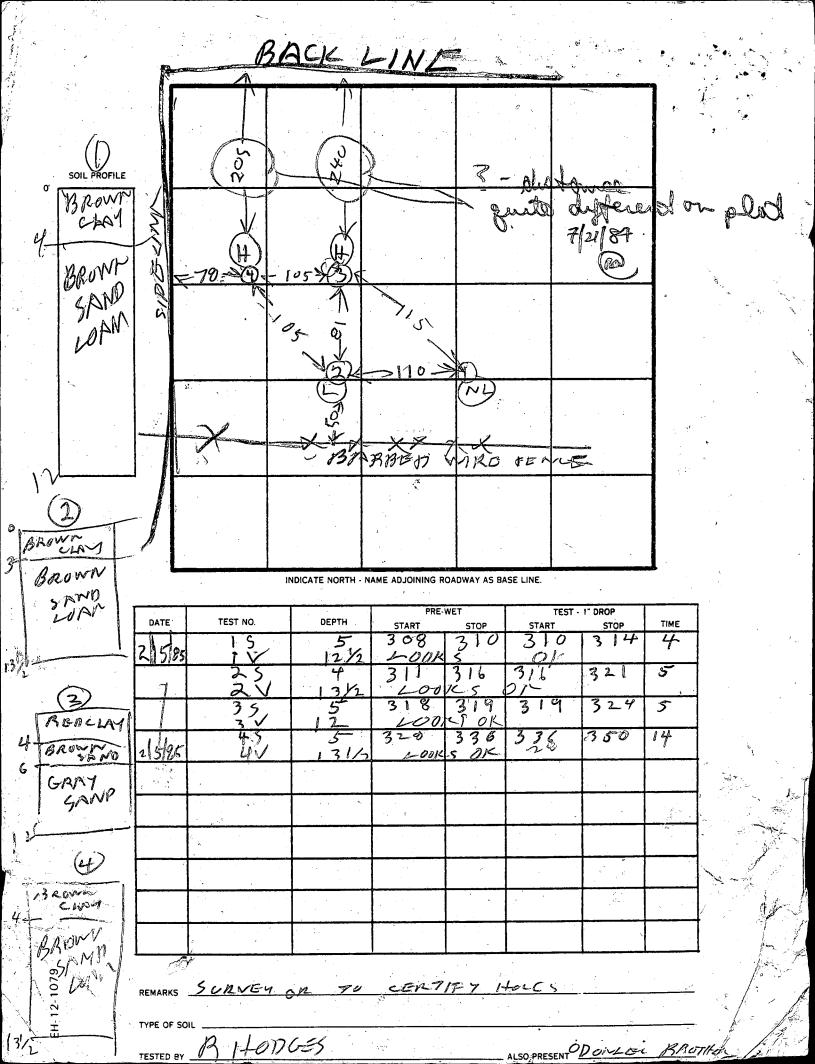
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DISTRICT 4th 1/25/85

ELLICOTT CITY, MARYLAN	ND ,			,	1	•
I, HEREBY, APPLY FOR TH	HE NECESSARY TEST	IN ORDER TO CON	STRUCT (OR RECON	STRUCT) A SEWAGE DISP	OSAL SYSTEM.	
PROPERTY OWNER	Hard	old Davis		er s		
	122	75 Woodspu	rge Court	V	our Olon Vott	erman 442-1336
ADDRESS	- Bud-	LCOEL CLLY	, Maryland	PH	ONE OTER RELL	erman 442-1336
PROPERTY LOCATION:						
SUBDIVISION	Hough 1	Property	<u> </u>	LOT NO	4 Parcel	"b"
ROAD AND DESCRIPTION	Rover l	Mill Road				
			•			
			 			
SIZE OF LOT			- 45	TYPE BLDG	3 or 4 1	Bedrooms
		•			(NUMBER	R OF BEDROOMS)
THE SYSTEM INSTALLED UN						. ,
FEE CONNECTED WITH THE	FILING OF THIS PE	RC TEST APPLIC	CATION IS NON-RE	FUNDABLE UNDER AI	NY CIRCUMSTANCES.	I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUI	· ·			E., .	<u>.</u>	. s
, a			v V	(SIGNATURE	OF APPLICANT)	
APPROVED BY	, , , , , , , , , , , , , , , , , , ,		FOR		DATE _	
A Commence of the Commence of						
REJECTED BY			FOR	· · ·	DATE _	
HOLD PENDING FURTHER TESTS					DATE	
REASONS FOR REJECTION OR HO	OLDING					

THIS IS NOT A PERMIT



APPLICATION

PERCOLATION TESTING

A <u>3 0265 /7</u> P

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

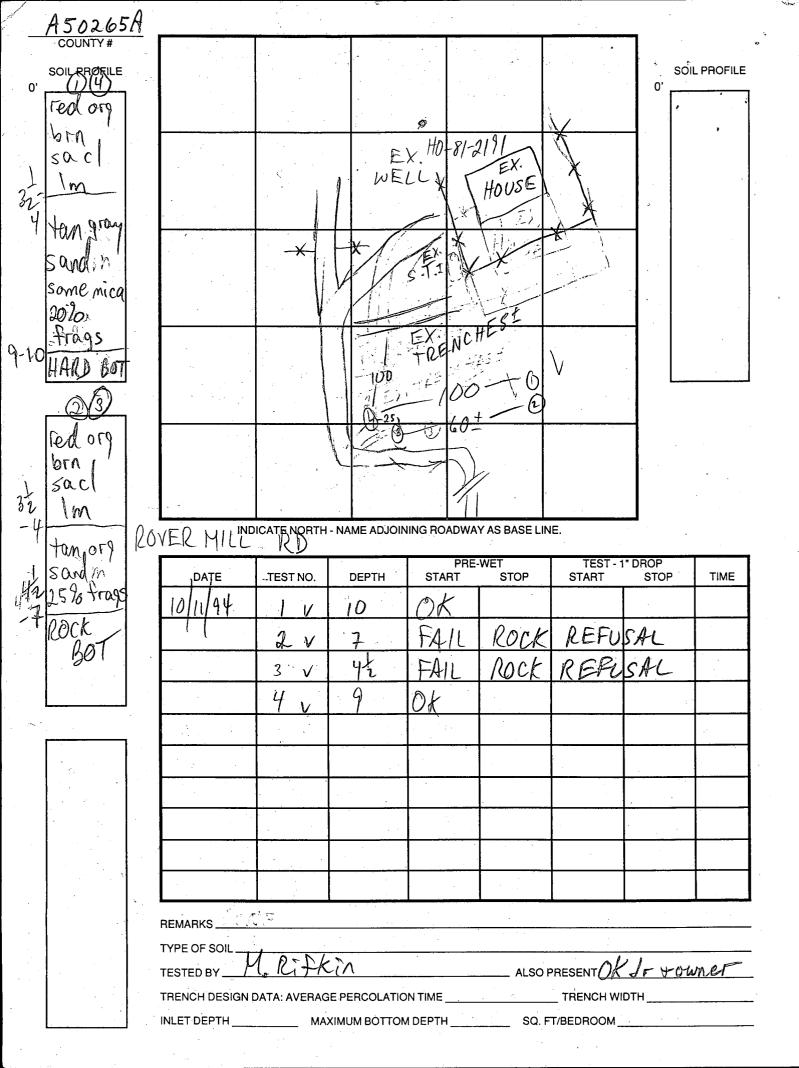
ISTRICT_____

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 (Lates O Donnell
ADDRESS 14200 Rover Mill Rd W.F. 21794 442-2023
AGENT OR PROSPECTIVE BUYER
ADDRESS PHONE
PROPERTY LOCATION: SUBDIVISION Donnell Property LOT NO. 4 (EX. HOUSE)
ROAD AND DESCRIPTION
TAX MAPPARCEL#
SIZE OF LOT
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
HOLD PENDING FURTHER TESTS
REASONS FOR REJECTION OR HOLDING VISUAL HOLES SANDY, HOLD FOR PLAY MR.
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)



	c ₁ 5994	SEQUENCE N (OEP USE ON		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
٥	(THIS NUMBER IS TO BE F IN COLS. 3-6 ON ALL CAR			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 34862
	DATE Received	DATE WELL CO	MPLETE	D Depth of Well 22 2 4 5 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37
	OWNERSTREET OR RFD	last name (S)	NS	L CHARLES	COOKS VILLE
	11.	WGH P	ROP:		LOT 5/6 (RESUB LOT4
	WELL Not required fo			WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
	STATE THE KIND OF PENETRATED, THEI THICKNESS AND IF	R COLOR, DEPT	Ή,	TYPE OF GROUTING MATERIAL 44	PUMPING TEST HOURS PUMPED (nearest hour)
ŀ	DESCRIPTION (Use additional sheets if needed)	FEET	Check if water	CEMENT CM BENTONITE CLAY BC	PUMPING RATE (gal. per min. 2
l		0 34	bearing	NO. OF BAGS NO. OF POUNDS DEPTH OF GROUT SEAL (to nearest foot)	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE
	SAND GRAY MICA KOCK	34 245	721	from A TOP 52 ft. to 3 2 FOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING BEFORE PUMPING
	KOCK			casing types insert ST CO	WHEN PUMPING 22 25
			:	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
				MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O (describe below)
		·	,	60 61 63 64 66 70	J jet S submersible
١				E OTHER CASING (if used) A diameter depth (feet) H inch from to	PUMP INSTALLED
	· · · · · · · · · · · · · · · · · · ·			inch from to	DRILLER WILL INSTALL PUMP YES (CIRCLE) (YES OF NO)
	٠.		. ÷	screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
		9,5		or open hole ST BR HO snrgopriste STEEL BRASS OPEN	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
	· · · · · · · · · · · · · · · · · · ·	no.		code below PLASTIC OTHER	CAPACITY: GALLONS PER MINUTE (to nearest gallon)
١	Ą.			C 2	PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH
		3		DEPTH (nearest ft.)	(nearest ft.) 47 CASING HEIGHT (circle appropriate box and enter casing height)
	,		·	A	LAND SURFACE (nearest
Ì	A WELL WAS ABANE WHEN THIS WELL W	DONED AND SEA	ALED	S 23 24 26 30 32 36 R 3	LOCATION OF WELL ON LOT
	E ELECTRIC LOG OBTA			SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
	P TEST WELL CONVER			OF SCREEN 56 60 (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
	I HEREBY CERTIFY THAT THIS WEL ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL ABOVE CAPTIONED PERMIT, AN PRESENTED HEREIN IS ACCURATE	17.13 "WELL CONST L CONDITIONS STAT ND THAT THE INFO	RUCTION" ED IN THE DRMATION	GRAVELIPACK to IF WELL DRILLED WAS	
-	OF MY KNOWLEDGE. DRILLERS IDENT. NO	238		FLOWING WELL INSERT F IN BOX 68 OEP USE ONLY	3,30
	DRILLERS SIGNATURE	1. May		(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Tage of the second
	(MUST MATCH SIGNATUR		<i>,</i>	70 72 74 75 76 TELESCOPE LOG OTHER DATA	3
	SITE SUPERVISOR (sign. or responsible for sitework if			CASING INDICATOR	<u>V</u>

HEALTH

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

ELLICOTT CITY, MARYLAND

DISTRICT	4th	
DATE	1/25/85	

ADDRESS Ellicott City, Maryland PHONE Olen Ketterman 442 PROPERTY LOCATION: SUBDIVISION Hough Property LOT NO. 4 Parcel "a" ROAD AND DESCRIPTION ROVER Mill Road SIZE OF LOT TYPE BLOG. 3 OF 4 BEDROOMS (NUMBER OF BEDROOMS THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE I FULLY UNDERS FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. SOLD PENDING FURTHER TESTS DATE DATE DATE	PROPERTY OWNER		Ho=	Ha	rold D	avis								
ADDRESS FILICOTE City, Maryland PHONE Olen Ketterman 442 PROPERTY LOCATION: SUBDIVISION Hough Property LOT NO. 4 Parcel "a" ROAD AND DESCRIPTION ROVER Mill Road SIZE OF LOT TYPE BLDG. 3 Or 4 Bedrooms (NUMBER OF BEDROOMS THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE I FULLY UNDERS FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ALL MOSHA REQUIREMENTS IN TESTING THIS LOT. /S Olen Ketterman (SIGNATURE OF APPLICANT) APPROVED BY FOR DATE				12	275 Wo	odspu.	rge C	ourt				·	···········	-
ROAD AND DESCRIPTION ROVER Mill Road SIZE OF LOT TYPE BLDG. 3 OR 4 BEDROOMS (NUMBER OF BEDROOMS THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE I FULLY UNDERS FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ALL MOSHAR REQUIREMENTS IN TESTING THIS LOT. /S Olen Ketterman (SIGNATURE OF APPLICANT) APPROVED BY FOR DATE	ADDRESS	**							PHOI	_{NE} <u>Oler</u>	<u>Kett</u>	erman	442-13	3 <u>6</u>
ROAD AND DESCRIPTION ROVER Mill Road TYPE BLDG. 3 OR 4 BEDROOMS (NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERS FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ALL MOSHA. REQUIREMENTS IN TESTING THIS LOT. SIGNATURE OF APPLICANT) APPROVED BY FOR DATE DATE	PROPERTY LOCATION:		,					·	•				-	
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FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ADL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. SIGNATURE OF APPLICANT) FOR	× 4,	:						·	TPE BLDG,					
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WITH ADL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE OF APPLICANT) FOR DATE DATE OLD DEFINANCE SUPPLIES THE DATE				01110710	OCI IADEL	ONE I, O	WITE FOR	ielo r Acii	LITIES DE	COME AV	AILADLE.	i LOFFI OI	ADEKSTANI	, I H
WITH ADL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE OF APPLICANT) FOR DATE DATE OLD DEFINANCE SUPPLIES THE DATE	FEE CONNECTED WITH THE FILL	NG OF	THIS DED	TEST A	ADDI ICATIO	N IC NON	LDEELIN		NDED AND		T			
(SIGNATURE OF APPLICANT) APPROVED BY FOR DATE FOR DATE								1	4	CIRCUM	STANCES.	I ALSO AG	REE TO CO	MPL
PEPEROVED BY FOR DATE PEDECTED BY DATE			1.231111	10 11115	201		· · · · · ·			OF APPLI	CANT)			
PEJECTED BY	APPROVED BY					EOP.			•	· • • • • • • • • • • • • • • • • • • •		14	·	· <u></u>
FOR DATE						_ FOR					_ UAIE _		67	-
OLD PENDING FURTHER TESTS DATE	REJECTED BY					_ FOR 🖳				· · · · · · · · · · · · · · · · · · ·	_ DATE _			
OLD PENDING FURTHER TESTS DATE		الجندا								ţ				
	OLD PENDING FURTHER TESTS	19.						·		 	_DATE _			`
REASONS FOR REJECTION OR HOLDING		1.								,				

THIS IS NOT A PERMIT

BRUW 100 INDIGATE NORTH NAME ADJOINING ROADWAY AS BASE LINE. BLOW TEST - 1" DROP DATE TEST NO. DEPTH TIME START STOP STOP 21/2 222 215 227 OK 303 Min 250 3 3 236 27 11 (3) 16 20014 23 236 (4) BRUNNE BROWN 5 PM) POP KETTERMIN JA KETTERMIN JA ALSO PRESENT ODONNEL REMARKS SPEROLITO TYPE OF SOIL 140116EZ,

TESTED BY

B 7 8290 SEQUENCE NO. (OER USE ONLY)	STATE OF	MARYLAND	OEP PERMIT NUMBER
4 2 3	PERMIT TO	DRILL WELL	HO-SI-ZIGI
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please pr	int or type	⁷⁰ fill in this form completely ⁷⁹
Date Received		B 3.	LOCATION OF WELL
OWNER INFORMA	ATION	HOWARD	
O DO NN E LA Owner	First Name 34	B COUNTY HOWGHP	ROPERTY
3425MANOR LAN	e I I I I	23 SUBDIVISION	42
Street or RFD	000000	SECTION 44 46	LOT 48 50
	OState 72 Zip 76	COOKSVI 52 NEAREST TOWN	448
DRILLER INFORMATION	ON (SILLEN)	MILES FROM TOWN (ent	er () if in town)
Driller's Name	77 License No. 80	B 4	73 76 77 78
Firm Name L. Muyo Well	L DRILLING	1 2 DIRECTION OF WELL FROM	Rover mill Bood
Address Rilga Rd. Int. a	ing. ml. 21771	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30 NORTH
Signature Lo. Mayore	5/22/87	NW 8 NE	ON WHICH SIDE OF ROAD WE FOR
B Ž WELL INFORMATION	/ Date /	8-9	(CIRCLE APPROPRIATE BOX) WEST SEAST SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	<u> </u>	TOWN E	South
AVERAGE DAILY QUANTITY NEEDED ZE	12	S S	34 6 5 0 37 DISTANCE FROM ROAD
(GAL. PER DAY)	20	8-9 S (8-9)	ENTER FT or MI FT
USE FOR WATER (CIRCLE APPR	· · · · · · · · · · · · · · · · · · ·		NOT TO BE FILLED IN BY DRILLER
HOME (SINGLE OR DOUBLE HOUSEH)		40,100	HEALTH DEPARTMENT APPROVAL
L'IRRIGATION)	•	COUNTY NAME	COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE A OTHER (REQUIRES APPROPRIATION I	PERMIT)	OEP SIGNATURE	STATE HEALTH INSERT S
PUBLIC OR PRIVATE WATER COMPAND PROPRIATION PERMIT AND STATE I	NY (REQUIRES HEALTH DEPARTMENT	DATE ISSUED	2 Diction 01/17/28
☐ APPROVAL) ☐ TEST, OBSERVATION, MONITORING (I	:	43 48 CC	O EAST O O O O
APPROPRIATION PERMIT)	WAT REQUIRE	GRID 50	0 GRID 63
APPROXIMATE DEPTH OF WELL 360	FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL _	ES OF
24.	28	WITH AN X SOURCES OF DRILLING	WATER
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. MECL	(
METHOD OF DRILLING (circle one)	2. 3.	*
BORED (or Augered) JETTED 30. AUG BOT	Jetted & DRIVEN	WRITE THE BOX NUMB	ER
AIR-PERcussion RC CABLE REVerse ROTary	DTARY (Hydraulic Rotary) DRive-POINT	FROM THE MAP HERE	
other	<u> </u>	E 194	9
		N 534	000
REPLACEMENT OR DEEPENE (CIRCLE APPROPRIATE B		DRAW A SKETCH BELO	W SHOWING LOCATION OF WELL IN
THIS WELL WILL NOT REPLACE AN E		DISTANCE FROM WELL	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL TO ABANDONED AND SEALED	HAT WILL BE	N Cooksuil	Le-
39 S THIS WELL WILL REPLACE A WELL T	HAT WILL BE USED	i	ref.
D THIS WELL WILL DEEPEN AN EXISTIN			
PERMIT NUMBER OF WELL TO BE REPLAC (IF AVAILABLE) 41	CED OR DEEPENDED	1 men	andre 3 - 1 - well
Not to be filled in by driller (OEP L	<u> </u>	a]	
APPROP. PERMIT NUMBER G	, , , , , , , , , , , , , , , , , , , 	2/ 2/	8
WRITE 54	63	47 3	nice.
FORCE INITIALS PERMIT NO.	75 74 75 76 77 78 79	4	E
SPECIAL CONDITIONS	**		

7/22/87

grand 32' open prients 8 bass location 0x's

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 # 4/4/75 Date 4/11/69
Name of Installer Aller	- M. Van South	Telephone 447-22
License Number / 86 Z Certified Well Pump Install	er Well Driller	
Name of Property Owner Assubdivision Accept Site Address 14200 Rg	Lot # We we	Telephone
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower Ty	1. Make House
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible Vera 2. Make Gowlof	a., 110 b. 220	Spring a war on the second
3. Model # 5 1850 74/	2	
4. Capacity GP		
5. Pump exceeds well capaci		
6. If Yes, is low pressure		YesNo
7. What methods are used to		and the second s
vibrations? Torque arr	estors Cable guards	Other
Tank	Piping	Well data
1. Capacity 26	Piping 1. Type	1. Depth 244 ft.
2. Pressure relief	2. Size / 7	2. Yield GPM
valve?	- S. NSF and/or Buch	Static water
WELL LINE OK		level 42 ft.
		4. Will water supply
Pitless @ adaptor @	Ine 32	be disinfected by installer?
I understand that it is my Department when the install is null and void).	ation is ready for inspecti	the Howard County Health on (otherwise this permit
		NAT LATE NAT LATE
All information given above	is true to the best of my	knowledge.
Sig	nature of Applicant:	11 50 51 .8-
	Date: 4	- B- 8P
per constant of the constant o	TILL V	- Programme - Company - Co
Note: A sticker indicating	1	per la company de la company d

