

185
3 PM
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

approved
Catalan
P 34786

A 32893

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 5/16/85
1/14/85

Olen Ketterman

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland PHONE 442-1336

SUBDIVISION Spring Valley Farms ROAD 6344 Route 32 LOT 10

PROPERTY OWNER Richard Mostyn

ADDRESS

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 194 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 9½ feet below original grade. Effective area begins at 3½ feet below original grade. 6 feet of stone below distribution pipe.

LOCATION: Place the dry well or start the trench at perc hole (8) which is located 212 feet from the front lot line and 172 feet from the left side of the lot as seen when facing the lot from the right-of-way. Run the trenches toward the front lot line.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges DATE 7/1/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

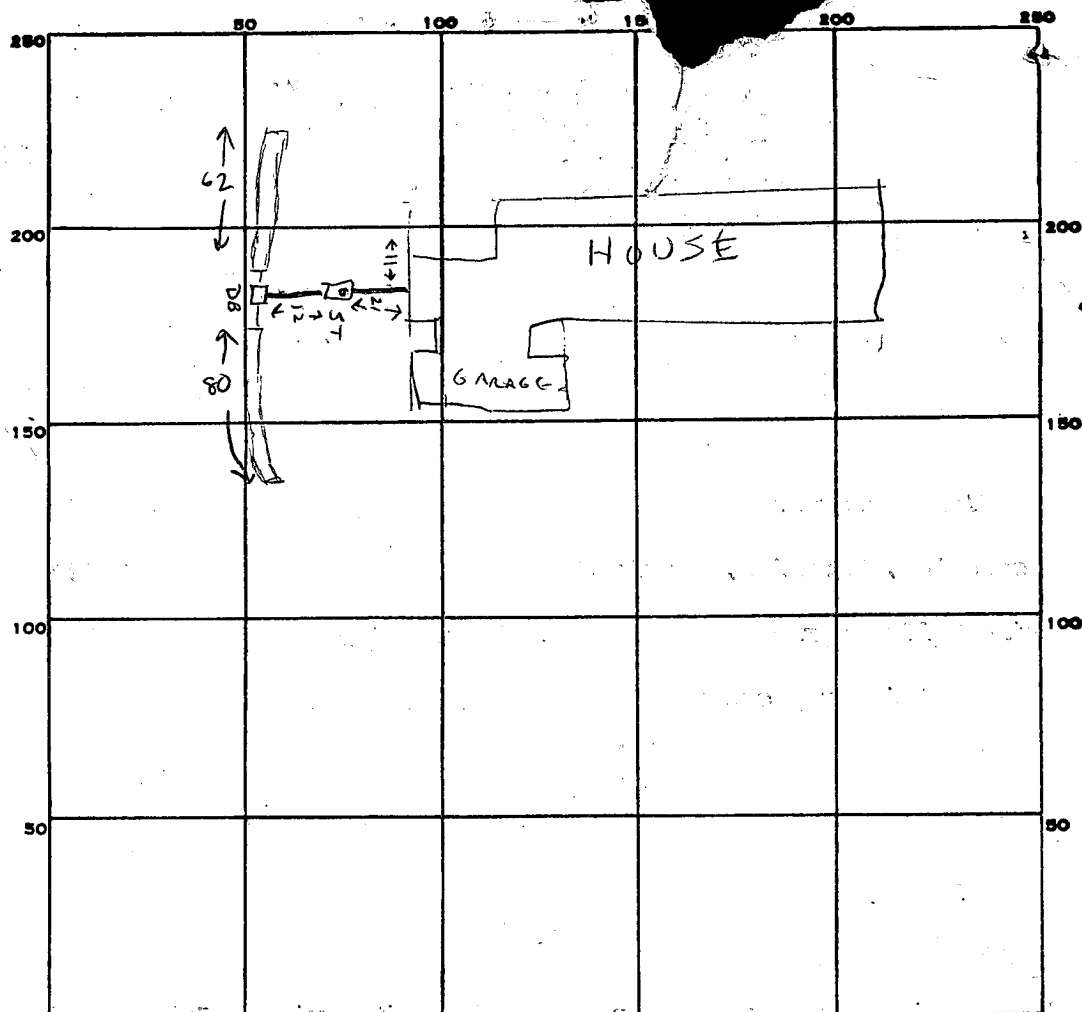
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 32893



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS STV

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH 19 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 142 FT.

NUMBER OF TRENCHES 2 (62+80) ONE SIDEWALL TOTAL BOTTOM AREA 852

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 852 SQ. FT.

REMARKS 1-14-85 TRENCHES OK TO ADD GRAVEL. MUST SEE ALL PIPING. CW

1-16-85 GRAVEL IN TRENCH OK TO COVER. MUST CEMENT PIPE & CLEANOUT JOINTS

BEFORE COVERING SEPTIC TANK. CW

1-16-85 OK TO COVER ALL WORK. CW

DATE SYSTEM APPROVED 1-16-85

INSPECTOR CW

RETEST

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 478 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 32893

P _____

DISTRICT 5th

DATE 6/27/83

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 Dr. William Davis property

ADDRESS 4134 Edmondson Ave., Baltimore, Md. PHONE 566-1341

PROPERTY LOCATION:

SUBDIVISION Spring Valley Farms LOT NO. 10

6344 ROAD AND DESCRIPTION Route 32 RICHARD MOSTYN

BP # 60626

SIZE OF LOT 5.412 acres m/l 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 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. /s/ Olen Kettermann

(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR Datchers Dry Well DATE 7/1/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/1/83 - Specs Written B/A

DEPT. PERMIT SIGNED
AND RETURNED 9-5-84

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 _____

EH-12-1079

RETEST

APPLICATION

SEWAGE DISPOSAL TESTING

A 32893

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 478 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 6/27/83

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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(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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

REMARKS

RETEST NEEDED. HOUSE TO BE BUILT IN ORIGINAL PERC AREA

TYPE OF SOIL

TESTED BY

R. HODGES

BOYER LINDA BRICK MUSTYN
REALTOR JOHNN ELLINGSWORTH
ALSO PRESENT
BAYLOR KETTERMAN

APPLICATION

A 20498

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 5THP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 8/8/74TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.PROPERTY OWNER DR. WILLIAM DAVISADDRESS 4134 EDMONDSON AVE PHONE 566-1341

PROPERTY LOCATION:

SUBDIVISION SPRING VALLEY FARMS LOT NO. 10ROAD AND DESCRIPTION RT. 32 2 MI. S OF CLARKSVILLESIZE OF LOT 5.412 A TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

4-12' holes
20120004

APPLICATION

A 20478

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE ^{1000 gallons}

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tanks { 1-3 Bedrooms
4 Bedrooms } DISTRICT 57H
DATE 8/8/74

8/21/74
9:30

Dry well to have 125 yd. effective absorbent sidewall area per bedroom below inlet. Inlet to be 4' below original grade and maximum depth 12'. Location 210' from right front corner stakes towards back of lot and 55' in from right property line when facing lot from R832. (Per hole 1+2)

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 DR. WILLIAM DAVIS 7/1/83 PH
RETESTED VOID SEE SPEC SHEET

ADDRESS 4134 EDMONSON AVE PHONE 566-1341

PROPERTY LOCATION:

SUBDIVISION SPRING VALLEY FARMS LOT NO. 10
Any questions: Mr. Rosenberger 442-2297

ROAD AND DESCRIPTION RT. 32 1/2 MI. S. OF RT CLARKSVILLE

SIZE OF LOT 5.412 A TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Held for applicant signature 8/24/74 1a/Dr. W. Davis

APPROVED BY C. Shrestha FOR Dry Well DATE 8/21/74
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

C1	4379	SEQUENCE NO. (OEP 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	A32893

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	15 20	22 26	FROM "PERMIT TO DRILL WELL"
	080583	350	40-81-0207
(TO NEAREST FOOT)			28 29 30 31 32 33 34 35 36 37
OWNER	Mostyn	Richard L.	
STREET OR RFD	last name Md. Rte. 32	first name	TOWN Clarksville
SUBDIVISION	Spring Valley Farms	SECTION	LOT 10

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	Check if water bearing
	FROM TO	
Dirt	0 11	
Soft Brown Mica	11 39	
Soft Brown Mica	39 40	X
Blue Mica Schist	40 45	
Brown Mica	45 46	X
Blue Mica Schist	46 58	
Brown Sandstone	58 59	
Blue Mica Schist	59 72	
Brown Mica & Sandstone	72 73	
Blue Sandstone	73 174	
Brown Sandstone	174 176	X
Blue Sandstone	176 200	
Brown "	200 203	X
Blue "	203 295	
Opening	295 296	
Blue Sandstone	296 350	

GROUTING RECORD	
yes	no
Y	N
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT	BENTONITE CLAY
CM	BC
NO. OF BAGS 16	NO. OF POUNDS 1504
GALLONS OF WATER 96	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft.	to 42 ft.
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	STEEL CONCRETE PLASTIC OTHER
MAIN Nominal diameter. Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	
S T	6 4 4
OTHER CASING (if used) diameter depth (feet) inch from to	

SCREEN RECORD	
screen type or open hole insert appropriate code below	STEEL BRASS OPEN HOLE PLASTIC OTHER
DEPTH (nearest ft.)	
1 H O	4 4 3 5 0
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	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE CASING	LOG INDICATOR
WQ	
74 75 76	
OTHER DATA	

PUMPING TEST		
HOURS PUMPED (nearest hour)		
3		
PUMPING RATE (gal. per min. to nearest gal.)		
1 3 3		
METHOD USED TO MEASURE PUMPING RATE		
Submersible		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
3 9		
WHEN PUMPING		
1 9 3		
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 YES NO	
(CIRCLE) (YES or 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	
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)	
Rt. 100	
Rt. 32	
GRAVEL RD.	

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 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. 256	
Dana Kyker, Jr. II	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
Dana Kyker, Jr. II	
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	

Well Permit No. HQ - 81-0207
Location of property (road) Md. Rte 32
Subdivision Spring Valley Farms Lot 10 Block - Plat - Sec. -
Well Driller Dana Kyker Jr. Owner Richard Mostyn

I. High rate pumping -- reservoir drawdown

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

[illegible]

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HQ - 81-0207
Location of property (road) Route 32
Subdivision Spring Valley Farms Lot 10 Block Plat Sec.
Well Driller Dana Ryker Owner Richard Mastyn

Depth of well 350
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 39'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 17.1
Total time to reach pumping water level ft. below M.P.

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

[illegible]

B 1

4529

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

H0-81-0207

fill in this form completely

please print or type

Date Received

070883

OWNER INFORMATION

MOSTYN RICHARD L

7358 MOSSY BRINK CT

COLUMBIA MD 21045

DRILLER INFORMATION

Dana Kyker, Jr. II

256

Westminster Rotary Well Drilling, Inc.

Box 1861, Westminster, Maryland 21157

Dana Kyker, Jr. II 5/83

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 6

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 150 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 DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY☐ THIS WELL WILL DEEPEIN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER GAP

FORCE FS WRITE INITIALS IN BOX PERMIT No. H0-81-0207

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD

8 COUNTY

SPRINGS VALLEY FARMS

23 SUBDIVISION

SECTION

LOT

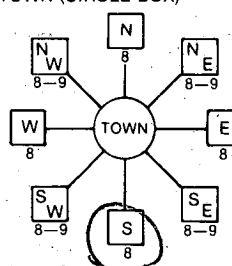
CLARKSVILLE

52 NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Rt #32

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI 1

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

A 32893

COUNTY NO.

OEP

SIGNATURE

STATE HEALTH

INSERT S

DATE ISSUED

072283

Frank Sherrin

1/22/84

43

48 CO SIGNATURE

EXP. DATE

NORTH

GRID

494 0 0 0

EAST

GRID

0817 0 0 0

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. City

2.

3.

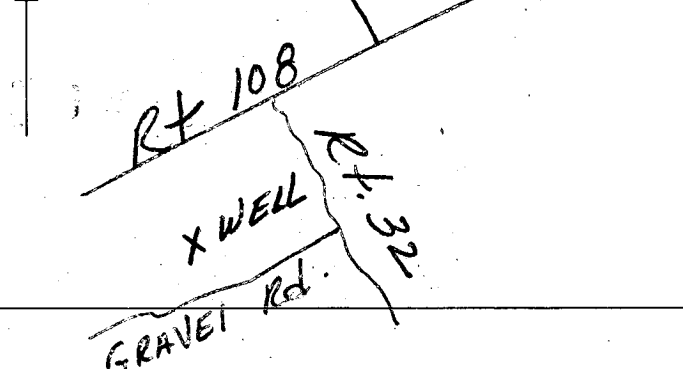
WRITE THE BOX NUMBER FROM THE MAP HERE

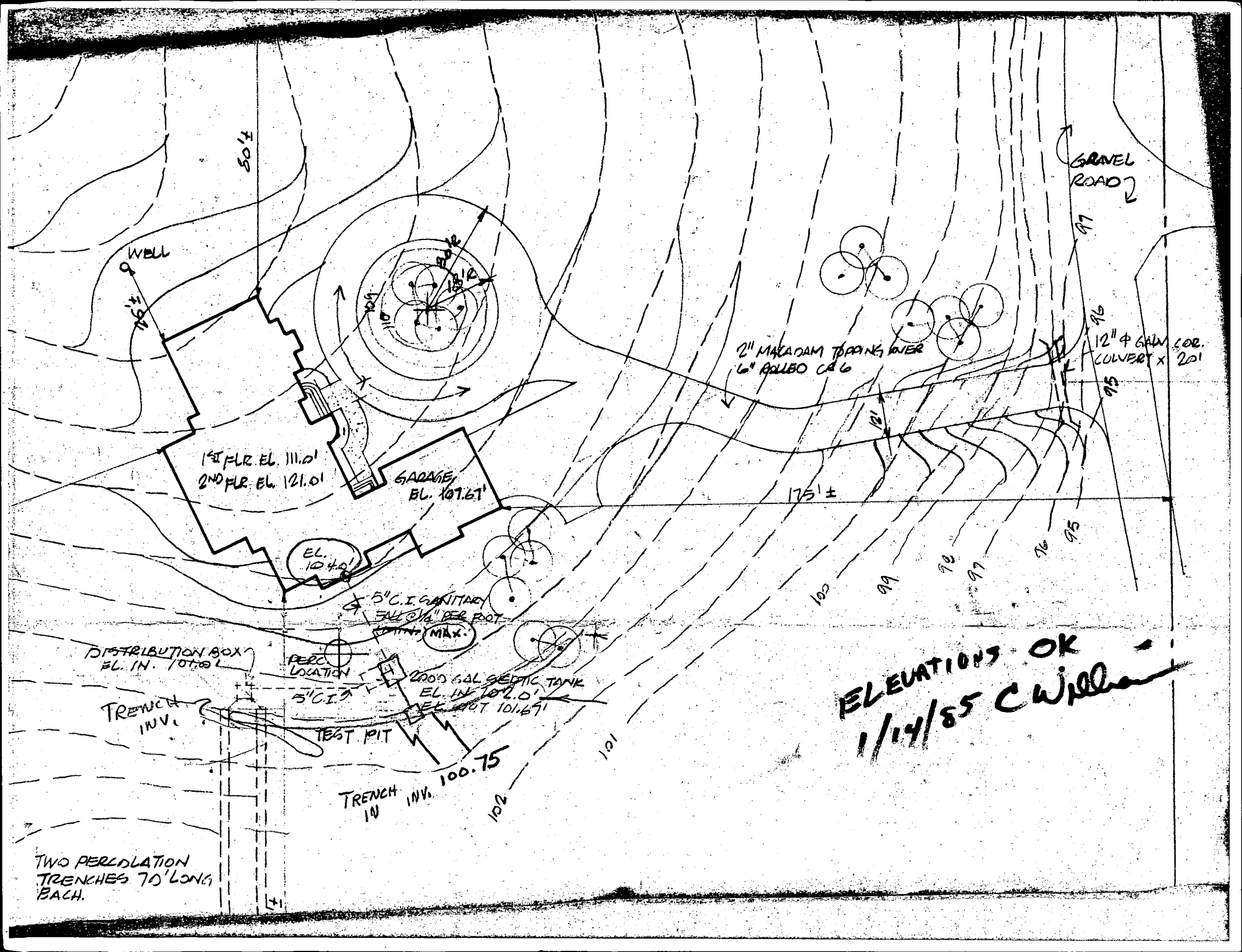
E	810	7
N	490	4

Location OK
42' casing
2' above gr
36' open
16' large cement

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

N





ELEVATIONS OK
1/14/85 CW

TWO PERCOLATION
TRENCHES 70' LONG
EACH.

1/10/85-- P.M.

Howard County Health Dept.
P. O. Box 476
Ellicott City, Maryland 21043

W E L L P U M P I N S P E C T I O N

Owner's Name: Richard Mostyn

Address: 6344 Guilford Road

Location of Property: Spring Valley Farms
Lot 10

Well Tag Number;
HO-81-0207

Plumber or Certified Pump Installer:

G. Edgar Harr

Phone Number:

License Number:

Receipt Number: 34779

Date: 1/9/85

Comments: OK TO PROCEED W/ INSTALLATION 1-9/85 C. Wilkin
1/11/85 - outside work covered, no inspection of pitless.
Inside work not completed. JS

Inspection:

Date Well Pump Inspection was approved:

Inspector: