

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 513164

A 57577-E

DISTRICT _____

DATE 12/9/99

DATE SYSTEM APPROVED 12/9/99

INSPECTOR [Signature]

05-427959

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS P.O. Box 89, Glenelg, MD 21737

PHONE 410-988-9270

SUBDIVISION Small Ridge LOT 1 ROAD 14606 Triadelphia Mill Road

PROPERTY OWNER Russell & Marci Werlinich

ADDRESS _____

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 4

5-5-04 800147924-DECK + PORCH

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - From the junction of the pipestem and 460.62' lot line, place the distribution box 235 feet down the 460.62' lot line and 50 feet off that same lot line. Run trenches along contour towards the 460.63' 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. 11/22/99 OK AU

PLANS APPROVED BY Glen Savage/Donna K. Soe

DATE 10/29/1999

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

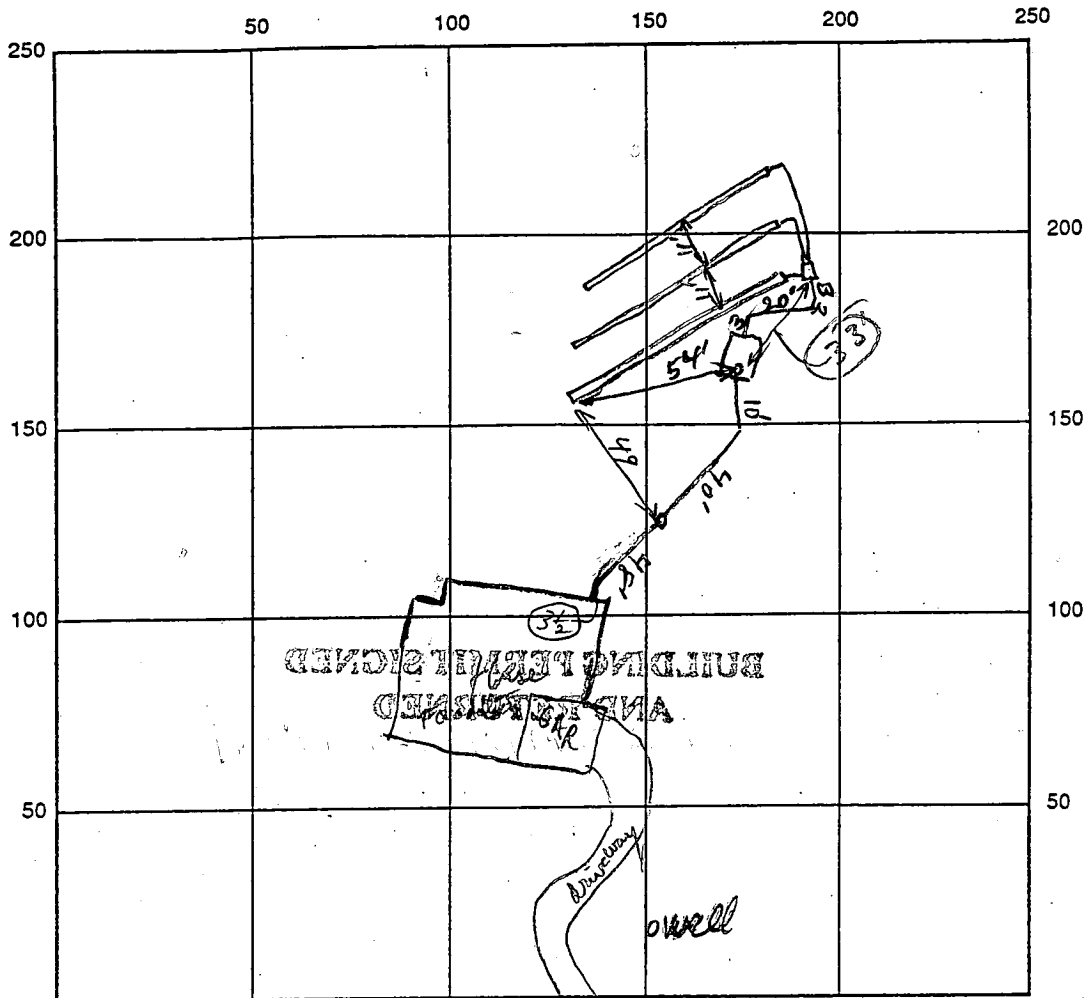
PERMIT VOID AFTER TWO YEARS

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**

P 513164
A 57577-E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE to Tric. 17. Rd. →
Commanderway

SEPTIC TANK LEVEL 1250 gals Mid Seamed CLEANOUTS ST, Midway
 DISTRIBUTION BOX LEVEL (will have auto cleaners in 2 of 3 - shall work)
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80/80/80 FT. = 240
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: Trenches OK to cover ST OK to cover (good lawn - Sandy loam soil - No Rocks) in Trenches
House Connection OK, OK to cover all work. 12/9/99

DATE SYSTEM APPROVED 12/9/99 INSPECTOR P. J. Kelly

APPLICATION

PERCOLATION TESTING

A 52527E

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

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 C.M.C. CONSTRUCTION, INC. Russell + Marci Werlinich

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION:

SUBDIVISION C.M.C. CONSTRUCTION PROPERTY LOT NO. 601

ROAD AND DESCRIPTION 14606 Triadelphia Mill Road
HOWARD ROAD 3,000 ± FROM INTERSECTION

TRIDELPHIA ROAD (SOUTH) **PERMITS SIGNED AND RETURNED 10-29-99 Serial # 130121079**

TAX MAP 27 PARCEL # 15 142

SIZE OF LOT 40,000 - 50,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING - 4 Bdr
(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. Charles A Sharp
(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 _____

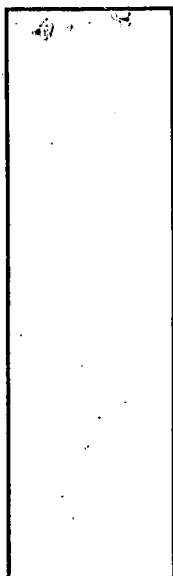
THIS IS NOT A PERMIT

A 57577E

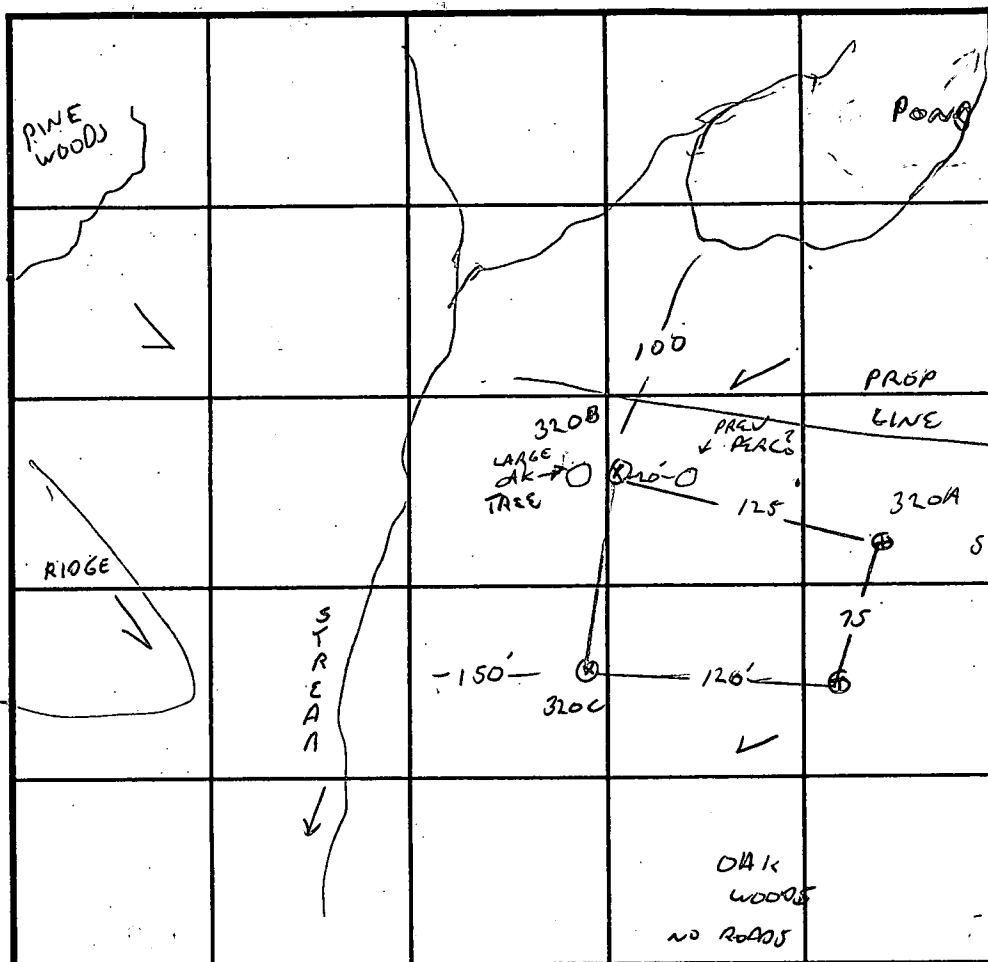
COUNTY #

SOIL PROFILE

0'



320B, A.O.

SIMILAR
TO
C
SP ROCK

SOIL PROFILE

320C

TOP SOIL
LIGHT BR
SCL
YELLOW TAN
SANDY SIL
10-20g
GRAVEL/
ROCKS

11.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
TO TRAD MILL →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-20-97	320C	3 / 11.5	10:21	10:25	10:25	10:33	8 MW
		7 vol					
	320B	3.5 / 11V	10:34	10:36	10:36	10:40	4 MW
		6	10:34	10:37	10:37	10:41	4 MW
	320A	3 / 11V	10:43	10:46	10:46	10:49	9 MW
	320D	3 / 12V	10:43	10:45	10:50	10:52	2 MW

REMARKS LOT # 1

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT C. SHARD

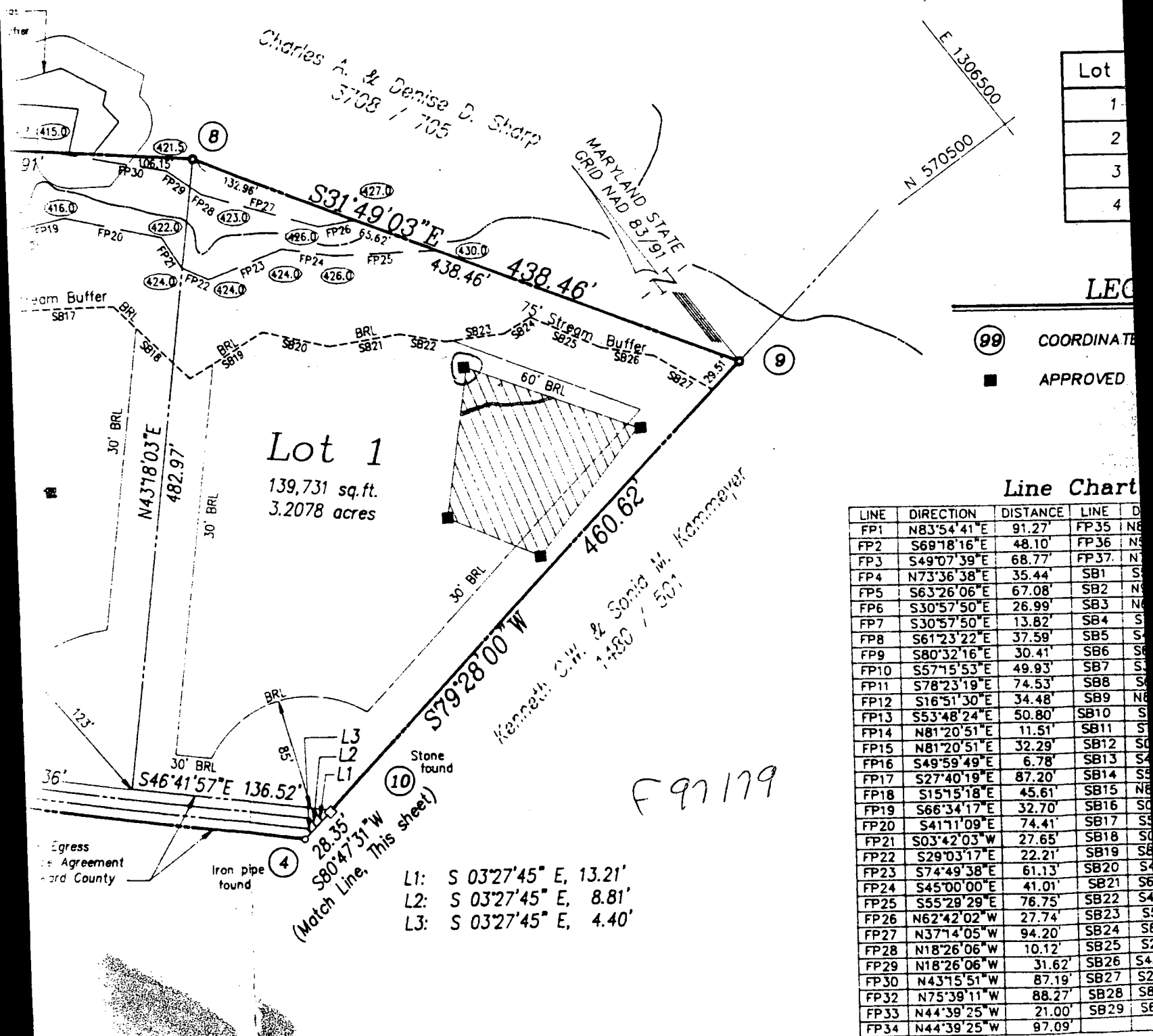
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 MW

TRENCH WIDTH 3

INLET DEPTH 3

MAXIMUM BOTTOM DEPTH 5

SQ. FT./BEDROOM 180



12/8/99
AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
2035-N Ellicott Mills Drive
Ellicott City, MD 21043
401-0343

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer William G. Pugh

Telephone 410-581-7051

License Number 6992

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Russell Werlin

Telephone _____

Subdivision SHALL RIDGE Lot # 1

Well Tag # 11-24-15-9

Site Address 10206 TRINITY CHURCH RD
DAYTON, MD 21034

Pump

Motor

Pitless Adapter

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible ☒

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

1. Make FAIRVIEW
2. Model # _____
3. Depth 15'

2. Make JAPANESE
3. Model # _____
4. Capacity 7 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 arresters ☒ Cable guards ☒ Other ☐

Tank

Piping

Well data

1. Capacity 40 gal
2. Pressure relief valve? yes

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

1. Depth 165 ft.
2. Yield 10 GPM
3. Static water level 57 ft.
4. Will water supply be disturbed 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: William G. Pugh

Date: 12/8/99

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

MD-815

12/8/99- WPI ON - (BB) (SR4)
GROUT ON
2 piece cap
casing 18" above grade
Pitless 4' below
steered under driveway

CHARLES A. & DENISE D. SHARP
Liber 3708

LOT
3.2018 Ac

Floodplain

75' Stream Buffer

Forest Conservation Easement

Private Sewage Easement

Distribution Box
Ex Grd. = 466.0
Inv. = 463.0
1500 Gal. Septic Tank
Inv. In = 463.5
Inv. Out = 463.2

FF=490.00
B=470.33
Gar.

Approved Septic System Plan
Howard County Health Department

Signature

Date 10/29/99

Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet

GENERAL NOTES

1. TOPO WAS TAKEN FROM PLANS PREPARED BY R.M. MUCCHI GROUP P.C.
2. LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF PERMIT ISSUANCE.
3. DISTURBED AREA 10,000 \pm
4. RECORDED PLAT NO. 13096
5. FLOOD PLAIN ELEVATIONS SHOWN 426

C1 05013	SEQUENCE NO. (MDE 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.
	1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A 57577E
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 10 18 99	Depth of Well 22 165 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1559 28 29 30 31 32 33 34 35 36 37

OWNER	HIGHLAND DEV. CORP
STREET OR RFD	TRIADLOPHIA MILL RD
SUBDIVISION	SMALL RIDGE
TOWN	DAYTON
SECTION	LOT 1

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	0 56	
Gray Mica Rock	56 165	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS 45 46 20	NO. OF POUNDS 45 46 1800
GALLONS OF WATER 120	
DEPTH OF GROUT SEAL (to nearest foot)	
from 48 0	ft. to 53 ft.
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input checked="" type="checkbox"/> CO CONCRETE
	<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
	MAIN CASING TYPE	
	Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)		
60 61 6 63 64 60 66 70		

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

SCREEN RECORD			
screen type or open hole	<input checked="" type="checkbox"/> ST STEEL	<input checked="" type="checkbox"/> BR BRASS	<input checked="" type="checkbox"/> HO OPEN HOLE
(insert appropriate code below)	<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

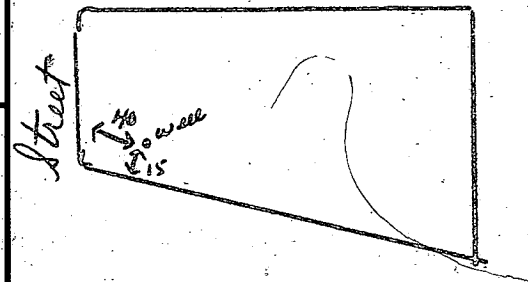
DEPTH (nearest ft.)	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	165
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
from 56 to 60	

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

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

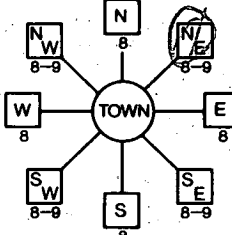
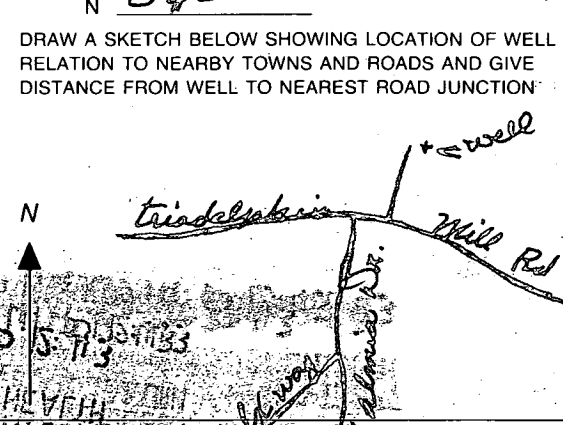
PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min.)	15	
METHOD USED TO MEASURE PUMPING RATE	Bucked	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	59 ft.	
WHEN PUMPING	59 ft.	
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input checked="" type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)	YES <input checked="" type="checkbox"/> 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)	31 35
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	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)	
	

NUMBER OF UNSUCCESSFUL WELLS: 0	
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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. 1 MS D084	DRILLERS SIGNATURE Joseph L. Mayne
LIC. NO. 1 M D	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

[illegible]

B 1 1 2 3 6 6702	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-1559 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 <u>Highland Development Corporation</u> 15 Last Name Owner First Name 34 <u>P.O. Box 228</u> 36 Street or RFD 55 <u>Clarksville Md. 21029</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>Smallwood Ridge</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>1</u> 48 50 <u>Dayton</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> M I 73 76 77 78	
OWNER INFORMATION <u>Joseph L. Mayne</u> <u>MS D 024</u> Driller's Name 76 License No. 81 <u>Joseph L. Mayne Well Drilling</u> Firm Name <u>5512 Ridge Rd. Mt. Airy, Md. 21771</u> Address <u>Joseph L. Mayne</u> <u>5/13/98</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>Trindalphia Mill Road</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>130</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <u>6</u> BLK: <u>11</u> PARCEL: <u>142</u>	
DRILLER INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> <u>A-52577E</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S DATE ISSUED <u>5 29 98</u> <u>10/31/99</u> 43 MM DD YY 48 CO SIGNATURE <u>John Mayne</u> EXP. DATE NORTH GRID <u>510 000</u> EAST GRID <u>794 000</u> 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>794 4</u> N <u>540</u> 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 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 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 PERMIT No. <u>40-94-1559</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

REQUEST FOR EXTENSION OF WELL PERMIT

Date 6/2/99

Health Department File No. A57577E

Water Resources Permit No. HA-94-1559

Lot 1 Small Ridge

I request that the above Permit to Drill a Well be extended for a period of six months.

Thank you.

Signature *Joseph L. Mayne*
well driller

FOR HEALTH DEPARTMENT USE ONLY:

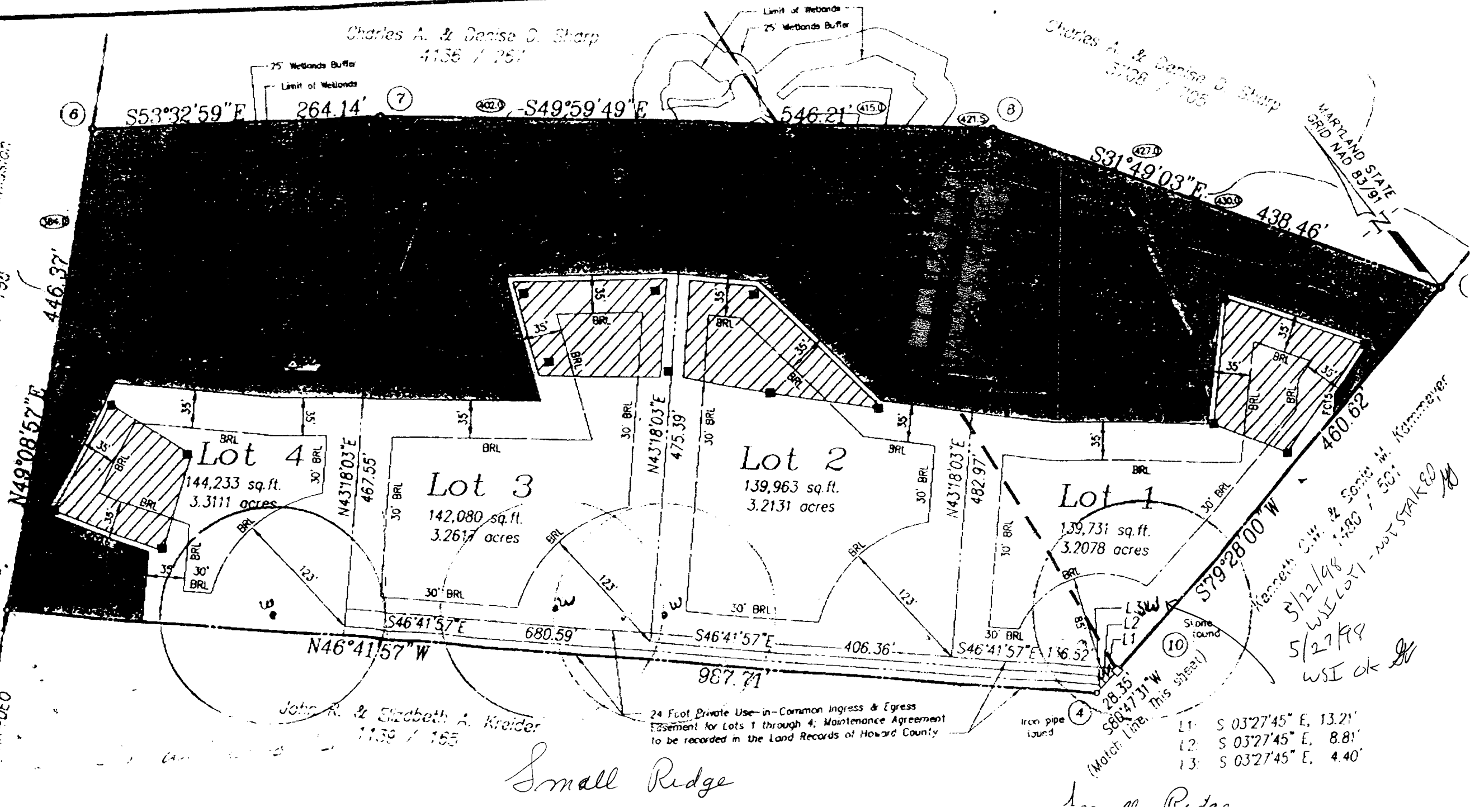
As requested, the above Permit to Drill a Well has been extended to six months. The permit is now valid through OCT 31, 1999

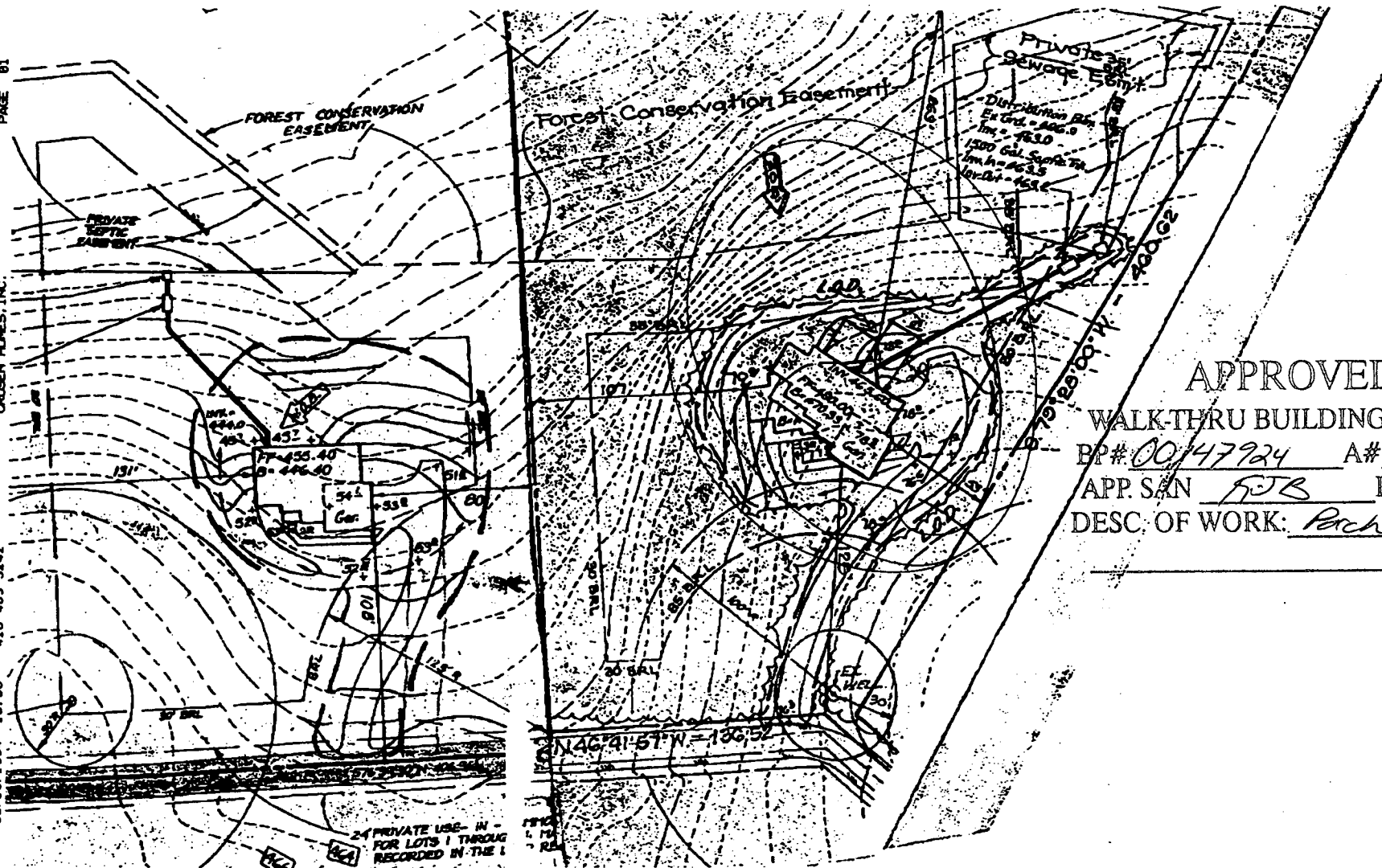
Date 6/3/99

Approved *Craig Wilkins*
Environmental Health

RC-DEO
RR-DEO

ITT
Suburban Station Commission
195 / 1958
301 854 300





APPROVED

WALK-THRU BUILDING PERMIT

BP# 00/47924 A# 57577-E

APP. SAN RJB DATE: 5/5/04

DESC. OF WORK: Pack + Deck