

Davis, Michael J

From: Davis, Michael J
Sent: Wednesday, May 27, 2015 12:38 PM
To: 'jayna@tamara4homes.com'
Subject: FW: Request for determination of 5621 Oakland Mills Rd to remain on septic vs connecting to public sewer
Attachments: PastedGraphic-4.png; 5621 oakland mills septic inspection report.pdf

Ms. Jayna Kucik,

Kevin Wolf had to be off unexpectedly today, so he forwarded me your email knowing that you were looking a quick response. I have reviewed the On-site Sewage Treatment System (OSDS) Inspection Report and see that that the inspector performing the septic certification has determined the following:

"Hose is served by public water. The septic tank is lid is broken and the center seam is leaking. The tank needs to be a water tight vessel. This tank needs to be replaced or the house needs to be hookedd to public sewer if available. At this time we have not received word from the county on either of these two issues."

The property is located in the Metropolitan District and I have confirmed with the Bureau of Utilities that the public sewer is adequate and available. I have also confirmed the presence of both gas and water lines in the area of the connection on Oakland Mills Road. I recognize that the expected cost of the public sewer connection will be more than the cost of the tank replacement and potentially more than other public sewer connections due to the gas and water lines. However, the long term cost to the future owner(s) by allowing the more short term repair/replacement of the tank is not known. If the OSDS installed in 1966 and repaired in 1988 fails in the future or we receive a building permit application for a future addition, a public sewer connection will most likely be required at that time.

Based on the information we have at this point in time, three quotes from utility contractors will be required to determine if the Health Department will allow a septic tank replacement for a property within the Metropolitan District.

Michael J. Davis
Assistant Director
Bureau of Environmental Health
Howard County Health Department

From: Wolf, Kevin
Sent: Wednesday, May 27, 2015 7:34 AM
To: Davis, Michael J
Subject: Fwd: Request for determination of 5621 Oakland Mills Rd to remain on septic vs connecting to public sewer

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: Jayna Kucik <jayna@tamara4homes.com>

Date: 05/26/2015 1:47 PM (GMT-05:00)

To: "Wolf, Kevin" <KWolf@howardcountymd.gov>

Subject: Request for determination of 5621 Oakland Mills Rd to remain on septic vs connecting to public sewer

Health Department

C/O Kevin Wolf

I am writing to request a definitive answer regarding the replacement of a septic tank at 5621 Oakland Mills Rd. On May 11, 2015 the septic system was inspected by a certified licensed Septic Inspector. It was noted that the septic tank was cracked and needed replacement. The report is attached in this email for your review.

Since the subject property is located in the metropolitan district there is a public sewer line available. However, upon researching this, the sewer line is at an "awkward" placement for this home. There is a water line and gas line in front of it. After speaking with several utility contracting companies, the following has been brought to my attention.

First, it would cost on average \$1,000 per estimate to have the utility contractors come out and do the necessary testing to determine the full extent of the project. I have been told that there would need to be a minimum of 3 separate estimates for a formal cost analysis.

Second, I have been given guesstimates from the utility companies that they believe the cost would be in excess of \$30K and probably closer to \$50K. There were some contractors that said they were not even interested.

Lastly, based on the inspection, the septic system is not failing. The tank is what needs to be replaced.

Please understand that time is of the essence, and we need to have an answer honestly by tomorrow. We are scheduled to settle on this home purchase on June 3rd and we need to have certain documents and certifications signed and received.

Please let me know if you need anything else from me or if you have any questions.

Thank you!

Jayna Kucik, Realtor



Gets you moving!

#1 Team Companywide

#1 Team in Silver Spring since 2009

Ranked Among "America's Best Real Estate Agents 2013" by Real Trends and The Wall Street Journal

W.C. & A.N. Miller Realtors, A Long and Foster Co.

443-465-0320 cell

202-966-1400 office

jayna@Tamara4Homes.com

www.Tamara4Homes.com

I greatly appreciate referrals from friends and former clients. Thank you for your referrals!

**ONSITE SEWAGE TREATMENT
SYSTEM INSPECTION REPORT**

Date Ordered: 5/6/15 By Whom: Jayna Kucik
 Date/Time of Inspection: 5/11/15 FAX to: _____
 Email to: - _____
 Site Address: _____ Billing Address: _____
5621 Oakland Mills Rd. _____
Columbia Md, 21045 _____

A. General Information – obtain as much as possible when ordered

1. Age of dwelling 49 Yrs
2. Age of disposal system: 49 Yrs
3. Number of people occupying dwelling:
Sellers: 0 Anticipated: 3
4. Number of bedrooms in dwelling: 3
5. is dwelling currently occupied: ☐ Yes ☒ No ☐ Unknown
6. If dwelling is currently unoccupied, how long has it been vacant? unknown Months
7. Has there ever been a backup in the house? ☐ Yes ☐ No ☒ Unknown
8. List any repairs made to the system:
☐ None ☒ There has been a Bullrun valve installed to alternate between the drywells. Also a new rear baffle.

9. Has the system been inspected by others? ☐ Yes ☒ No
If yes, did it fail? ☐ Yes ☒ No
10. Date the treatment tank was last pumped: Unknown
How frequent? s _____
11. Is there a garbage disposal? ☐ Yes ☒ No ☐ Unknown
12. Is there a gray-water run-off or drainage system? ☐ Yes ☒ No

If yes, Please give location: - _____

If yes, What type of system: - _____

Additional Comments:

Sewage Tank Type: concrete Size: 1250 Gallons

Comments: - Tank level is low

Soil Treatment System Type: Drywells Size: -sqft

Comments: Drywells are empty

1. Is any part of the system below a deck, pool, or driveway? ☐ Yes ☒ No

If yes, Please give details:

e

B. Evaluation Procedures – Check the appropriate boxes

Yes No

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Locate, access, and open the tank cover.
Approximate depth of tank access below grade: <u>1 Feet/Inches</u>
If at grade, is the cover "child proof"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Open inspection port over inlet baffle to check water level in tank and that inlet baffle is clear of debris. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Operation test:
Flush all toilets once and run all fixtures to determine that they flow into the treatment tank. Introduce water into the system at the rate of 3-4 gpm (this is the flow of one spigot fully opened) for 20-30 minutes.
Observe level of water in treatment tank.
Comments: <u>Flowing into tank but tank is half empty</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pump out primary treatment tank, listen and observe for backflow into the tank from the outlet pipe. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Locate operation levels in the tank:
<input type="checkbox"/> Above <input checked="" type="checkbox"/> Below – the outlet elevation
Comments: <u>tank seam is leaking</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Inspect the condition of the primary treatment tank (for cracks, infiltrations, deterioration, or damage). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Check integrity of the inlet and outlet baffles (for deterioration or damage).
Use a flashlight and mirror. It should not be necessary to enter tank. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Properly close the tank, cover and backfill. |

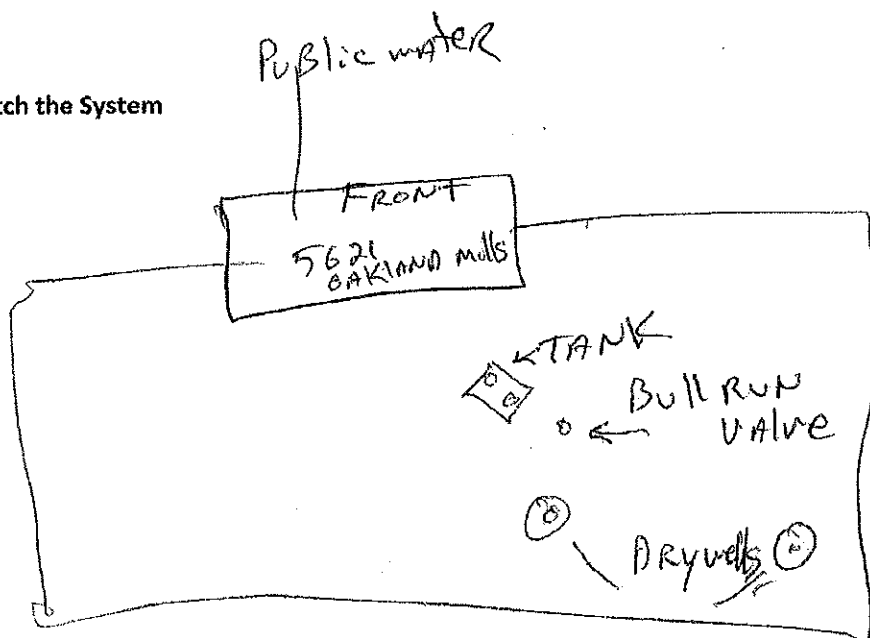
If there is a Lift Pump

- | | | |
|-------------------------------------|---|---|
| | Is there a check valve, is the purge hole present? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is there a high water alarm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Does the alarm work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do electrical connections appear satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Can surface water infiltrate into the tank? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Did you clean the pump tank? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Probe the drainage area to determine its location and to check for excessive moisture, odor and/or effluent. <i>Is there-</i> | |
| | Any indication of a previous failure? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Seepage visible in the lawn? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Lush vegetation present? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Ponding water in the aggregate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | An even distribution of affluent within the field? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Determine the approximate distance between water well and soil system. | |
| | Approximate distance is <u>100'</u> + ft | |
| | Is this distance within local code requirements? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Explain answers as necessary:

~~Hose is served by public water. The septic tank lid is broken and the center seam is leaking. The tank needs to be a water tight vessel. This tank needs to be replaced or the house needs to be hooked to public sewer if available. At this time we have not received word from the county on either of these issues.~~

C. Sketch the System



D.

Checklist Summary

The condition of the -

1. Treatment Tank is
2. Absorption System is
3. If used, the pump is

Acceptable

Unacceptable

☐
☒
☒
☐
☐
☐

E. Company Disclaimer

Based on what we were able to observe and our experience with on-site waste-water technology, we submit this System Inspection Report based on the present condition of the on-site sewage treatment system. **Billings Outback Septic** has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristic, previous failures, etc.) which may effect the proper operation of a septic system as well as the inability of our company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer.

Billings Outback Septic DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

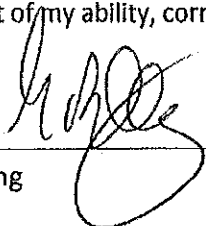
Inspecting Company
Billings Outback Septic
 180 Obrecht Rd.
 Millersville MD 21108

Phone (410) 544-0564
 NAWT Member No. NA 7718WT
AA-0157

I have studied the information contained herein and that my assessment is honest, thorough and, to the best of my ability, correct.

X-

Greg Billing
 Owner



7/15/88 10:30 Tax ID - 06-408508

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 42119

A REPAIR

DISTRICT _____

DATE 7/11/88

DATE SYSTEM APPROVED 7/15/88

INSPECTOR C. Williams

INDEXED

Mr. Baker/Waterloo Sanitation IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7311 Washington Boulevard, Elkridge, MD 21227 PHONE 799-1942

SUBDIVISION MAP 36 Q4 BLK L P. 280 ROAD 5621 Oakland Mill Rd LOT _____

PROPERTY OWNER Charles Johnson (Gerald Hayward)

ADDRESS 5621 Oakland Mill Road TELEPHONE # 1-901-388-6063

DIRECTIONS → THUNDER HILL TO SHOP TO OAKLAND MILL.
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

7/15/88

RETURN ORIGINAL DAYWELL TO SERVICE BY UNPLUGGING

LINE AT DISTRIBUTION BOX, CUT OFF FAILING DRYWELL.

NO ADDITION TO SYSTEM ANTICIPATED AT THIS TIME. CALL

PLANS APPROVED BY C. Williams DATE 7/11/88

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.

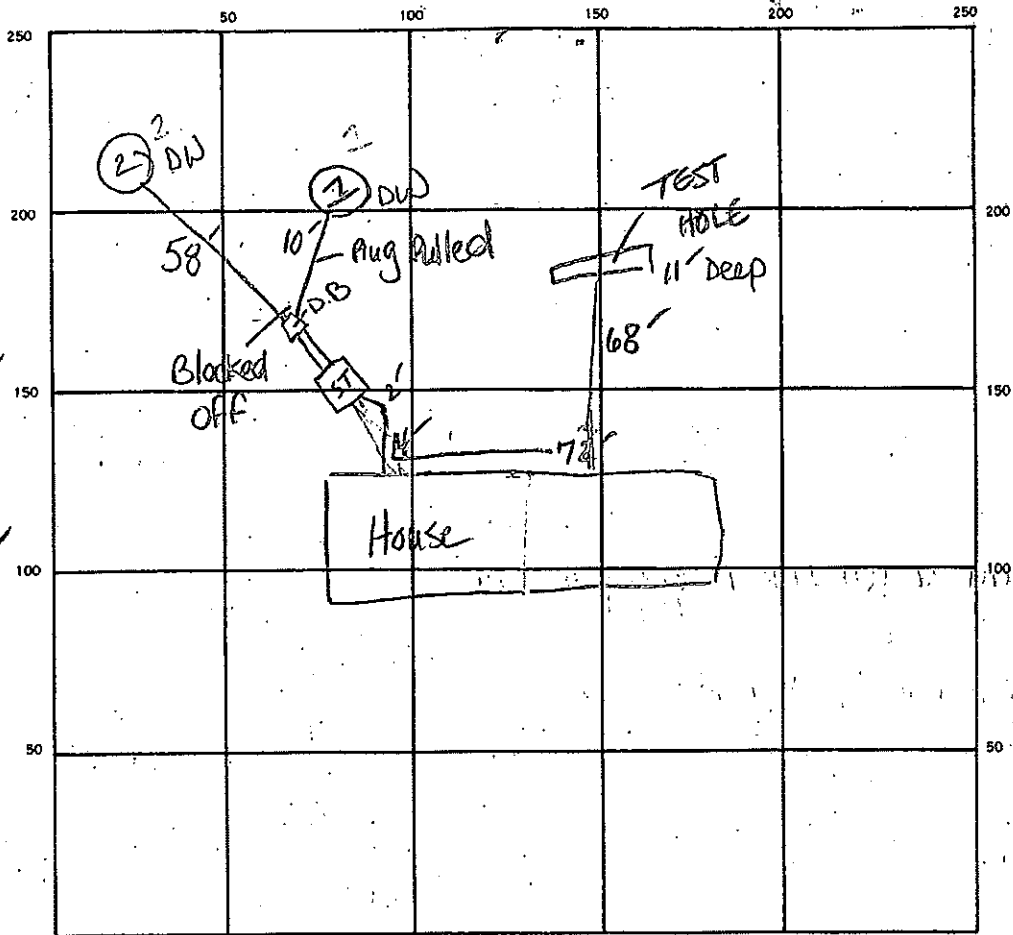
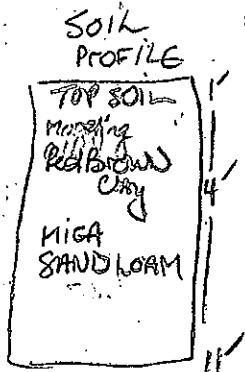
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

42119



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

DRAIN FIELD/TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/15/88 - Dry well #2 is NO longer in use. Cement plug at D.B. Dry Well #2 is now in use. Plug has been removed. ~~It is desired~~ Add 375 sq. ft of system. -SB

DATE SYSTEM APPROVED 2/15/88 INSPECTOR SB/CW/olm

4/7/66 - Approved - JHK

4/7/66
After 3 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6

DATE 1/18/66

INDEXED

P 11427

A 10316

W. W. Wagner

IS PERMITTED TO INSTALL X ALTER

ADDRESS Gamber Road, Finksburg, Maryland

PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT Oakland Mills Rd.

SUBDIVISION ROAD Oakland Mills Rd. LOT

PROPERTY OWNER Charles W. Wickes & Wife

ADDRESS Oakland Mills Rd., Ellicott City, Md.

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Two dry wells each 10 ft. in dia. by 9 ft. deep below the inlet pipe.

First dry well to be located 12 ft. from rear lot line and 18 ft. from left side

line as seen when facing lot from Oakland Mills Rd. Second dry well to be at

least 30 ft. from first one measured edge to edge. Locate inlet pipes 3 ft.

below present grade.

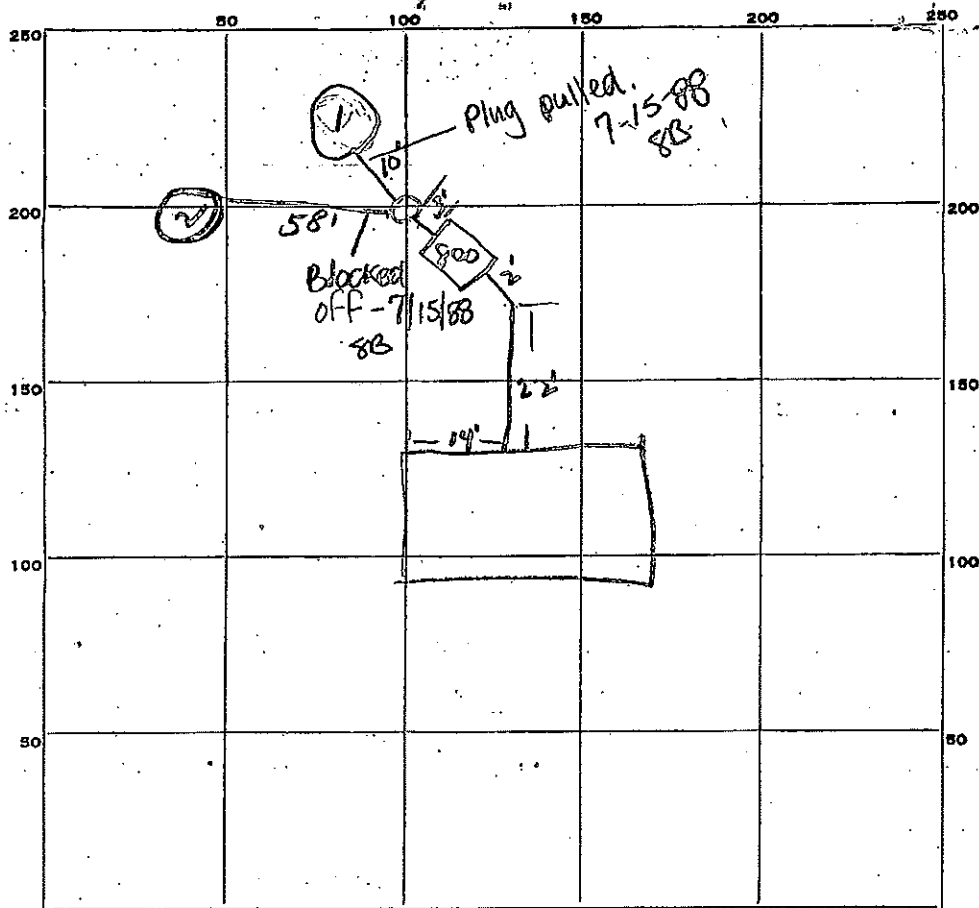
PLANS APPROVED BY J. H. Kilmore

DATE 6/22/65

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 10316



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK Oakland Mills Rd

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER #1-11 FT. DEPTH BELOW INLET #1-9 FT.

ABSORBENT AREA 620 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4/7/88 INSPECTOR J.H. Kilmore

RECORDED

APPLICATION

A 10316

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6

DATE 6/11/65

Septic Tank - 750 gallons

2 Dry wells, 10 ft in dia by 9 ft deep below
the inlet pipes. First dry well to be located 12 ft from
rear lot line and 18 ft from left side line as seen
when facing lot from Oakland Mills Rd. Second dry well
to be at least 30 ft from first one measured edge to edge.
Locate inlet pipes 3 ft. below present grade.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.

PROPERTY OWNER Charles W. Wickes & Wife

ADDRESS Oakland Mills Rd., Ellicott City, Md. PHONE RI 7-7463

PROPERTY LOCATION:

SUBDIVISION LOT NO.

ROAD AND DESCRIPTION Oakland Mills Rd. - Rt. 29 to Oakland Mills Rd. - turn left
about 2 miles on Oakland Mills Rd. - lot
beside road

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT .0994 acres TYPE BLDG. 3 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

APPROVED BY J. H. Kibmore

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY

FOR

(KIND OF SYSTEM)

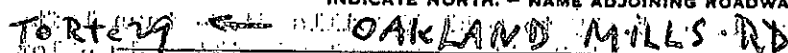
DATE

HOLD PENDING FURTHER TESTS

DATE

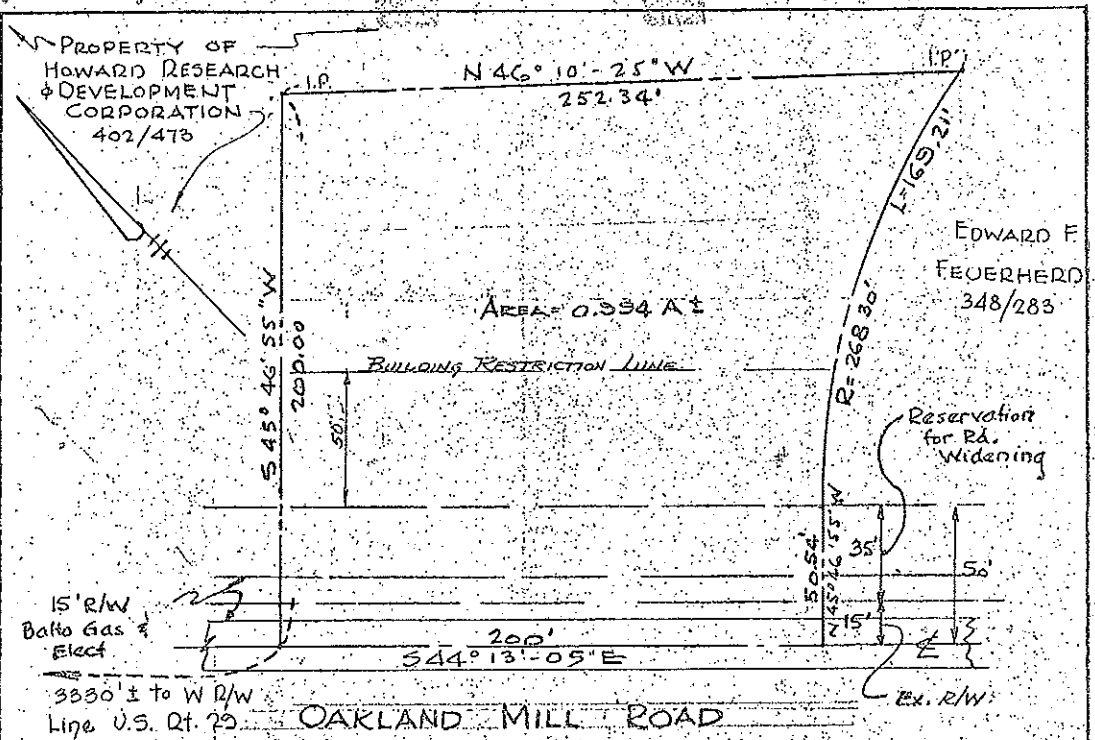
REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT


$$\begin{array}{r} 40 \\ 7 \\ 29 \\ \sim 8 \\ \hline 4 \overline{) 84} \\ \sim 1 \\ \hline 286 \\ \sim \\ \hline 572 \end{array}$$

TESTED BY.

REMARKS



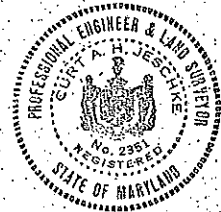
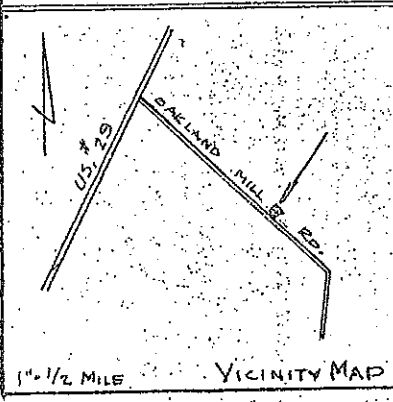
Scale: 1" = 50'

We the undersigned owners of the property shown hereon, our heirs or assigns, do hereby reserve to the County Commissioners of Howard County, Maryland the 15 feet wide Right of Way and the 35 feet wide Widening Strip area shown hereon for the future improvements or widening of Oakland Mill Road.

Charles W. Wickes 11/28/65
 Owner Date
Kathleen A. Wickes 11/28/65
 Owner Date

Approved: By Virtue of Planning Commission Action
 Date: November 17, 1965
Thomas G. Harris, Jr.
 T. G. Harris, Jr. - Planning Director
 Howard County Planning Commission

Approved: Private Water & Sewerage
 Date: Dec 21 1965
J. Theodore R. Shrop
 Dr. Theodore R. Shrop
 Howard County Health Officer



Edward F. Feuerherd

PURDUM & JESCHKE, Engineers
 24 Park Avenue
 Ellicott City, Maryland
 Owner:
 CHARLES W. WICKES & WIFE
 6th Election District
 Howard County, Maryland
 Title Reference:
 W.H.H. 403/840
 November 24, 1965
 Scale 1" = 50'
 REVISED: 12-3-1965 *Cal*

#508

WR-W-3
7-65

STATE OF MARYLAND

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

NO DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

20 579

Owner Associated Home Builders
Street or R. F. D. 29 W Biddle St.
Post Office Baltimore 3, Md.

Driller Russell Pesta License Number 132
Street or R. F. D. 2524 Old Frederick Rd.
Post Office Catonville 28, Md.
Date 2/12/66

Quantity of Water to be Produced 5 G.P.M.
Total Quantity Needed For Use 300 G.P.D.
Use for Water New House
Approximate Depth of Well (feet) 60
Method of Drilling to be used cable

Location of Well
Subdivision _____
Section _____ Lot _____
County Howard
Nearest Town Ellicott City
Distance from Town 3 miles
Direction from Town South

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be
sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating
well on a county map).
Near what road Oakland Mills Rd.
On which side of road North
(North, East, South, West)
Distance from road 100 ft.

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. H0-66-W-250

Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No.

The applicant is herewith granted a permit to drill this well
subject to the conditions stipulated.

Russell W. Pesta Director 2-18-66 Date

THIS PERMIT IS NOT TRANSFERRABLE

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

Howard County Department of Health

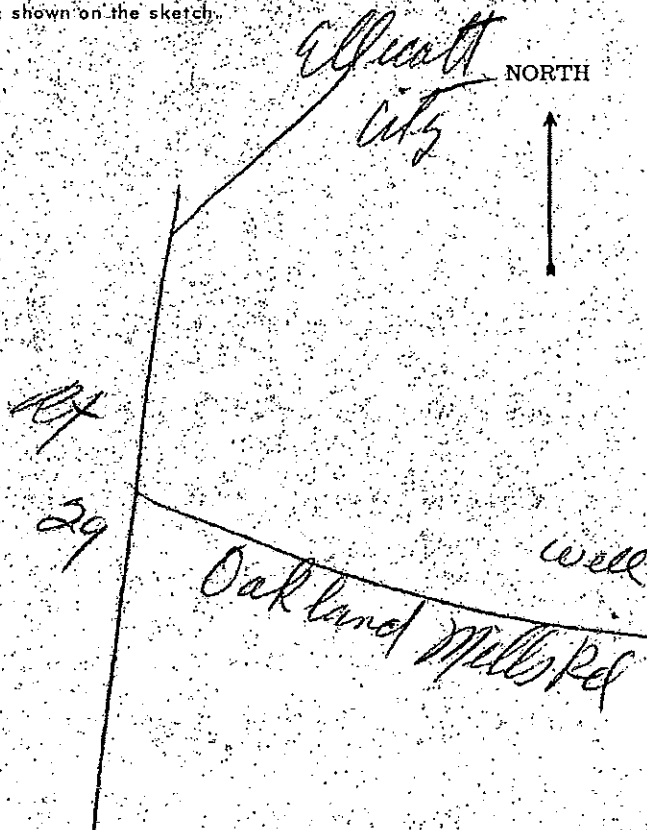
or ☐ State Department of Health

Approved by Ronald Fletcher

Title Sanitarian

Date 2/16/66

Draw a sketch below showing location of well in relation to nearby
towns, roads and streams with north in the direction of the arrow,
and give distance from well to nearest road junction or stream
crossing shown on the sketch.



COUNTY HEALTH

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET
from to
Dirt
gravel sand
sandstone
0-19
19-46
46-51

FEET
from to
DIAM.
(inches)
Steel
6 1/4
0-51

Water entering
52-54 ft

PUMPING TEST

Hours Pumped 2
Type of Pump Used Bailer
Pumping Rate 8
Gallons per Minute

WATER LEVEL

Distance from land surface to water:
Before Pumping 20 Ft.
When Pumping 44 Ft.

APPEARANCE OF WATER

Clear ☒ Cloudy ☐
Taste Good
Odor None

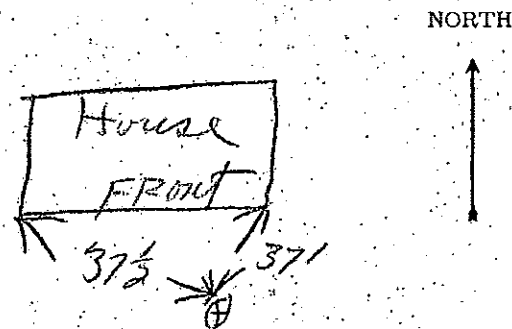
Height of Casing Above Land
Surface 5 Ft.

PUMP INSTALLED

Type None
Capacity
Gallons per Minute
Gallons per Hour
Pump Column Length Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well Completed 3/1/66

Well Driller P. J. B. B.
Signature J. R. R.