6/13/90 2pm
6/14/90 2pm

04-347676

PERMIT

P 45951

A 38737

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

DATE 05/18/90

DATE SYSTEM APPROVED 6/14/90

INSPECTOR M. Rifkin

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 4410 Salem Bottom Road, Wesminster, Maryland PHONE 875-4197

SUBDIVISION Morgan Station ROAD 884 The Old Station Ct LOT 29

PROPERTY OWNER Hemphill Associates

ADDRESS ____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 33%~~

~~GARBAGE GRINDER? YES NO~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. 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 - Beginning from the rear left corner, place the first trench 210 feet down the left (330') lot line and 15 feet off the same lot line as seen when facing the lot from The Old Station Court. Run trenches on contour toward the right lot line.

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

PLANS APPROVED BY Sid Abel DATE 9/02/88

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 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 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

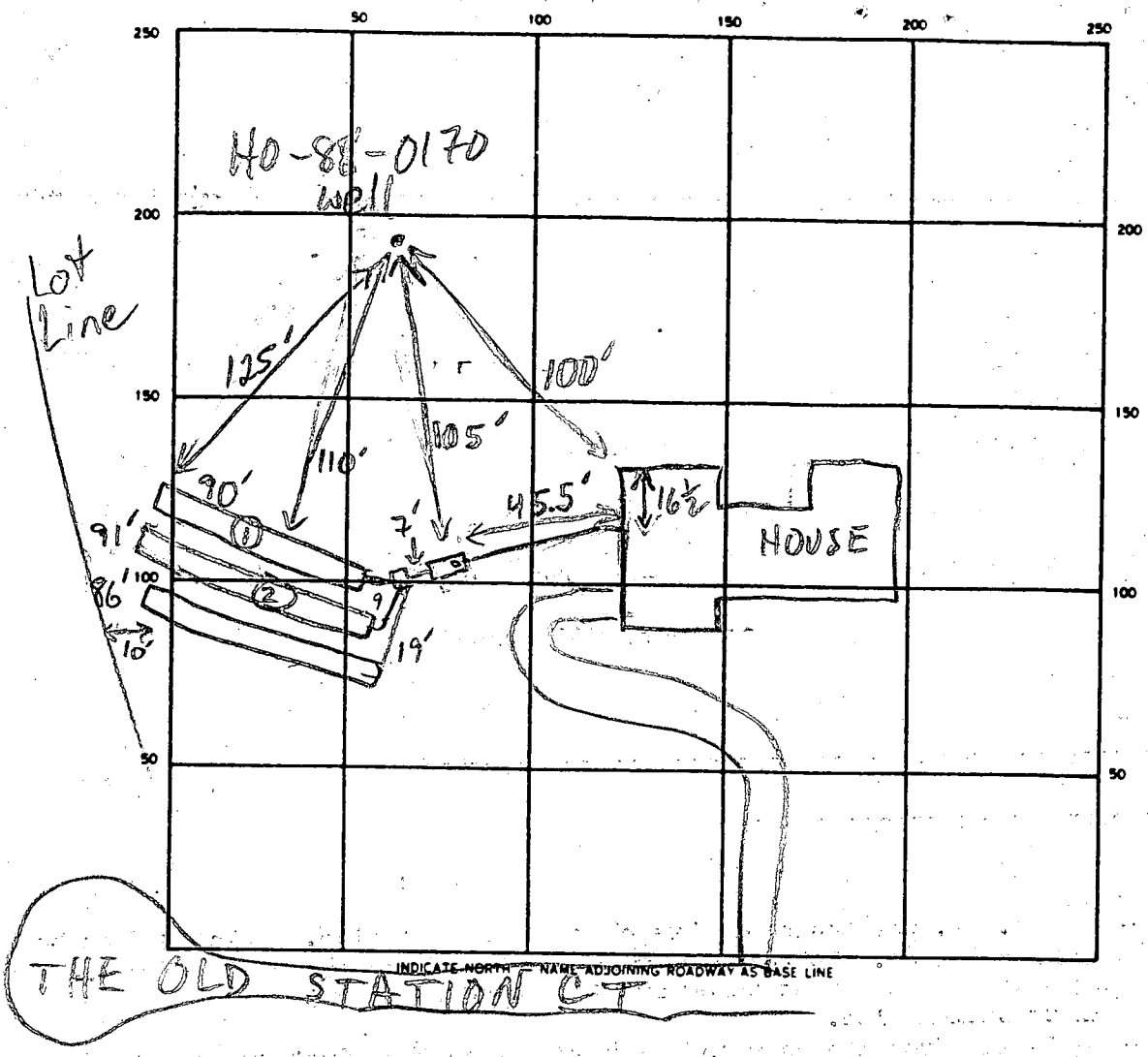
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

A 38737

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



SEPTIC TANK: LEVEL 1500 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX: LEVEL OK-BAFFLE IN

DRAIN FIELD/TILE FIELD: DEPTH 1 | 1½ | 2 | 3 / 5 | 5.5 | 6 | 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3½ FT.

EFFECTIVE GRAVEL DEPTH 1 | 1.5 | 2 | 3 / 1.5 | 2-2½ | 2½ | 2½ FT. TOTAL LENGTH ①90' ②91' ③86 ①270 ②273 ③258 FT

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ②273 SQ FT.

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

ABSORBENT AREA 801 SQ. FT.

REMARKS 6/13/90 OK TO STONE ① AND DIG ② & ③ MR
6/14/90 #1 INLET DEPTHS & TRENCH DEPTHS DEEPER THAN SPECS, BUT PERCS AT HIGH AREA OK — NO HARM DONE.
CONTINUE 6/14/90 #2 OK TO COVER ALL WHEN READY MR

DATE SYSTEM APPROVED 6/14/90 INSPECTOR M. RIFKIN

APPLICATION

A 38737

PERCOLATION TESTING

P

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

DISTRICT 4

DATE 12/17/86

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 Roy W. Cram + Wife / Hemphill Ass. 461-4600 ~~Michael Pfau 730-3137~~

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

LOT 29 Prelim 10/21/87

SUBDIVISION Morgan Station (~~Cram Property~~) LOT NO. ~~26~~

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
884 The Old Station Ct.

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 acres 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. Mal S Neil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/30/87 Perc OK Hold for Septic Rt

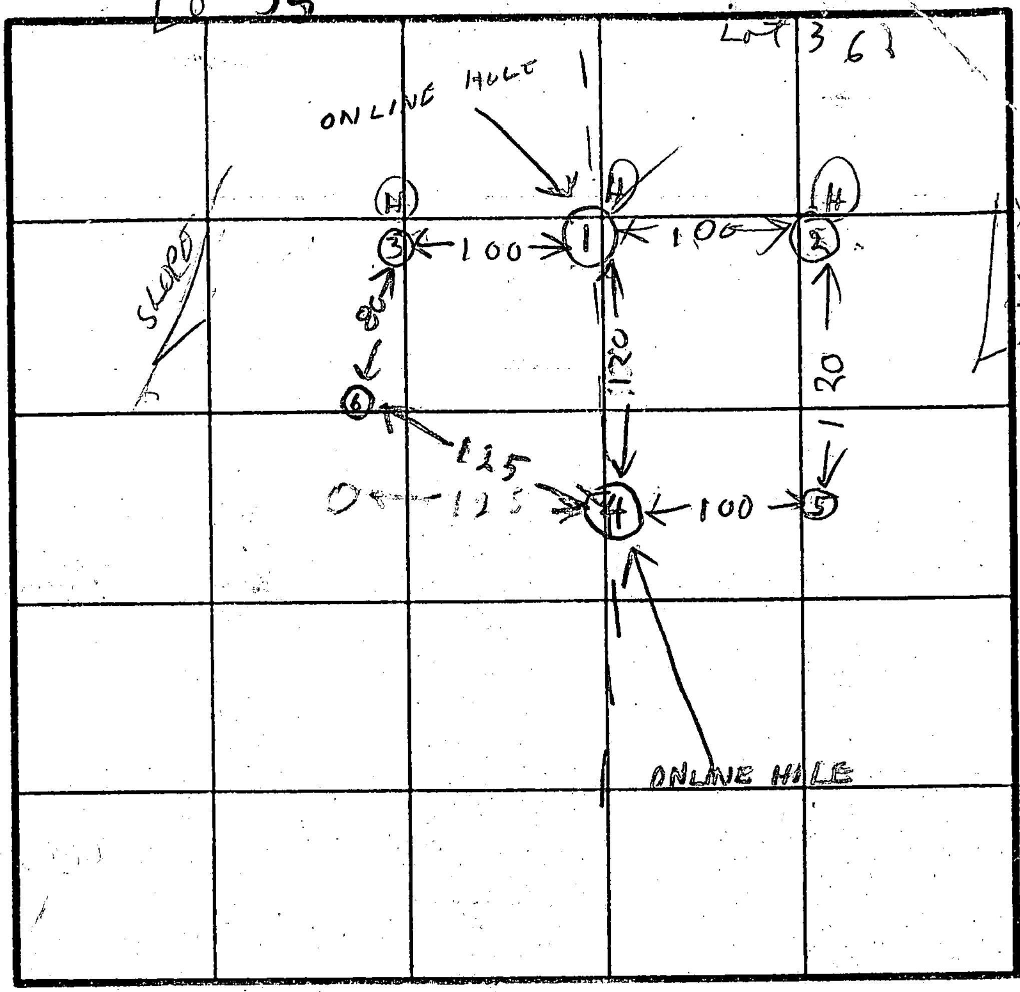
BLDG. PERMIT SIGNED AND RETURNED 5/9/88
Well # 31183
4 Bedrooms

BLDG. PERMIT SIGNED 10-10-88 AND RETURNED ~~2-30-88~~
BP 21608 8AC

THIS IS NOT A PERMIT

Lot 36
Copy ... [illegible]

Lot 35



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(1) SOIL PROFILE
0 — CA
2 — PURPLE BROWN SAND LOAM

(2)
CLAY
2.5 — BROWN SAND LOAM
11.5

(3)
0 — CLAY
2.5 — BROWN SAND LOAM 10% SAPROLITE
11

(4)
0 — BROWN CLAY
3 — PINK BROWN SAND LOAM 10% SAPROLITE
11

(5)
CLAY
2 — PINK BROWN SAND LOAM 10% SAPROLITE
9.5 — ROCK

(6)
0 — CLAY
2.5 — PINK BROWN SAND LOAM 10% SAPROLITE
11

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/30/87	1 S	3.5	1243	1250	1250	100	10
	✓ 1 D	7	1243	100	100	121	21
	1 V	11	OK				
	✓ 2 V	11.5	OK				
	3 S 3 V	11	130 OK				
	✓ 4 S 4 V	3.5 11	130	133	133	142	9
	✓ 5 S 5 V	2 9.5	135 OK	138	138	142	4
	6 S 6 V	2.5 11	138 OK	140	140	146	

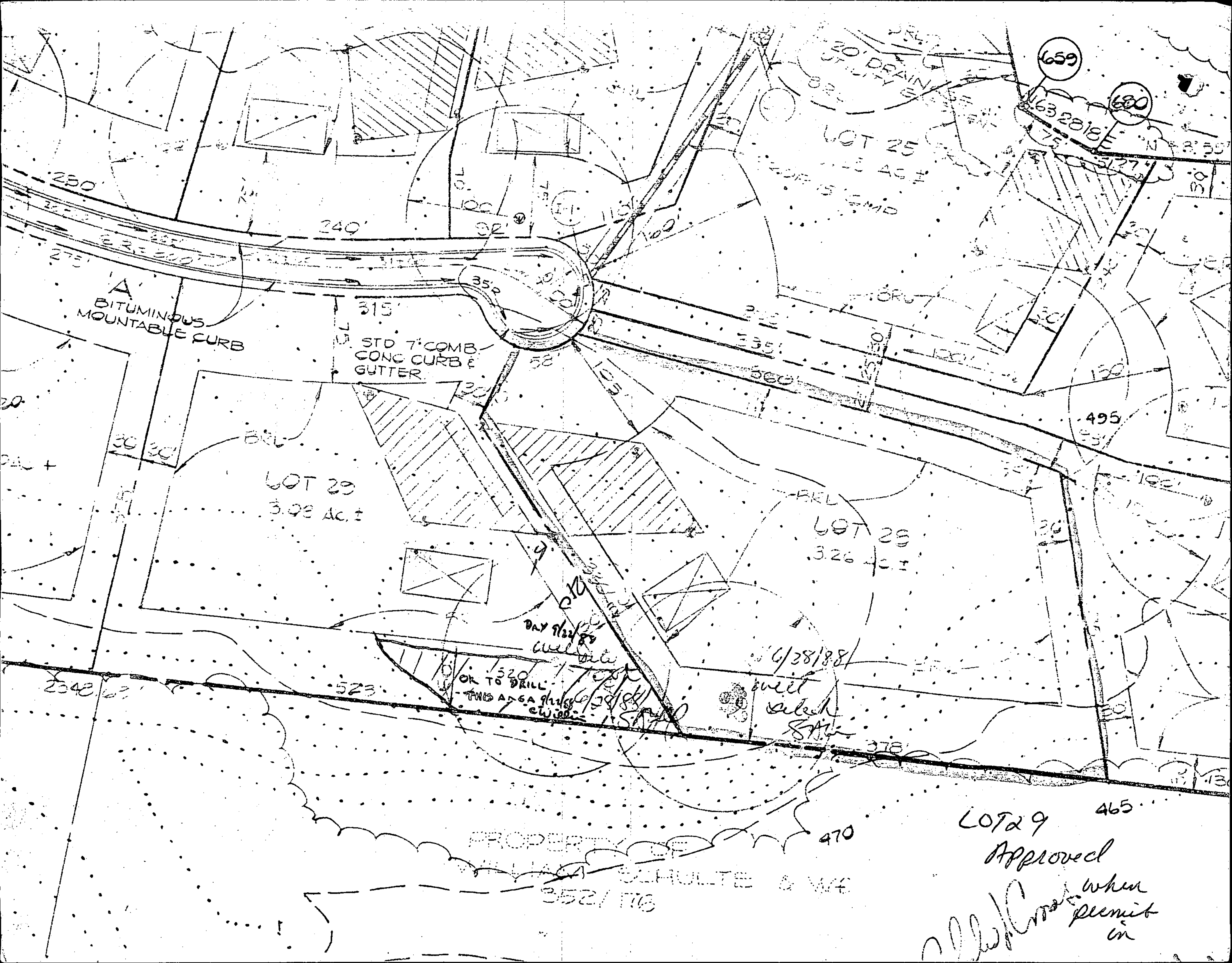
X PERC 11 min
IN LOT 3-
BOTTOM 5-
~~10~~ 200 Ø / IBR

REMARKS LOT LINES & PERC AREAS CHANGED FROM ORIGINAL TEST PLAT

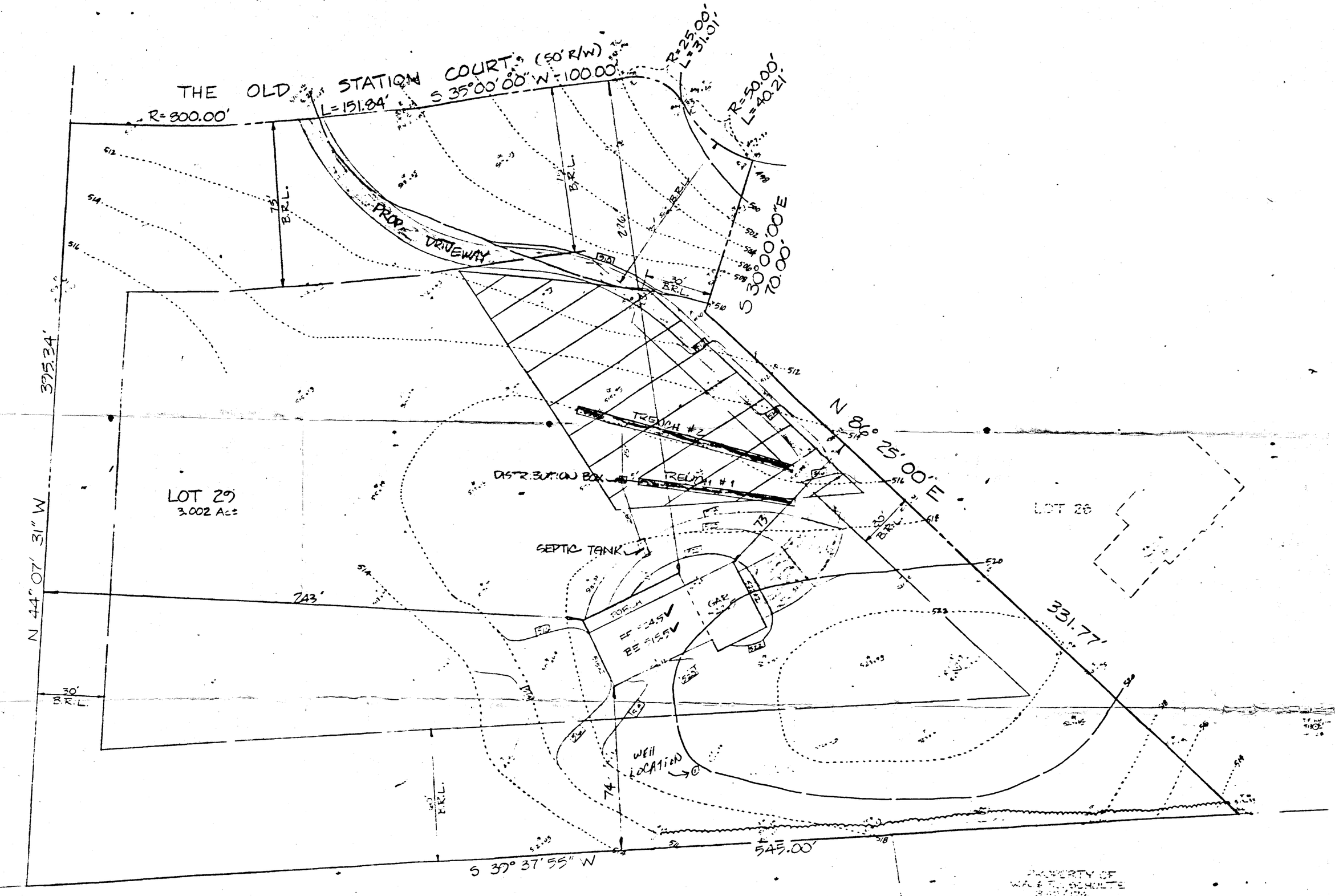
TYPE OF SOIL

TESTED BY B HODGES ALSO PRESENT O. KETTERMAN

EH-12-1079



LOT 25
20' DRAIN UTILITY E
659
680
LOT 29
3.93 Ac.±
LOT 28
3.26 Ac.±
A
BITUMINOUS MOUNTABLE CURB
STD 7" COMB CONC CURB & GUTTER
BRL
240'
315'
250'
560'
495
465
470
523
520
OK TO DRILL THIS AREA
PROPERTY OF
SCHULTE & W.
3527/ 116
LOT 29 Approved when permit in
6/28/88
well site



SEPTIC SYSTEM INFORMATION

INVERT AT HOUSE 514.9 ✓ (BASIN)

SEPTIC TANK

EX. GRADE	518.2 ✓
FIN. GRADE	518.7 ✓
INV. IN	514.7 ✓
INV. OUT	514.4 ✓

DISTRIBUTION BOX

EX. GRADE	517.0 ✓
FIN GRADE	517.0 ✓
INV IN.	514.1 ✓
INV. OUT.	514.1 ✓

BLDG. PERMIT SIGNED AND RETURNED ~~9/30/88~~ 10/6/88

BP 21608 SAM ✓

TRENCHES (NO & LENGTH TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPT.) ✓

Ex. Grade	517.0 ✓	516.0 ✓
Fin. Grade	517.0	516.0
INV. IN.	514.0 ✓	513.0 ✓
Bottom	512.0 ✓	511.0 ✓
WIDTH	3" ✓	3" ✓

SITE PLAN
MORGAN STATION
LOT 29
PLAT # 7821
2TH ELECTION DISTRICT
HOWARD COUNTY, MD
SCALE 1" = 30'
DATE 9/13/88

EMERGENCY/TEMP NO. IF ANY

B 1 3513 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE PERMIT NUMBER HO-88-0170

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

fill in this form completely

Date Received (APA) 09 01 88

OWNER INFORMATION

TRINITY BUILDERS
Last Name / Owner / First Name

6601 SHADY GROVE RD
Street or RFD

COLUMBIA MD 21044
Town / State / Zip

DRILLER INFORMATION

Driller's Name: Ralph Mayne — License No. 230

Firm Name: Ralph Mayne Well Drilling

Address: 9120 Brown Church Rd. Mt. Airy

Signature: Ralph Mayne — Date: 8/31/88

B 3 LOCATION OF WELL

COUNTY: HOWARD

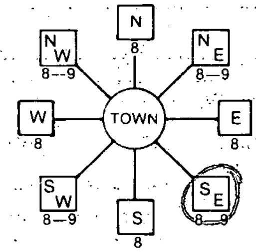
SUBDIVISION: MORGAN STATION

SECTION ___ LOT 29

NEAREST TOWN: WOODBINE

MILES FROM TOWN (enter 0 if in town) 2 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



The old Station Ct.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) — NORTH N, WEST W, 32, E EAST (circled), S SOUTH

DISTANCE FROM ROAD 1000

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. A-38737

STATE SIGNATURE ______ INSERT S

DATE ISSUED 090288 — CO SIGNATURE [signature] — EXP. DATE 03-01-89

NORTH GRID 552000 — EAST GRID 0789000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T 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 (circled) — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other ______

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 809
N 5502

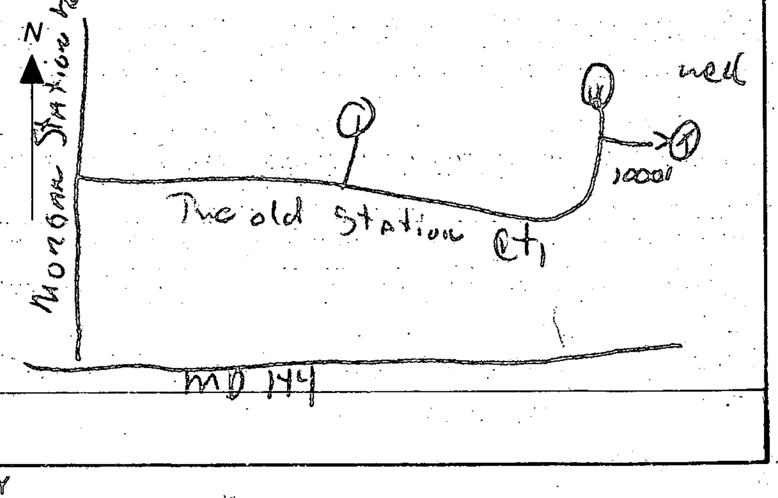
10/5/88 8:30 / Well Driller
6 Bags of cement
25' Well Casing
231' Well Ground-open hole
ok
(Not Site) c B.d. (2)
000 000 (Tag # on - not ...)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

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



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

APPROP. PERMIT NUMBER ____ GAP ____

FORCE SA WRITE INITIALS IN BOX — PERMIT No. HO-88-0170

SPECIAL CONDITIONS

COUNTY

1 0698
SEQUENCE NO. (DENV USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER A 38737

DATE Received [ ] (8–13)

DATE WELL COMPLETED 10 10 88 (15–20)

Depth of Well 265 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0170 (28–37)

OWNER Trinity Builders (last name / first name)
STREET OR RFD The Old Station Ct TOWN Woodbine
SUBDIVISION The Morgan Station SECTION ____ LOT 29

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	FEET TO	Check if water bearing
Top Soil	0	2	
Brown Slate	2	15	
Brown Slate	15	20	
Blue Slate	20	40	
Brown Slate	40	45	✓
Blue Slate	45	110	
Brown Slate	110	115	✓
Blue Slate	115	265	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no N (44)
TYPE OF GROUTING MATERIAL
CEMENT (CM) (45–46) BENTONITE CLAY BC (45–46)
NO. OF BAGS 6 NO. OF POUNDS 600
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP 48–52) to 26 ft. (BOTTOM 54–58)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL, CO CONCRETE, (PL) PLASTIC, OT OTHER

MAIN CASING TYPE (60–61)	Nominal diameter top (main) casing (nearest inch) (63–64)	Total depth of main casing (nearest foot) (66–70)
PL	6	25

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

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

C 2

EACH SCREEN — DEPTH (nearest ft.)
	Type	From	To
1	HO (8–9)	25 (11–15)	265 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1____ 2____ 3____
DIAMETER OF SCREEN [ ] (56–60) (NEAREST INCH)

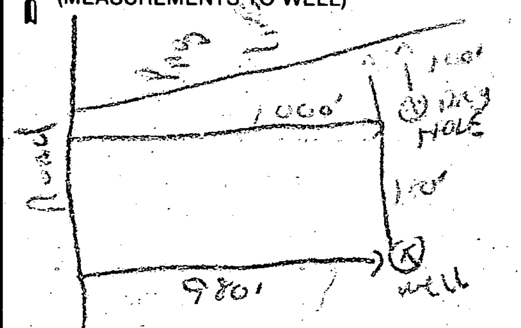
GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8–9)
PUMPING RATE (gal. per min. to nearest gal.) 5 (11–15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 39 (17–20)
WHEN PUMPING 86 (22–25)
TYPE OF PUMP USED (for test)
A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, (S) submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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: [ ] (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)
(+) above / − below LAND SURFACE 2 (50–51) (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 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. 373
[signature]
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T 70 [ ] TELESCOPE CASING
(E.R.O.S.) 72 [ ] LOG INDICATOR
WQ 74 75 76 [ ] OTHER DATA

COUNTY

Page ____ of ____
Date Oct 10, 1988

Review Ok 11/2/88 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0170
Location of property (road) The Old STATION Ct
Subdivision MORGAN STATION Lot 29 Block ____ Plat ____ Sec. ____
Well Driller R. McCune Owner Downing Bldgs.

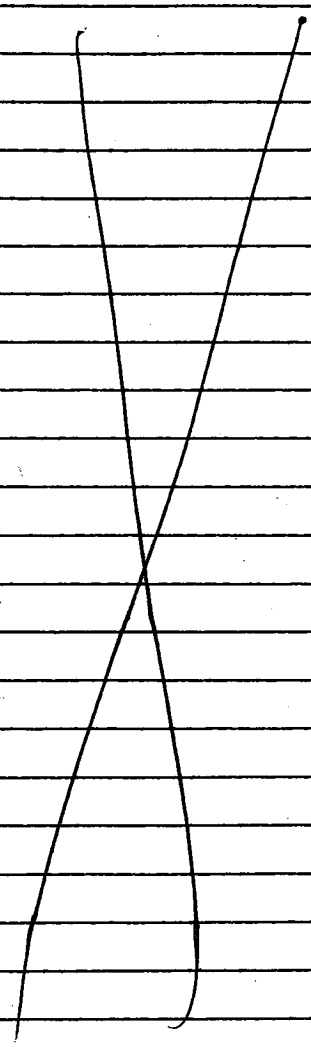
Depth of well 265
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 44 ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:30 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 86 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:45	86 ft	12 Sec		5 GPM
12:00	86 ft	12 Sec		5 GPM
12:15	86 ft	12 Sec		5 GPM
12:30	86 ft	12 Sec		5 GPM
12:45	86 ft	12 Sec		5 GPM
1:00	86 ft	12 Sec		5 GPM
1:15	86 ft	12 Sec		5 GPM
1:30	86 ft	12 Sec		5 GPM
1:45	86 ft	12 Sec		5 GPM
2:00	86 ft	12 Sec		5 GPM
2:15	86 ft	12 Sec		5 GPM
2:30	86 ft	12 Sec		5 GPM
2:45	86 ft	12 Sec		5 GPM



HD-224

25 ft CASING 22 open
6 BAYS

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 ✓ Receipt # 45809
Replacement ____ Date 6/12/90

Name of Installer Clarke P+H Inc Telephone 489-4029 ~~442-1133~~

License Number ____
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber 3808

Name of Property Owner S.F. Contractor Inc Telephone 442-1133
Subdivision Morgan Station Lot # 29 Well Tag # HO-88-0170
Site Address 1 The Old Station Ct

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
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 # PT-800
3. Depth 42"

Tank
1. Capacity 66
2. Pressure relief valve? 75

P.A. OK 3½' B.G.
MR 6/14/90

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 42"

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ 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: Kenneth C Clarke

Date: 4-13-90

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

HD-215