

10/29/01 11:00 Layout
10/30/01 Final A.M.
3/5/02 Pump Test 3200

05-410819

ISSUE DATE: 8/7/2001

APPROVAL DATE: 3/5/02

PERMIT INDEXED

P 515977-B

A 3989

8/29/01
Layout
1:00

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Twelve Hills LOT NUMBER: 42
13085

ADDRESS: 13085 Twelve Hills Drive. PROPERTY OWNER: Robert Post

SEPTIC TANK CAPACITY (GALLONS): 1500 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 225

PUMP SYSTEM
REQUIRED
(3) 25 1/2"

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Beginning at the rear left lot corner as seen when facing the lot from Twelve Hills Road, place the distribution box 180 feet down the rear lot line and 70 feet off the same lot line. Run trenches on contour toward the rear lot line. (346.39)'
NOTES:	

PLANS APPROVED: Mark Rifkin ON SRN 4/12/01 DATE: 4-12-01

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

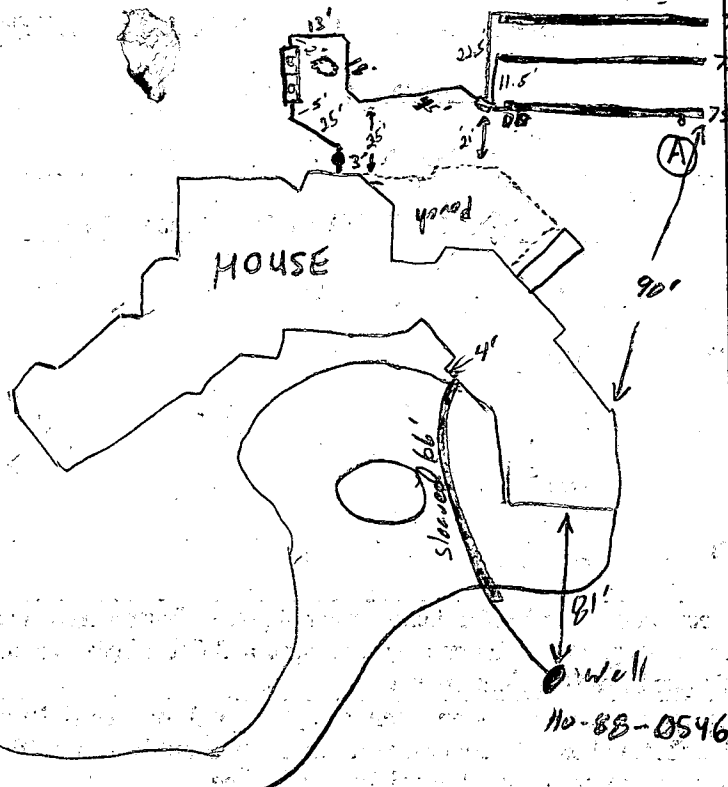
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A39899

NOT TO SCALE

RED MAPLE WAY

TWELVE HILLS ROAD



TRENCH DATA

TRENCH WIDTH 2'
TRENCH INLET DEPTH 3'
TRENCH BOTTOM DEPTH 7'
DEPTH OF STONE 4'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 225'
ABSORBENT AREA 775 ft²
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER 3.5'
6 INCH INSPECTION PORT 3.5'

PUMP CHAMBER DATA

PUMP CHAMBER 1500 TS GALLONS
MANHOLE RISER 2'
ALARM Functional
PUMP PERFORMANCE TEST OK

PRE-CONSTRUCTION INSPECTION: 8/29/01 - LAYOUT CANCELLED (SRU) 8/31/01 - SDA STAKE (A) NOT ACCURATE?
LICENSED

PLUMBING NOT PER PLAN, CONTOUR DIFFICULT, JOB SHUT DOWN, SURVEYOR NEEDS TO RE-STAKE SDA, PUMP TANK
NEEDED, ANOTHER LAYOUT NEEDED (SRU)

INSPECTION COMMENTS: 10/24/01 - CONTRACTOR MENTIONS SDA STAKED CORRECTLY, HE IS TO
CALL FOR ANOTHER LAYOUT INSP, STOP WORK / ORDER LIFTED (SRU)

10/29/01 - SDA STAKED, INSTALL SYSTEM AS DISCUSSED - 3-75' TRENCHES (SRU)

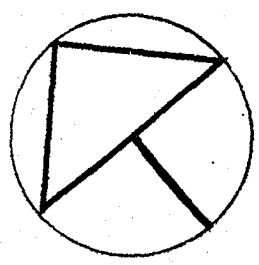
11/30/01 OK TO COVER (EE) 3/5/02 Pump & Alarm test OK (SE)

INSPECTOR

Steve B...

DATE SYSTEM APPROVED

3/5/02



S 49° 19' 34" E 400.00'

N 40° 40' 26" E 159.20'

60' B.R.L.

EX. WELL

SIT ASPHALT DRIVE

PROPOSED SITE WALL

SEPTIC TANK

DISTRIBUTION BOX

SEPTIC TANK

DISTRIBUTION BOX

SEPTIC TANK

DISTRIBUTION BOX

SEPTIC TANK

DISTRIBUTION BOX

SEPTIC TANK

DISTRIBUTION BOX

SEPTIC TANK

DISTRIBUTION BOX

NOTE: CONTRACTOR TO MINIMIZE TREE DISBURSANCE W/ ALIGNMENT OF DRIVE

620 FT
DRAINAGE & UTILITY ESMT

TWELVE HILLS ROAD (50 FT RW)

OFFICE COPY
Approved Septic System Plan
Howard County Health Department

Mark R. [Signature]
Date 4/12/01

SEPTIC SYSTEM DESIGN

INV. @ HSE 465.9		
C TANK	Total linear feet of trench required <u>225</u> feet	
467.7		
468.0		
465.3		
465.0		
DISTRIBUTION BOX	Width of trench(es) <u>2</u> feet	
467.5		
467.5	Depth of trench(es) <u>7</u> feet	
464.8		
464.5	Depth of stone required below distribution pipe <u>4</u> feet	
TRENCHES		
#1	#2	#3
467.0	466.5	465.0
467.0	466.5	465.0
464.0	463.5	462.0
460.0	458.5	458.8
60'	85'	80'

NOTE: GRAVITY SEWER SERVICE TO BASEMENT IS NOT PROVIDED. AN EJECTOR PUMP IS REQUIRED.
SEPTIC SYSTEM DESIGN BY SHANABGER & LANE
02/20/2001.

NOTE:
THE PROPERTY SHOWN HEREON IS SUBJECT TO ANY AND ALL AGREEMENTS, EASEMENTS, RIGHTS OF WAY AND/OR COVENANTS OF RECORD AND LAW.

ZONED: R
RECORDING REFERENCE: LOT 42, SECTION 3 TWELVE HILLS LOTS 25 THRU 50, PLAT 8547.
AREA OF LOT 42: 3.4591 ACRES
BENCH MARK SET ON PIPE FOUND: ELEVATION 458.00

LEGEND:
BRL = BUILDING RESTRICTION LINE

PRIVATE SEWER EASEMENT PER RECORDED PLAT
ADDITIONAL PRIVATE SEWERAGE EASEMENT

----- DESIGNATES LIMIT OF DISTURBANCE
- - - - - DESIGNATES SILT FENCE
[Symbol] DESIGNATES STABILIZED CONSTRUCTION ENTRANCE

TOTAL AREA DISTURBED: 26,430 SF
TOTAL LENGTH OF SILT FENCE: 435 LF
NOTE: LIMIT OF DISTURBANCE & SEDIMENT CONTROL MEASURES ADDED 3/19/01 BY SHANABGER & LANE.

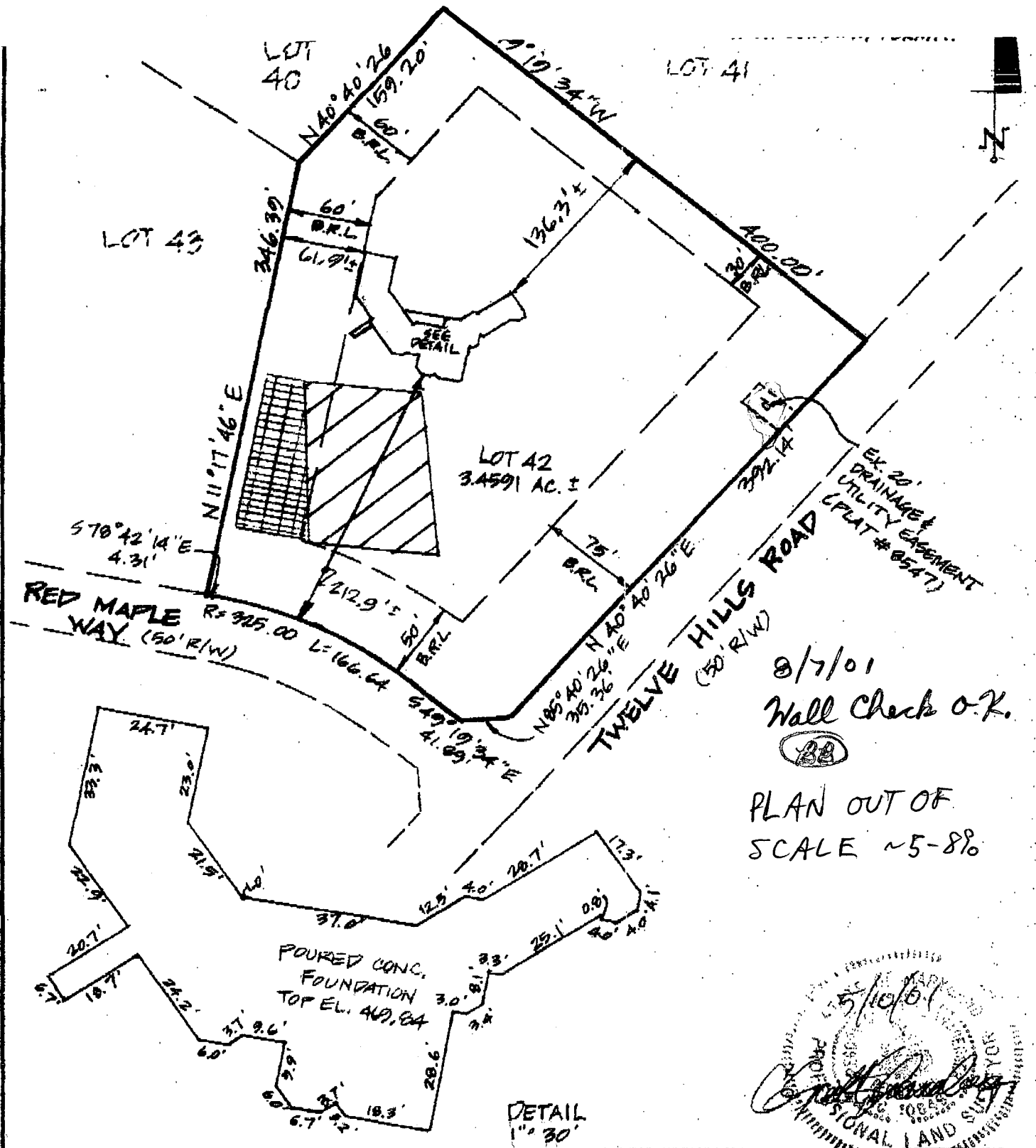
RED MAPLE WAY (50 FT RW)

TOPOGRAPHIC SURVEY OF PART OF LOT 42 TWELVE HILLS ELECTION DISTRICT NO. 5 HOWARD COUNTY, MARYLAND

Scale: 1" = 20'
Job # 2020
September 18, 2000
Ref. 1482

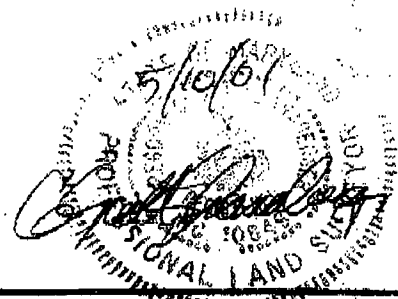
Prepared by:
H. Mahmud & Associates, Inc.
100 Church Lane
Baltimore, Maryland 21208
Telephone 410-653-9511

REVISED 2/20/01 & 3/19/01
BY SHANABGER & LANE



8/7/01
Wall Check O.K.

PLAN OUT OF
SCALE ~5-8%



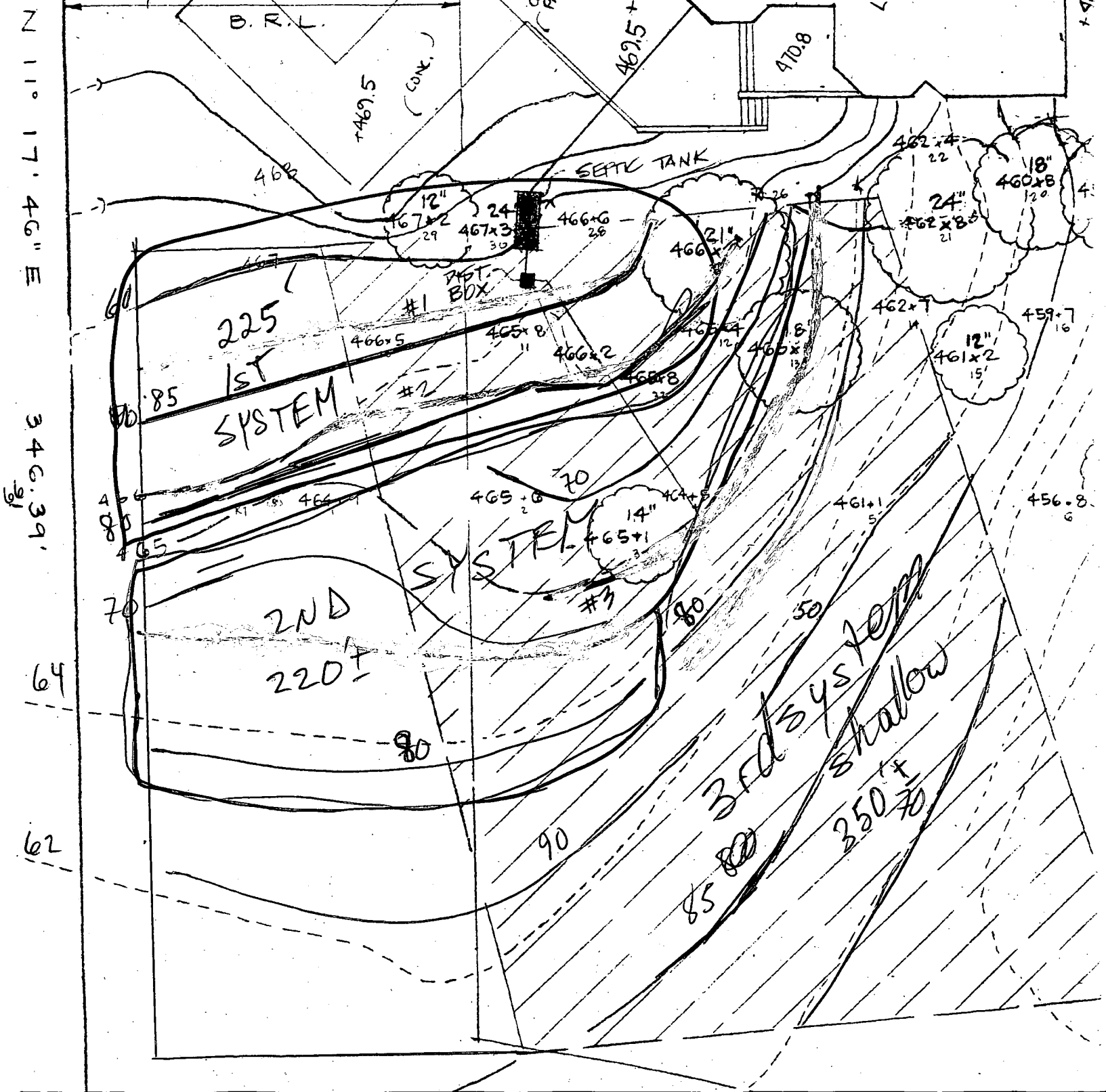
I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Shanabarger & Lane
SHANABARGER & LANE
8726 TOWN AND COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
(410)461-9583 FAX:481-8893

FOUNDATION LOCATION DRAWING

LOT 42
SECTION 3
TWELVE HILLS
SHEET 3 OF 5 PLAT # 8547
ELECTION DISTRICT: 5TH
DEED REFERENCE: 4834/658
COUNTY: HOWARD
SCALE: 1" = 100'
DATE: MAY 7, 2001
DATE OF LATEST FIELD WORK: 5/5/01

3 SYSTEM
LAYOUT
COMPILED @ TIME OF
BP REVIEW MR
4/12/01 60' POOL



Attn: Bryan

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Gylesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: GVC Builders Telephone #: _____
Subdivision: Twelve Hills Lot #: 42 Well Tag #: HO-02-0546
Site Address: 13085 Twelve Hill

Submersible Pump Data

Make: Goulds
Model #: 105B05422
Pump Capacity: 10 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 42" (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 13" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 165' (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42' (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton
Signature of company representative responsible for installation

3-8-02
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 3/5/02 Date Insp. Approved: 3/9/02 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not seen outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

HD-215

Rev. 12/00

3/5/02 casing 2" out at ground
bldr reports casing raised ~1 wk ago MR 3/13/02

11/9/02
1st Inspection
Call find

C1	6715	SEQUENCE NO. (DENV 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 (THIS NUMBER IS TO BE PUNCHED IN CO'S. 3-6 ON ALL CARDS)				COUNTY NUMBER	8# 39899	
DATE RECEIVED		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
8 13		15 20		22 26		
		057289		1115		
				(TO NEAREST FOOT)		
				28 29 30 31 32 33 34 35 36 37		

OWNER	ALTOGETHER LTD. PART.				
STREET OR RFD	last name	first name	TOWN		
SUBDIVISION	TWELVE HILLS		SECTION	3	LOT 42

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
Top Soil	0 2	
Shale	2 45	✓
Mika	45 70	✓
Sandstone	70 75	✓
Mika	75 90	
Sandstone	90 95	✓
Mika	95 165	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT	BENTONITE CLAY
CM	BC
NO. OF BAGS 15 NO. OF POUNDS 1500	
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 5 ft.	
(enter 0 if from surface)	
CASING RECORD	
casing types	
insert appropriate code below	
STEEL CONCRETE	
PLASTIC OTHER	
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)	
PL 6 60	

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

SCREEN RECORD	
screen type or open hole	
insert appropriate code below	
STEEL BRASS OPEN HOLE	
PLASTIC OTHER	

C2	
DEPTH (nearest ft.)	
H D 50 105	
EACH SCREEN	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	

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.) WQ	
70 72 74 75 76	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

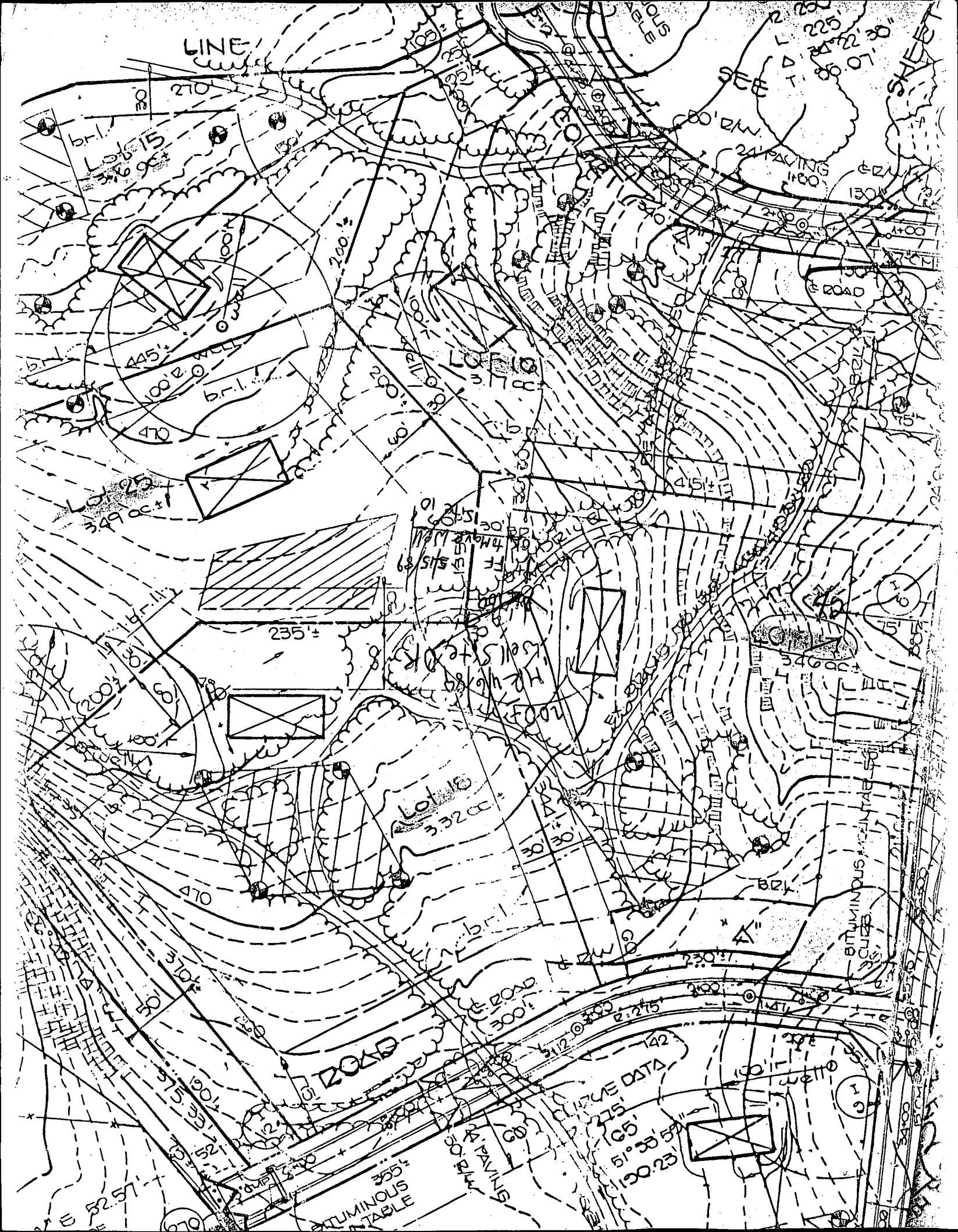
C3	
PUMPING TEST	
HOURS PUMPED (nearest hour)	
PUMPING RATE (gal. per min. to nearest gal.)	
METHOD USED TO MEASURE PUMPING RATE	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	
WHEN PUMPING	
TYPE OF PUMP USED (for test):	
A air P piston T turbine	
C centrifugal R rotary O other (describe below)	
J jet S submersible	

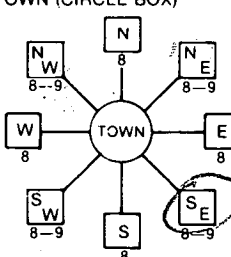
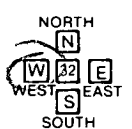
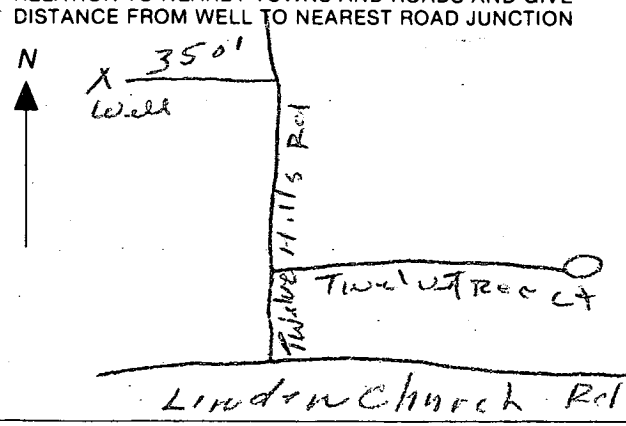
PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE (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. 453	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

COUNTY



B 1 6842 <small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS*3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40-88-0546 </div> <small>70 79</small> fill in this form completely
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 121688 </div> <small>8 13</small> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ALTCGETHER LTD PART </div> <small>15 Last Name 20 Owner 25 First Name 30</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10176 BALT NAT PIKE </div> <small>36 41 Street or RFD 46 51</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ELLICOTT CITY MD 21043 </div> <small>57 62 Town 67 72 State 77 82 Zip 87</small>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;"> HOWARD </div> <small>8 COUNTY 21</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> TWELVE HILLS </div> <small>23 SUBDIVISION 42</small> SECTION 3 LOT 42 <small>44 46 48 50</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> DAYTON </div> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 1 M I <small>73 76 77 78</small>	
DRILLER INFORMATION Driller's Name Frank Delph <small>77 License No. 80</small> Firm Name Frank Delph Well Drilling Inc. Address 18234 Penn Shop Rd. Mt Airy Md. Signature Frank Delph Date 12/14/88		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Twelve Hills Rd </div> <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 350 <small>34 37</small> ENTER FT or MI F T <small>38 39</small>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">HOWARD</div> COUNTY NAME A #39899 COUNTY NO. STATE SIGNATURE _____ INSERT S DATE ISSUED 04/14/89 x Mark E. Delkin 10/14/89 <small>43 48</small> CO SIGNATURE <small>41</small> EXP. DATE NORTH GRID 512000 EAST GRID 0811000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 811 E 512 N </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> 811 E 512 N </div> <div style="margin-left: 10px;"> well 000 000 </div> </div>	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 37</small> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		REPLACEMENT OR DEEPEINED 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 <small>39</small> <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) <small>41 52</small>	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER G A P <small>54 63</small> FORCE MR WRITE INITIALS IN BOX PERMIT NO. 40-88-0546 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS			

APPLICATION

PERCOLATION TESTING

A 39899

P _____

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

9-24-87
Percs ok pending
plat approval JEN

DISTRICT 5 TH

DATE 8-19-87

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 Alfred Bassler

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III LOT NO. 42

Revised
LOT 17 Preliminary
42

ROAD AND DESCRIPTION Linden Church Rd

TAX MAP 28 PARCEL # 49

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.

Paul D. Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-16-87 for perc hole location, needs house site &

subdivision plat approval JEN

THIS IS NOT A PERMIT

