

7/12/90
1-2 PM
7/13/90 12:00 PM

410754

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 46/31
A 39912

DISTRICT 5th
DATE 07/10/90

DATE SYSTEM APPROVED 7/13/90

INSPECTOR M. Ripkin

INDEXED

Frall Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 659, Mount Airy, Maryland 21771

PHONE 795-5779

SUBDIVISION Twelve Hills

ROAD 14010

14007 Twelve Hills Drive LOT 36

PROPERTY OWNER Vintage Homes

Access off of Twelve Oaks Ct.

ADDRESS

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

GARBAGE GRINDER XXXXXX YES XXXXXX NO XXXXXX

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. 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. 410 7-11-90 JEN

LOCATION - Place the distribution box 290 feet 410 down the left (489.95') lot line and 115 feet off the same lot line. Run trenches on contour toward the rear left 7-11-90 JEN (489.95') (319.45') lot line. Maintain a minimum of 100 feet from the well.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7-9-90 JEN

PLANS APPROVED BY Jane Nadeau cm DATE 05/10/89

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

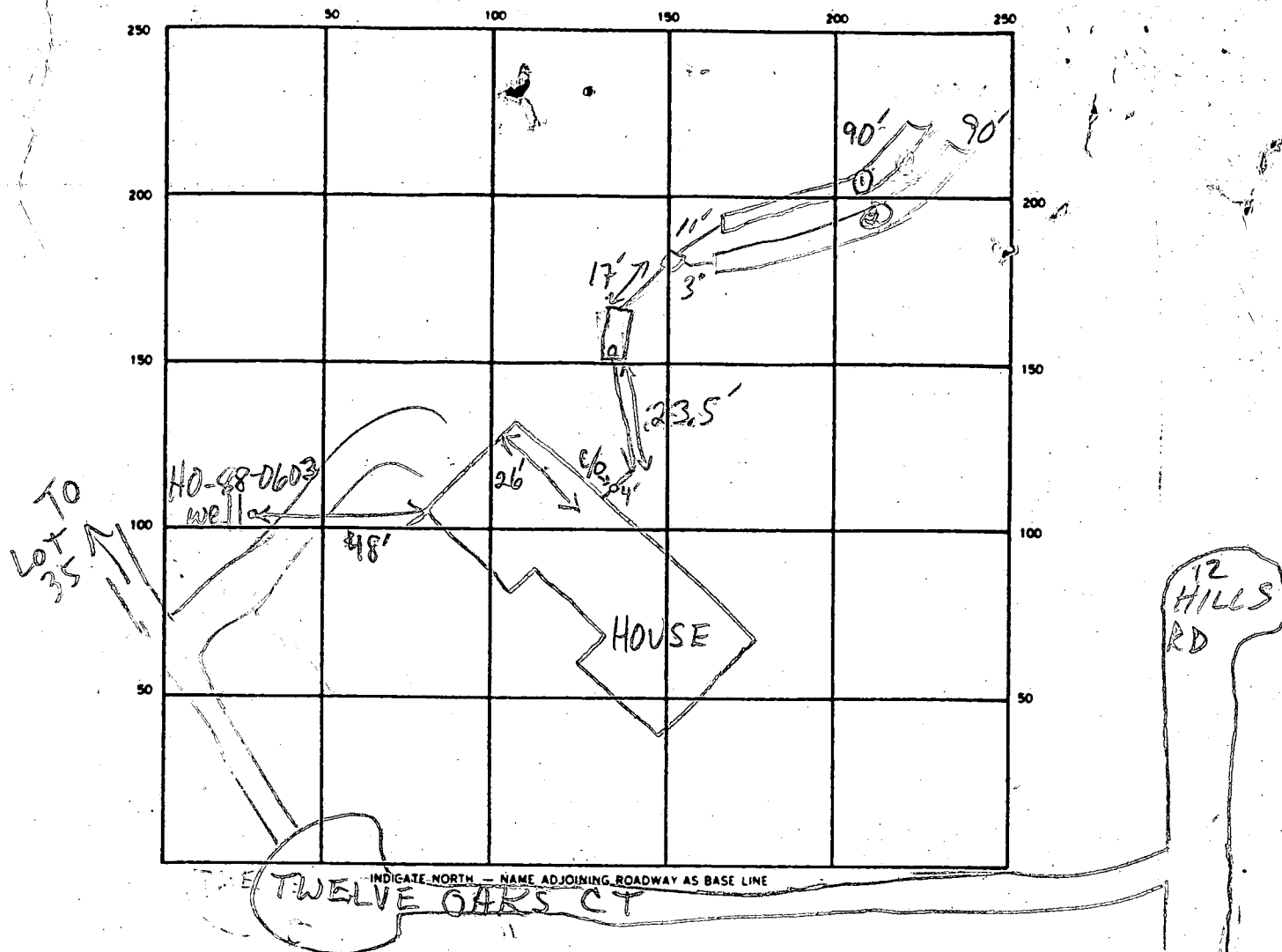
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 4/10/91

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

Serial # 38395
Interior Alteration



SEPTIC TANK. LEVEL 1500 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK-BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 290 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 360 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 7/12/90 OK TO STONE ① & DIG ② MR

7/13/90 #1 OK TO COVER ① & STONE ② MR

7/13/90 #2 OK TO COVER ALL MR

DATE SYSTEM APPROVED 7/13/90 INSPECTOR M. RIFKIN

APPLICATION

PERCOLATION TESTING

A 89912

P _____

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

9-15-87 Perce ok
pending plat
approval JEN

DISTRICT 5TH

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 Michael T. Laureno - 740-5227

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE Final 36

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III LOT NO. 20 ~~LOT 11 Preliminary new~~ 16

ROAD AND DESCRIPTION Linden Church Rd 14007 Twelve Hills Road

TAX MAP 28 PARCEL # 49

SIZE OF LOT 3 acres TYPE BLDG. SFD 5 Bedroom
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BUDG. PERMIT SIGNED

AND RETURNED 9/19/89

Serial # 28883-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 D. Kinn
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-15-87 for perc hole location and subdivision
plat approval. 'OK' to move 20'-30' toward Lot 15
to obtain 10,000 sq ft. JEN.

THIS IS NOT A PERMIT

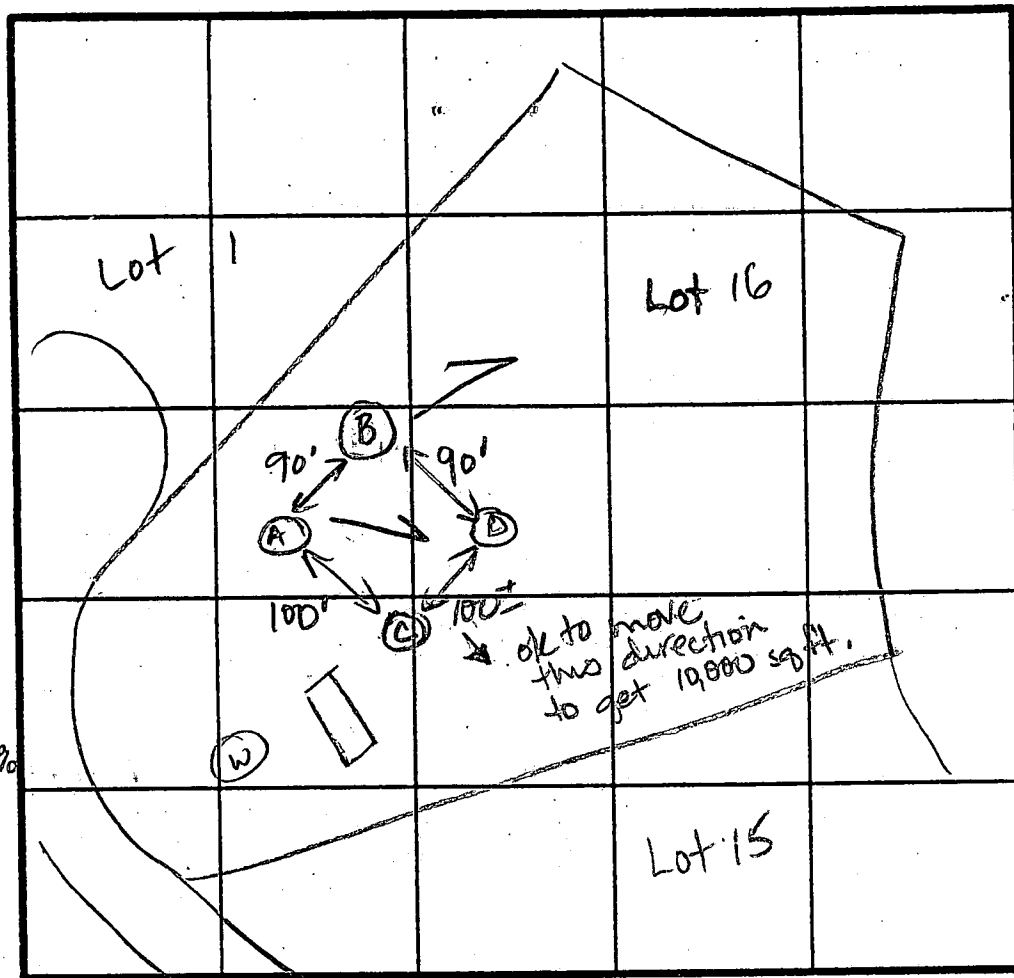
Highest A
C
B
Lowest D
(A)

A 39912

SOIL PROFILE

0-5.5 Red-br
sa si
clay
little
broken
rock
L 10%
5.5-9.5 White to
tan silty
sand,
broken
rock pieces L 15%
9.5 Bottom

(C)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0-2.5 Br cl sa
silt, trc
gul L 10%

2.5-10 Br sa silt
trc broken
rock
L 20%

10.0 Bottom

Speeds -
X Fenc 3 min
Inlet at 3.0
Bottom at 7.0
160 P/PR

0-2.5 Br cl sa si
2.5-7.0 Tan sandy
silt, trace
of gray
rock
pieces
L 10%
7.0-11.0 Tan
silty
sand
11.0 Bottom

(D)

0-2.0 Red br
cl sa si
2-11.0 Red sa
silt, trc
broken rx
L 5%
11.0 Bottom

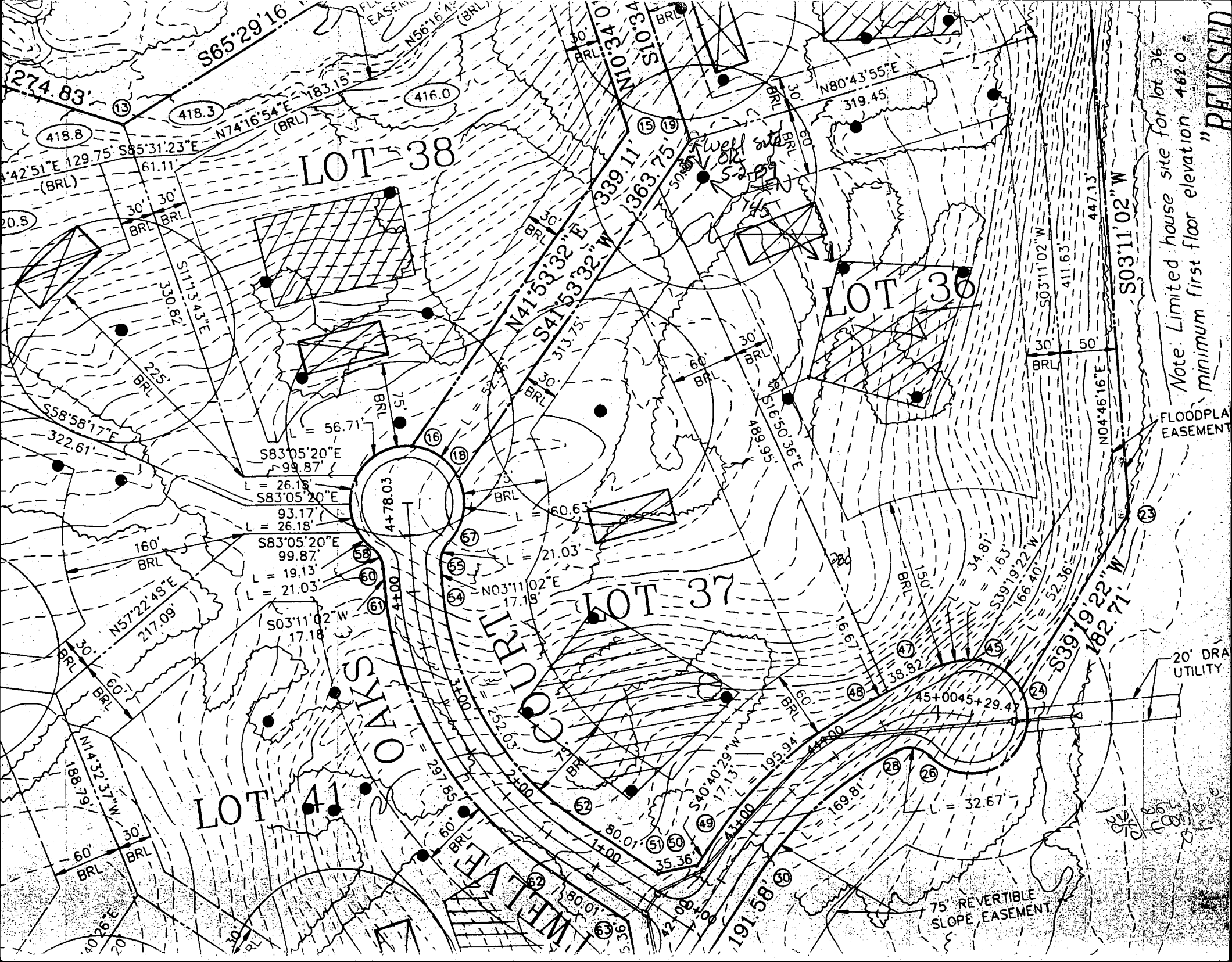
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-15-87	C	3.5 S	2:55	2:58	2:58	3:03	5
		4.5 M	2:55	2:57	2:57	2:59	2
		11.0 D	Bottom (see profile)				
	A	9.5 V	(see profile)				
	D	3.0 S	3:06	3:08	3:08	3:10	2
		11.0 D	Bottom (see profile)				
	B	3.5 S	3:13	3:15	3:15	3:17	2
		10.0 D	Bottom (see profile)				

REMARKS

TYPE OF SOIL

TESTED BY

0-4 Brown cl sa silt, 4-11 Tan to br sa silt, L 15%
broken rock pieces
Holes located as shown on plat. Move toward Lot 15
for 10,000 sq ft.
TESTED BY JENadeau ALSO PRESENT Dave, Mark R.



Note: Limited house site for lot 36.
minimum first floor elevation 462.0.

"REVISED"

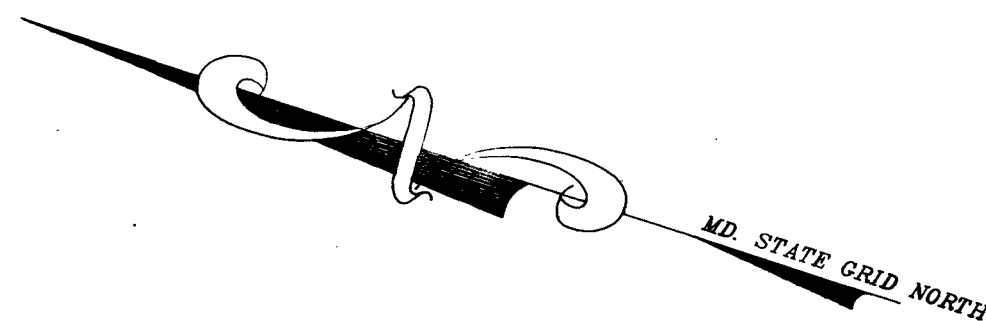
FLOODPLAIN
EASEMENT

20' DRA
UTILITY

75' REVERTIBLE
SLOPE EASEMENT

LOT 36
133,012.09 sq. ft.
3.0535 acres

French to short for 5 Bedroom House
 Note Trench Length
 To be determined
 at time of
 septic permit
 issuance



PROPERTY OF
 Basslers, Incorporated
 516 / 763
 Zoned : R

LOT 35

LOT 38

LOT 37

LOT 36

133,012.09 sq. ft.
 3.0535 acres

TWELVE
 HILLS RD.

AP 51640 9/14/89
 SUBJECT TO 56P/C
 DESIGN CHANGES.

9/8/89
 PLANS WRONG

DESIGN DATA *

SEPTIC TANK DATA:
 GROUND OVER ELEVATION = 561.5
 INVERT IN ELEVATION = 556.2
 INVERT OUT ELEVATION = 556.0

DISTRIBUTION BOX DATA:
 GROUND OVER ELEVATION = 558.0
 INVERT OUT ELEVATION = 555.0

HOUSE DATA:
 FIRST FLOOR ELEVATION = 560.3
 BASEMENT ELEVATION = 551.1
 SEWER INVERT ELEVATION = 557.1

* (ADDITIONAL FIELD TOPO WILL BE REQUIRED PRIOR TO CONSTRUCTION)

PLOT PLAN
 LOT 36
 TWELVE HILLS
 SECTION 3

Election District No. 5
 Howard County, Maryland

CURRENT ZONING : R
 TAX MAP : 28 PARCEL : 49 & 66
 SCALE : 1" = 50' JULY, 1989

I CERTIFY THAT ALL MEASUREMENTS AND ELEVATIONS
 ARE CORRECT FOR THIS PROPERTY.

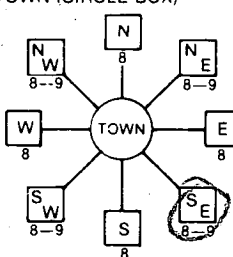
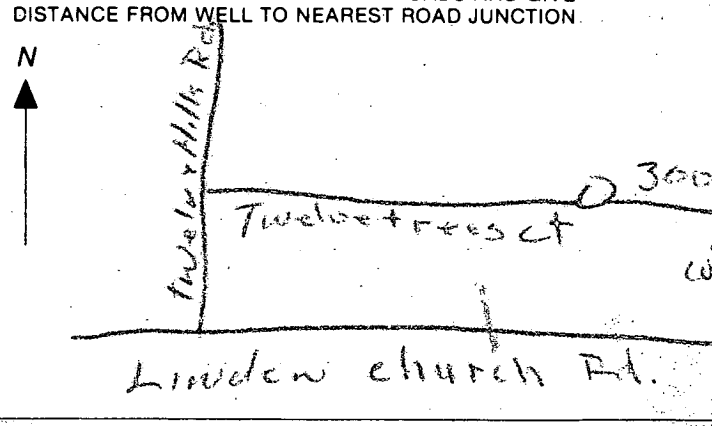
David Woessner 7-20-89
 DAVID C. WOESSNER DATE

OWNER / DEVELOPER
 Land Design and Development, Inc.
 8307 Main Street
 Ellicott City, Maryland 21043
 (301) 461-4600

PREPARED BY :
 AMERICAN ENGINEERING, INC.
 CIVIL ENGINEERING CONSULTANTS
 AND LAND PLANNER

609 B MAIN STREET BALTO.(301) 880-3039
 LAUREL, MD. 20707 WASH.(301) 953-1221

DRAWN BY: RT	DATE: 7-24-89
CHECKED BY: DW	DRAWING NO.:
JOB NO.: 68119	SHEET 1 OF 1

B 1	6817	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;">40-88-0603</div> <small>fill in this form completely</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small> Date Received (APA) <div style="border: 1px solid black; padding: 2px;">121688</div>		OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">ALTOGETHER LTD PART</div> <small>15 Last Name Owner First Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10176 BALT NAT PIKE</div> <small>36 Street or RFD 55</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ELLICOTT CITY MD 21043</div> <small>57 Town 70 State 72 Zip 76</small>		
DRILLER INFORMATION Driller's Name <u>Frank Delph</u> <div style="border: 1px solid black; padding: 2px;">453</div> <small>77 License No. 80</small> Firm Name <u>Frank Delph Well Drillers Inc.</u> Address <u>18234 Penn Shop Rd. Mt. Airy Md.</u> Signature <u>Frank Delph</u> <u>12/14/88</u> <small>Signature Date</small>		LOCATION OF WELL 8 COUNTY <u>HOWARD</u> 21 23 SUBDIVISION <u>TWELVE HILLS</u> 42 SECTION <u>3</u> 44 46 LOT <u>17</u> 48 50 52 NEAREST TOWN <u>DAYTON</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> 73 <u>0</u> 76 <u>0</u> 77 <u>0</u> 78		
WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 <u>0</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 <u>0</u> 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. <input type="radio"/> OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>39912</u> COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>05/08/99</u> 43 <u>June E. Hadean</u> 48 CO SIGNATURE <u>11/10/89</u> 41 NORTH GRID <u>512000</u> 50 55 EAST GRID <u>0811000</u> 57 63		
APPROXIMATE DEPTH OF WELL <u>200</u> 24 <u>0</u> 28 FEET APPROXIMATE DIAMETER OF WELL <u>6</u> 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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 811 E <u>507</u> N <u>5812</u> </div>		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion <u>ROTARY (Hydraulic Rotary)</u> 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="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> 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 (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 G A P _____ 63 FORCE <u>JN</u> WRITE INITIALS IN BOX PERMIT NO. <u>40-88-0603</u> <small>67 68 IN BOX 70 71 72 73 74 75 76 77 78 79</small>		
SPECIAL CONDITIONS				

C1 2441 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 TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

H 37712

DATE Received

DATE WELL COMPLETED

8 13

15 20

Depth of Well

22 20'5" 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"114-28-0603
28 29 30 31 32 33 34 35 36 37

OWNER

Allendale LTD. Palmerhill

STREET OR RFD

last name first name
Twelve Hills Road

TOWN

nylon

SUBDIVISION

Twelve Hills

SECTION

LOT

36

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearingTop Soil
Shale0 2
2 15

Mika

15 70

Sandstone

70 75

Mika

75 205

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 TOP 52 ft. to 19 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

AL 60 61 63 64 21 66 70

EACH
CASING

OTHER CASING (if used)

diameter depth (feet)
inch from to

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

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL OT
PLASTIC OTHER

C2

1 2
EACH
SCREEN

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

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.)

WQ

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C3

1 2

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 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)

+ above

- below

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)

Linden Church

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
WELLI 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

7/18/90

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 ☒
Replacement ☐

Receipt # 46157
Date 7/17/90

Name of Installer Robert A. Thurman

Telephone 854-6202

License Number 17380

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Vintage Homesteads Telephone 531-3047

Subdivision Twelve Hills Lot # 36 Well Tag # HD-88-0603

Site Address 4007 Twelve Hills Rd. Clarksville MD

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make JACUZZI
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 arrestors ☐ Cable guards ☒ Other ☐

Motor

1. Horsepower 3/4
2. RPM
3. Voltage
 - a. 110 ☒
 - b. 220 ☐

Pitless Adapter

1. Make
2. Model #
3. Depth

Tank

1. Capacity
2. Pressure relief valve?

Piping

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

Well data

1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? yes

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: Robert A. Thurman

Date: July 16, 1990

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