

7/14/92 LATE AM
7/16/92 NOON

05-413311
PERMIT *Futo*

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 48277

A 40778

DISTRICT 5th

DATE 9/24/92

DATE SYSTEM APPROVED 7/16/92

INSPECTOR C. B. D.

INDEXED

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS PHONE 988-9270

SUBDIVISION The Warfields LOT 14 ROAD 14820 View Way Court

PROPERTY OWNER Anthony W. Capitano

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

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 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 128.35' and 425.49' lot lines, place the distribution box 35 feet down the 425.49' lot line and 170 feet off this same lot line. Run trenches on contour in both directions.

NOTE - NO trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 4/13/92 RB*

PLANS APPROVED BY Mark Rifkin DATE 3/05/92

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

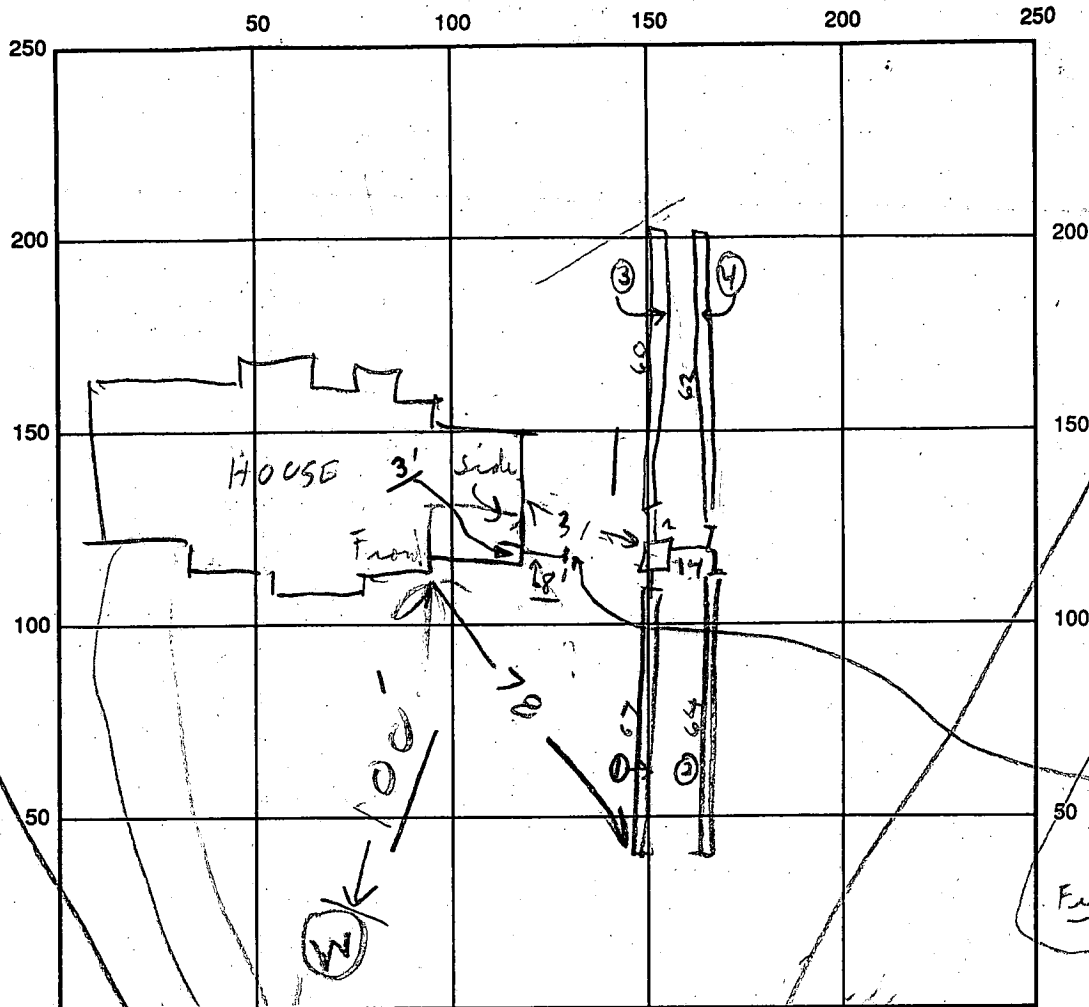
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 9/25/92

Seal # 45578 - J. Stettl
1-500 gal propane tank



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK *CUL. DE SEC.* CLEANOUTS OK *S.T.*
 DISTRIBUTION BOX LEVEL OK *(Baffle small type)*
 DRAIN FIELD/TITLE DEPTH 3 FT. TRENCH WIDTH 3 FT. INLET DEPTH FT.
 EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH

0 67'	0 60'
0 64'	0 62'

 FT. = 253
 NUMBER OF TRENCHES 4 ONE ~~SIDEWALK~~ BOTTOM AREA 759 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 759 SQ. FT.

REMARKS: 7/14/92 (R.H.) P.C.O.
7/16/92 all covered except pipe back from pit box to Home; C.B.
7/16/92 - NOON - Final ; ok to cover all work; C.B.

DATE SYSTEM APPROVED 7/16/92 INSPECTOR Charles Bryan, Street

APPLICATION

PERCOLATION TESTING

A 40778

P _____

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

DISTRICT 5th

DATE 12/1/87

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 Kennard Warfield Jr. Anthony W. Capitanio

ADDRESS 14663 Triadelphia Rd PHONE 988-9178
442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: THE WARFIELDS

SUBDIVISION Sapling Range LOT NO. LOT 14 Preliminary 13

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd

14820 View Way Court

TAX MAP 27 PARCEL # 56

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.

Myrdal Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-11-88 Per SATISFACTORY hole for Subdivision Plat. S.A.C.

BLDG. PERMIT SIGNED

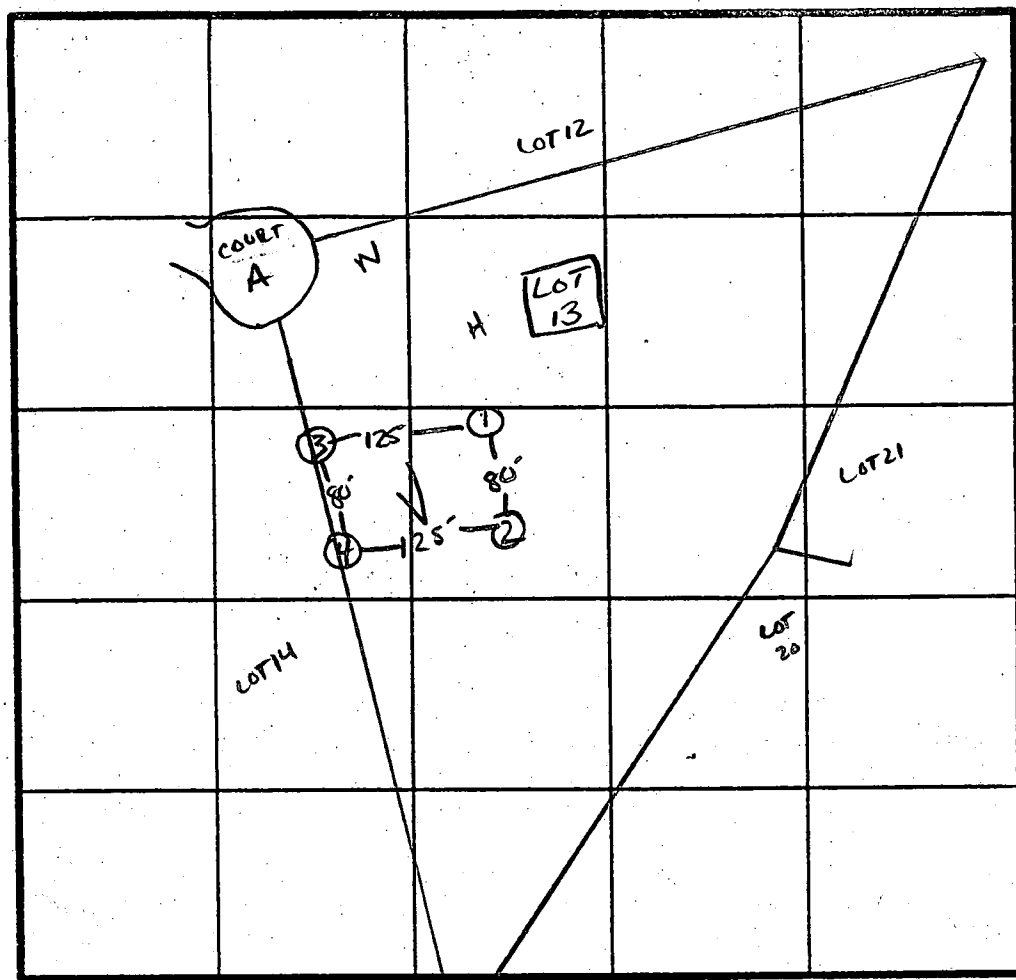
AND RETURNED 3/26/92

Serial # 91703

SFD - 4 Bedroom

THIS IS NOT A PERMIT

0"	A1-3
4"	Yellow Br Silt CLAY LOAM 10-20% FRAGS
30"	Yellow Br Silt LOAM 10-20% FRAGS MICROUS HIGH



\bar{x} Perc 7 min
180 Δ / BR
INLET 3.0'
BOTTOM 4.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

↓ TO TR: ADELPHIA ✓ Rd.

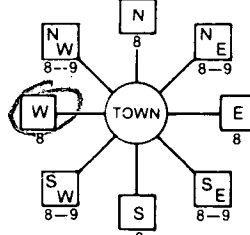
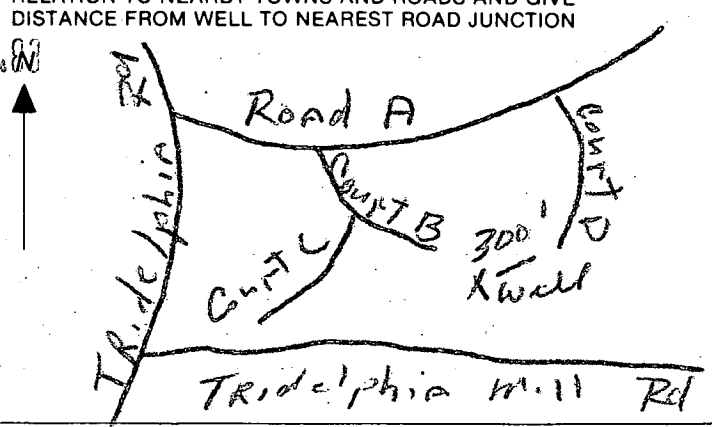
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/11/88	1 V	12.5'	SAME AS #2		CLAY TO 4"			
	2 S	4.5'	1:30	1:39	1:39	1:48	9 MIN	
	2 V	12.5'	SIMILAR TO #3 w/		RED BROWN CLAY layer 4"			
	3 S	4.0'	12:14	12:18	12:18	12:25	7 MIN	
	3 M	8.5'	12:12	12:14	12:14	12:18	4 MIN	
	3 V	13'	UNIFORM soil below 3.0'					
	4 S	5.5'	12:42	12:44	12:44	12:49	5 MIN	
	4 V	13'	Pore hole in middle of QUARTZ field.					
			MIXED throughout profile to 6-7" OK TO use AS DRIFT field generally. Soil below.					

REMARKS: Holes approx. PLAT

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT MARK R.

EH-12-1079

B 1 5933 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) 5933	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-1472 <small>fill in this form completely</small>
Date Received (APA) 01/22/89 OWNER INFORMATION 15 Last Name LAND 20 Owner DESIGN 25 First Name AND 30 35 Street or RFD 9307 MAIN STREET 40 45 Town ELLICOTT CITY 50 MD 21043 55		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION SAPLING RANGE 42 SECTION 44 46 LOT 14 50 52 NEAREST TOWN Pg. town 71 MILES FROM TOWN (enter 0 if in town) 4 73 MI 76 78	
DRILLER INFORMATION Driller's Name Frank Delph 77 License No. 453 80 Firm Name Frank Delph Well Drillers Inc. Address 18234 Penn Shop Rd Mt Airy Signature Frank Delph 6/13/89 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD View Way Court 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"/> 34 300 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A-40778 COUNTY NO. STATE SIGNATURE Mark E. Kiffin 41 DATE ISSUED 2/6/91 43 NORTH GRID 514000 50 55 EAST GRID 079500 57 63	
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 E 7935 N 5734 000 000	
APPROXIMATE DEPTH OF WELL 200 24 FEET 28 APPROXIMATE DIAMETER OF WELL 6 30 NEAREST INCH 34		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"/> 30 AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) 35 37 CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		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 <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 (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE MR 67 INITIALS MR 68 PERMIT No. HO-88-1472 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS	

B 1 1408

SEQUENCE NO.
(DP USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-92-0008
fill in this form completely(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

please print or type

Date Received (APA)

030392

OWNER INFORMATION

MCGARRITY ROSE ANNE

4928 DORSEY HALL DR.

ELLCOTT CITY MD 21042

DRILLER INFORMATION

Ralph Mayne 273

Ralph Mayne Well Drilling

4120 Brown Church Rd. W. Aring

Ralph Mayne 2/27/92

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- ☐ 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 ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary)
- ☐ CABLE ☐ REVERSE-ROTARY ☐ Drive-POINT

other

REPLACEMENT OR DEEPEMED WELLS

(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- ☐ THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-92-0008

SPECIAL CONDITIONS % Mark Reich

B 3

LOCATION OF WELL

HOWARD

THE WARFIELDS

SECTION 44 46 LOT 14

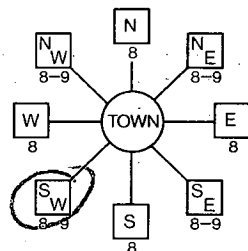
ELEMEL

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2.35 MI

B 4

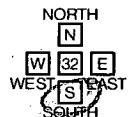
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



VIEW WAY CT.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 100

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard

COUNTY NAME

A 40778

COUNTY NO.

STATE SIGNATURE

DATE ISSUED

INSERT S

030592 Mark E. Ripkin 9/5/92

NORTH GRID 514000

EAST GRID 0795000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

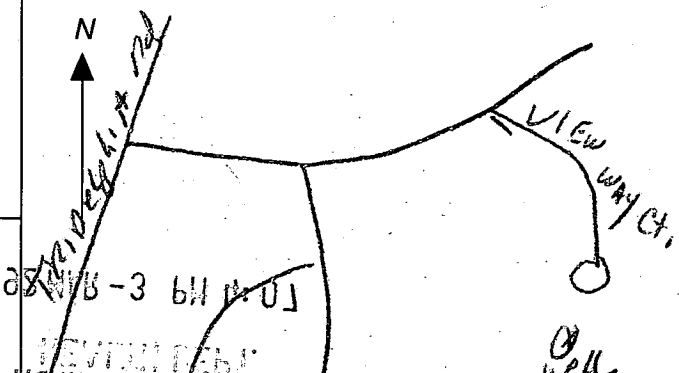
SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 2905
N 5144

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



COUNTY

C1 5144 SEQUENCE NO. (DENY USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN C.O.S. 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 40778

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 25 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
10-92-0008

OWNER McGarrity last name Rose Ann first name
STREET OR RFD View Way CT TOWN Glenelg
SUBDIVISION The WAKFIELDS SECTION LOT 14

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
Sandy 2 60
SANDSTONE 60 65
MICKA 65 90
SANDSTONE 90 95
MICKA 95 225

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 20 NO. OF POUNDS 2000

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PL 6 20

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

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

C2

DEPTH (nearest ft.)

HO 68 225

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.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 63

WHEN PUMPING 64

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)

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

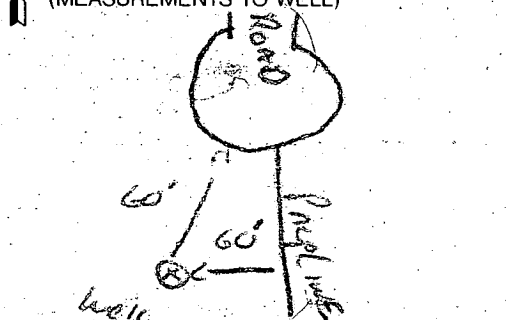
PUMP COLUMN LENGTH (nearest ft.)

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 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 IDENT. NO. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

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 # 48507
Date June 9, 1992
6/30/92

Name of Installer Robert A. Thurman

Telephone 8546202

License Number 17380

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Anthony Capitanio

Telephone 988 9178

Subdivision Warfield Lot # 4

Well Tag # HO-92-0008

Site Address 14820 View Way Court

Pump

- Type
 - Deep well jet ☐
 - Shallow well jet ☐
 - Submersible ☒
- Make JACUZZI
- Model #
- Capacity 10 GPM
- Pump exceeds well capacity Yes ☐ No ☐
- If Yes, is low pressure cutoff switch installed? Yes ☒ No ☐
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Motor

- Horsepower 3/4
- RPM
- Voltage
 - 110 ☒
 - 220 ☐

Pitless Adapter

- Make
- Model #
- Depth

Tank

- Capacity
- Pressure relief valve? YES

Piping

- Type
- Size
- NSF and/or BOCA Code approved ☐
- Depth of supply line

Well data

- Depth ft.
- Yield GPM
- Static water level ft.
- Will water supply be disinfected by installer? ☐

PITLESS ADAPTER OR
WATER LINE COVERED L.P. (CW)
5/29/92

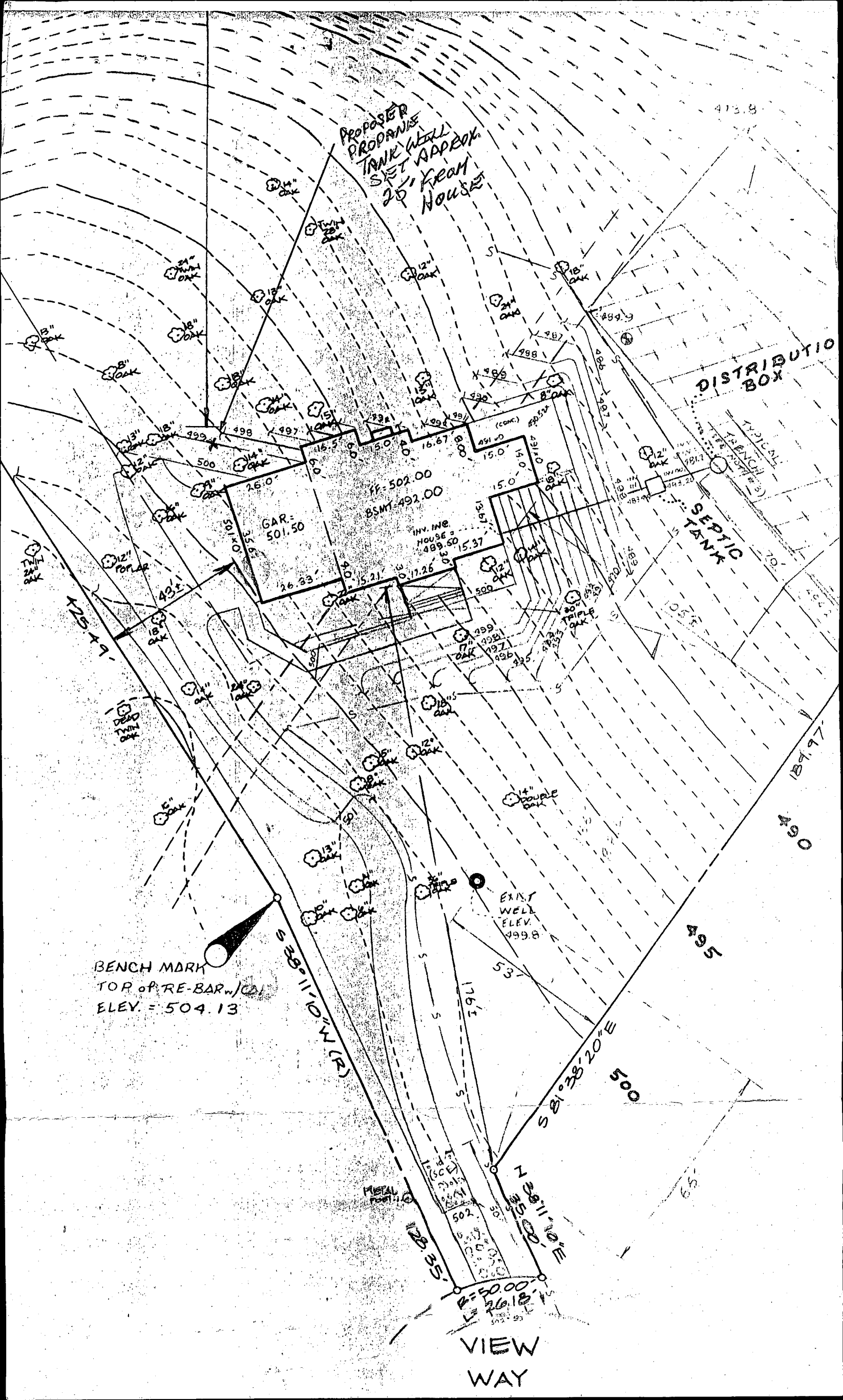
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

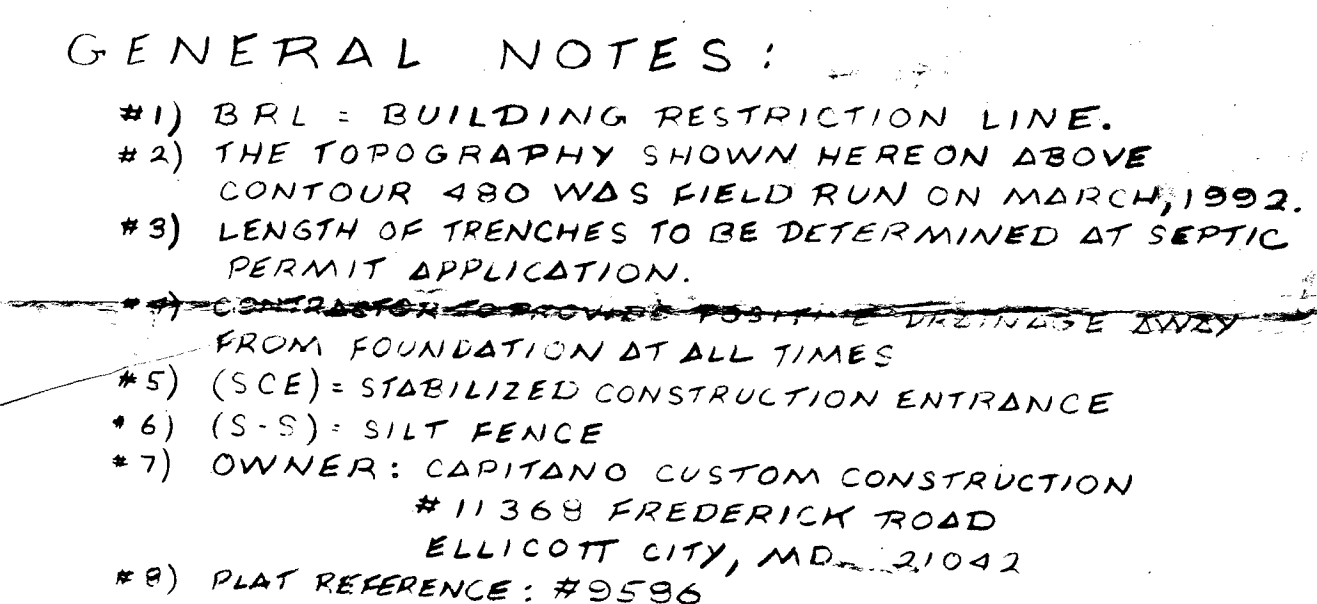
All information given above is true to the best of my knowledge.

Signature of Applicant: Robert A. Thurman

Date: June 9, 1992

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





3/24/92
PLANS OK SO FAR
WELL COMPLETION REPORT RH
NO WELL COMPLETION 900 AM RH
RH
3/26/92 DITTO
3/26/92 WELL COMPLETION
REPORT OK PM RHodger

PLOT PLAN
LOT #14
"THE WARFIELDS"
~ LOTS #1 TO #44, PARCEL "A" ~
FIFTH ELECTION DIST.
HOWARD CO., MARYLAND

SCALE: 1" = 30' DATE: 3-14-92

STATE OF MARYLAND
 MARK L. ROBERTS
Mark L. Roberts
 3/14/92
 REGISTERED
 PROFESSIONAL LAND SURVEYOR NO. 37472

VITTI, ROSEL; ASSOCIATES, INC.
SUITE 2-B ~ 1717 YORK ROAD
LUTHERVILLE, MARYLAND 21093
PHONE: (410) 252-4552

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
92 MAR 19 AM 11:40