

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

P 5/1/93

A 41814

DISTRICT

DATE 5/26/99

DATE SYSTEM APPROVED 7/8/99

INSPECTOR SRH

INDEXED

Global Eq. Excavating & Contracting

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P.O. Box 3595, Frederick, MD 21705

PHONE 301-606-0387

SUBDIVISION West Friendship Estates LOT 69 ROAD 3309 Velvet Valley Drive

PROPERTY OWNER Doug Scepura

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 180.00 and 212.16' lot lines, begin trenches 120 feet up the 212.16' lot line and 70 feet off that same lot line. Run trenches on contour toward driveway.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 3/24/99 OK ALL

PLANS APPROVED BY Mark E. Rifkin

DATE 3-10-99

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

41814

APPLICATION

PERCOLATION TESTING

A 41814
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE _____

(MINOR MODIFICATION
TO APPROX 60 AREA,
1 HOLD - NO FEE, CW.)

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 West Friendship New Town Co. Doug SCERKA

ADDRESS c/o Land Design & Development PHONE (410) 740-2100
10805 Hickory Ridge Road, Columbia, MD 21044

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION West Friendship Estates LOT NO 69

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32 (3309 Velvet Valley Way)

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres TYPE-BLDG single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLOG. PERMIT SIGNED

AND RETURNED 3-10-99

Serial # B0116984
4Bm

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. Mark A. Reich
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____

(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.

(SIGNATURE OF APPLICANT) _____

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

New 62

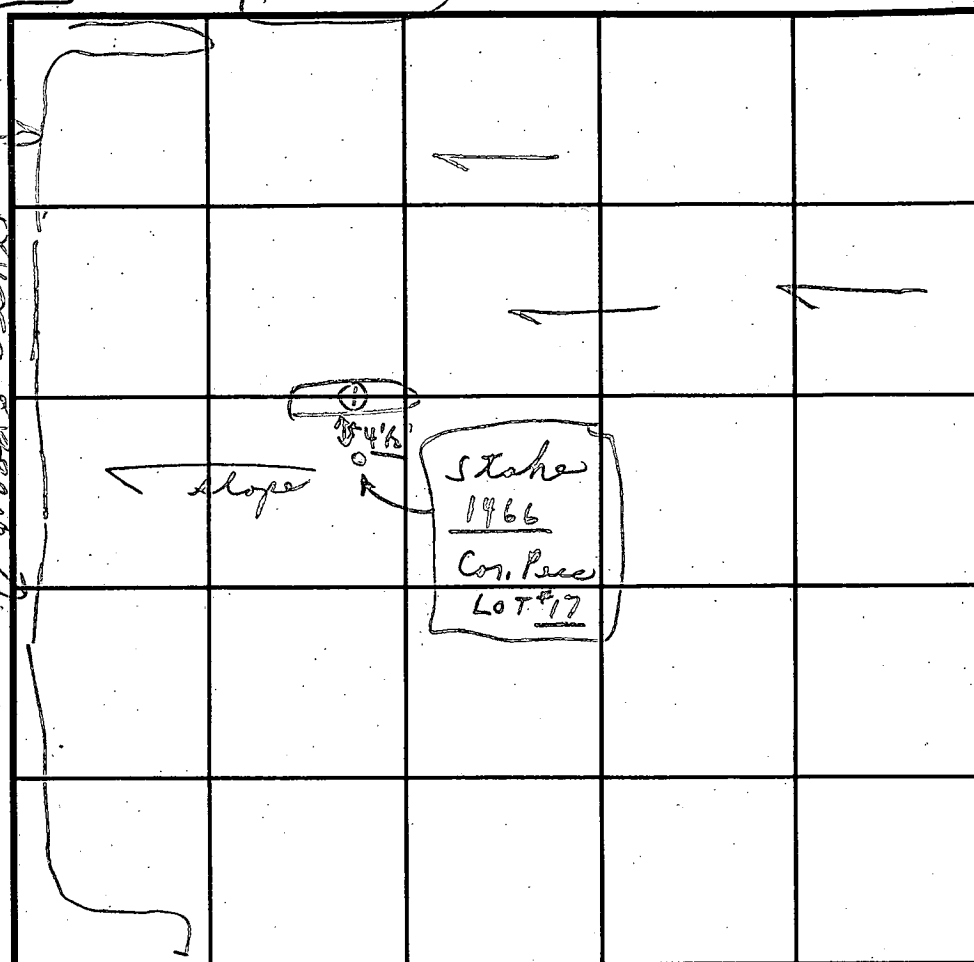
SOIL PROFILE

01

SOME PROFILES

C

Tree
Trunk



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

210

APPLICATION

PERCOLATION TESTING

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

A 41814

P _____

DISTRICT 312

DATE 3/10/88

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 PRISCILLA CLAGETT AND AVIS PFEFFELKORN
C/

ADDRESS 14000 CASTLE BOULEVARD SILVER SPRING PHONE 202-890-6077
MARYLAND 20904

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BUENA VISTA FARM ESTATES LOT NO. 21 Sec 1

ROAD AND DESCRIPTION EAST SIDE OF PFEFFELKORN ROAD, NORTHWEST
OF MD ROUTE 32

TAX MAP 22 PARCEL # 8

SIZE OF LOT 3.4 AC. 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.

Chris S. Hoffman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A 4/8/14

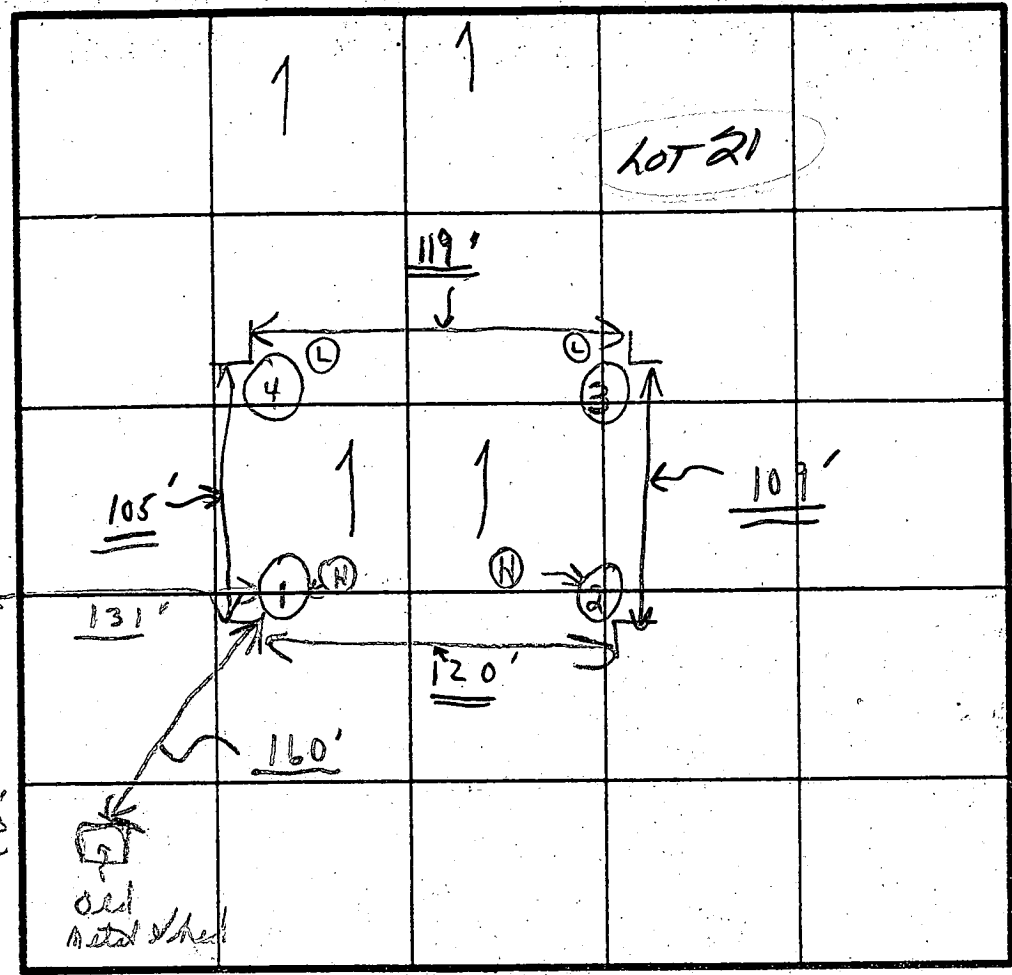
#21

SOIL PROFILE

T.S...
+ CLAY
TO
LOAM
NO
ROCKS
TO
BOTTOM

① 13'; ② 13'; ③ 13'
④ 14'

Pepperhorn Road



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/85	1A	5'	8:53	8:57	8:57	9:07	10 min
3-1	① 1B 21D	8'	8:55	8:57	8:57	9:01	4 min
	2A	4'	8:50	8:52	8:52	8:54	2 min
	2B 21C	13'		Light Loam			
	3A	5'	8:58	9:02	9:02	9:06	4 min
	3B 21B	13'	Visual	Light Loam			
	4A	5'	8:56	8:59	8:59	9:03	4 min
	4B 21A	14'	Visual	light loam			

clay to 5'

clay to 4'

clay to 5'

clay to 5'

13' Drag

EH-12-1079

REMARKS

all tests per stake
" " in open field

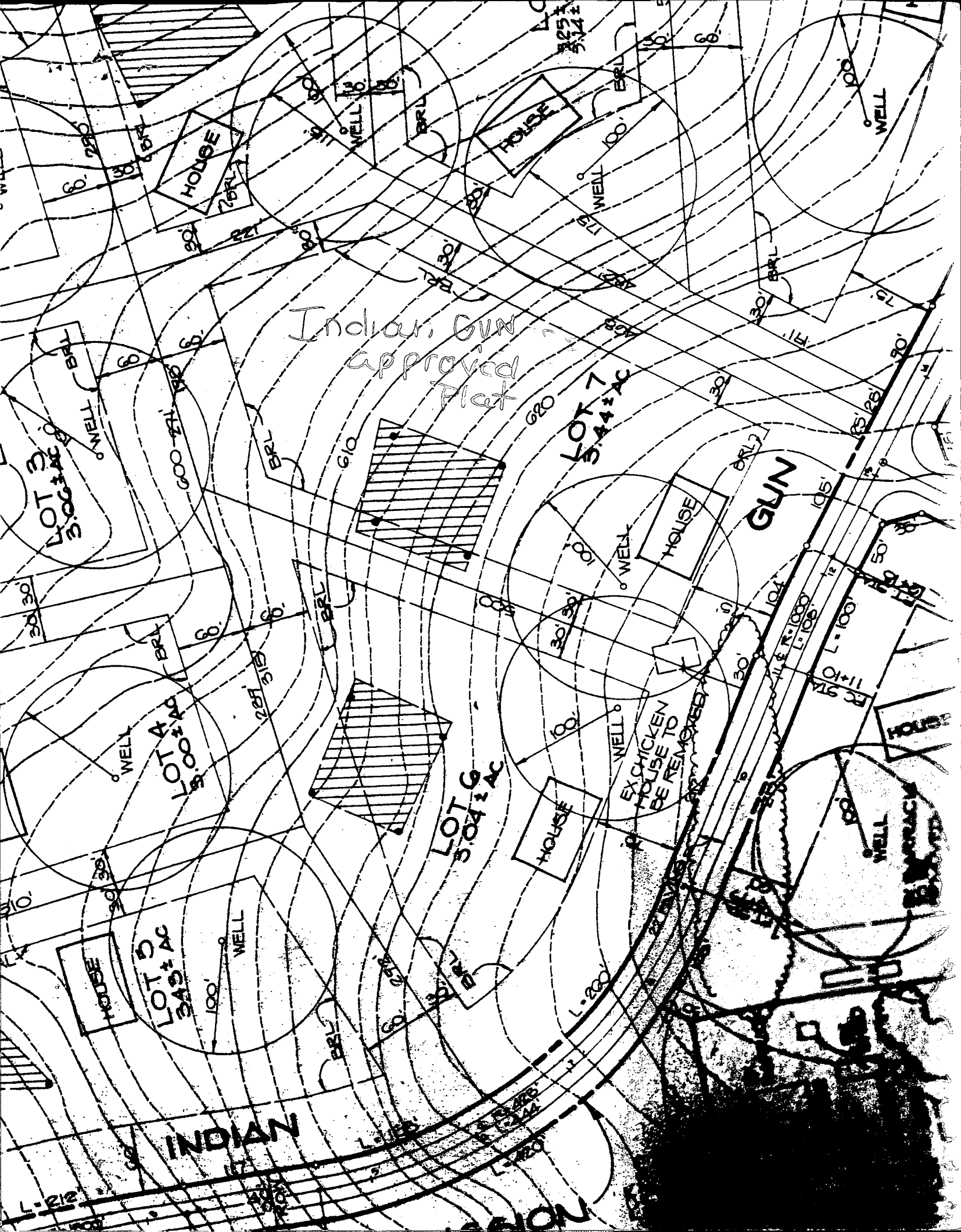
TYPE OF SOIL

TESTED BY

C.B.E.

ALSO PRESENT

{ Same as yesterday



PROPERTY OF
ROBERT AND BARBARA LUNDY
LIBR 608, FOLIO 2

ENVIRONMENTAL
PRESERVATION
PARCEL 'F'

PARCEL 1
AREA THIS SHEET=1.478 AC.
FOR TOTAL AREA SEE SHEET 4
N80°40'36"E
1.25' 0 25

PUBLIC FOREST
CONSERVATION
EASEMENT -
(2.064 Ac.±)
11785

LOT 76
40,436 Sq. Ft.*

LOT 75
1.289 Sq. Ft.*

LOT 74
13998 Sq. Ft.±

LOT 70
181 Sq. Ft.*

LOT 71
561 Sq. Ft.

LOT 68
54. Ft.*

LOT 69
504 Sq. Ft.

LOT 67

LOT 66
50. Ft.*

LOT 81

LOT 1943 Sq

SEE SHEET
LINE

Approved
F-95-183

527000

C1	7960	SEQUENCE NO. (MDE 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.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER 41814		
DATE RECEIVED 090996		DATE WELL COMPLETED 083096		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0862		

OWNER LDD	STREET OR RFD Rt. 32	TOWN W. FRIENDSHIP
SUBDIVISION W. FRIENDSHIP EST	SECTION 2	LOT 69

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
POOR SOIL	0	5
BROWN SHELL	6	51
MICRO ROCK		
SANDSTONE	52	100
BLUE ROCK		
GOT WATER		87

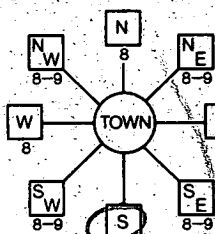
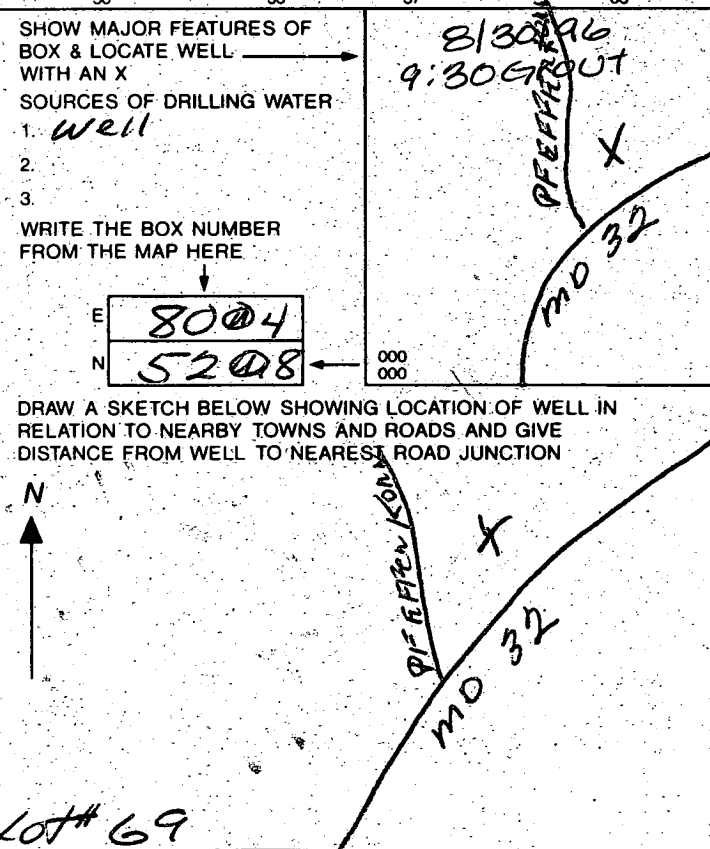
GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
TYPE OF GROUTING MATERIAL (Circle one)		
CEMENT (CM)	BENTONITE CLAY (BC)	
NO. OF BAGS 14	NO. OF POUNDS 1316	
GALLONS OF WATER		
DEPTH OF GROUT SEAL (to nearest foot)		
from 0 ft. to 53 ft.		
(enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below		
(ST) STEEL	(CO) CONCRETE	
(PL) PLASTIC	(OT) OTHER	
MAIN CASING TYPE		
(PL)	(64)	(60)
Nominal diameter top (main) casing (nearest inch)		
Total depth of main casing (nearest foot)		
OTHER CASING (if used)		
diameter inch depth (feet)		
screen type or open hole insert appropriate code below		
(ST) STEEL	(BR) BRASS BRONZE	(HO) OPEN HOLE
(PL) PLASTIC	(OT) OTHER	

PUMPING TEST		
HOURS PUMPED (nearest hour) 3		
PUMPING RATE (gal. per min.) 15		
METHOD USED TO MEASURE PUMPING RATE Submersible		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 38 ft.		
WHEN PUMPING 54 ft.		
TYPE OF PUMP USED (for test)		
(A) air	(P) piston	(T) turbine
(C) centrifugal	(R) rotary	(O) other (describe below)
(J) jet	(S) submersible	

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED (Y) (N)
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.
TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. 043
DRILLERS SIGNATURE Wayne Harley
LIC. NO. 350-062
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

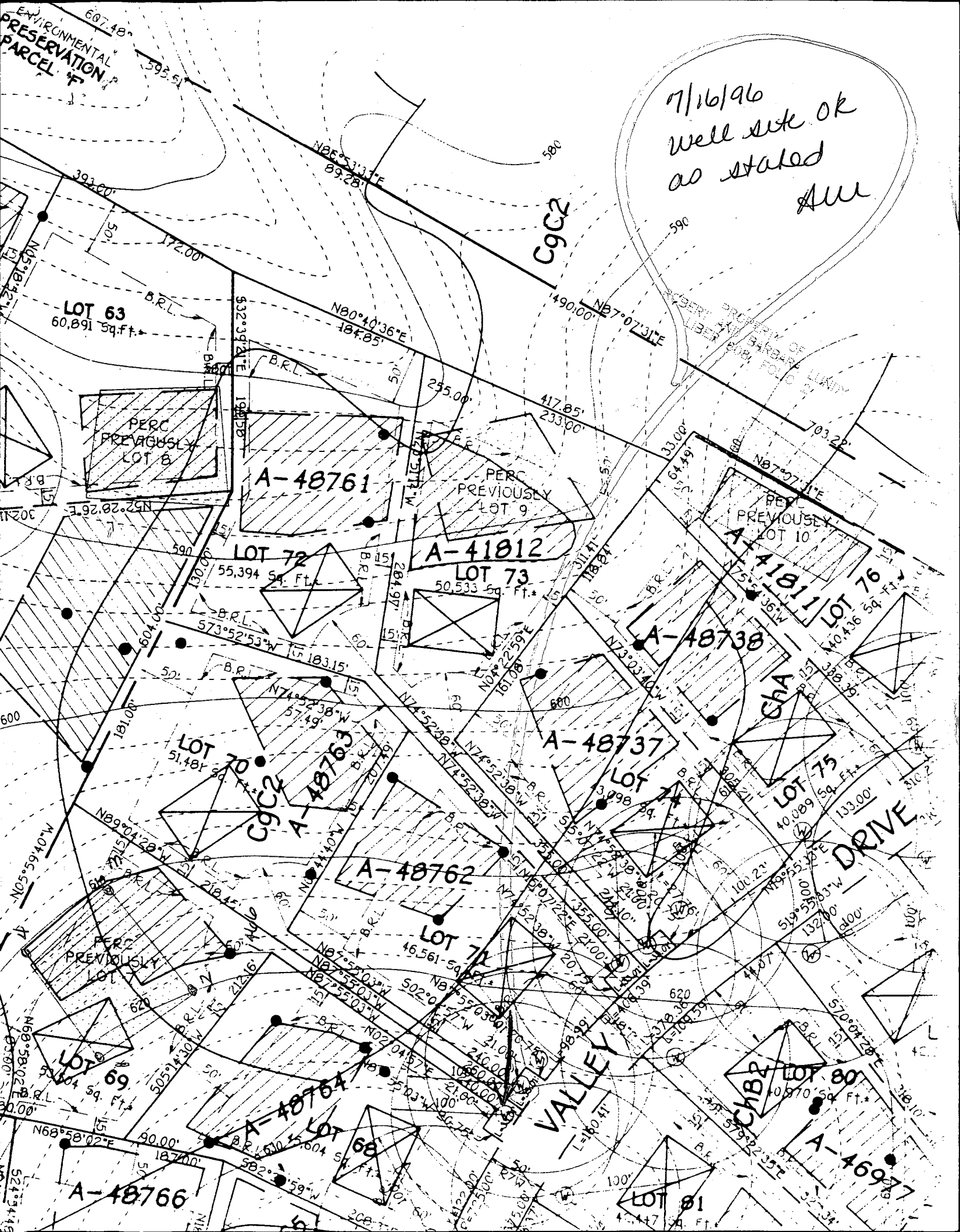
DEPTH (nearest ft.)	
H0 56 100	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN 56 60	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
TELESCOPE CASING LOG INDICATOR	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO) (NO)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
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 (2) (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)	

B 1 3034 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0862 fill in this form completely
Date Received (APA) 051396		B 3 LOCATION OF WELL	
OWNER INFORMATION INC LAND DESIGN & DEVELOP. 15 Last Name Owner First Name 34 10805 HICKORY RIDGE 36 Street or RFD 55 COLUMBIA MD 21044 57 Town 70 State 72 Zip 76		HOWARD 8 COUNTY 21 WEST FRIENDSHIP 23 SUBDIVISION 42 SECTION 2 LOT 69 44 46 48 50 WEST FRIENDSHIP 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78	
DRILLER INFORMATION MSD/MGD/MWD GARY W SHAFF 410 Driller's Name 77 License No. 80 HARLEY DRILLING & PUMP SYSTEMS Firm Name Box 160 WILKESVILLE MD Address 21793 Mary W Shaff 5-27-96 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800 14 20		MD 32 11 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐ DISTANCE FROM ROAD 500 34 37 ENTER FT OR MI FO 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD CO A41814 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S ☐ DATE ISSUED 071696 A. McMillan 7/16/97 43 48 CO SIGNATURE EXP. DATE NORTH GRID 804000 EAST GRID 0528000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28		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 8004 N 5208 000 000	
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		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) ☒ JETTED ☐ Jetted & DRIVEN 30 37 AIR-ROTARY ☐ AIR-PERCUSION ☒ ROTARY (Hydraulic Rotary) CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT ☐ other _____		REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52	
Not to be filled in by driller (OEP USE ONLY)			
APPROX. PERMIT NUMBER GAP 54 63 FORCE AM WRITE INITIALS IN BOX 40-94-0862 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

ENVIRONMENTAL
PRESERVATION
PARCEL

7/16/96
well site OK
as stated
AM



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 #
Date 7-2-99

Name of Installer All Around Plumbing, Inc.

Telephone 301-829-6745

License Number 18121

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Doug Scepura

Telephone

Subdivision West Friendship Est Lot 69

Well Tag # HO-94-0862

Site Address 3309 Velvet Valley Dr. West Friendship

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make Goulds

3. Model # 138507422

4. Capacity 13 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 3450

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

1. Make Morton

2. Model # B-20X

3. Depth 42"

Tank

1. Capacity 50.8 gallons

2. Pressure relief valve? yes

Piping

1. Type poly

2. Size 1 1/4"

3. NSF and/or BOCA

Code approved yes

4. Depth of supply

line 4'

Well data

1. Depth 100 ft.

2. Yield 15 GPM

3. Static water

level 70 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

WPI-OK 7/7/99

SRM

Signature of Applicant

Date

7-2-99

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