

24124
4/19/90
10:10 AM

04-336488

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45795

A REPAIR

DATE 4/18/90

DATE SYSTEM APPROVED 4/19/90

INSPECTOR RJH

INDEXED

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS Route 144, Ellicott City, Maryland 21043 PHONE 465-6646

SUBDIVISION _____ ROAD 1407 Morgan Station Rd LOT _____

PROPERTY OWNER Iris Bennett

ADDRESS 1407 Morgan Station Road
Woodbine, Maryland 21797

~~SEPTIC TANK CAPACITY EXCEEDS 1000 GALLONS AND ABSORPTION AREA BY 125%~~

~~GARBAGE GRINDER? YES~~

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY C. Williams DATE 4/18/90

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

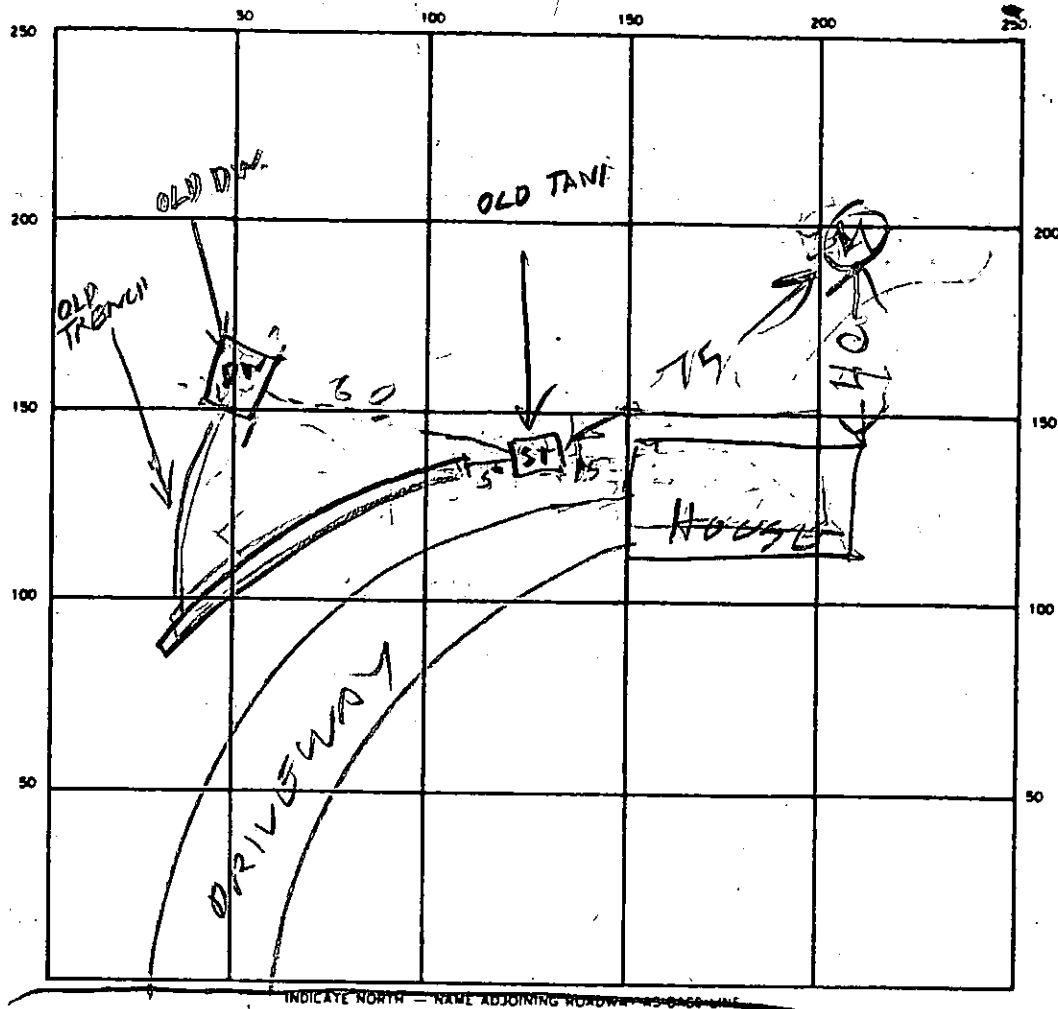
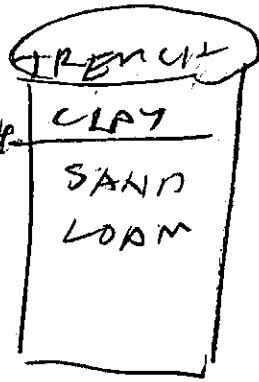
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P 45795



180
3
540
90
6/590

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 11 FT. TRENCH WIDTH 4 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 68 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 396 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/19/90 - TRENCHES DUG & SOIL OBSERVED AND STONE R/L
4/19/90 - STONE ADDED R/L

DATE SYSTEM APPROVED 4/19/90 INSPECTOR Raymond Hodges

7/7/77 partial work
7/15/77

PERMIT

File

7/21/77 Partial
P 26186 C.B. x

SEWAGE DISPOSAL SYSTEM

A24124

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 6/23/77

INDEXED

Costello Builders IS PERMITTED TO INSTALLX ALTER

ADDRESS Box 2201 Route 94, Woodbine, Md. PHONE 442-2288

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Morgan Station Road LOT 4

PROPERTY OWNER Gerald G. Benkert

ADDRESS 1395 Morgan Station Road, Woodbine, Md.

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - To be located 143 ft. from the front lot line and 24 ft. from the left as seen when facing the lot from Morgan Station Road. System to have 150 sq. ft. of absorbent area below the first 4 ft. of original grade per bedroom. Maximum depth permitted for system is 10 ft.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER 3 YEARS.

NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DEY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

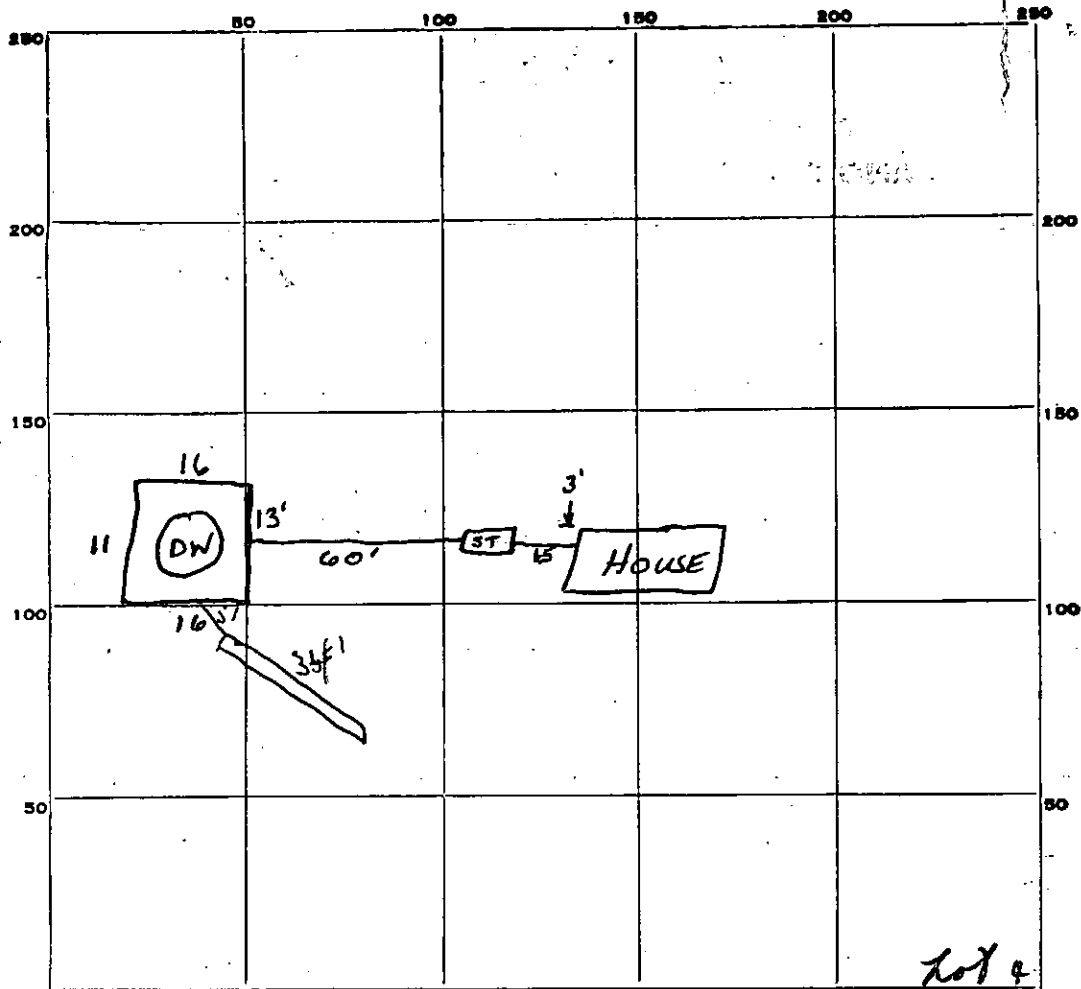
PLANS APPROVED BY Richard Biggs DATE 3/21/77

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A
42186

$\frac{125}{375} = 100$
 $\frac{90}{390} = 23$
 $\frac{540}{5120}$



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
MOORE RD

$\frac{56}{5}$
 $\frac{280}{24}$
 $\frac{32}{450}$

PERMIT CARD none seen

SEPTIC TANK, LEVEL 1000 gal

CLEANOUTS

ST	DW
✓	✓

$\frac{150}{3}$
 $\frac{450}{}$

DISTRIBUTION BOX, LEVEL N/A

TRENCH, DEPTH 10" x FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 35 FT. ② = 175

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 0 280

SEEPAGE PITS, INSIDE DIAMETER 56 FT. DEPTH BELOW INLET 5 FT. 455 ± Total

ABSORBENT AREA 280 SQ. FT. in DW = Total →

REMARKS 7/7/77 Top of ST will be right @ finished grade
Inlet to DW is ~5' below orig grade. Max depth is 10'
below orig grade. Location OK. ? amt of fall on WWZ
sewer pipe. Check w level next inspt. Lot has been cut
substantially through septic area. Disc this w DWDr. WWZ

7/16/77 grade ok - ok to put ground in trench 7/21/77 Partial ok to cover to Dry Well - did not
 leave pipes with me
 c.n.d. 7/22/77 gravel to 5' of present surface
 DATE SYSTEM APPROVED 7/22/77 as per INSPECTOR C.B. Shickles
above

Lot 14

system to be located 143 ft from the front Lot line and 24' from the left as seen when facing the lot from Morgan Sta. System to have 150 ϕ of absorbent area below (the first 4 ft of original grade per bedroom. If trench is utilized call for inspection before gravel is added and trench is to follow contour. Max depth permitted for system is 10 ft

Well & ~~system~~ ~~trench~~

BLDG. PERMIT SIGNED
AND RETURNED 6/10/77

Serial No. 31907

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

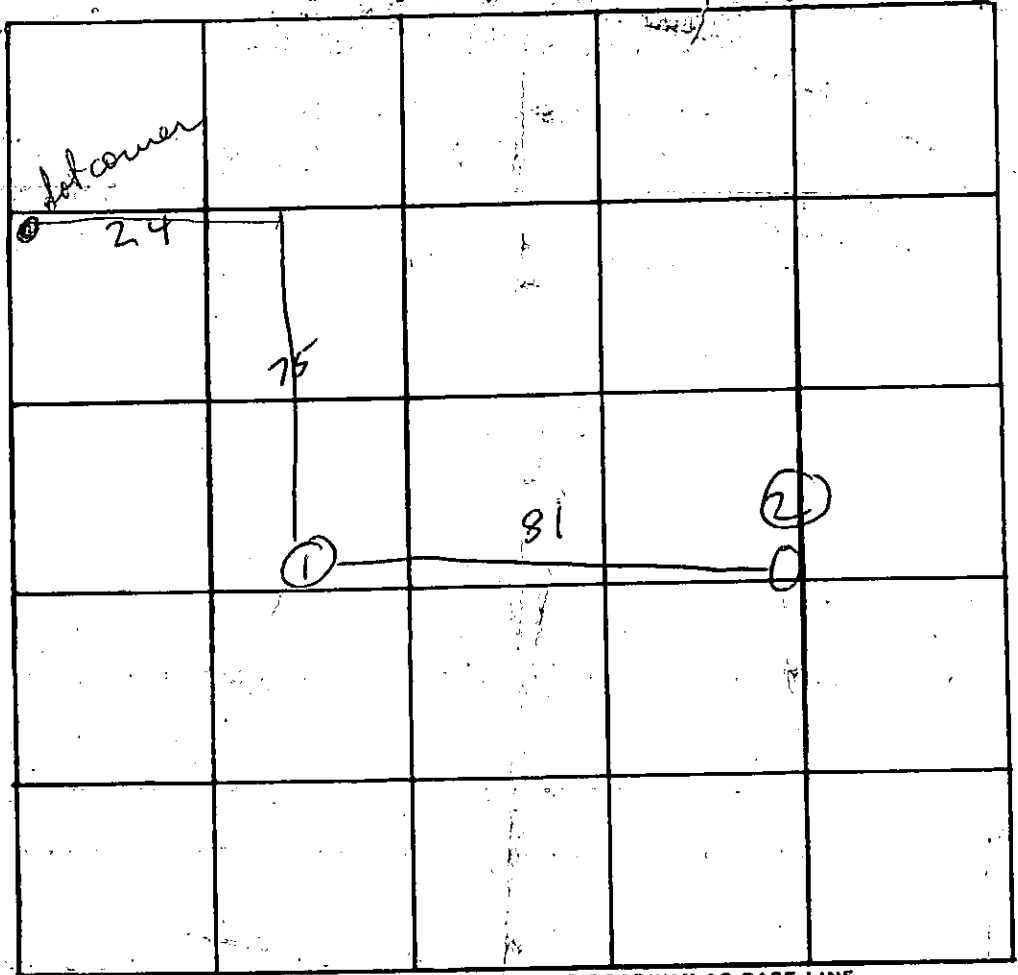
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

25
 200
 7200
 3350 115
 10650
 525
 525
 6325
 3150



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	Visual		13 1/2	clay to	5	
		bank clay			- 13		
	20	3	325	322	337		
	21	13	325	300	342	9	
	22	6	350	357	357	401	4

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT: _____

RECORDED

APPLICATION

A 24124

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 10/4/76

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 Gerard G. Benkert

ADDRESS 1395 Morgan Station Road PHONE 442-2824

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 4

ROAD AND DESCRIPTION Morgan Station Road

SIZE OF LOT 1 acre TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE, DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Gerard G. Benkert

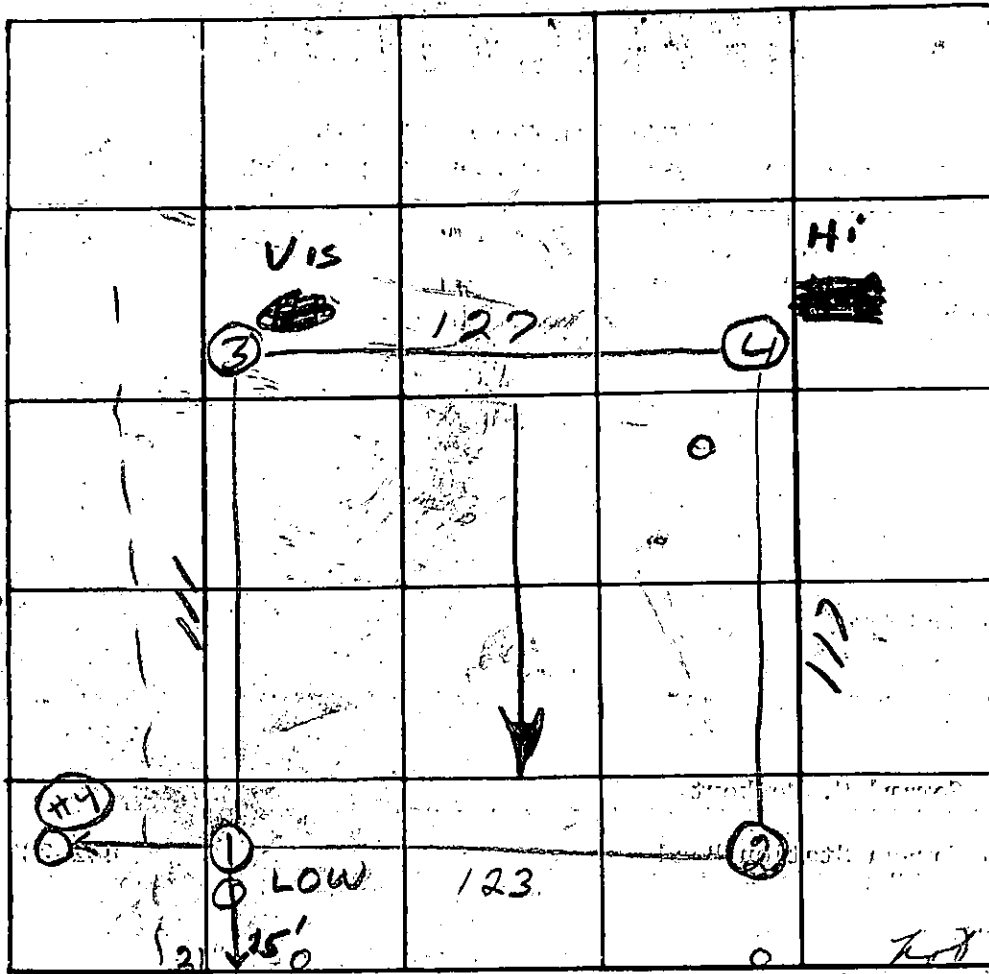
APPROVED BY [Signature] FOR Dug Well DATE 21 Nov 77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Moran Station

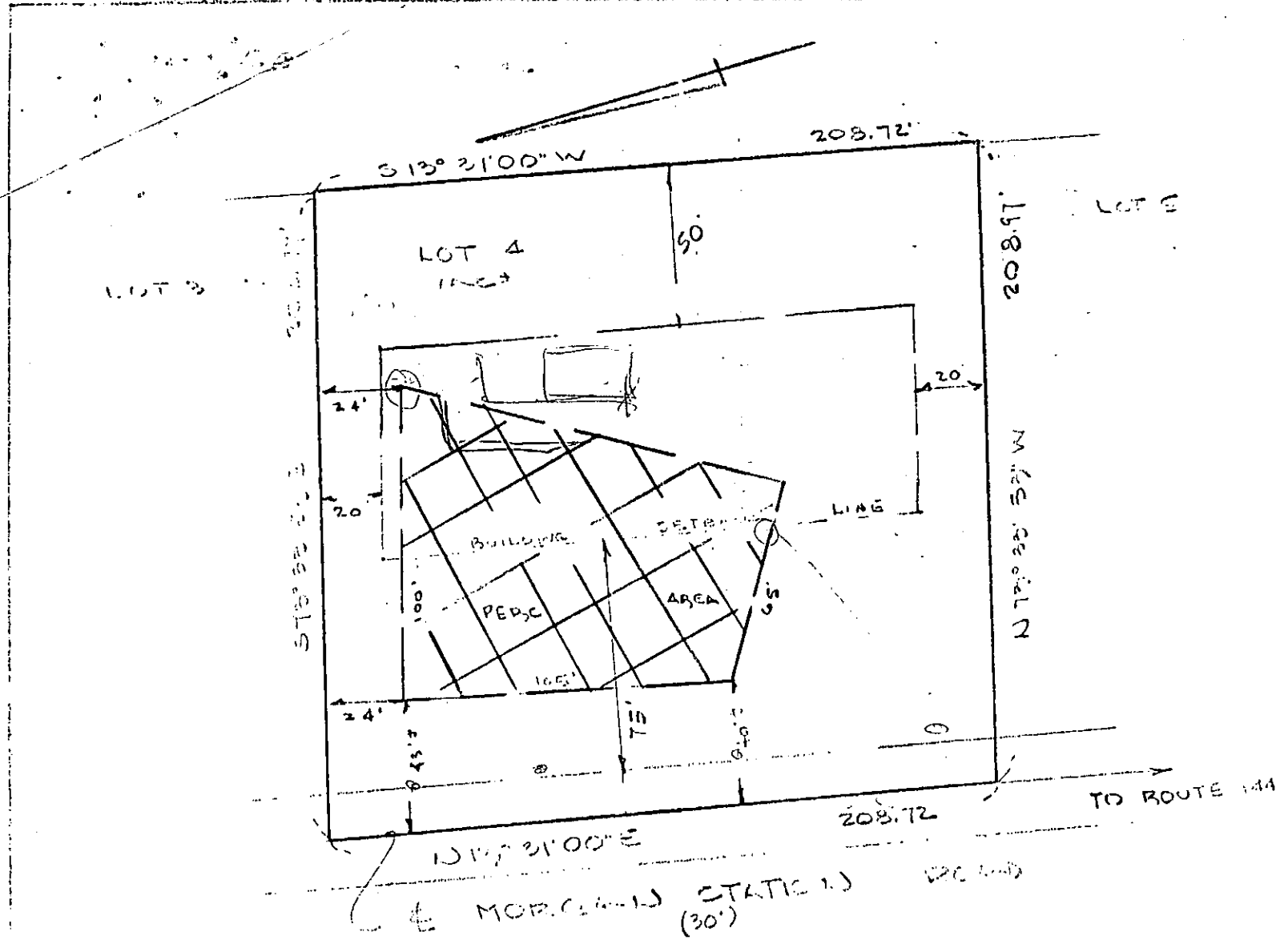
DATE	TEST NO.	DEPTH	PRE-WET HOLD		TEST		DROPTIME	
			START	STOP	START	STOP		
11/30/76	1	3	1448	1452	1452	1502	10	
"	1	13	1448	1449	1449	1452	3	
"	2	3	1550	1553 1600	1600	NO PERK	20 minutes	
"	1	13	1550	1553	1553	1607	14	
"	3	Visual @ 13					Clay loam	
"	2							
"	4	4	1605	1612	1612	1625	13	
"	1	12	1618	1627	1627	1639	12	
"	10	6	1630	1630	1633 1633	1639	6	

REMARKS _____

TYPE OF SOIL _____

TESTED BY RR

ALSO PRESENT: _____

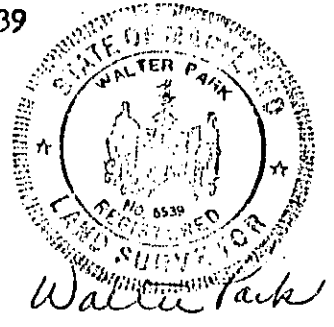


THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
Joyce Fox 3-21-77
 COUNTY HEALTH OFFICER DATE

PLAT OF PERC HOLE LOCATIONS
 LOT 4 GERARD BENKERT ESTATE
 MORGAN STATION ROAD
 4th ELECTION DISTRICT HOWARD COUNTY
 WOODBINE, MARYLAND
 SCALE 1"=50' DECEMBER 3, 1976

FIELD LOCATED PERC HOLES FROM EXISTING REAR LOT CORNERS SET BY OTHERS.
 WALTER PARK REG. I.S. #5539
 HUDKINS ASSOCIATES
 231 JOSEPH SQUARE
 COLUMBIA, MD 21044



B 1 **5255** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6, ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-2039
 A24104
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 6/6/77
 1:30 P.M.

OWNER **COSTELLO** **JIMMY**
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD **RT. 2 BOX 2201**
 COL 36 COL. 55

POST OFFICE **WOODBINE, MD. 21797**
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE **4/1/77** LICENSE NUMBER **277**
 77 80

FIRST NAME **ALTON R.** DRILLER LAST NAME **KEYSER**

SIGNATURE *Alton R. Keyser*

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6 **HOWARD**

COUNTY **8** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION **23** 42

SECTION **44** LOT. **4** 50

NEAREST TOWN **MORGAN** 52

MILES FROM TOWN (ENTER 0 IF IN TOWN) **1** 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6 **5**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **8** 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH EAST N E NORTHEAST S E SOUTHEAST

SOUTH WEST N W NORTHWEST S W SOUTHWEST

NEAR ROAD WHAT **MORGAN STATION RD**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **100** 34 37 38 39

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

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

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE WRITE INITIALS IN BOX 67 68 CONDITIONS **W2** 70 71 72 73 74 75 76 77 78 79

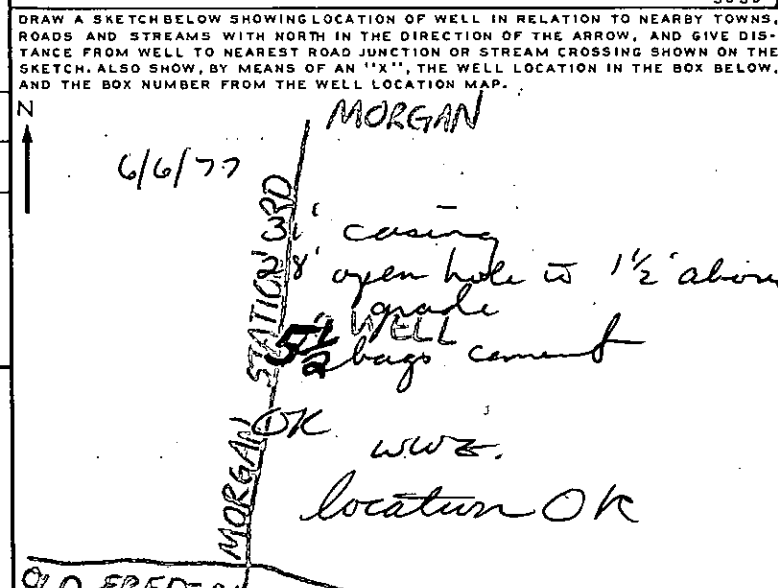
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6 **Howard** **025692**

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.

DATE **4 22 77**

APPROVED BY *Donald J. Monaghan*
Donald J. Monaghan, Sanitarian



BOX NUMBER **780** **550**

NORTH COORDINATE **50 51 52 53 54 55**

EAST COORDINATE **65 66 67 68**

ELEVATION AT WELL HEAD (FEET) **374**

B 5 SPECIAL CONDITIONS 8-53 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

HEALTH DEPT. MARYLAND

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

C 8756
SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE BUNCHED IN COLS. 3 ON ALL CARDS)
DATE RECEIVED (WRA USE ONLY)
8-13

6/7/77
DATE WELL COMPLETED
200
DEPTH OF WELL
22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
70-12-3037
28 29 30 31 32 33 34 35 36 37
DRILLERS IDENTIFICATION NO. 277

OWNER: Costello
LAST NAME
STREET OR RFD: #2-Box 2201
FIRST NAME: J.immer
POST OFFICE: Woodburned Md

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)
FEET FROM TO CHECK IF WATER BEARING
GRAY SHALY SLATE 4 200 ✓

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]
TYPE OF GROUTING MATERIAL (CIRCLE BOX)
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 6 NO. OF POUNDS 564
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 28 FT.

CASING RECORD
INSERT APPROPRIATE CODE BELOW
STEEL [S] CONCRETE [C]
PLASTIC [P] OTHER [O]
MAIN CASING TYPE [S] NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 31

OTHER CASING (IF USED)
DIAMETER (INCH) FROM TO

SCREEN RECORD
INSERT APPROPRIATE CODE BELOW
STEEL [S] BRASS OPEN HOLE OR BRONZE [B] PLASTIC [P] OTHER [O]

DEPTH (NEAREST WHOLE FOOT)
FROM 31 TO 200
EACH SCREEN
1 110 8 9 11 15 17 21
2
3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO
GRAVEL PACK
IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) 68 [F]

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING [70] LOG INDICATOR [72] OTHER DATA AVAILABLE [74-76]

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR) 1
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15
METHOD USED TO MEASURE PUMPING RATE ROTARY
WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 35 (NEAREST FOOT)
WHEN PUMPING 195 (NEAREST FOOT)
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)
[A] AIR [P] PISTON [T] TURBINE
[C] CENTRIFUGAL [R] ROTARY [O] OTHER (DESCRIBE BELOW)
[J] JET [S] SUBMERSIBLE

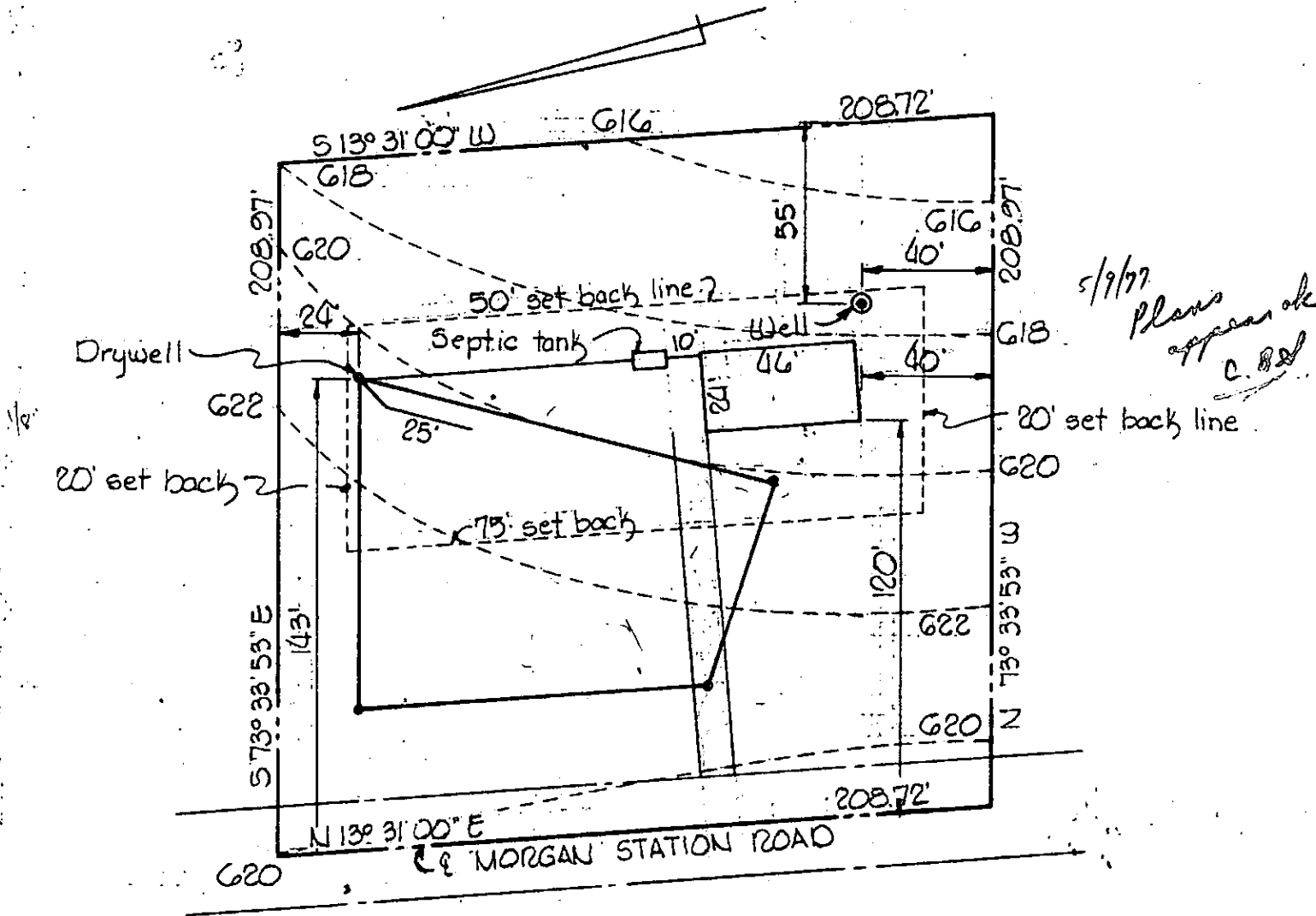
PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]
CAPACITY
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
[+] ABOVE } LAND SURFACE (NEAREST FOOT)
[-] BELOW } 49 50 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
Mason
well
Masonry
Old Frederick rd

CIRCLE APPROPRIATE BOXES
[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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
DRILLERS NAME
RAY MEYSER
SIGNATURE

DRYWELL DATA

Invert in drywell	G16.50 ✓	Ex. Gr. G20.50	Fin. Gr. G20.50
Invert out septic tank	G17.33 ✓		
Invert in septic tank	G17.66 ✓	Ex. Gr. G18.50	Fin. Gr. G18.50
Invert out of dwelling	G17.87 ✓		
Basement elevation	G15.00 ✓		
First Floor elevation	G23.00 ✓		
Well	G17.50 ✓	Ex. Gr. G17.50	Fin. Gr. G17.50



LOT 4 MORGAN STATION ROAD
 COSTELLO BUILDERS CORP

SCALE 1" = 50'