

04-345169

12-8-87

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 40618A 31265DISTRICT 4thDATE 12/8/87DATE SYSTEM APPROVED 12/9/87INSPECTOR RHPerry Lyons ExcavatorsIS PERMITTED TO INSTALL X ALTERADDRESS 119 West Deep Run Road, Westminster, Maryland PHONE 21157SUBDIVISION Patapsco Overlook ROAD 720 Weller Drive LOT 45PROPERTY OWNER Mark Lee

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO XSEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 2½ feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Beginning with the corner of the 105' and 360' lot lines, place 1st trench 110 feet down the right (360') line (in the direction towards Route 94) and 100 feet off the 360' line as seen when facing property from Weller Drive. Run trenches along contour towards the left (305') lot line.

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

PLANS APPROVED BY B. Nixon DATE 11/26/86

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

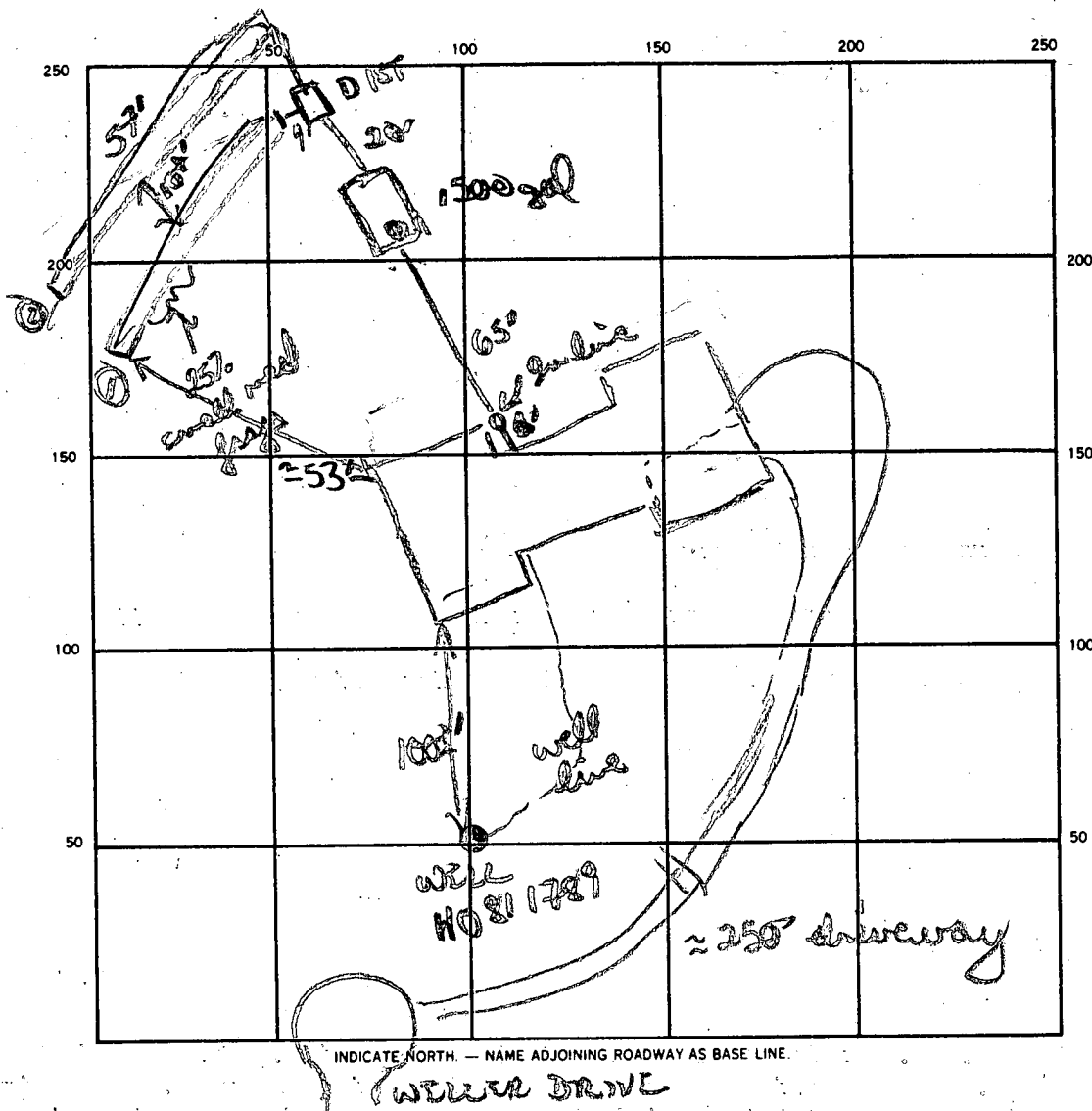
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31265



SEPTIC TANK. LEVEL 1500 gal CLEANOUTS 1 S.T. 1 In line

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 55 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 600 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 12/8/87 OK to cover from house to tank. OK to add stone
pipe paper to both trenches. OK to cover line to dist
box.

12/9/87 - STONE ADDED & TRENCHES EXTENDED

DATE SYSTEM APPROVED 12/9/87 INSPECTOR B J Hodge

11/26/86
31265

PATAPSCO OVERLOOK
SEE III
WELLER DRIVE

A 31265

SUBDIVISION:

LOT NUMBER: 45

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
Bottom maximum depth _____ feet below original grade.
Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

168 sq. ft./bedroom

Trench to be 2 wide.
Inlet 2 1/2 feet below original grade.
Bottom maximum depth 7 1/2 feet below original grade.
Effective area begins at 2 1/2 feet below original grade.
5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: BEGINNING WITH THE CORNER OF THE 140' AND 360' LOT LINES, PLACE 1ST TRENCH 110' DOWN THE RIGHT (360') LINE (IN THE DIRECTION TOWARDS RTE 94) AND 100' OFF THE 360' LINE AS SEEN WHEN FACING PROPERTY FROM WELLER DRIVE. RUN TRENCHES ALONG CONTOUR TOWARDS THE LEFT (303') LOT LINE.

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 3/27/81

A 31265
P _____

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 ~~Georgia Avenue Properties, Inc.~~ MARK LEE

ADDRESS 13638 Georgia Avenue, Wheaton, Md 20906 PHONE 465-7777 Jack Boender

PROPERTY LOCATION: POTAPSCO OVERLOOK III

SUBDIVISION Georgia Avenue LOT NO. 31 ~~NEW LOT 45~~ ~~FINAL PLAN~~

ROAD AND DESCRIPTION Route 94 and Old Frederick Road 720 Weller Dr.

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

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. /s/ Jack Boender for E. Brooke Lee, III
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR deep trenches DATE 8-7-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 8787
BP 413837
SAW

THIS IS NOT A PERMIT

0'

LOAM

2'

20%
SAPPHIRE

6'

ROCK

HOLDS 2-4

TO PSOL

SILT
LOAM

41010
SAPPROATE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
NOV 85	1	6' Rock					
	2	3 8	11:20	11:22	11:22	11:25	3 MIN
		12	MICA COAT				
	3	2 8	11:26	11:28	11:28	11:31	3 MIN
		12	MICA COAT				
	4	3 8	VISUAL	OK 3	-12'		
		12					
	5	2 8	11:34	11:36	11:36	11:38	2 MIN
		12	MICA COAT				

REMARKS

TYPE OF SOIL

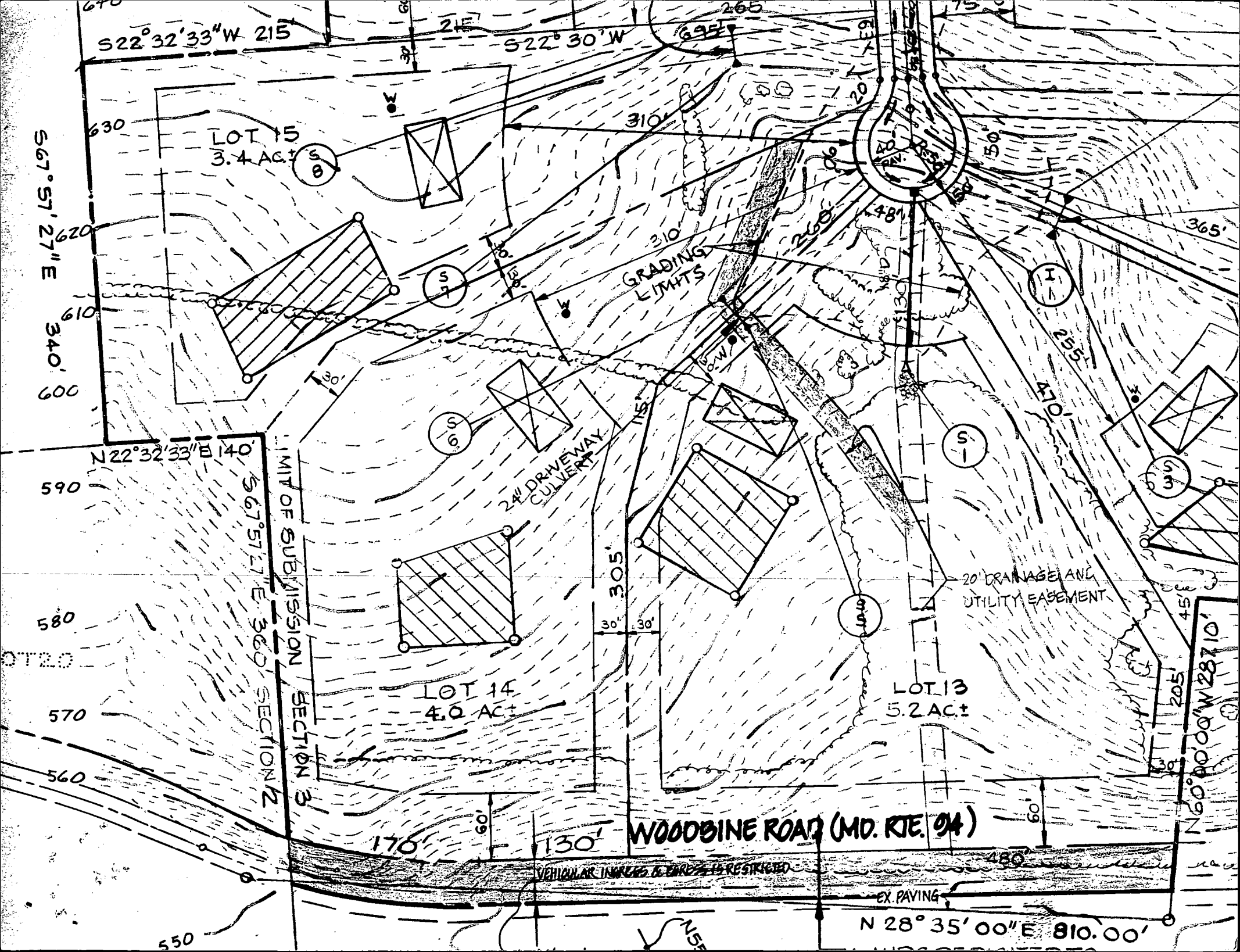
TESTED BY

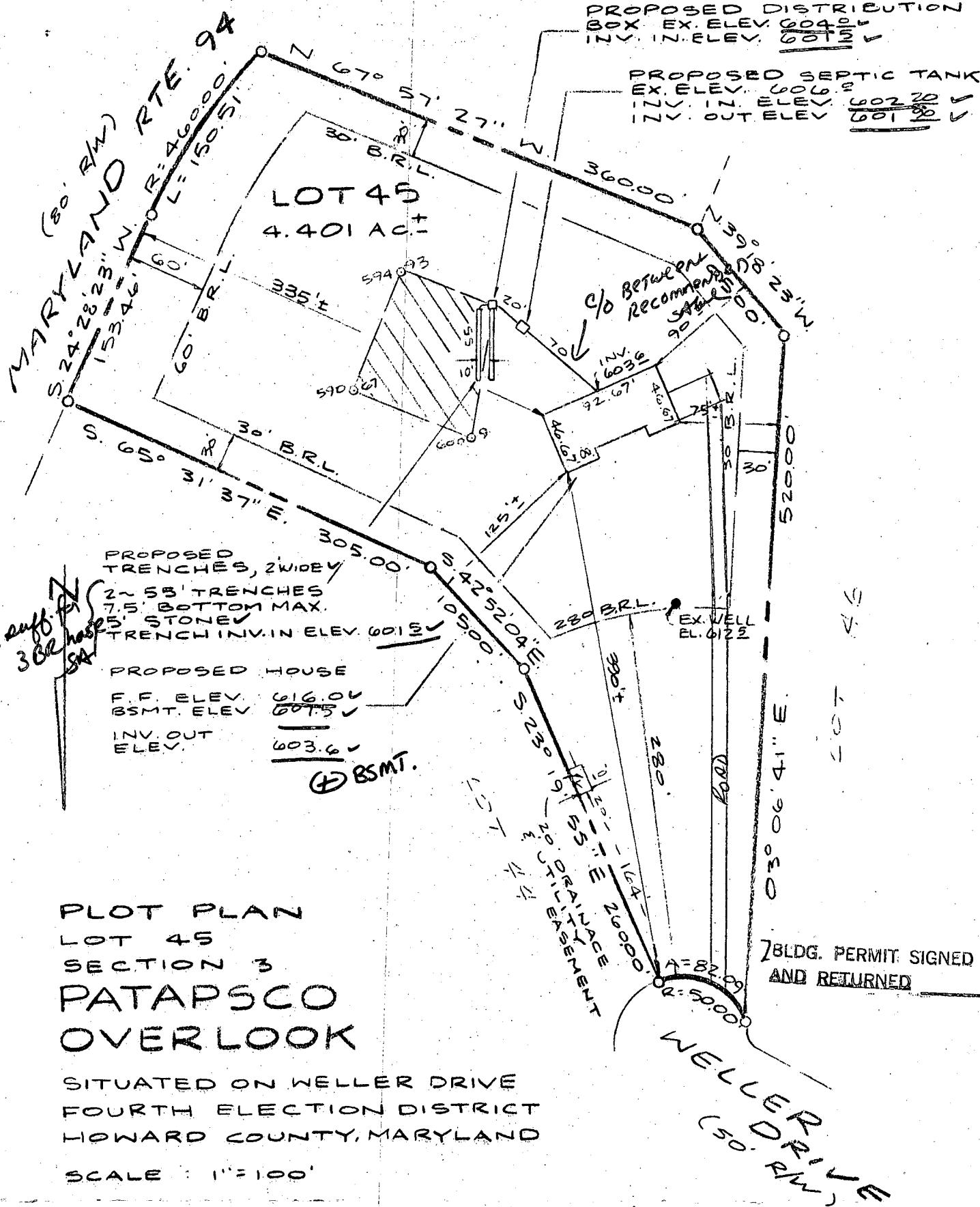
SILT LOAN

William

ALSO PRESENT

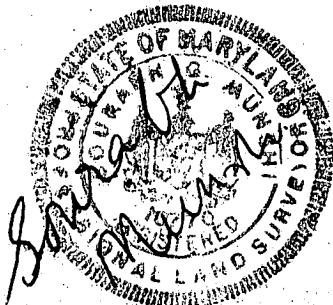
Frock





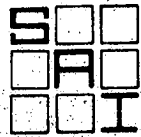
8/7/87
Elevations ok
SMB

BLDG. PERMIT SIGNED
AND RETURNED 8/7/87
BP 13837
SMB



4/29/87

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



SHELDIA Associates, Inc.
CONSULTING ENGINEERS
310 A South Main Street, Mt. Airy MD. 21771
(301) 828-2890

REFERENCE	JOB NO.
PLAT # 6899	86-1241

B 1 5523 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-91-1789 <small>fill in this form completely</small>
Date Received 11/12/82 OWNER INFORMATION 15 Last Name: LEE Owner: Mark 29328 Loghouse Rd. Gaithersburg MD 20879		B 3 LOCATION OF WELL 8 COUNTY: Howard 23 SUBDIVISION: Patrossco Overlook SECTION 3 LOT 45 52 NEAREST TOWN: Nishton MILES FROM TOWN (enter 0 if in town) 1 MI
DRILLER INFORMATION Driller's Name: Bernard Trever Firm Name: Trever Company Address: 11009 Frederick W. Lister Signature: Bernard Trever Date: 2/1/85 License No. 270		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD 11 Weller Drive CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH [] WEST [] EAST [] SOUTH [] 34 300 37 DISTANCE FROM ROAD ENTER FT or MI 87
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO. 26 OEP SIGNATURE: [Signature] STATE HEALTH INSERT S DATE ISSUED: 2/1/85 NORTH GRID: 553000 EAST GRID: 078000 CO SIGNATURE: [Signature] EXP. DATE:
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. 3-9-82 63" pipe 2. 58 open 3. Location OK left before grant complete
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 10 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other		WRITE THE BOX NUMBER FROM THE MAP HERE E 780 N 5504 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="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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)		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE 200 INITIALS IN BOX PERMIT NO. 40-91-1789 SPECIAL CONDITIONS

Review

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1789
Location of property (road) WELLS DR
Subdivision PATAPSCO OVERLOOK Lot 45 Block Plat Sec. 3
Well Driller BERNARD FEEZLER Owner LEE MARK

Depth of well 250
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 45

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 10
Total time to reach pumping water level ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

C1 3729		SEQUENCE NO. (OEP 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 A 31265	
DATE Received <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		DATE WELL COMPLETED <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">030997</div>		Depth of Well <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">250</div> (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">40-31-1789</div>	
OWNER MARK LEE		STREET OR RFD WELL 2 DRIVE		TOWN LISBON			
SUBDIVISION OVERLOOK		SECTION 3		LOT 45			

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> YES <input type="radio"/> NO </div> TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/>			C 3 PUMPING TEST 2.25 HOURS PUMPED (nearest hour) <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">3</div>		
DESCRIPTION (Use additional sheets if needed)			NO. OF BAGS 24 NO. OF POUNDS 2756			PUMPING RATE (gal. per min. to nearest gal.) <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">7</div>		
FEET FROM TO			GALLONS OF WATER 144			METHOD USED TO MEASURE PUMPING RATE 1 gal.		
Check if water bearing			DEPTH OF GROUT SEAL (to nearest foot) from <div style="border: 1px solid black; width: 40px; height: 20px;"></div> ft. to <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">50</div> ft.			WATER LEVEL (distance from land surface) BEFORE PUMPING <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">45</div>		
Top soil 0 2			CASING RECORD casing types insert appropriate code below <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">ST</div> <div style="border: 1px solid black; padding: 2px;">CO</div> </div> STEEL CONCRETE			WHEN PUMPING 65 <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">35</div>		
Brown soil 2 42			MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)			TYPE OF PUMP USED (for test) <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> A air <input type="radio"/> P piston <input type="radio"/> T turbine </div>		
Shell 42 55			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">ST</div> <div style="border: 1px solid black; padding: 2px;">PL</div> </div> PLASTIC OTHER			<div style="display: flex; justify-content: space-around;"> <input type="radio"/> C centrifugal <input type="radio"/> R rotary <input type="radio"/> O other (describe below) </div>		
Gray rock 55 70			OTHER CASING (if used) diameter inch depth (feet) from to			<div style="display: flex; justify-content: space-around;"> <input type="radio"/> J jet <input checked="" type="radio"/> S submersible </div>		
White & gray rock 70 75 ✓			screen type or open hole insert appropriate code below			PUMP INSTALLED DRILLER WILL INSTALL PUMP YES <input checked="" type="radio"/> NO <input type="radio"/>		
Gray rock 75 175 ✓			SCREEN RECORD <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">ST</div> <div style="border: 1px solid black; padding: 2px;">BR</div> <div style="border: 1px solid black; padding: 2px;">HO</div> </div> STEEL BRASS OPEN HOLE			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
Gray & white rock 175 250 ✓			C 2 DEPTH (nearest ft.) 59			TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">28</div>		
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			SLOT SIZE 1 2 3 DIAMETER OF SCREEN <div style="border: 1px solid black; width: 40px; height: 20px;"></div> (NEAREST INCH)			CAPACITY: GALLONS PER MINUTE (to nearest gallon) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		
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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>			PUMP HORSE POWER <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		
DRILLERS IDENT. NO. 500			OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)			PUMP COLUMN LENGTH (nearest ft.) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Mark Lee			T <div style="border: 1px solid black; width: 20px; height: 20px;"></div> (E.R.O.S.) WQ <div style="border: 1px solid black; width: 20px; height: 20px;"></div>			CASING HEIGHT (circle appropriate box and enter casing height) <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> above <input type="radio"/> below </div>		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			TELESCOPE CASING LOG INDICATOR OTHER DATA			LAND SURFACE <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">02</div> (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)

Well Permit No. HO - 81-1789
Location of property (road) WELLER DRIVE
Subdivision PATAPSCO OVERLOOK Lot 45 Block Plat Sec. 3
Well Driller BERNARD FEEZER Owner LEE MARK

Depth of well 250'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 45'

Time pump started 9:30 Pumping rate 10
Total time 45 min to reach pumping water level 65 ft. below M.P.

[illegible]

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 X
Replacement _____

Receipt # 40656
Date 12/1/87

Name of Installer R. DUNN & SON

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision PATAPSCO OVERLOOK Lot # 45 Well Tag # HD-81-1989
Site Address WELLEN DRIVE

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ 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 _____

Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth 250 ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield 7 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 45 ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? No

12/1/87
PITLESS 3' O.G. TANK NOT YET INSTALLED. C.W.
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: _____

Date: _____

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