

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Tax 10- 05-396034

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

P 56449

A REPAIR

DISTRICT _____

DATE 2/15/96

DATE SYSTEM APPROVED 3/20/96

INSPECTOR [Signature]

Catonsville Professional Services IS PERMITTED TO INSTALL ALTER X

ADDRESS 228 Mt. De Sales Road Catonsville, MD 21229 PHONE (410) 719-0734

SUBDIVISION Brighton Pines LOT 6 ROAD 13732 Lakeside Drive

PROPERTY OWNER Mike Manglitz

ADDRESS 13732 Lakeside Drive
Dayton, Maryland

SEPTIC TANK CAPACITY 1250 GALLONS (existing)

NUMBER OF BEDROOMS 4

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - IN SUPPORT OF BP #60214 - TO CONNECT SEWER LINE FROM ADDITION TO
BUILDING PERMIT SIGNED EXISTING SYSTEM. 02/15/96

AND RETURNED
3/22/96 BOD 1527M - SUN ROOM/CONSERVATORY

PLANS APPROVED BY _____ DATE _____

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

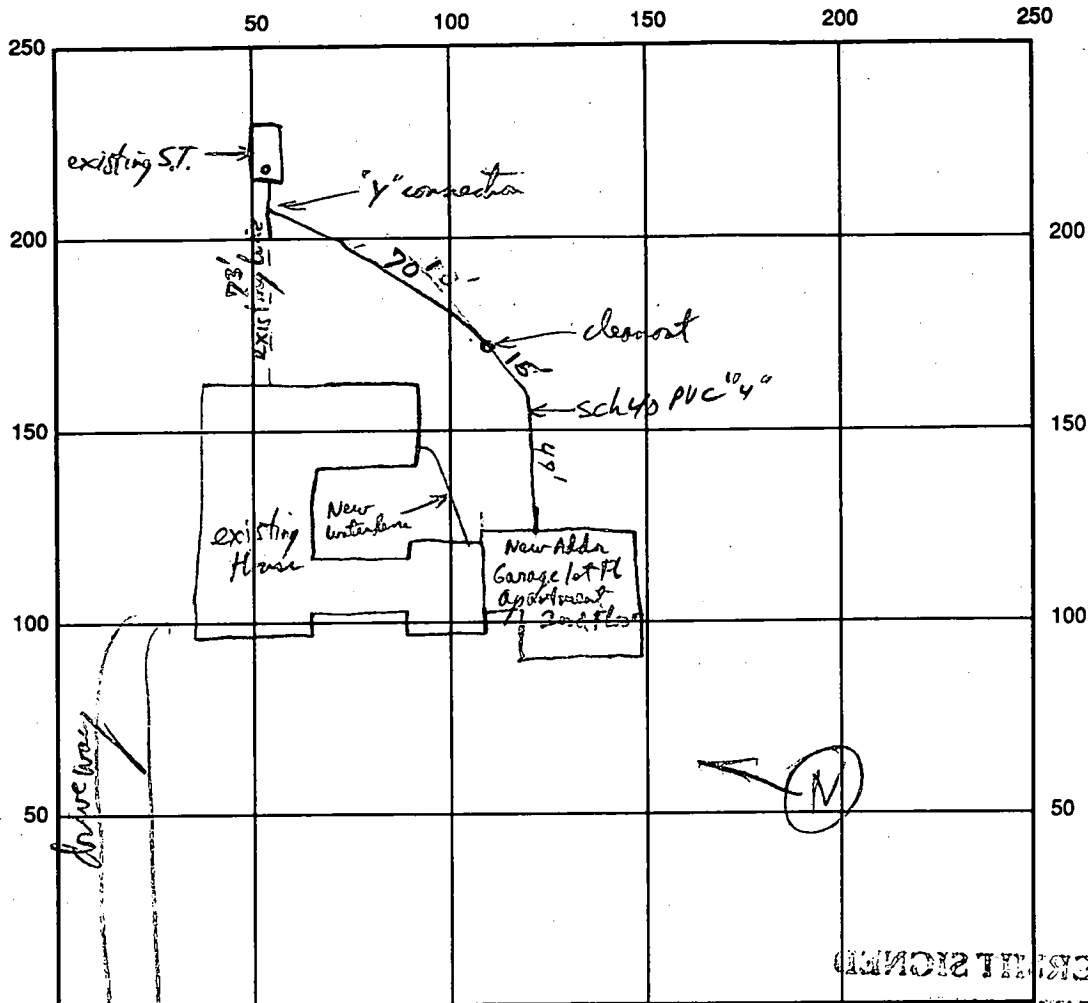
PERMIT VOID AFTER TWO YEARS

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**

P 56449



see 60219

Coltsville Drive

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL existing CLEANOUTS _____

DISTRIBUTION BOX LEVEL existing _____

DRAIN FIELD/TITLE DEPTH existing FT. only New supply line to New apartment TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

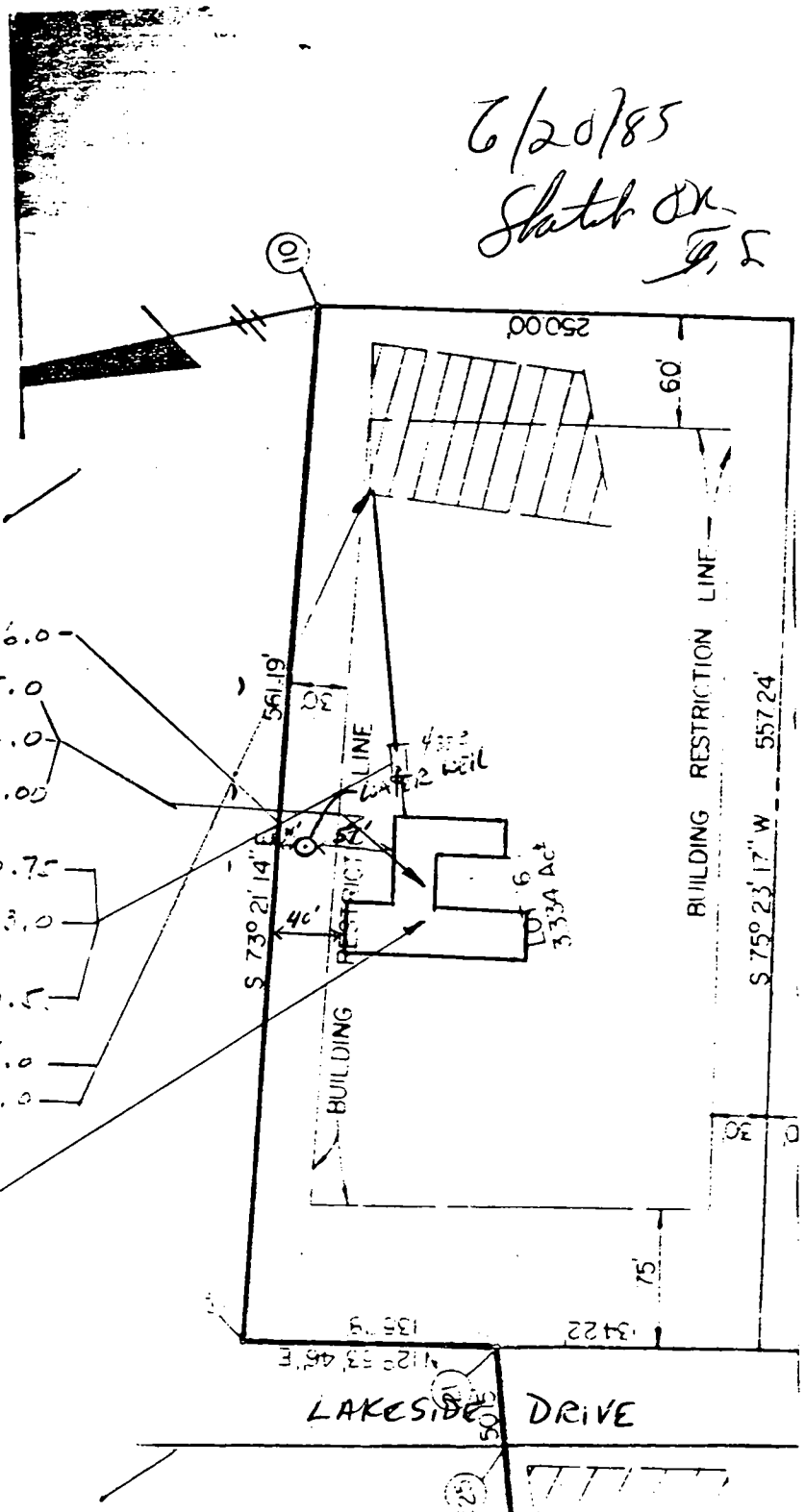
DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Most of sch 40 connection in - ok to cover pipes - call for house connection AP 7/13/96
unable to get back for final insp. ok to cover AP 3/15/96 unable to get back to site - give verbal
approval to cover. AP 3/20/96

DATE SYSTEM APPROVED 3/20/96 INSPECTOR [Signature]

6/20/85
 Sketch of
 9, 5



- WATER WELL EXISTING ELEVATION — 436.0
- FIRST FLOOR ELEVATION — 435.0
- BASEMENT ELEVATION — 426.0
- INVERT ELEVATION (OUT OF HOUSE) — 431.00
- INVERT ELEVATION AT TANK — 430.75
- EXISTING ELEVATION AT TANK — 433.0
- INVERT ELEVATION (OUT OF TANK) — 430.5
- INLET ELEVATION INTO TRENCH — 424.0
- ELEVATION AT PERC. — 425.0

NOTE: NO BASEMENT SERVICE

B 1 -3210

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-0835

fill in this form completely

Date Received 6/19/85 9:30 AM

OWNER INFORMATION

Owner: ASOCIATE, Street: X701, Town: FORT BELLEVILLE, State: MD, Zip: 20793

B 3

LOCATION OF WELL

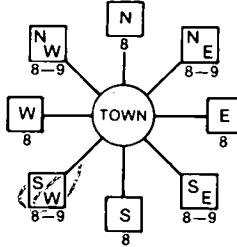
Howard County, Brighton Pines Subdivision, Section 1, Lot 6, Dayton, MD. 2 1/2 miles from town.

DRILLER INFORMATION

Driller: Joseph F. Wagner, License No. 238, Firm: 1212 Ridge Rd. Mt. Airy, MD, Date: 12/31/84

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Lakeside Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 200 FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE: 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED: 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only), Farming, Industrial, Commercial, State and Federal Gov. Other, Public or private water company, Test, observation, monitoring.

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name: Howard, County No. A33494, Date Issued: 7/4/85, North Grid: 500000, East Grid: 0804000

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

Method: BORED (or Augered), JETTED, or JETTED & DRIVEN. Other: AIR-ROTARY, AIR-PERCUSSION, ROTARY, CABLE, REVERSE-ROTARY, DRIVE-POINT.

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 DEEPEMED AN EXISTING WELL.

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

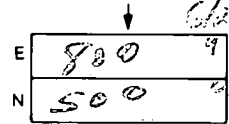
APPROP. PERMIT NUMBER: GAP, FORCE INITIALS: CW, PERMIT NO.: HO-81-0835

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

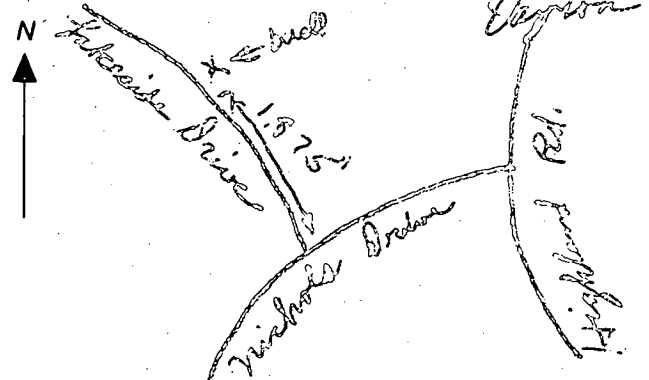
SOURCES OF DRILLING WATER

- 1. WELL, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



SPECIAL CONDITIONS

*3-21-86
1 PM
F.M.M.*

*3-21-86
Approved
S. Abel*

PERMIT

P 30465

A 33494

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 4/28/86

C. C. Cissel IS PERMITTED TO INSTALL ALTER
ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006
SUBDIVISION Brighton Pines ROAD 13732 Lakeside LOT 6
PROPERTY OWNER Mike Manglitz
ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%
GARBAGE GRINDER? YES _____ NO
SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4
*BLDG. PERMIT SIGNED AND RETURNED 4/15/86
Serial # 60514
3-Story addition*

TRENCHES - 163 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION: Place the distribution box 30 feet from the left (561.19') lot line and 105 feet from the back (250') lot line as seen when facing the lot from Lakeside Drive. Run trenches on contour toward the right (557.24') lot line as seen from Lakeside Drive.

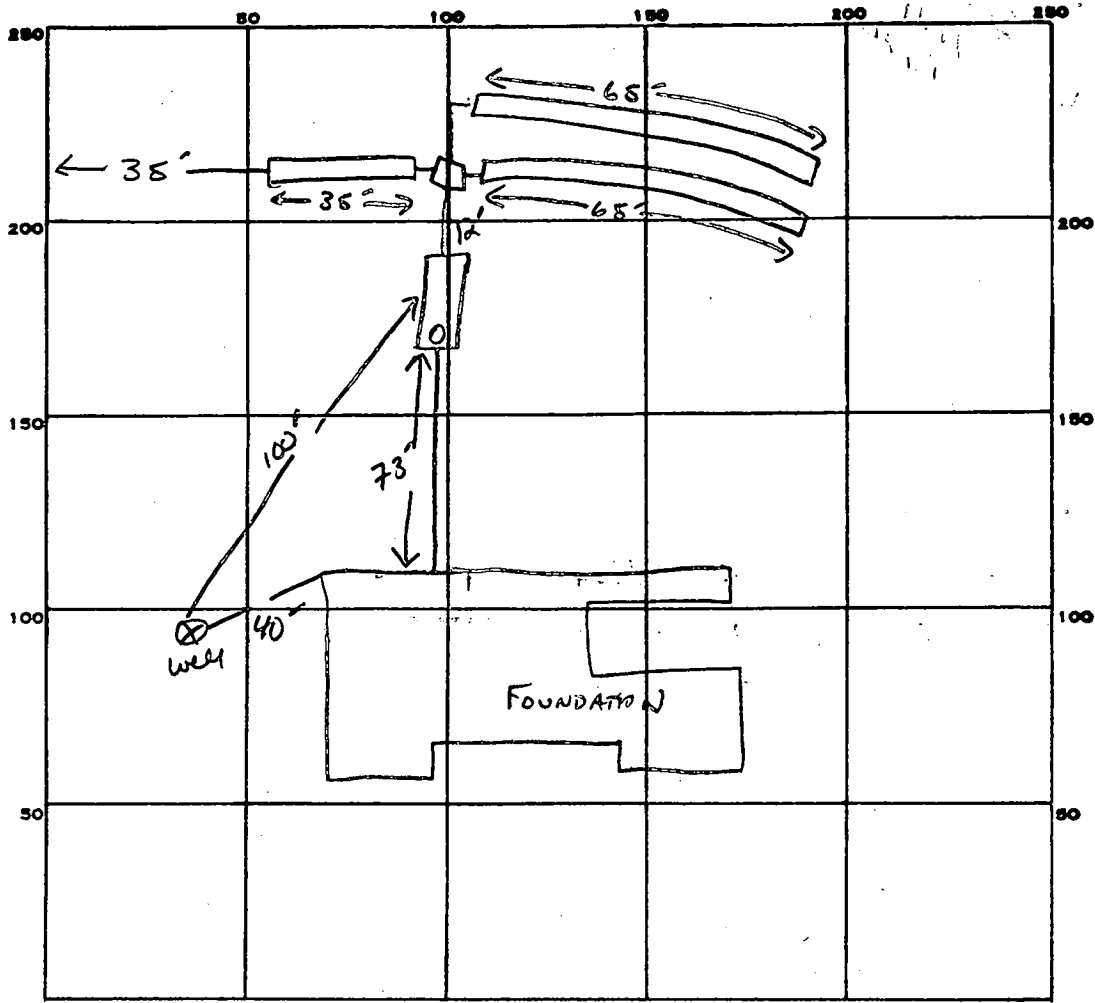
NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 1/27/86

- 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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
- 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 THREE 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.

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

A 33494



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 LAKESIDE DR.

652
 163' TRENCH

PERMIT CARD

SEPTIC TANK, LEVEL 1500 GAL CLEANOUTS 51

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8' FT. TRENCH WIDTH 2 FT. INLET 4"

GRAVEL DEPTH 4 FT. TOTAL LENGTH 165 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL TOTAL BOTTOM AREA 660 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 660 SQ. FT.

REMARKS 3-20-86 OK TO ADD STONES TO ALL TRENCHES, S. Abel

DATE SYSTEM APPROVED 3-21-84 INSPECTOR S. Abel

APPLICATION

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: 992-2330

A 33494
P _____
DISTRICT 5
DATE 1-30-84

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 ANNA MacCarthy
ADDRESS 4100 Cathedral ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION:

SUBDIVISION Thuytong map LOT NO. 6
ROAD AND DESCRIPTION Nicholas d.

SIZE OF LOT 3A TYPE BLDG. SFD 4B.R. per B.P.
(NUMBER OF BEDROOMS) #65508

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.

Richard J. Bennett 455-8812
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

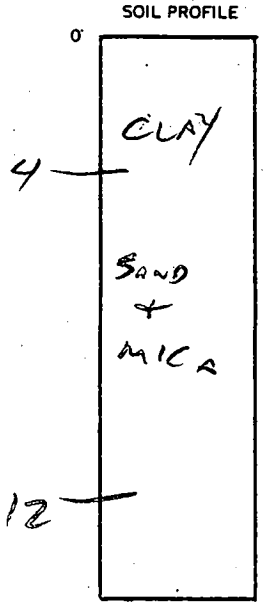
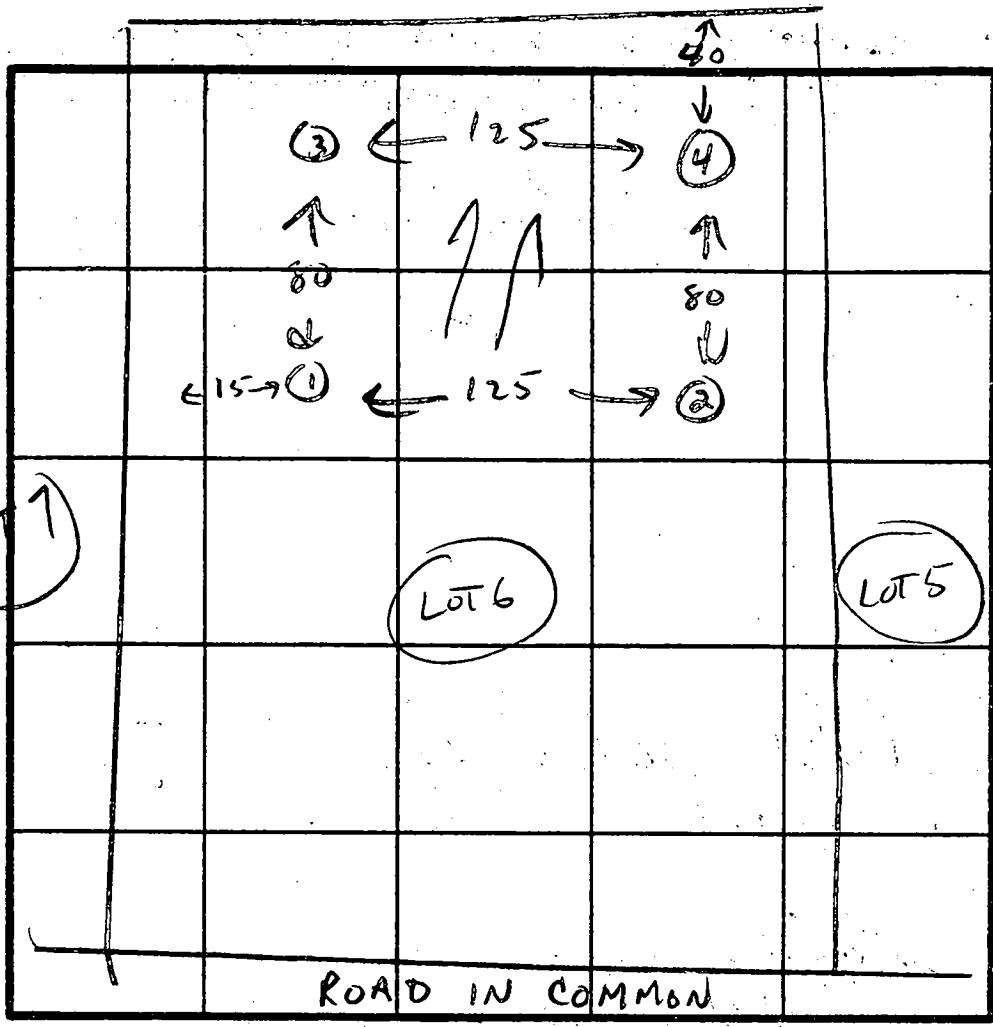
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS C. Welch DATE 2-8-84

REASONS FOR REJECTION OR HOLDING CERTIFIED LOCATIONS NECESSARY CW

BLDG. PERMIT SIGNED
AND RETURNED 6/20/85
#65508 for 4B.R. SFD

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

$\bar{X} = 9 \text{ min}$
 INLET 4'
 BOTTOM 8'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-8-84	1)	4	1:11	1:23	1:23	1:40	17 MIN
		8	1:11	1:14	1:14	1:18	4 MIN
		12	SANDY		BELOW 4'		
2-8-84	2)	4	1:16	1:28	1:28	1:47	19 MIN
		8	1:16	1:21	1:21	1:28	7 MIN
		12	SANDY				
2-8-84	3)	4	1:11	1:18	1:18	1:26	7 MIN
		8	1:11	1:14	1:14	1:18	4 MIN
		12	SANDY				
2-8-84	4)	4	1:16	1:19	1:19	1:24	5 MIN
		8	1:16	1:18	1:18	1:20	2 MIN
		12	SANDY				

REMARKS WOLD FOR CERTIFIED LOCATION

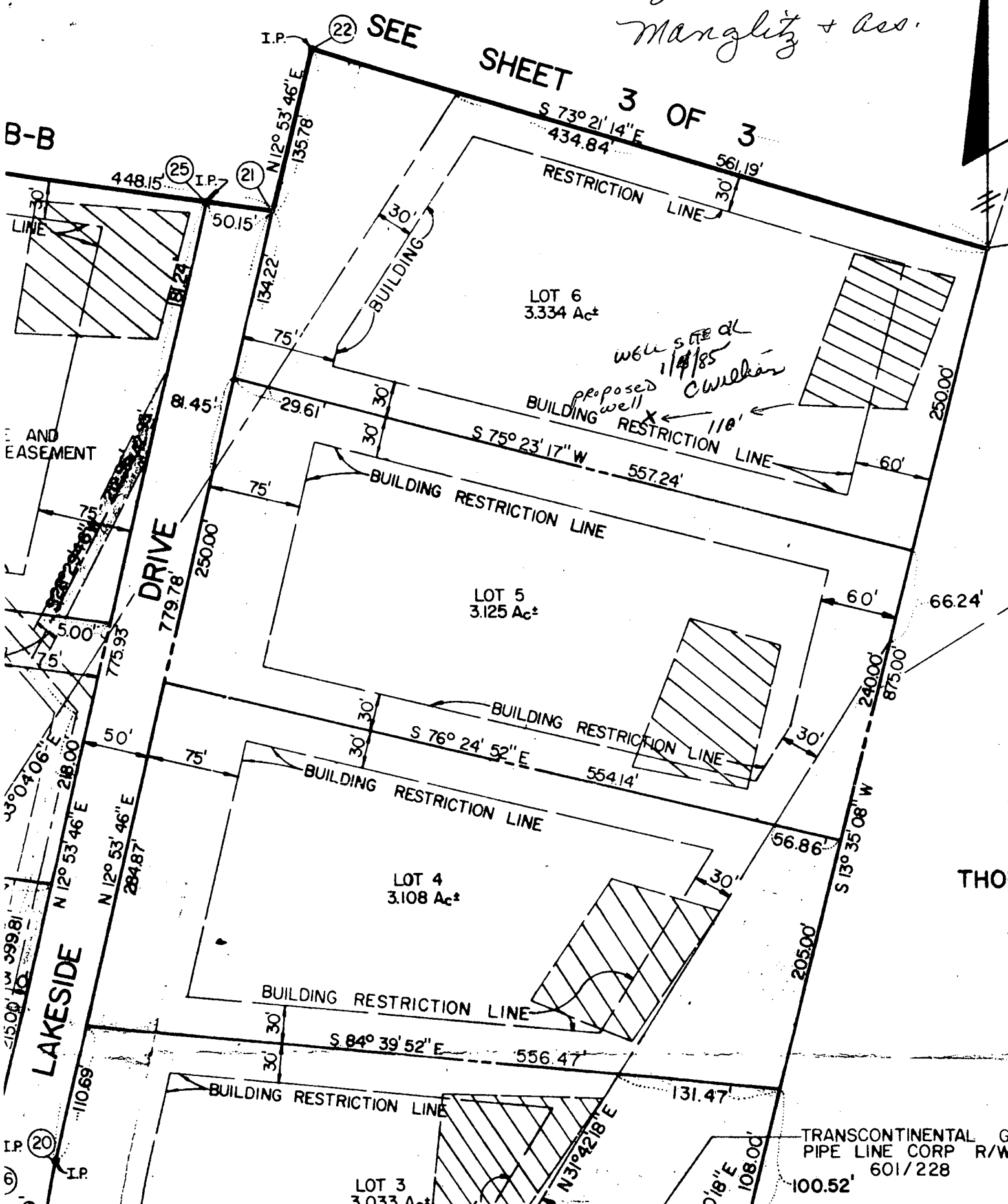
TYPE OF SOIL CLAY TO 4' THEN SAND + MICA

TESTED BY CW. [Signature] ALSO PRESENT DEMOTT, PHIL

EH-12-1079

Brighton Revised Lot 6
Manglitz + ass.

SEE SHEET 3 OF 3



B-B

EASEMENT

DRIVE

LAKESIDE

THOM

TRANSCONTINENTAL GAS
PIPE LINE CORP R/W
601/228

LOT 3
3.033 Ac²

LOT 4
3.108 Ac²

LOT 5
3.125 Ac²

LOT 6
3.334 Ac²

I.P. (20)

I.P. (25)

I.P. (22)

(21)

(10)

C1 3026 SEQUENCE NO. (OEP USE ONLY)
 (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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 33494**

DATE RECEIVED: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **06 19 85**
 DEPTH OF WELL: **285** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-0835**

OWNER: **MANGLITZ ASSOCIATES**
 STREET OR RFD: last name **LAKESIDE DR.** first name [] [] [] [] [] [] TOWN **DAYTON**
 SUBDIVISION **BRIGHTON PINES** SECTION **I** LOT **6**

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		Check if water bearing
	FROM	TO	
Brown Shale	0	52	
Coarse Mica Rock	52	285	✓

GROUTING RECORD (yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1222**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **70** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter **6** Total depth of main casing (nearest foot) **56**

OTHER CASING (if used)
 diameter inch from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

C2
 DEPTH (nearest ft.): **HO** **35** **285**
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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
 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 **40** WHEN PUMPING **176**
 TYPE OF PUMP USED (for test) **S** submersible

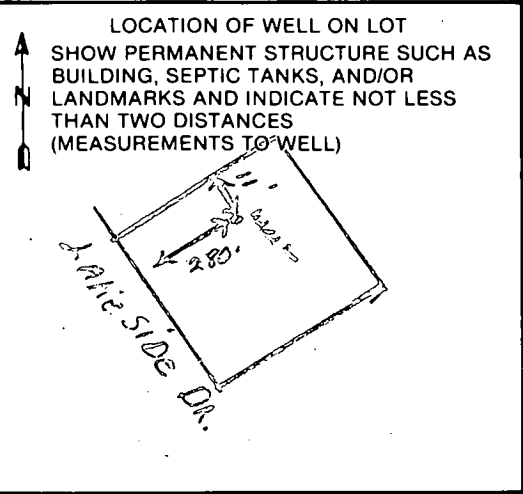
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height) above } LAND SURFACE (nearest foot) **1**
 below }

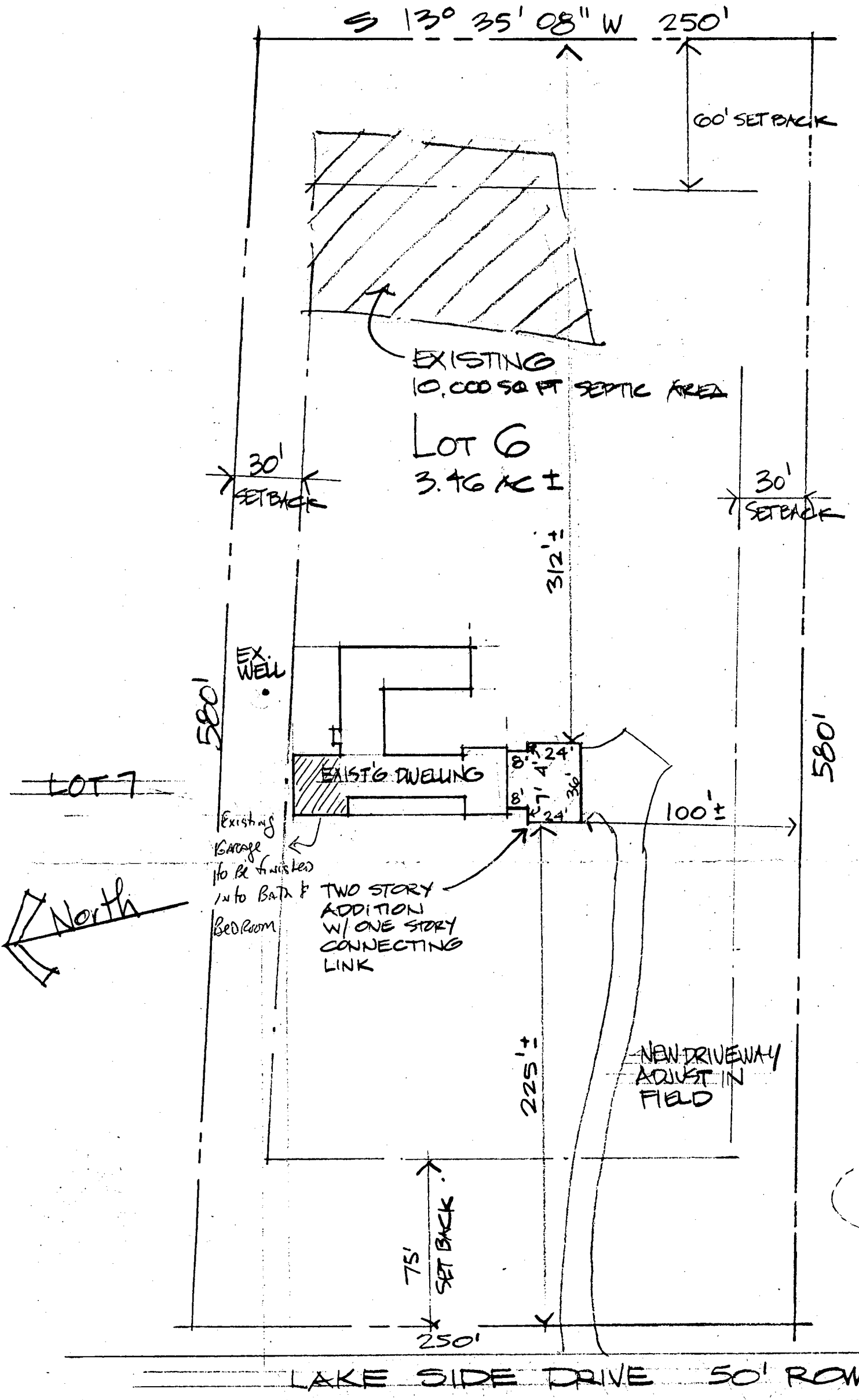
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 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. **238**
 DRILLERS SIGNATURE *Joseph L. Mays*

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





B.P. # 60214
6/15/95

① ok as shown
② ok per C.O. of 3/21/95

Chel

SITE PLAN scale 1" = 50' 0"

13732 LAKESIDE DRIVE

BRIGHTON PINES

5th ELECTION DISTRICT

XANGLITZ ADDITION

JUNE 9, 1995

STAN RYDER VR & ASSOC

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X Replacement _____ Receipt # 37966
Date 10-15-86
Name of Installer Timothy J. Bollman Telephone 725-2392
License number 7079
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber Y
Name of Property Owner MICHAEL MANGLITZ Telephone _____
Subdivision _____ Lot # 6 Well tag # _____
Site Address 13732 LAKESIDE DR.
CLARKSVILLE, MD.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make HARVARD
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 41
c. Submersible X a. 110 _____
2. Make JACUZZI b. 220 X
3. Model # _____
4. Capacity 10 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 250-480
1. Capacity 42 gal equiv 1. Type CRESTLON 1. Depth _____ ft.
2. Pressure relief valve? yes 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved yes 3. Static water level _____ ft.
4. Depth of supply line 41 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: [Signature]

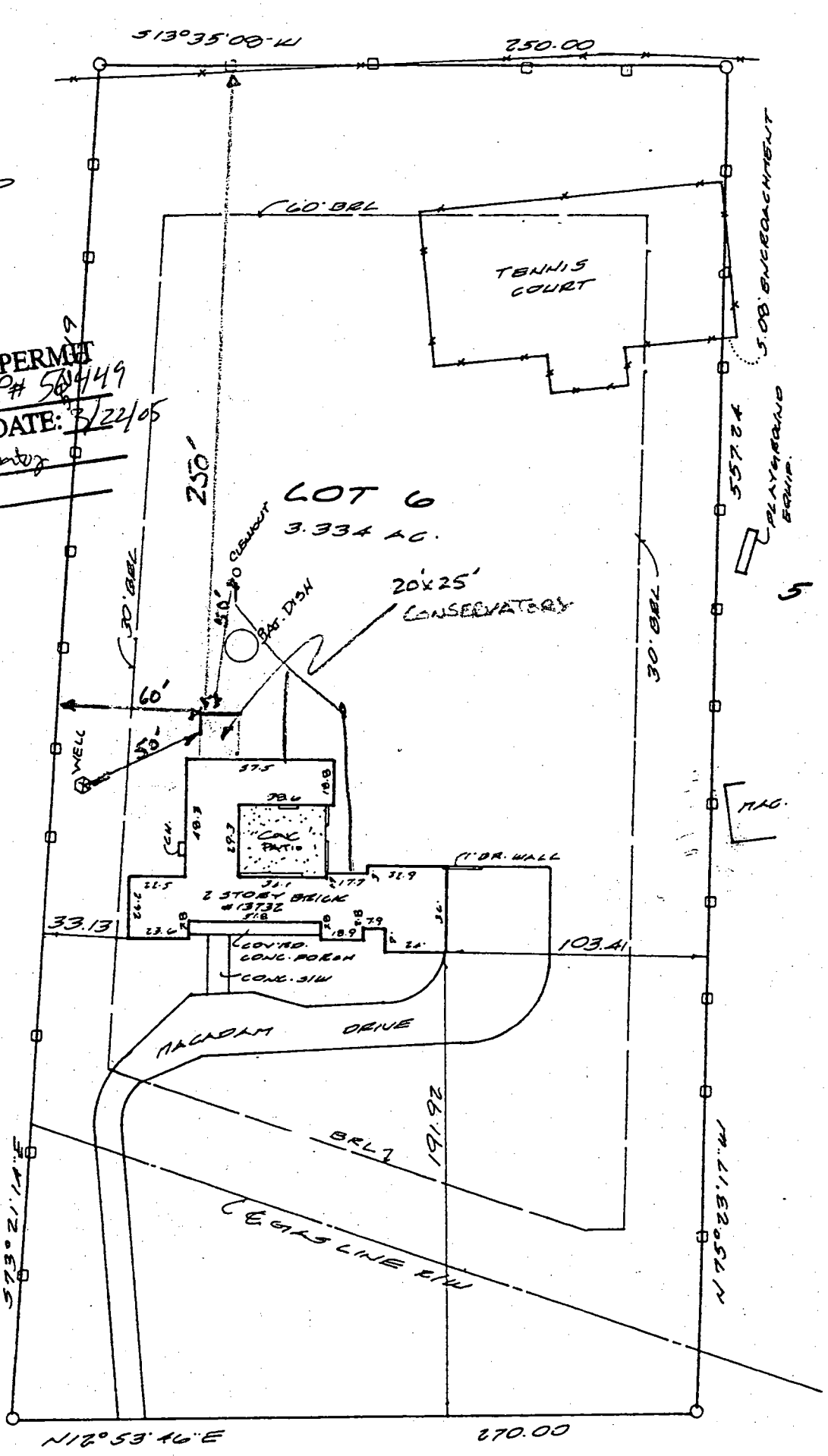
Date: 10-15-86

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

Vaughan

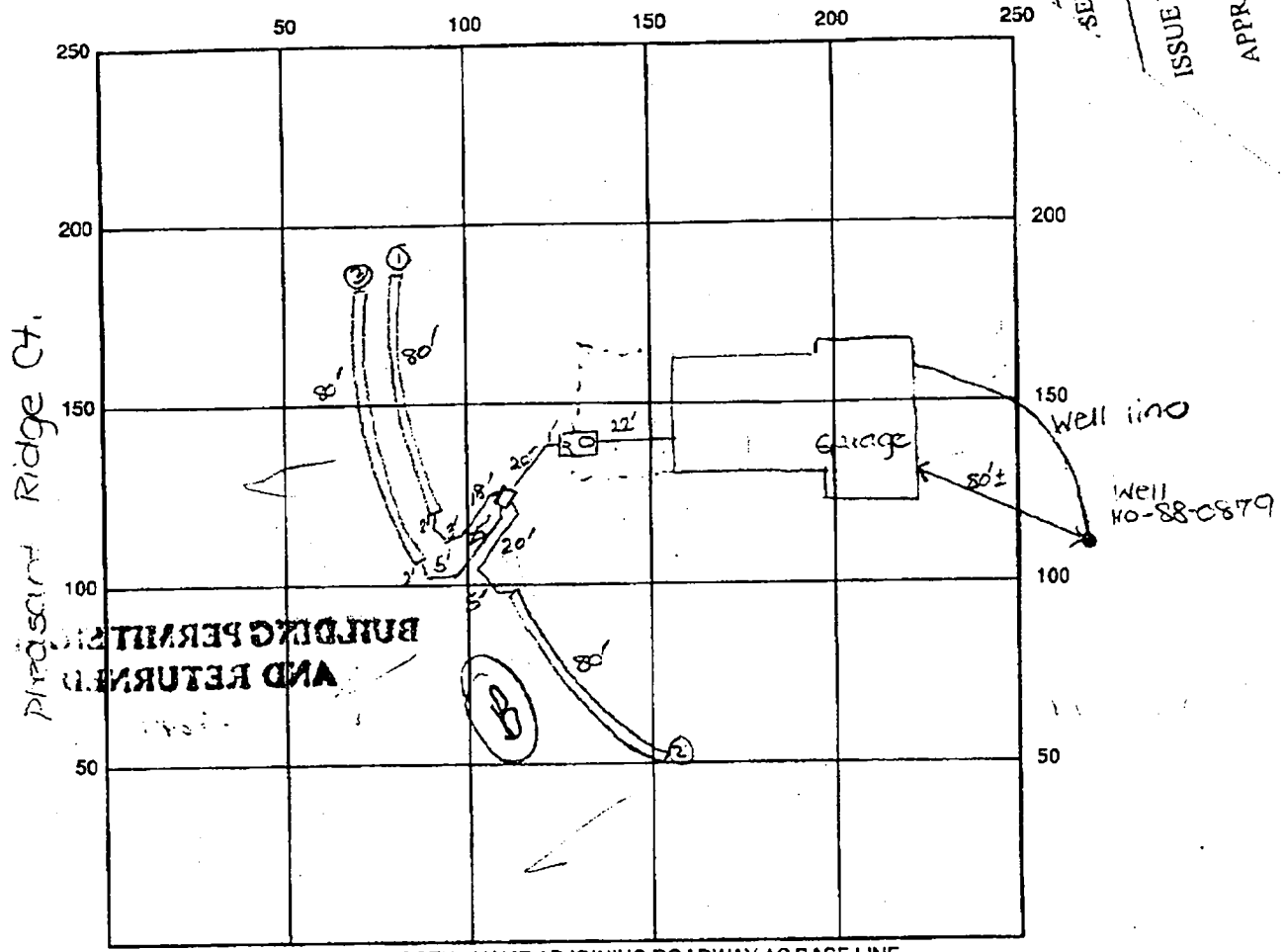
○ = IRON PIPE FOUND
 □ = POINT ON LINE GET.

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B0015277 #P# 50449
 APP. SAN KJB DATE: 3/22/05
 DESC. OF WORK: Conservatory



LAKESIDE DRIVE

SEWERS
 ISSUE DATE: 7.2
 APPROVAL



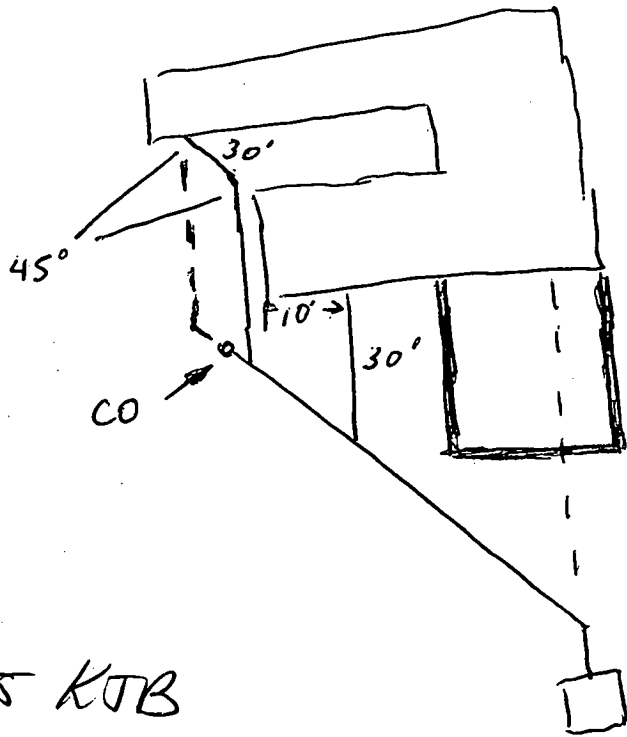
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Misty Knoll Ct.

SEPTIC TANK LEVEL OK - 1050 gal CLEANOUTS one on st., manhole on st
 DISTRIBUTION BOX LEVEL OK - baffle in
 DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 380 FT. → 240' total
 NUMBER OF TRENCHES 3 ~~END OF TRENCH~~/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 720 SQ. FT.

REMARKS: 7/5/95 OK to cover from house to d.b. and continue. DKS
7/5/95 later - OK to cover trench ① and ② and continue. DKS
7/6/95 Final - OK to cover all work. DKS

7/6/95 Pitless adapter & well line 40" below grade. OK to cover.
 DATE SYSTEM APPROVED 7/6/95 INSPECTOR Gould & See



3/18/05 KTB

abandon pipe

~~-----~~
addition