

04-347528

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 46344

A 38721

DISTRICT 4th

DATE 9/12/90

DATE SYSTEM APPROVED 12/13/90

INSPECTOR M. R. Rick

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 489-4724

SUBDIVISION Morgan Station ROAD 850 Iron Rail Court LOT 15

PROPERTY OWNER John P. Santarpia

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 250 feet down the left lot line (401.25') and 140 feet off the same lot line as seen when facing the lot from Right-of-way. Run trenches on contour toward the right (426.0') lot lines. MAINTAIN A MINIMUM OF 100 FEET TO THE WELL.

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

PLANS APPROVED BY C. Williams

DATE 10/12/89

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

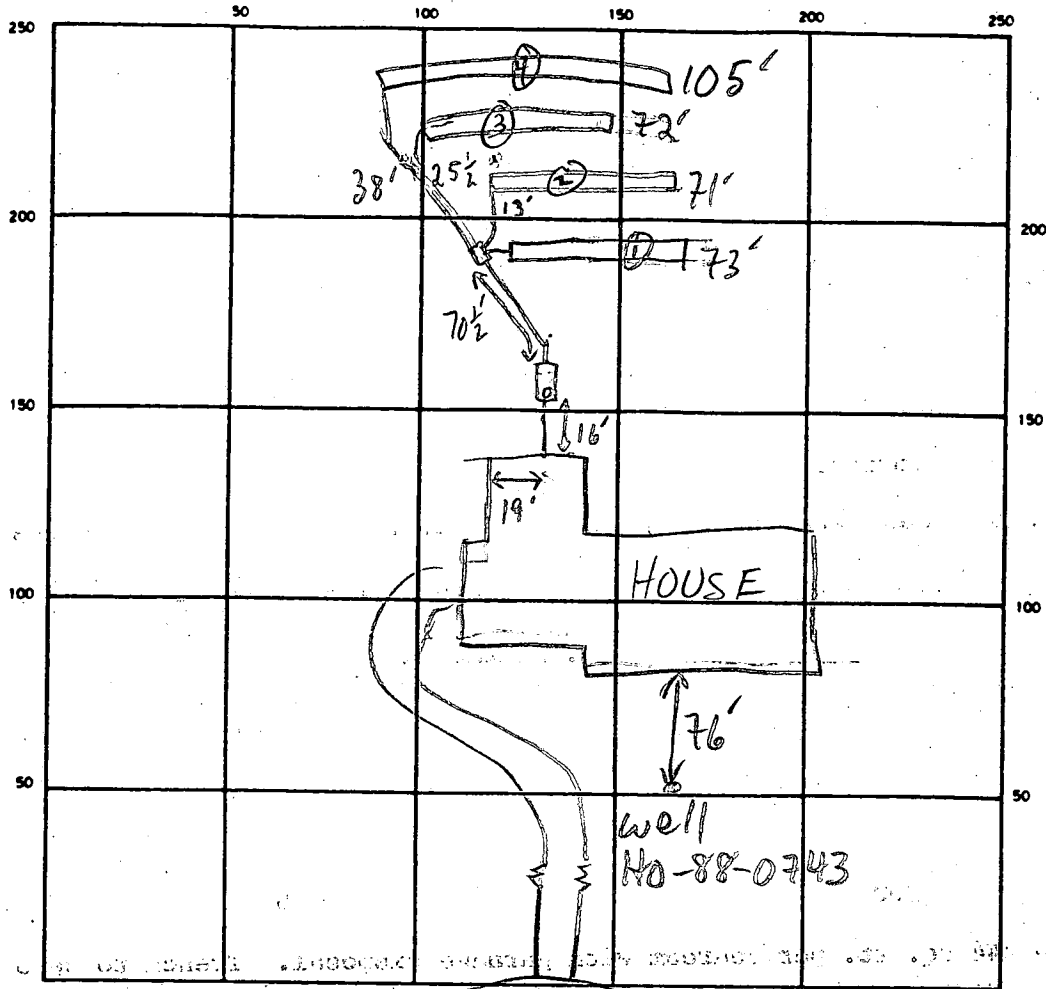
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BP# 40346
Deck APP. 11-13-91

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
38721



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 IRON RAIL CT.

SEPTIC TANK LEVEL 2000 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①73 ②71 ③72 ④105 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA ②219 ③216 ④315 SQ. FT.

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

ABSORBENT AREA 963 SQ. FT.

REMARKS 12/13/90 SYSTEM OK TO COVER MR

DATE SYSTEM APPROVED 12/13/90 INSPECTOR M. Rifkin

Copies of Plot Plan - forwarded
Health Dept 10/5/89

9-25-89

RASAP

Re: Permit # 28786
850 Iron Rail Ct.
Lisbon, Md
JOHN SANTARPIA

Dear Mrs. Corbin,

I am writing in hopes of obtaining an addendum to our new building permit. Since the time of our original application for a building permit, we have had to change the model + design of our home due to unforeseen circumstances. More specifically, my parents have decided to move from Michigan to live with us in our new home. This decision was due to the recent amputation of my mother's left leg which has left her in a wheelchair. As it would be too costly to make their Michigan home accessible, as well as the torment of the constant reminder of her forced retirement, they have decided to move to Maryland.

Because of the need of an in-law suite we had to change models to a more adaptable design. Therefore, after consulting with a Howard county zoning inspector we decided to add a small handicap accessible pantry off of the kitchen + laundry room. This was done so that my mother could help in the preparation of our family meals so that she can maintain a feeling of self-sufficiency. However as advised by the inspector there will be no stove or oven so as to remain within the single family codes. Therefore the stove + oven as well as the entire 1st floor will be handicap accessible.

This change in plans leaves us in a lurch. As time is of the essence in getting my mother into an accessible home, we would like

OK AS REVISED 10/12/89 Craig Wilkins

to stick to our original groundbreaking date
of October 16, 1989. I know that your office and
staff are overworked and overwhelmingly busy,
but whatever assistance you can provide if any,
in expediting the addendum process would be
greatly appreciated.

Yours truly

Jennifer Lello (JENNIFER L)

for:

John Santarpia

Ann Lello

Ernest Lello

P.S. If you need any further information
please feel free to contact me at 301-890-
or my fiancée JOHN SANTARPIA at 301-572-2400
ext 239.

APPLICATION

PERCOLATION TESTING

A 38721

P _____

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

DISTRICT 4

DATE 12/17/86

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 Roy W. Cram + Wife John P. Santarpia

ADDRESS 791 Morgan Station Rd PHONE 572-2400
489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

SUBDIVISION Morgan Station (~~Cram Property~~) LOT NO. 20 LOT 15 Prelim 10/21/87

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
(850 Iron Rail Court)

TAX MAP 3 PARCEL # 9

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.

Mark Stein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/29/87 Perc OK Hold for Plat 3314

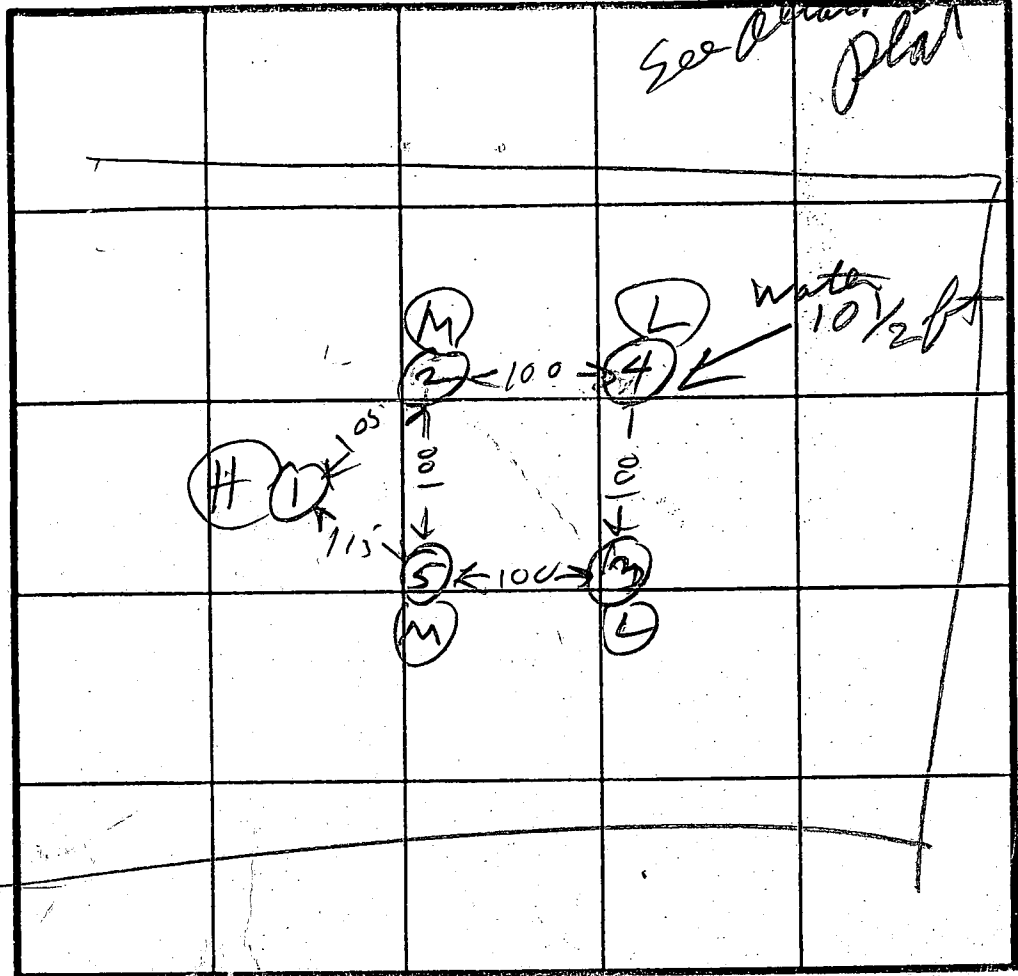
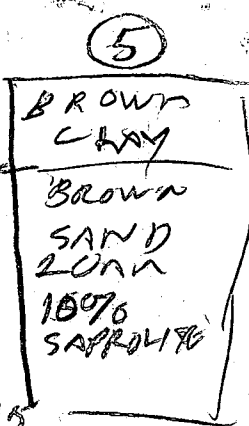
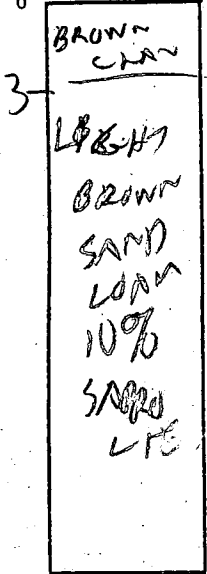
REVISION SIGNED 10/12/89
SBR+DISP
ENG. PERMIT SIGNED AND RETURNED 8/31/89
Serial # 28786
SFD - 4 Bedrooms

THIS IS NOT A PERMIT

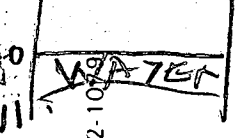
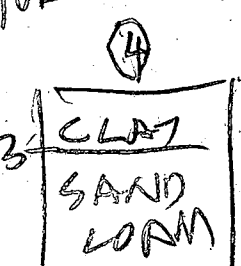
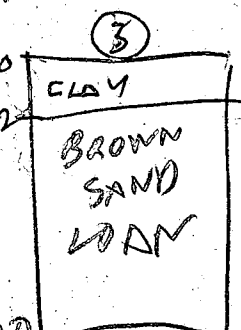
10
3

See attached
Plan

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/07	1S	3.5	221	231	231	253	22
	1V	11.5	222	232	232	253	13
	2S	3	226	240	240	253	10
	2V	7.5	226	239	239	249	10
4/29/07	2V	11.5	OK				
	3S	3.5	230	242	242	245	3
	3V	10					
	4V	11	WATER		106.5 FT		
	5V	11.5	OK				

av
Time
12min
max
depth
3 ft
BOTTOM
5'
200 #102

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. Hodgen

Real Estate Mark Dillon
ALSO PRESENT
O. Heckerman

EH-12-10

Morgan Station Lot-15
Received 6-12-89
call John Reuwer
if ok 430
JED

6-12-89. This
overlay matches
final plat lot lines JED

500.
505.

530
SHS

Well site
not approved
No def
6-13-89
OK JED

WELL - AS STAKED
6-13-89
OK JED

30 YR
DRAINAGE
SASH

220"

175'

36' 60"

10

B 1 **5914** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

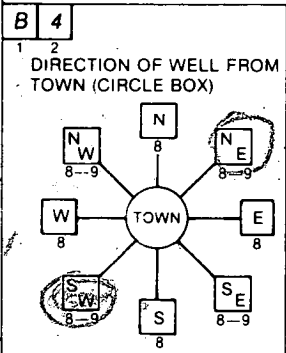
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0743
 fill in this form completely

Date Received (APA) **032389**
 OWNER INFORMATION
Hemphill Associates
 Last Name Owner First Name
10176 **Bait** **Mat** **Pike**
 Street or RFD
Ellicott City **MD** **21043**
 Town State Zip

B 3 LOCATION OF WELL
Howard COUNTY
Morgan Station SUBDIVISION
 SECTION **15** LOT **94** Parcel 94
Lisbon NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
FRANK-DELPH License No. **457**
Frank-Delph Well Drillers Inc.
14234 Penn Shop Rd **Highway MD**
 Address
Frank Delph **3/17/89**
 Signature Date



Road Rail Ct. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
350 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 38721 COUNTY NO.
 STATE SIGNATURE **Orme E. Vidéau** INSERT S
 DATE ISSUED **12-13-89**
 NORTH GRID **55 20 00** EAST GRID **07 00 00**

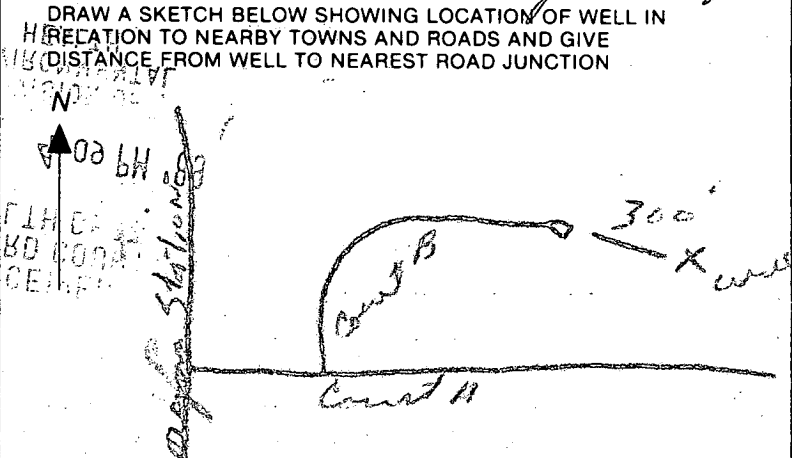
APPROXIMATE DEPTH OF WELL **200** FEET

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 _____

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 **788**
 N **552**
 6/23/89 an already ground
 2 # Bags of cement
 21' Well casing
 18' Well grout-open
 1 1/2" casing above ground
 C.B. & wife
 (Tag on site) ok

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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE INITIALS IN BOX PERMIT No. **40-88-0743**

SPECIAL CONDITIONS
 COUNTY

C1 0055 SEQUENCE NO. (DENV 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 38721

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED

Depth of Well
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HD-88-D743

OWNER Hemphill Associates
 STREET OR RFD last name Iron Coal Court first name TOWN Lisbon
 SUBDIVISION Maxwell Addition SECTION LOT 15

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	
Top Soil	0	2	
Shale	2	15	
MIKA	15	50	
Sandstone	50	55	
MIKA	55	70	
Sandstone	70	75	
MIKA	75	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 78 NO. OF POUNDS 1450
 GALLONS OF WATER 115
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 17 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
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 6 21
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to

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

C2
 DEPTH (nearest ft.)
 1 HO 20 179
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 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 Q
 70 72 74 75 76
 TELESCOPE CASING LOG OTHER DATA
 INDICATOR

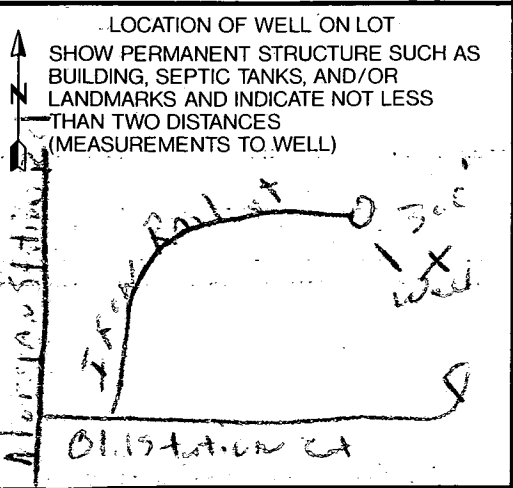
C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 8
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 72
 WHEN PUMPING 72
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (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:
 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)
 above } LAND SURFACE 2 (nearest foot)
 below }

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. 453
 DRILLERS SIGNATURE Frank DeBryer
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)



12/13/90
after 10:00

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 Replacement

Receipt # 46379
Date 9/18/90

Name of Installer George Baker

Telephone 788-3989

License number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 2214

Name of Property Owner Jennifer & John Santernia Telephone _____
Subdivision Morgan Station Lot # 15 Well tag # HO-88-0743
Site Address 850 Iron Rail CT.
Woodbine, MD 21797

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 _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

P.A. OK
4 1/2' B.G. MR 12/13/90

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: George Baker

Date: 9-05-90

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



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
April 15, 1991

Reply to:

4/23/91

2 samples:
① Bact.
② Chem.

Mr. John Santarpia
3506 Childress Terrace
Burtonsville, Maryland 20866

Re: Morgan Station - Lot 15
850 Iron Rail Court
Well Permit # HO-88-0743

Dear Mr. Santarpia:

This is a follow-up letter to inform you that a monitoring sample is needed to confirm the water supply(s) nitrate level is in conformance with the present regulation. The water sample at yield test on June 23, 1989, was found to contain a nitrate level of 10.8 parts per million which exceeds the safe level of 10 parts per million for well # HO-88-0743 per our records. Levels in excess of 10 parts per million have been found to cause methemoglobinemia, (Blue Baby Syndrome) in babies. This water should not be used for babies or to prepare formula.

Current well regulations (COMAR 26.04.04.) adopted in November, 1980 prevents the health department from approving any water supply which has a nitrate level which exceeds the maximum contaminant level of 10 parts per million.

You are requested to call this office at 461-9933 to arrange an appointment for a nitrate sample from an inside tap which is the most reliable locations from which to obtain a safe sample.

Presently there is no charge for this service. Please see below.

Very truly yours,

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

CS:cm

P.S. A tentative appointment date is April 23, 1991, please call if this is not acceptable.

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

July 7, 1989

Hemphill Associates
1 Centre Park Drive
Columbia, Maryland 21045

Re: Morgan Station - Lot 15
Iron Rail Court
Well Tag No. HO-88-0743

To Whom It May Concern:

At the time of the yield test on the above referenced lot, the water sample taken showed an above normal nitrate-nitrogen concentration. A copy of the test results is enclosed. This problem is potentially correctable with the use of a suitable treatment nitrate unit.

Approval of this water supply at the time sampling for use and occupancy will depend on the installation of an nitrate removal system. This device should bring the water supply in compliance with the State Regulations.

The nitrate-nitrogen level was present at a concentration of 10.8 parts per million. Comar 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that provision of the regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the install nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.

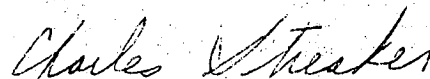
July 7, 1989

2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If the above conditions are not improved by the installation of this treatment device, then reconstruction or replacement of the well will be required.

If you have any questions relative to this matter, or if this device has been installed and you are ready for resampling, please call me at 461-9933.

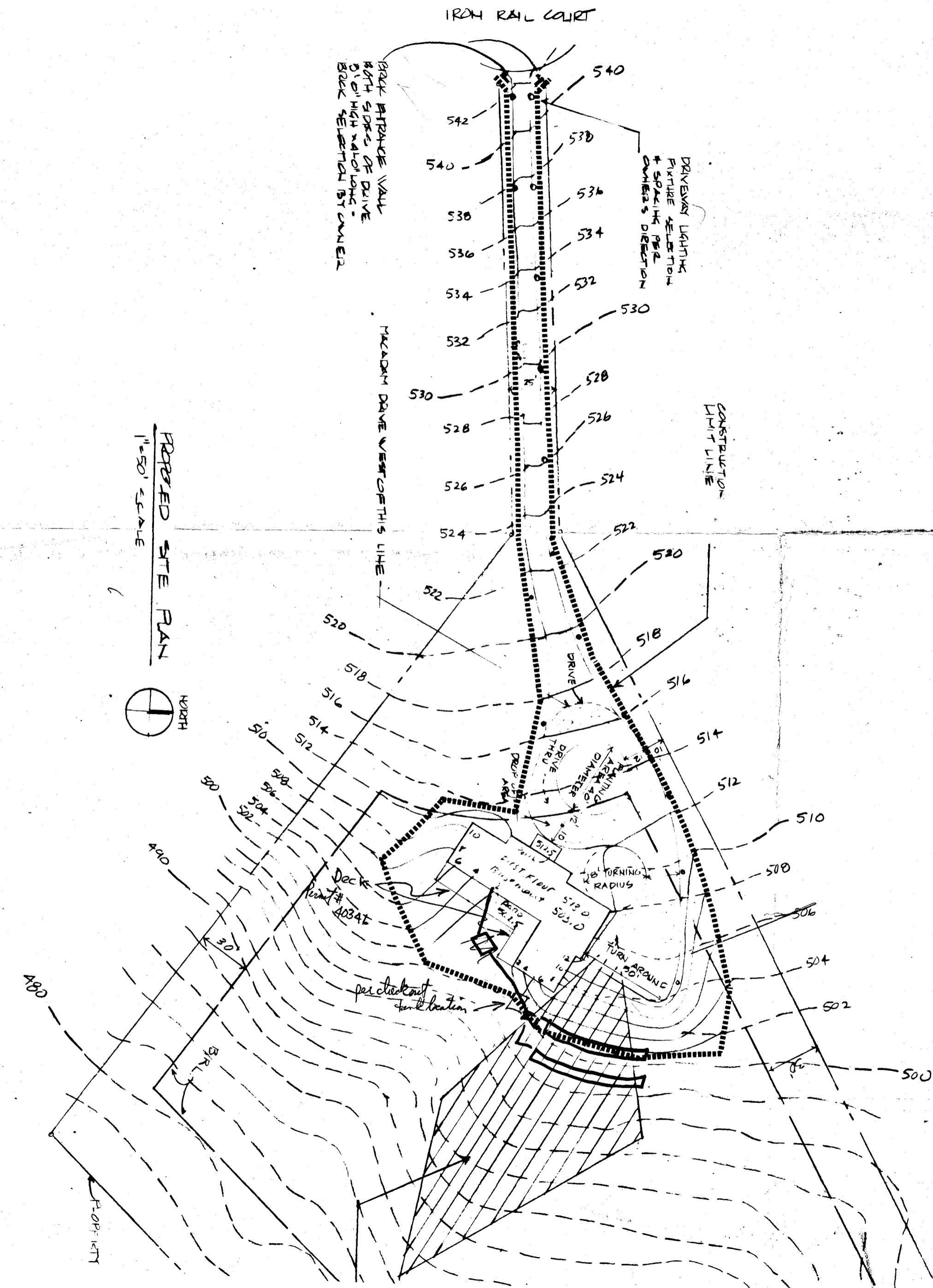
Very truly yours,



Charles Streaker, Sanitarian
Water and Sewerage Program

CS/cm

Enclosure



- ① Trench length to be determined at time of septic permit.
- ② Existing grade at trench invert. - 500
- ③ Trench invert - 497'
- ④ Septic Tank outlet = 497.5'
- ⑤ Septic Tank inlet = 497.8'
- ⑥ ~~Existing~~ Finished grade at tank 502'
- ⑦ House invert = 498.2'
- ⑧ Basement elevation 503'

J. M. A. Sella 10/12/13

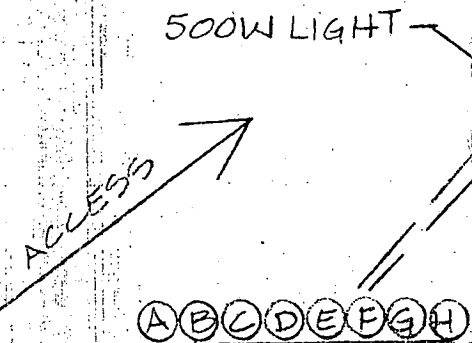
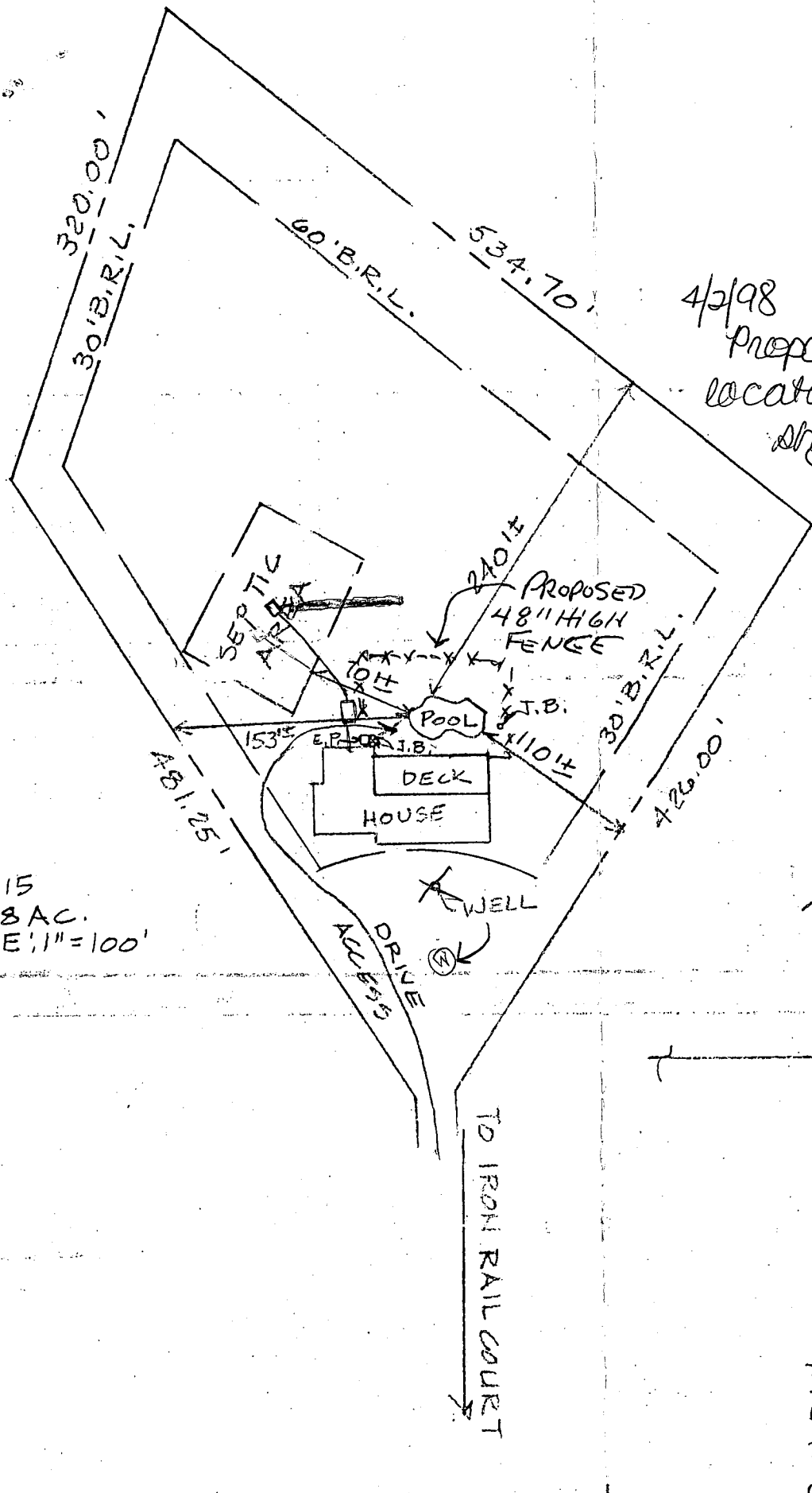
ELEVATIONS OK
10/12/13 CW Sella

1 HOURS OF
ANY ADDITIONAL H

4/2/98
Proposed pool
location ok as
shown.

[Signature]

LOT 15
4.308 AC.
SCALE: 1" = 100'



STATION
OLD STATION CT.

