

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511340

A 49918-C

04-358759

DISTRICT _____

DATE 1-6-99

DATE SYSTEM APPROVED 1-21-99

INSPECTOR KM

1/20/99
to meet
installer
1/21/99 a.m. + p.m.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road Sykesville, Maryland 21784

PHONE (410) 795-5674

SUBDIVISION Royal Hollow LOT 2 ROAD 905 Lady Anne Court

PROPERTY OWNER Catonsville Builders

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 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 45 feet from right lot line and 165 feet from front lot line as viewed from Lady Anne Court. Install trenches on contour toward rear lot line.

NOTES - MAINTAIN 100 FEET SEPARATION FROM WELL TO ALL PARTS OF SEPTIC SYSTEM. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

ok JH 12-24-98

PLANS APPROVED BY Kimberly Maiste

DATE 12/16/98

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

BLDG. PERMIT SIGNED

AND RETURNED 3-29-99

Serial # B04116874

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

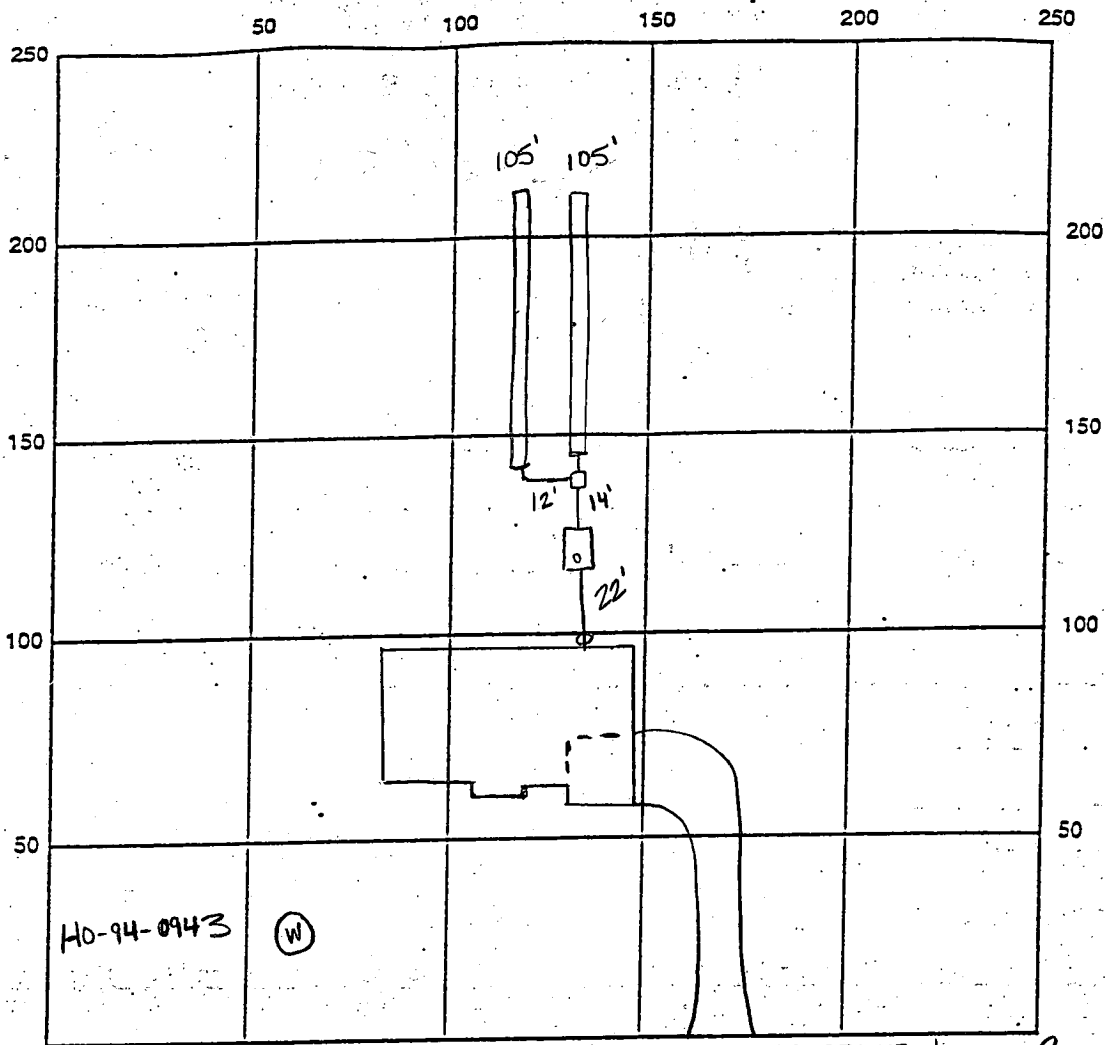
Install Underground
per septic tank

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

1/24/99-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Lady Anne Ct.

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank, 1 at house
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2 x 105 FT. → 210
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 1/20/99 HOUSE LOC AS PER BP PLAN (+/- 5'). OK TO START (MR)
1/21/99 (am) OK to continue (KM)
1/21/99 (pm) OK to cover all work (KM)

DATE SYSTEM APPROVED 1.21.99 INSPECTOR Kimberly Naiste

APPLICATION

PERCOLATION TESTING

A 49918C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3/10/94

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 NISSLER FARM JOINT VENTURE 40 LDC INC. CATONSVILLE Builders

ADDRESS LEE PLAZA, SUITE 200 8601 GA. AVE. SILVER SPRING, MD PHONE (301) 585-7000

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROYAL HOLLOW LOT NO. 2

ROAD AND DESCRIPTION OLD FREDERICK RD. & WOODBINE RD. (905 Lady Anne Court)

TAX MAP 7 PARCEL # 84

SIZE OF LOT 1 AC. ± TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 12-16-98
Serial # B10115270
SFD - 4 Bins

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.

Thos J. ... FOR VMA
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

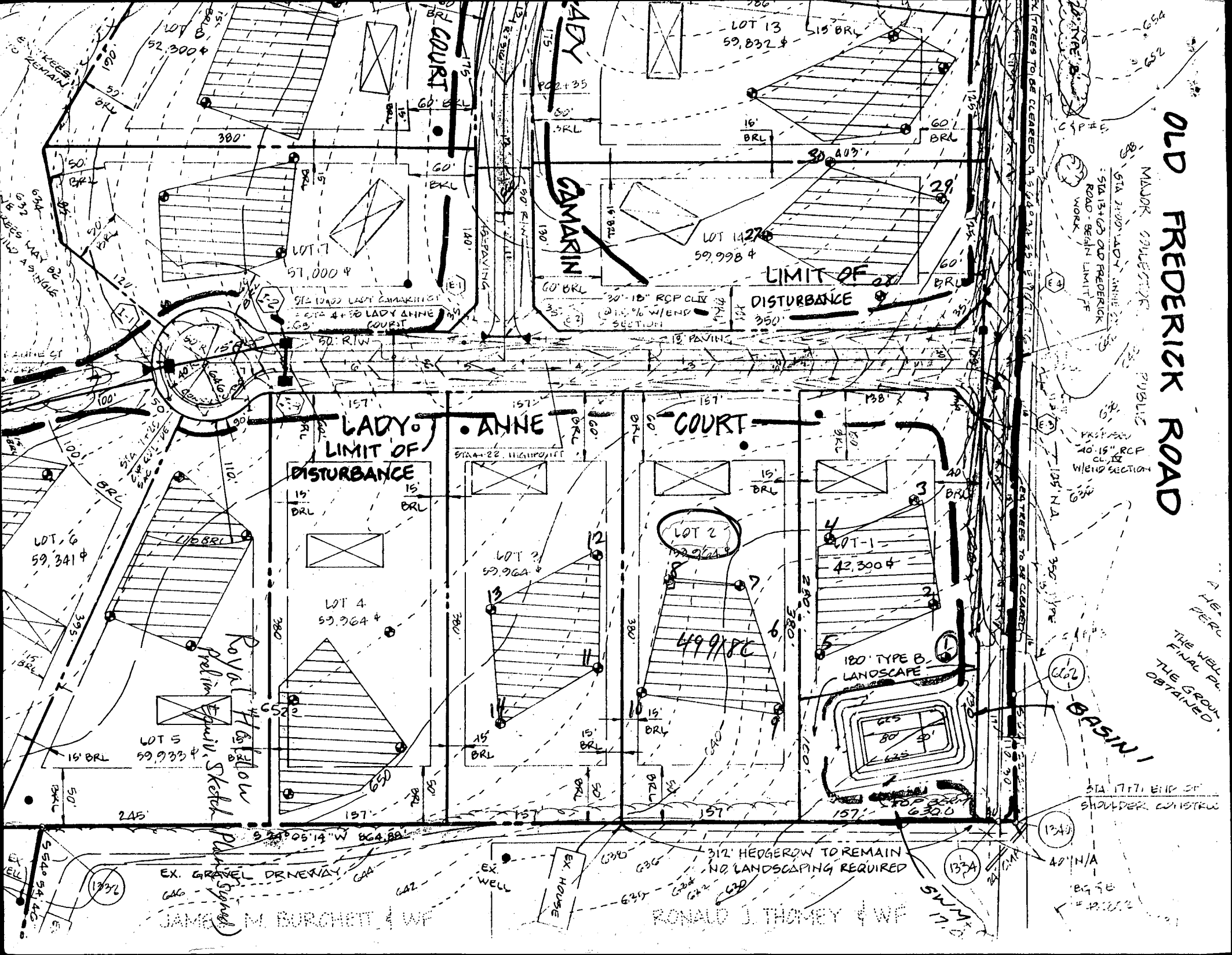
REASONS FOR REJECTION OR HOLDING _____

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

OLD FREDERICK ROAD



MAJOR COLLECTOR

PUBLIC

THE WELL PERMITS THE GROUT OBTAINED

STA 13+00 TO 13+55
ROAD BEARING LIMIT 1° 15' W

PROPOSED
40" RCP
W/ 12% W/END SECTION

STA 17+17 END OF
SHOULDER W/ 12% W/END

64.5E
10,252

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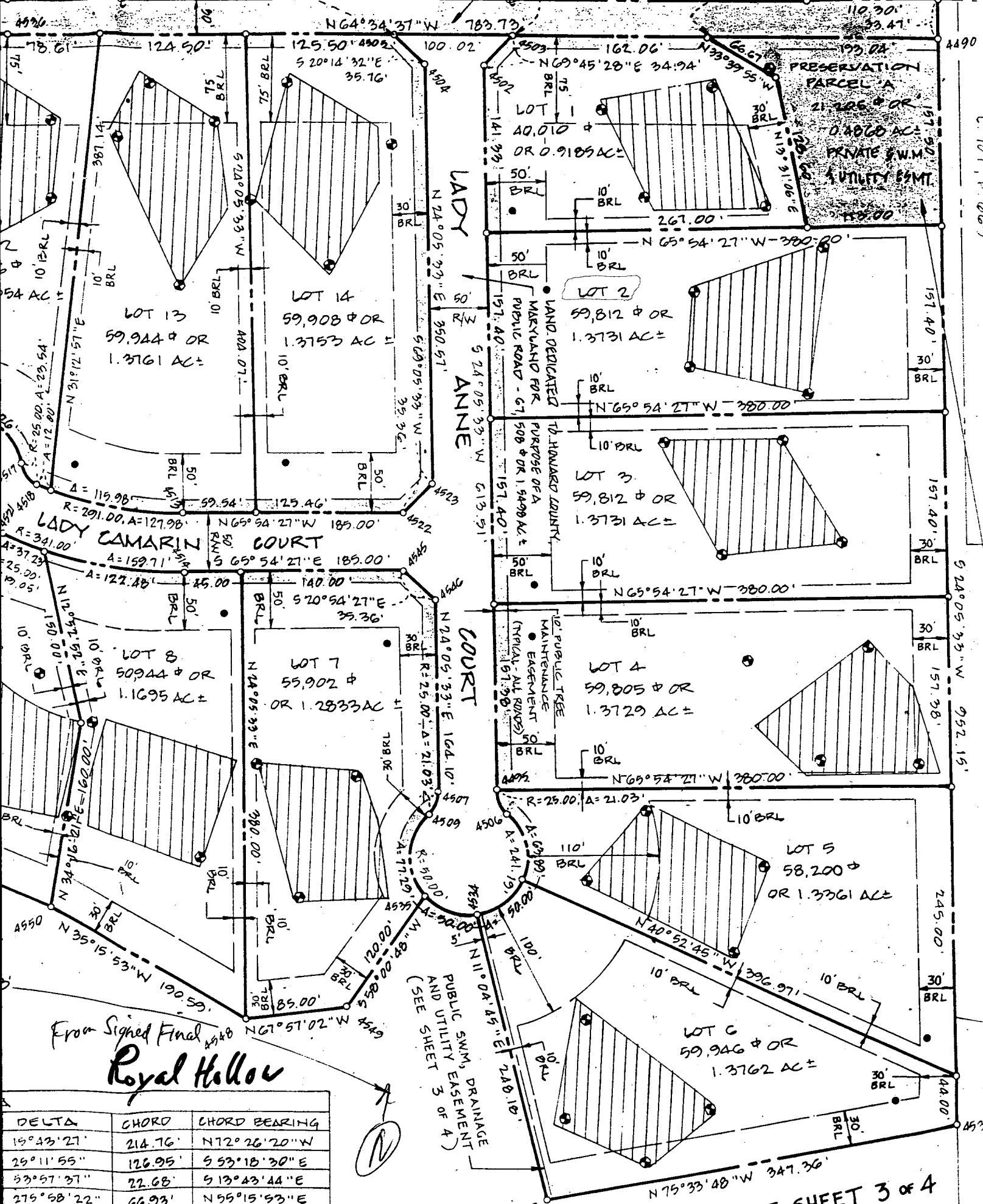
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VEHICULAR INGRESS
 ACCESS RESTRICTED

MARYLAND FOR PURPOSE OF A PUBLIC
 ROAD - 31.402 ± OR 0.1227 AC ±
 VEHICULAR INGRESS AND
 EGRESS RESTRICTED

lot 99



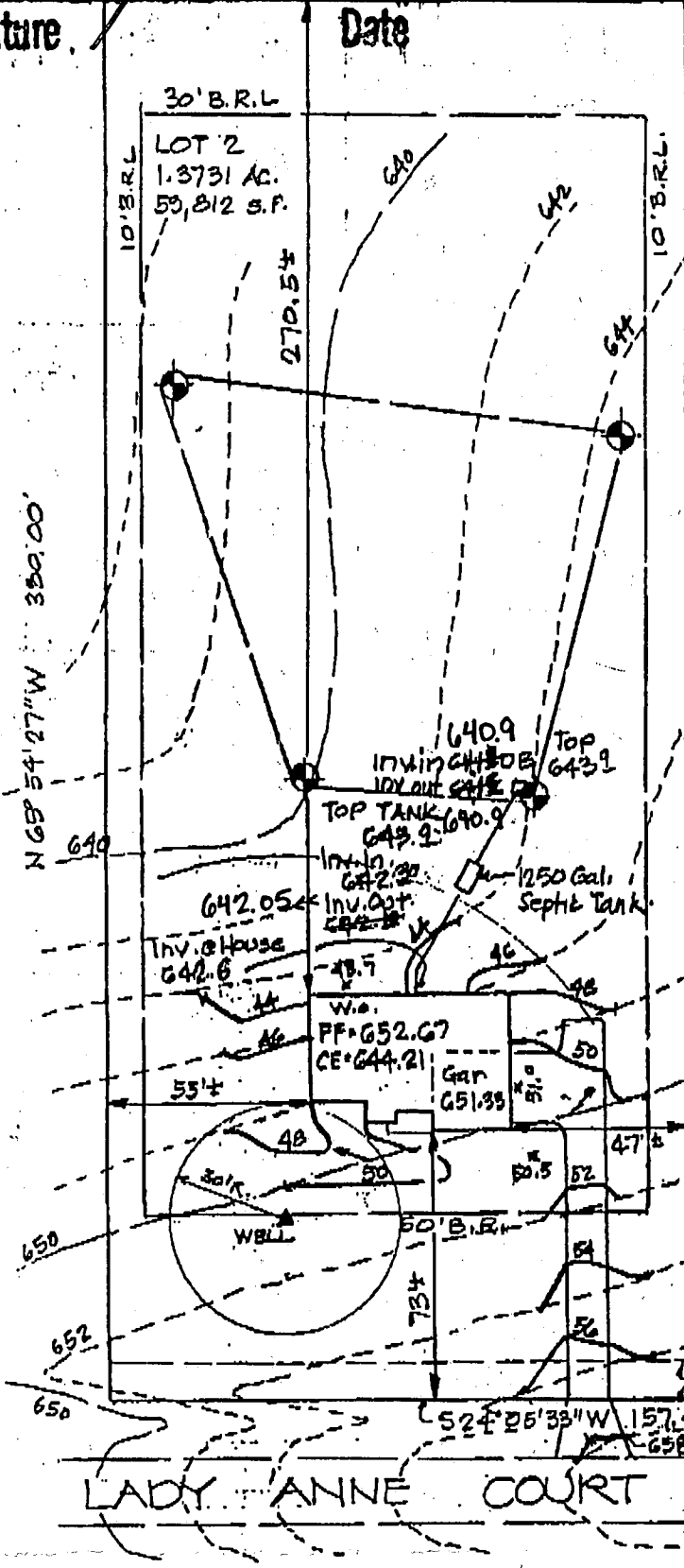
From Signed Final
Royal Hollow

DELTA	CHORD	CHORD BEARING
15° 43' 27"	214.76'	N 72° 26' 20" W
29° 11' 55"	126.95'	S 53° 18' 30" E
53° 57' 37"	22.68'	S 13° 43' 44" E
275° 58' 22"	66.93'	N 55° 15' 53" E
43° 38' 54"	18.59'	N 60° 53' 51" W

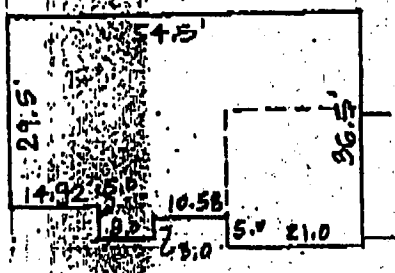
SEE SHEET 3 OF 4

Approved Septic System Plan Howard County Health Department

Kimberly Maute 12-16-98
Signature Date



Total linear feet of trench required 210 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 4 feet



PLOT PLAN
 LOT 2
 * LADY ANNE COURT
 "ROYAL HOLLOW"
 4TH ELECT. DIST. HOWARD CO., MD.
 TAX MAP 7 PARCEL 84

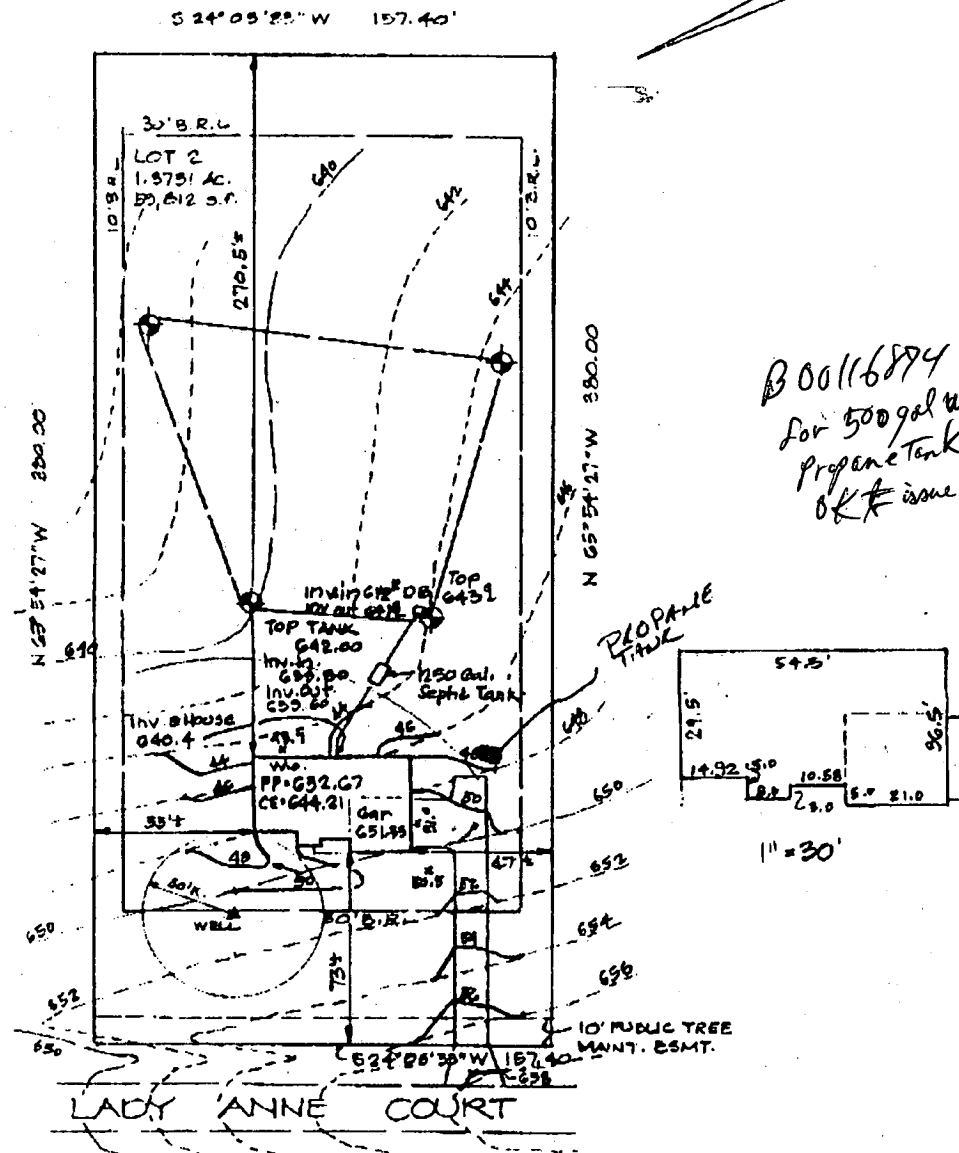
EXISTING GRADES SHOULD BE FIELD VERIFIED WHEN HOUSE STAKEOUT IS DONE.

DATE	REVISIONS.
12-15-98	and septic tank elev. revised inv C HOUSE 642.60 T.H.

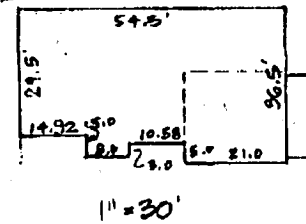
CLSI

Carroll Land Services
 Incorporated
 Engineers • Surveyors • Land Development Consultants
 Landscape Architects • Environmental Specialists
 439 East Main Street Westminster, MD 21157-8339
 (410) 876-2017 FAX (410) 876-0009

DRAWN BY:	P.D.
DESIGN BY:	S.D.
REVIEW BY:	
DATE:	11/1/98
SCALE:	1" = 50'
JOB NO:	28103
SHEET:	1 OF 1



B001168874
 for 500 gal underground
 propane tank
 OK issue 3/29/99



LADY ANNE COURT

PLOT PLAN
 LOT N° 2
 LADY ANNE COURT
 "ROYAL HOLLOW"
 4TH ELECT. DIST. HOWARD CO., MD.
 TAX MAP 7 PARCEL 84

EXISTING GRAVES SHOULD BE FIELD VERIFIED WHEN HOUSE STAKEOUT IS DONE.

		DRAWN BY: P.D. CHECKED BY: S.D. REVIEW BY: DATE: 11/1/98 SCALE: 1" = 30' JOB NO: 28109 SHEET: 1 OF 1
DATE	REVISIONS	CLSI Carroll Land Services Incorporated Engineers • Surveyors • Land Development Consultants Landscape Architects • Environmental Specialists 428 East Main Street Westminister, MD 21157-0938 (410) 878-8317 FAX (410) 878-0000

C1 7829

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49918C

ST/CO USE ONLY DATE Received 11/16/98

DATE WELL COMPLETED 11/06/98

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-0943

OWNER Lee Development Group, last name Lady Anne Ct 1, first name, TOWN Lisbon, SUBDIVISION Royal Hollow, SECTION, LOT 2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water-bearing. Includes entries for Topsoil, Br Clay + Shake, Br. Slab, Br. Shale w/Chert, Br. Slab, Tan Slab, Grey Slab.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC), NO. OF BAGS 21, NO. OF POUNDS 2100, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 60 ft.

CASING RECORD

MAIN CASING TYPE (ST, CO, PL, OT), Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 68.

OTHER CASING (if used)

Table for other casing with columns for diameter (inch) and depth (feet).

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

DEPTH (nearest ft.)

Table for depth recording with columns 1-51 and rows A-C-H-S-R-E-N.

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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...

TYPE MWD/MSD/MGD, DRILLERS LIC. NO. 040

DRILLERS SIGNATURE George F. Easterday

LIC. NO. MWD 386

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

SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 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) T (E.R.O.S.), W Q (74, 75, 76)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

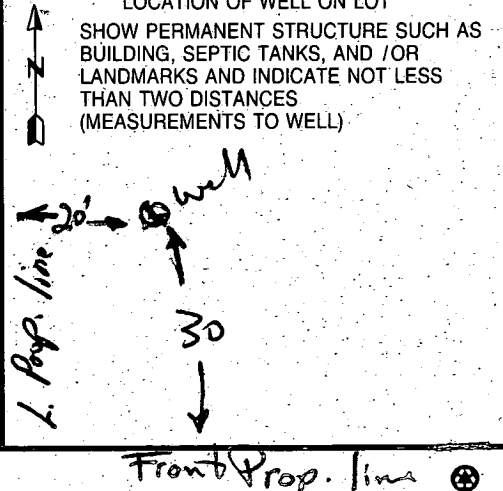
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 120, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft, WHEN PUMPING 94 ft, 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, 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) (+) above, (-) below, LAND SURFACE (nearest foot) 2.

LOCATION OF WELL ON LOT



COUNTY

B 1	3396 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0943 fill in this form completely
------------	--	---	---

OWNER INFORMATION

Date Received (APA) 07/3/96

LEE DEVELOPMENT GROUP
8601 GEORGIA AVE
SILVER SPRING MD 20910

LOCATION OF WELL

HOWARD
ROYAL HOLLOW
LISBON

SECTION 44 46 LOT 2 48 50

MILES FROM TOWN (enter 0 if in town) 7 73 76 77 78

DRILLER INFORMATION

George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Denny F. Easterday 7-20-96

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

LADY ANNE CT
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 50 FT

TAX MAP: 7 BLK: 6 PARCEL 84

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 A 49918C
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 000996
NORTH GRID 551000 EAST GRID 0979000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7789
N 5581

11-6-98
2:00 GROUT
missed insp
4M

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

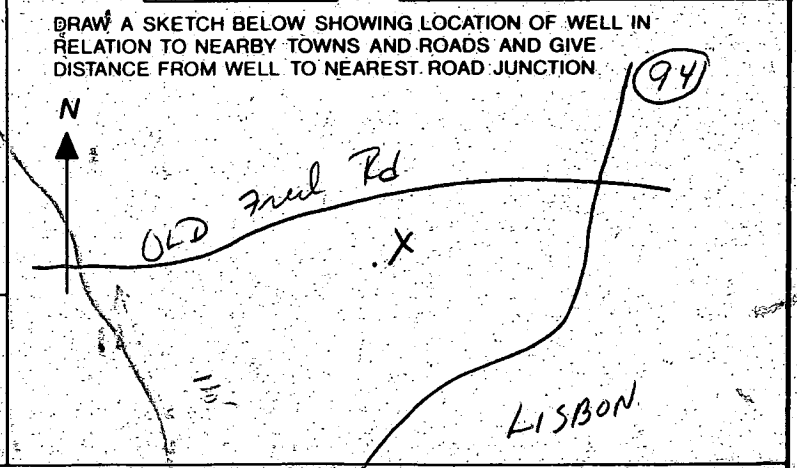
THIS WELL WILL NOT REPLACE AN EXISTING WELL.

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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 (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H094GAP016

FORCE RA PERMIT No. H0-94-0943

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY



L. FRANKLIN EASTERDAY, INC.

WELL DRILLING - TRENCHING - PUMPS & SERVICE

9265 Brown Church Rd., Mt. Airy, Maryland 21771

PHONE: 301-829-1640 • FAX: 301-829-2667

December 4, 1997

Craig Williams
Howard County Health Dept.
3525 Ellicott Mills Drive
Ellicott City, Md. 21043

RE: State Well Permits
Royal Hollow Subdivision

Dear Mr. Williams:

Please renew the nine following state well permits for the above referenced subdivision for another year.

Lot 2	HO-94-0943 ✓	extended to 10/9/98
Lot 3	HO-94-0944 ✓	
Lot 4	HO-94-0945 ✓	
Lot 5	HO-94-0965 ✓	
Lot 6	HO-94-0966 ✓	
Lot 9	HO-94-0962 ✓	
Lot 10	HO-94-0963 ✓	
Lot 11	HO-94-0964 ✓	
Preservation Parcel	HO-94-0967 ✓	

Please advise if this is a problem, otherwise we will consider the matter taken care of. Thank you for your prompt attention to this matter.

Very truly yours,

George F. Easterday
George F. Easterday, CWD/PI
Vice President
MWD 040

CFE/sve

*All permits were extended for 1 year
by this agency
Kim Maisk*

2/1/99
P.M.

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 1/27/99

Name of Installer GREG C. FEYFOGLE PLUMBING, INC. Telephone 410-875-0300

License Number 9081
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner CATONSVILLE HOMES Telephone 410-750-1200
Subdivision ROYAL HOLLOW Lot # 2 Well Tag # HO-94-0943
Site Address 905 LADY DANE CT.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>HALVARD</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>JACUZZI</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>SANJOHANNES</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>WX203</u>	1. Type <u>POLYETHYLENE</u>	1. Depth <u>200</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>12</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <u>38</u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>NO</u>

~~Not OK
2/1/99 WRT OK per RM
CW~~

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: 1/27/99

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