

10/22/93 1:00 PM later to 2/30
10/27/93 46.00 + 112.00

PERMIT

05-361540

P 49631

SEWAGE DISPOSAL SYSTEM

A REPAIR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ON PUBLIC WATER
AS OF 9/22/04 (KN)

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640b

DATE 10/18/93

DATE SYSTEM APPROVED 10/29/93

INDEXED

INSPECTOR C.B.A.

Arnolds Backhoe & Septic _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Holiday Hills LOT _____ ROAD 7041 Long View Drive

PROPERTY OWNER Max Rudney

ADDRESS 7041 Long View Drive
Columbia, Maryland 20723 *House 59 years old*

SEPTIC TANK CAPACITY 1000 GALLONS
NUMBER OF BEDROOMS 3
Public Sewer is not available to the property per Jean Reed - 10/18/93.

120+ SQUARE FEET PER BEDROOM + (old system)

LINEAR FEET OF TRENCH REQUIRED (60' plus)

REPAIR - PURPOSE - Septic system has failed.
Call for inspection when ground is opened so sanitarian can recommend repair. 10/18/93

*Recommend: (1) Trench - 2' Wide (6" of stone) 60'± Long
Inlet 4' to 5'; Max depth 10' to 11' of sandy pipe
in front yard - CBA.*

10/22 (12" Hole - ok seen in trees.)

PLANS APPROVED BY *CBA for C.W. in field / J.W. - CBA* DATE *(10/22/93 P.M.)*

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

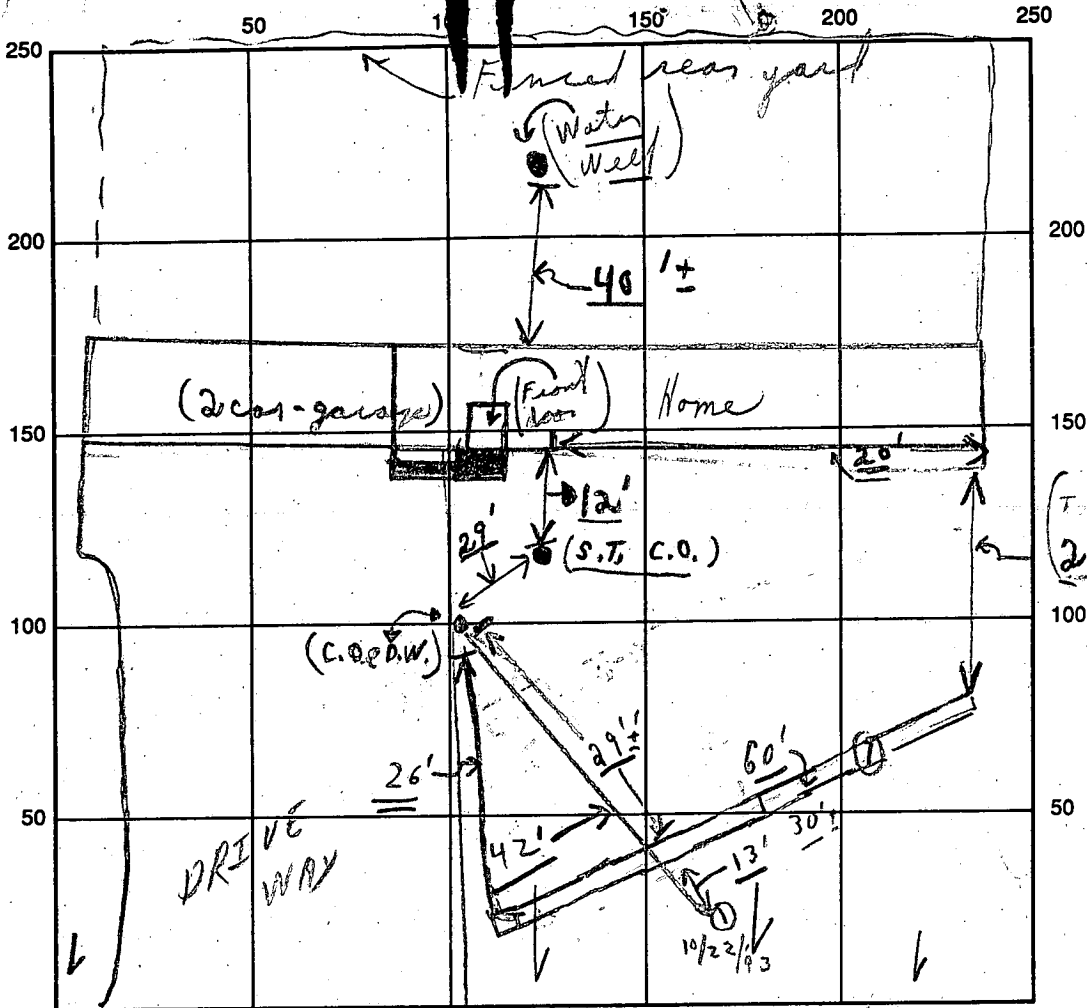
PERMIT VOID AFTER TWO YEARS

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**

R 49631



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

HONG VIEW ROAD

SEPTIC TANK LEVEL Existing CLEANOUTS Existing S.T.C.O. / D.W.C.O. ✓

DISTRIBUTION BOX LEVEL OK → (Coming off old dry well)

DRAIN FIELD/TITLE DEPTH 10⁺ FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 60⁺ FT. (old system)

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 360 SQ. FT. (plus old systems)

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

ABSORBENT AREA 360⁺ SQ. FT. (plus old system)

REMARKS: Partial 10/22/93 (1) visual hole - ok - only; 13' closer to road than trench is to be; C.B.C. HOLD FOR A CALL ON INSPECTION

10/27/93 EARLY A.M. Partial ok to contents; 11:00 No stone - WAITED FOR IT TO ARRIVE; C.B.C. last load of stone arrived; Final "OK TO COVER AS FINISH" C.B.C. (Material on site)

(NO OTHER PAPER WORK)

DATE SYSTEM APPROVED 10/27/93 INSPECTOR Charles, Bryan, & Stricker

FILE INQUIRY FORM

Property Address: 7041 LONG VIEW Drive

9/21/04 Well Abandonment Ho-73-0778

well depth 205'

well casing 6" diameter

4,000 lbs pea gravel used - 185' deep

9 80lb concrete bags used - 20' cement depth

Owner says well yielded water,
w/ extremely high salinity during
winter months - salt for ice
melting on roadways. ?? Is currently
connected to public water.

Sanitation on site for abandonment
not done by licensed well driller

Pea gravel clean. Cement of thick,
viscous consistency \approx 5 gal water per bag
due to slight dilution of cement
possible from existing water in well

KN/py

APPLICATION

A 18748

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. 396

DISTRICT 5th
DATE July 12, 1973

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 Dolores Investments (contract Owner)

ADDRESS 17512 Bowie Mill Rd., Derwood, Maryland PHONE 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 5

ROAD AND DESCRIPTION directions From Ellicott City South on Rt. 29 Approximately 1000 feet South of Rt. 32 to Vista Drive; West on Vista Drive to Long View Rd.

SIZE OF LOT Approximately one acre 31,982 \$ TYPE BLDG. 4 Bedroom + -
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 William J. Miller

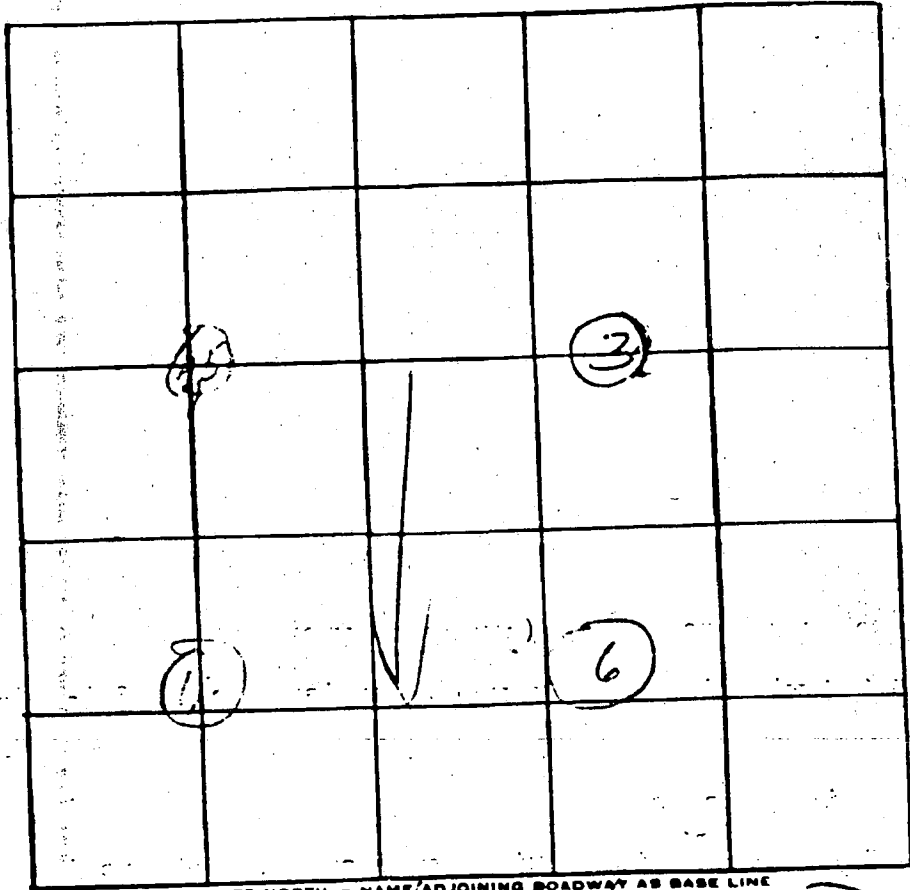
APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING THE SYSTEM UNDER THIS PERMIT IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

THIS IS NOT A PERMIT



Lot 5

INDICATE NORTH - NAME/ADJOINING ROADWAY AS BASE LINE

For a Yearly Eff

8/3/83

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	3 1/2	11:16	11:31	12:31	12:55	24
	2	10 1/2	12:15	12:15	12:15	12:33	5
	3	11 1/2	Visual		sim to 147		
	4	4	12:25	12:54	12:29	12:51	9
	5	10 1/2	12:15	12:15	12:15	12:35	7
	6	10 1/2	Visual		sim to 147		

$\bar{t} = 11 \frac{1}{2}$ min
max depth
= 4

REMARKS NW 2 & R17
TYPE OF SOIL Sandy mica

C 1 6970
SEQUENCE NO. (WRA USE ONLY)
1 2 3 4 (SEQ. NO.)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED
1974

DEPTH OF WELL
205

COUNTY NUMBER
145

PERMIT NO. FROM "PERMIT TO DRILL WELL"
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 135

OWNER: *Incidental* *Abraham Inc.*
LAST NAME
STREET OR RFD: *16216* *Therrell Rd*
POST OFFICE: *Greenland 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
<i>Sand</i>	0	50	
<i>White Rock</i>	50	90.5	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE NO.)
44 44

CEMENT M 45 46 BENTONITE/CLAY B C 45 46

NO. OF BAGS *14* NO. OF POUNDS *1216*

GALLONS OF WATER *51*

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 40 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S 1 STEEL C O CONCRETE
 P L PLASTIC O T OTHER

MAIN CASING TYPE S 1

NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH) *6*

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) *52*

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

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) *2*

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) *4*

METHOD USED TO MEASURE PUMPING RATE *UL*

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING *17* (NEAREST FOOT) *20*
WHEN PUMPING *16* (NEAREST FOOT) *25*

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR 27 P PISTON 27 T TURBINE 27
 C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27
 J JET 27 S SUBMERSIBLE 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

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
 - BELOW *49* (NEAREST FOOT) *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).

CIRCLE APPROPRIATE BOXES

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: *Jesse M. Ingham*

PLEASE PRINT: *Jesse M. Ingham*

SIGNATURE: *Jesse M. Ingham*

EACH SCREEN

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM TO

50 *90.5*

30 32 36 41 45 47 51

SLOTS SIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH) FROM TO

5.5 *6*

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

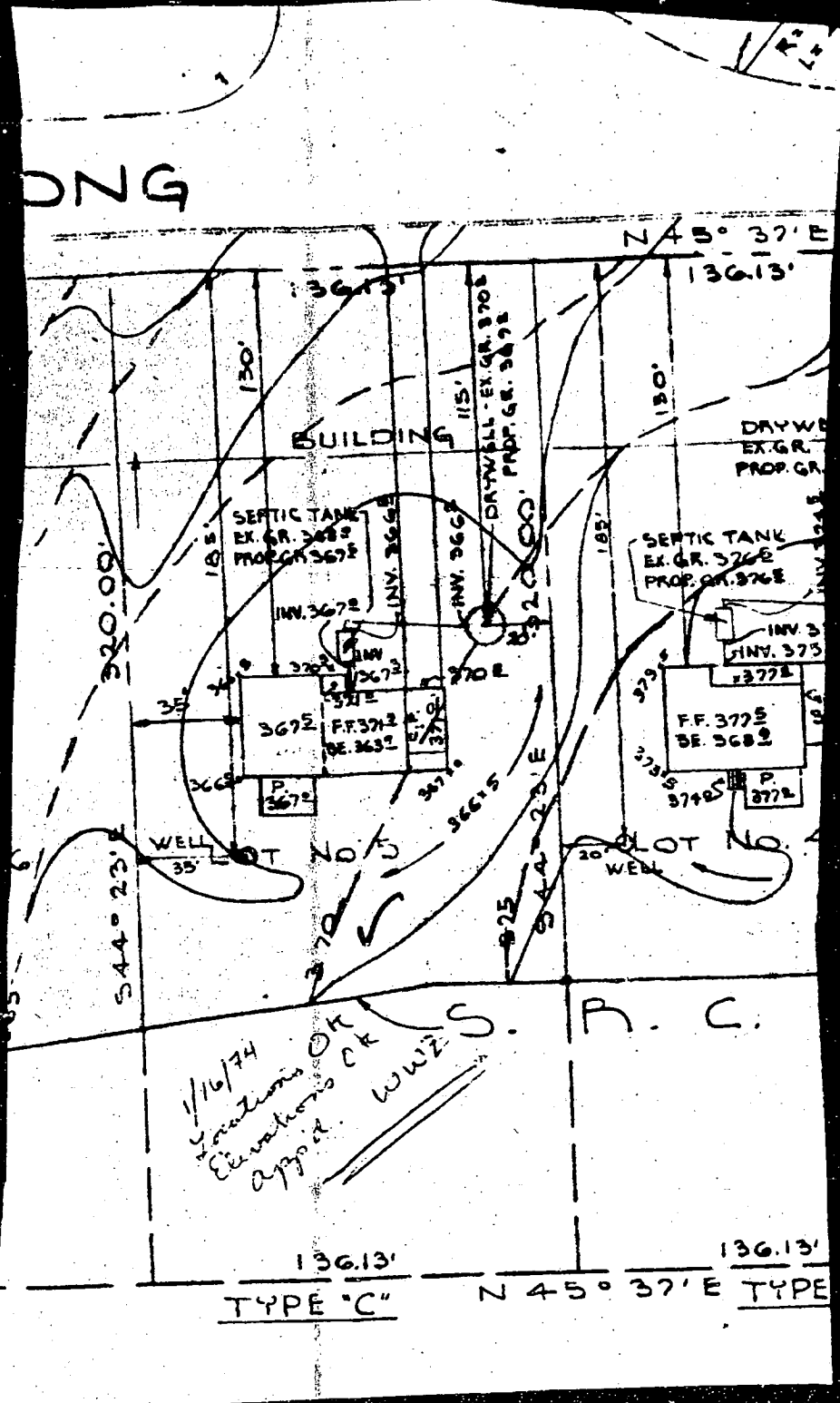
TELESCOPE CASING 70 72

LOG INDICATOR 74 75 76

OTHER DATA AVAILABLE

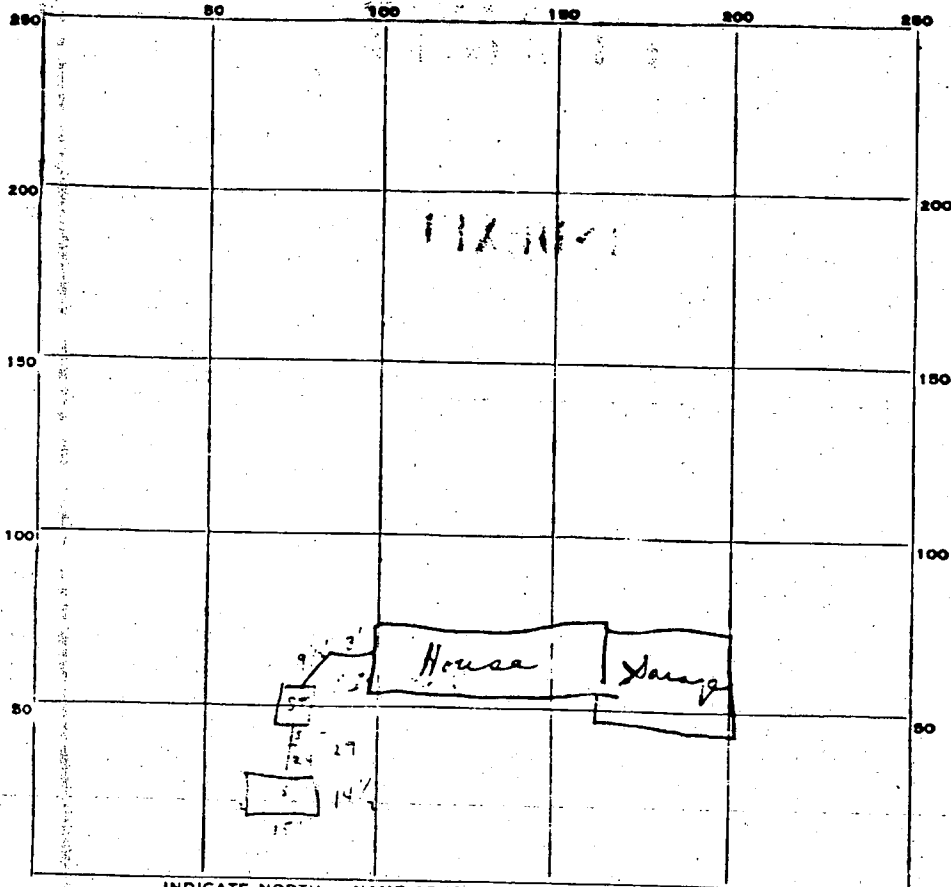
6/21/74
ground
plan

DNG



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 PROPERTY
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 3-4 ft.
 side line
 NOTE: A
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 PLANS AP
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 NEITHER
 SUCCESSF



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD U

SEPTIC TANK, LEVEL OK

CLEANOUTS ST. DW. OK OK

DISTRIBUTION BOX, LEVEL —

TILE FIELD, DEPTH — FT. TRENCH WIDTH — FT.

GRAVEL DEPTH — IN. TOTAL LENGTH — FT.

NUMBER OF TRENCHES — TOTAL BOTTOM AREA —

SEEPAGE PITS, INSIDE DIAMETER 8 FT. DEPTH BELOW INLET 5 1/2 FT.

ABSORBENT AREA 472 1/2 SQ. FT.

REMARKS Note: plan all seepage pits - due to location
of pits in relation to house & garage

DATE SYSTEM APPROVED 4/21/74 INSPECTOR C. B. [Signature]

APPLICATION

A 18748

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 468-8000, EXT. 386

DATE July 12, 1973

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 Dolores Investments (contract owner)

ADDRESS 17512 Bowie Mill Rd., Derwood, Maryland PHONE 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates

LOT NO. 4

ROAD AND DESCRIPTION directions From Ellicott City South on Rt. 29 Approximately 1000 feet South of Rt. 32 to Vista Drive; West on Vista Drive to Long View

SIZE OF LOT Approximately one acre 31.312 TYPE BLDG. 4 Bedroom + -

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 William J Miller

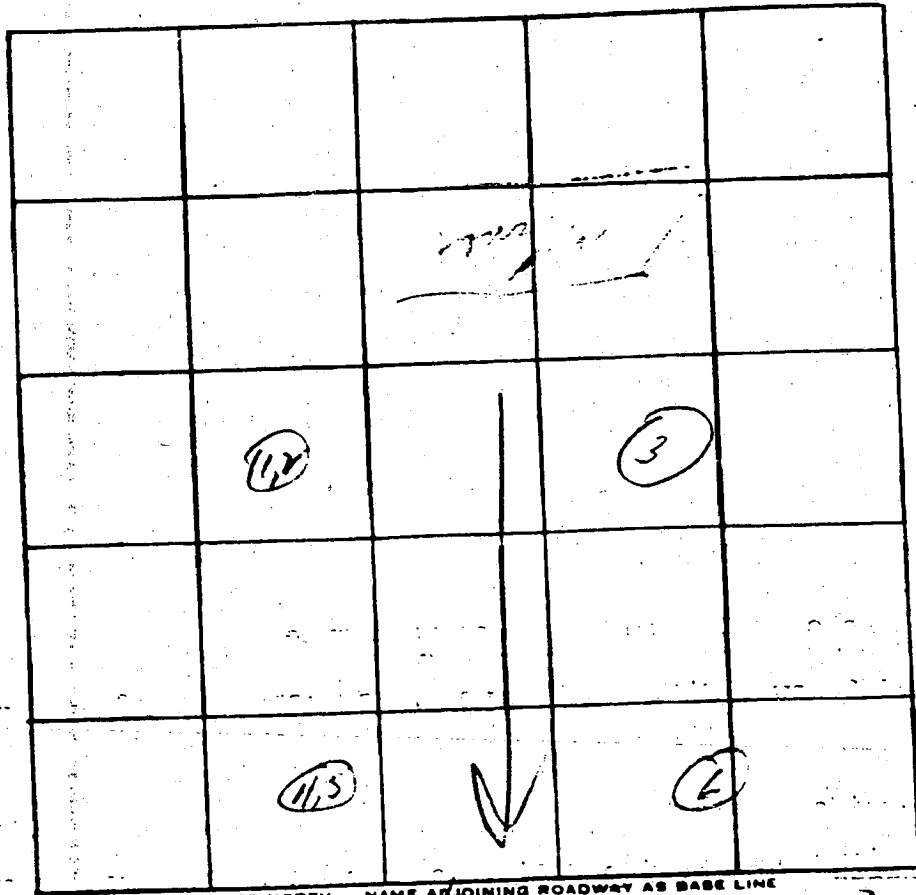
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____
THE SYSTEM UNDER THIS PERMIT
IS ACCEPTABLE ONLY UNTIL
PUBLIC FACILITIES BECOME AVAILABLE.

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Long View EXT

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
8/10/25	1	3	11:18	11:20	11:20	11:24	4
8/10/25	2	11	11:21	11:24	11:24	11:29	5
8/10/25	3	10	Vacant, see to 14		11:28		6
	4	4	11:25	11:28	11:28	11:34	6
	5	11	11:25	11:27	11:27	11:31	7
	6	10+	Vacant, see to 14		11:31		13

$t = 6 \text{ min}$
 Max depth
 = 3'

REMARKS

8/10/25

TYPE OF SOIL

hard yellow

C 1 **6969** SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 5 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, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **14**

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED **June 7, 71**

DEPTH OF WELL **115** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" _____

DRILLERS IDENTIFICATION NO. **233**

OWNER: **Identical** LAST NAME **Anderson** FIRST NAME **John**

STREET OR RD. **1046 Greenbelt Rd** POST OFFICE **Greenbelt 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

Sand 0 37

Shale R.L. 37 115

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT M BENTONITE CLAY BC

NO. OF BAGS **10** NO. OF POUNDS **74**

GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **0** FT. TO **37** FT.

CASING RECORD

MAIN CASING TYPE S C

NOMINAL DIAMETER (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **37**

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE S BR HO

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

DEPTH (NEAREST WHOLE FOOT)

FROM 8 9 11 15 17 21

TO 23 24 26 30 32 36

38 39 41 45 47 51

SLOTS SIZE 1. _____ 2. _____ 3. _____

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **10**

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **40** (NEAREST FOOT)

WHEN PUMPING **15** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) C R O

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) Y N

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE **50** (NEAREST FOOT)

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)

CIRCLE APPROPRIATE BOXES

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-CARTONED "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 _____

DATE _____

SIGNATURE _____

DIAMETER OF SCREEN **5 1/2** (NEAREST INCH)

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F N

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70 72

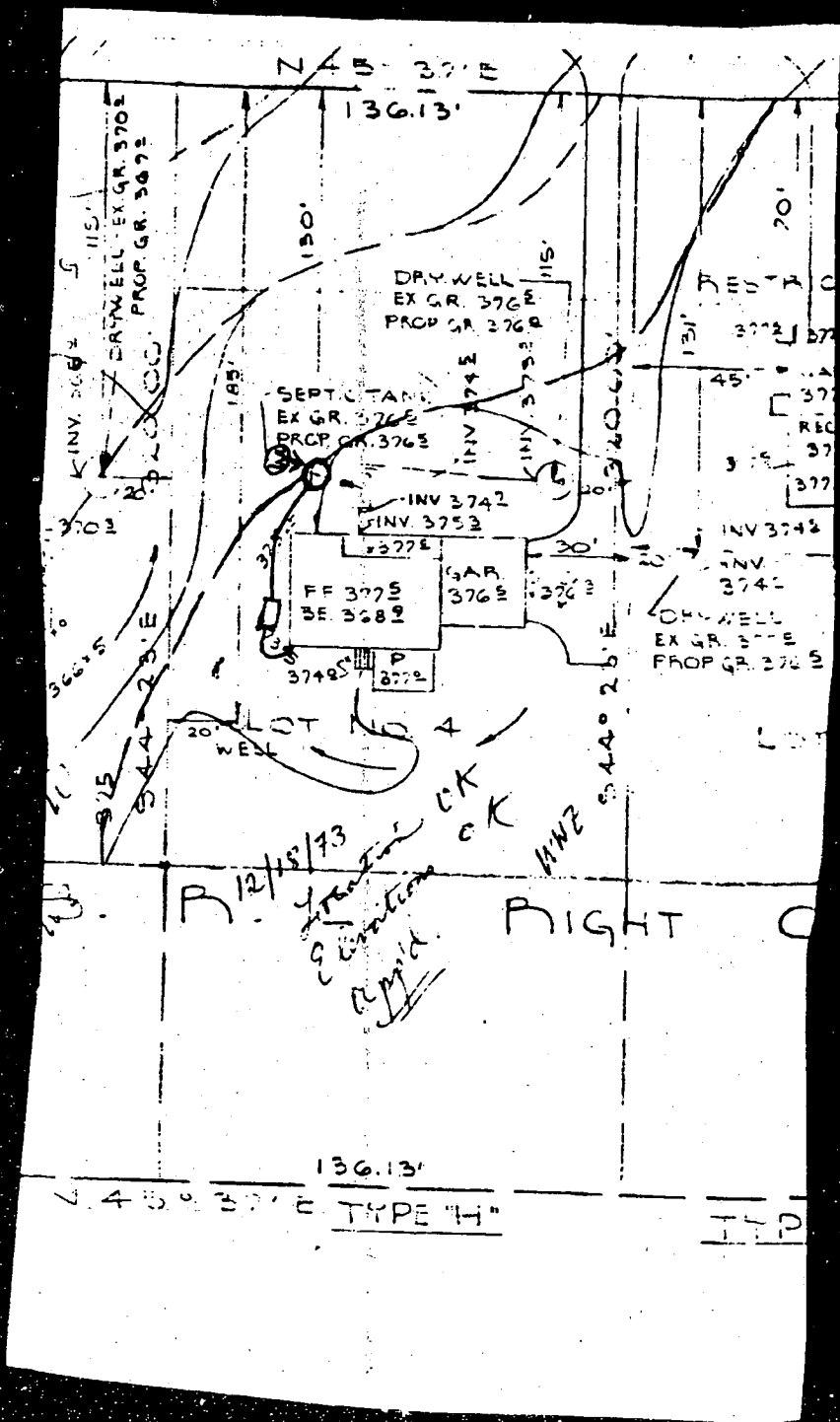
LOG INDICATOR 74 75 76

OTHER DATA AVAILABLE

Handwritten notes and signatures

6/1/74
 m. of p.s.s.

HOWARD

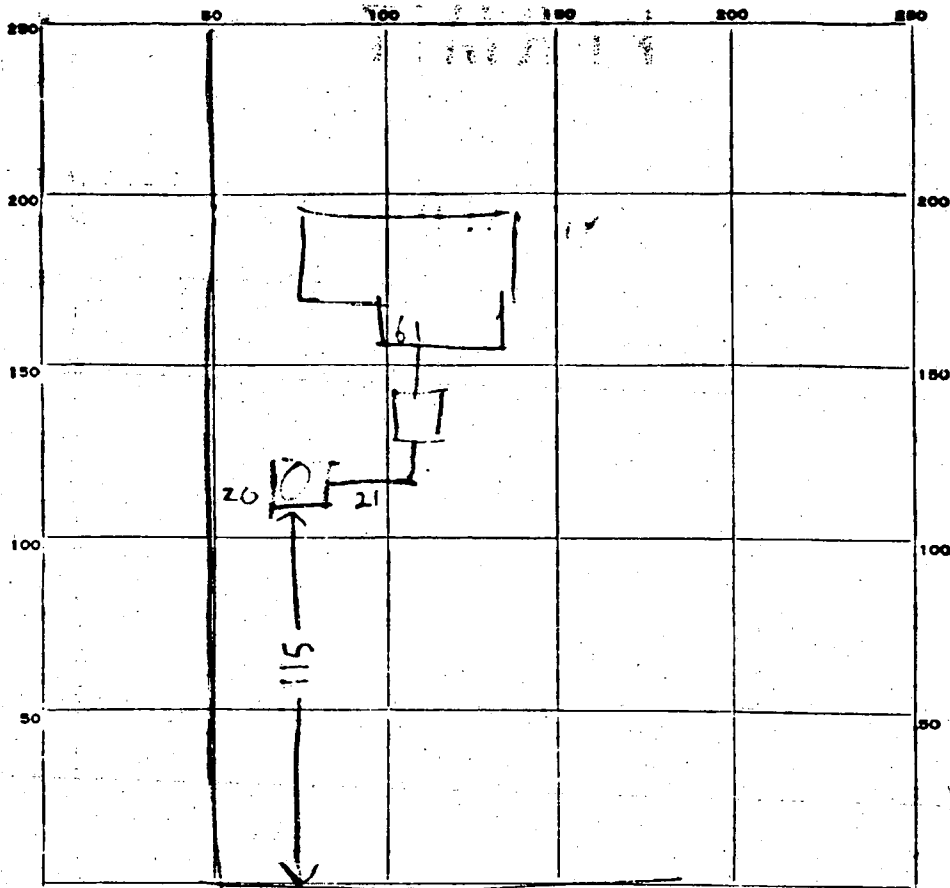


Roll
 ADDRESS Clark
 A SEWAGE DISPOS
 SUBDIVISION R1
 PROPERTY OWNER
 ADDRESS 1751
 SPECIFICATIONS

DF
 SE
 OTHER 1
 room below
 depth of d
 ft. from t

NOTE: ALL
 PERMIT VOI
 NOTE: INS

PLANS APPROVI
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 SUCCESSFUL O



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK
 SEPTIC TANK, LEVEL OK T-1-25 CLEANOUTS OK
 DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 371 SQ. FT. COUNTING 5700

REMARKS 6/17/74 12" INLET 34" BELOW GRADE

PERIMETER OF 11W 53F7 -

HOUSE WAS 2,450 SQUARE FEET

11.1 IN V

WATER WERE NOT YET INSTALLED

DATE SYSTEM APPROVED 6/17/74 INSPECTOR Kevin M. ...