

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330710

INDEXED

P 513386

A 50830-Z

DISTRICT \_\_\_\_\_

DATE 4/14/2000

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 4/26/00

INSPECTOR BB

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 410-795-6566

SUBDIVISION Brantwood I LOT 27 ROAD 3024 Lancelot Cross

PROPERTY OWNER NV Homes

**BUILDING PERMIT SIGNED AND RETURNED**

9-22-04 800149526-DEEK

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 251.17' and 218.97' lot lines, begin trenches 55 feet down the 251.17' lot line and 50 feet off that same lot line. Run trenches on contour toward the 251.17' lot line.

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

PLANS APPROVED BY Amy McMillen OK SRU 1/7/00 DATE 12-27-1999

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

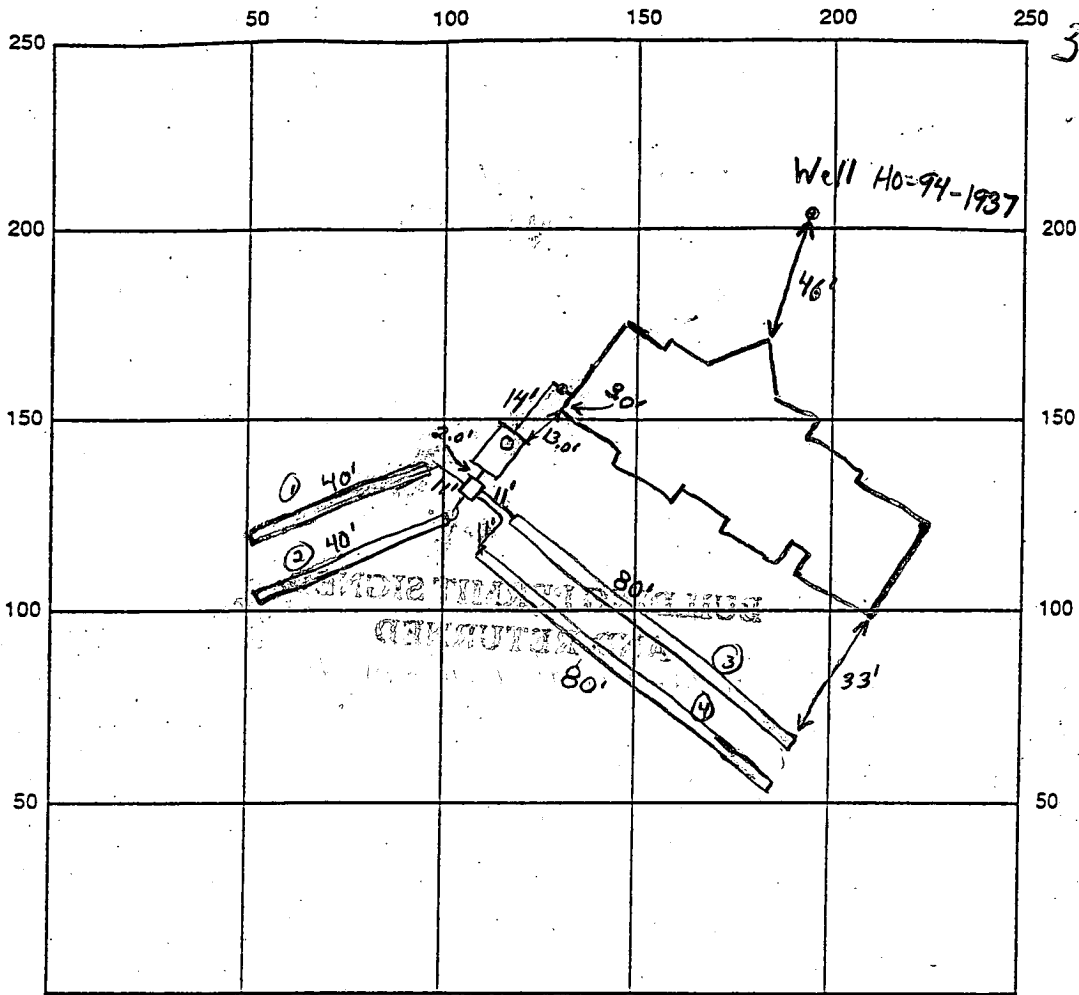
PERMIT VOID AFTER TWO YEARS

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**

50830Z



3024 LANCELOT CROSS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

**Lancelot Cross**

SEPTIC TANK LEVEL 1250 gal Mid-Seamed CLEANOUTS 4" House, 8" Tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4-5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2-3 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 40/40/80/80 FT. (240' Total)

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 4/20/00 Met with installer. Topography of easement is difficult to work with. Suggest that two 40'-45' trenches be run perpendicular to house and two 75'-80' trenches be run parallel to house (See attached diagram) Trench depth to be kept as close to 4.0' as possible. (BB) 4/21/00 House connection made. Tank set. (BB)

DATE SYSTEM APPROVED 4/26/00 INSPECTOR B. Baker

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 8/15/95

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 Feaga Family NV HOMES

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. C/O Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808

21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. TK80 28

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

3024 LANCELOT CROSS

TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD - 4 Bed  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

APPLICANT SIGNATURE  
AND RETURNED 12-27-99  
Serial # 800121865

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. Marl A Reich  
(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

COUNTY #

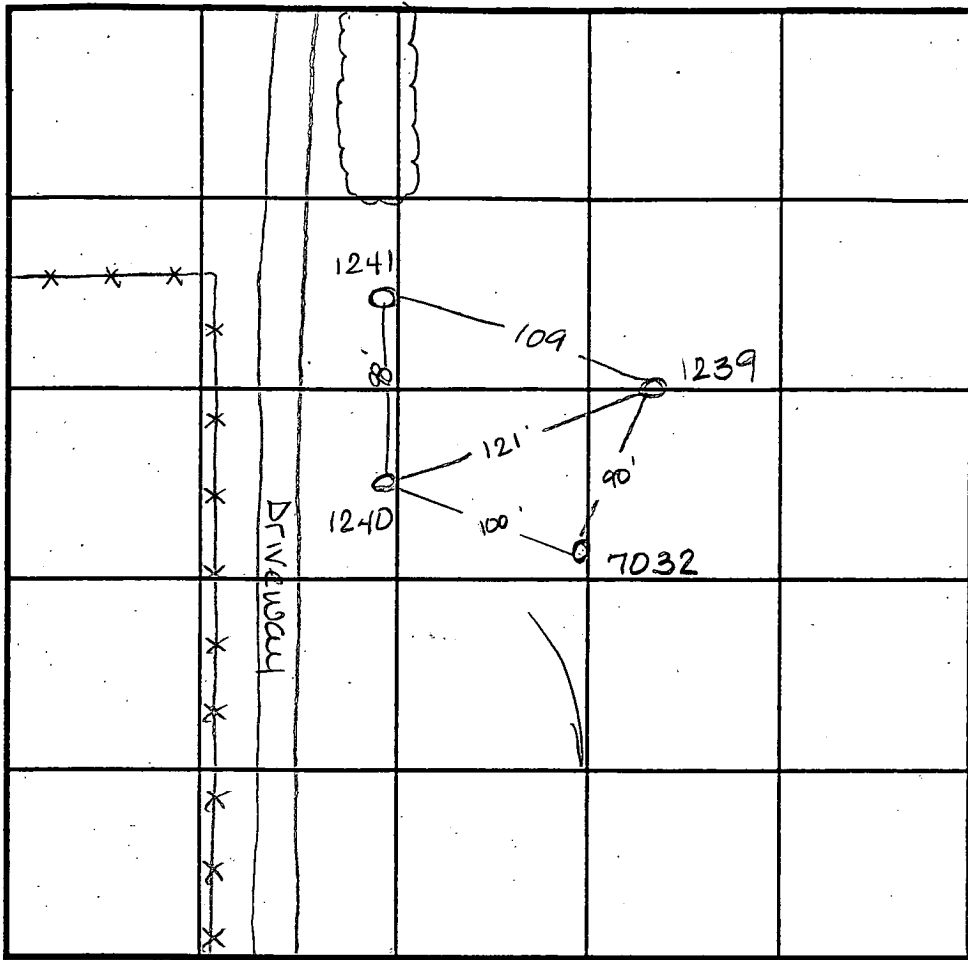
SOIL PROFILE

0'

1241

No distinct clay layer

Pink to red silty micaceous strong platy structure



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

13

1240 1239

no distinct clay layer

orange brn silty

5'

reddish brn micaceous horizontal layers of white decayed quartz yellow brn S

12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-19-95	1241	2' / v13	11:10	11:11	11:11	11:14	3min
	1241	3' / v13	11:11	11:13	11:13	11:16	3min
	1240	3' / v12	11:21 <sup>30</sup>	11:23 <sup>30</sup>	11:23 <sup>30</sup>	11:26	2 1/2 min
	1239	2' / v13	Visual only		see profile - OK		
12-10-96	7032	Visual to 13.0			see profile OK		

7032

dark red silty

4.0

dark red silty

7.0

white & orange & black very decayed Saprolite not H<sub>2</sub>O related

13.0

REMARKS \_\_\_\_\_

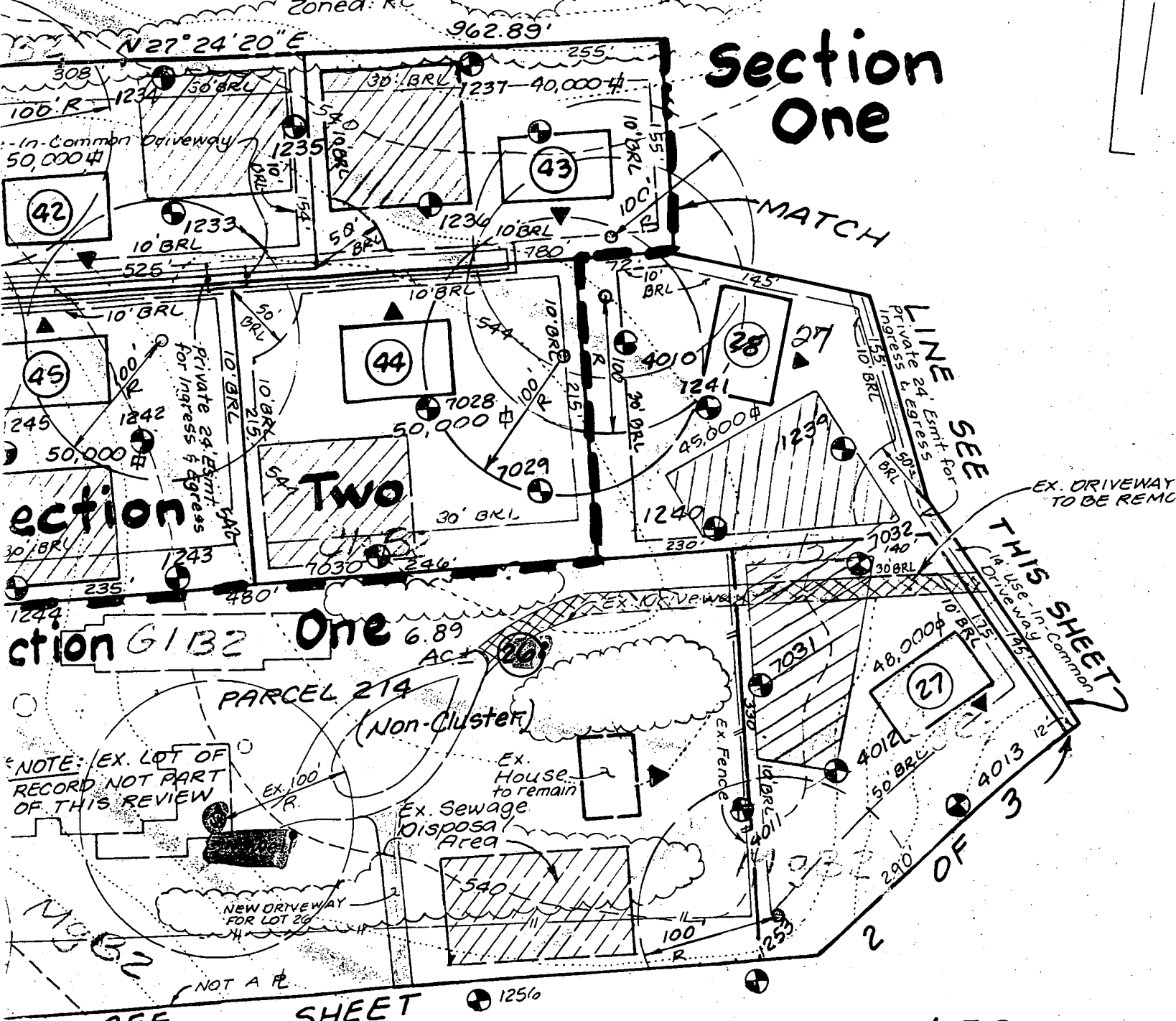
TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMullen ALSO PRESENT March Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



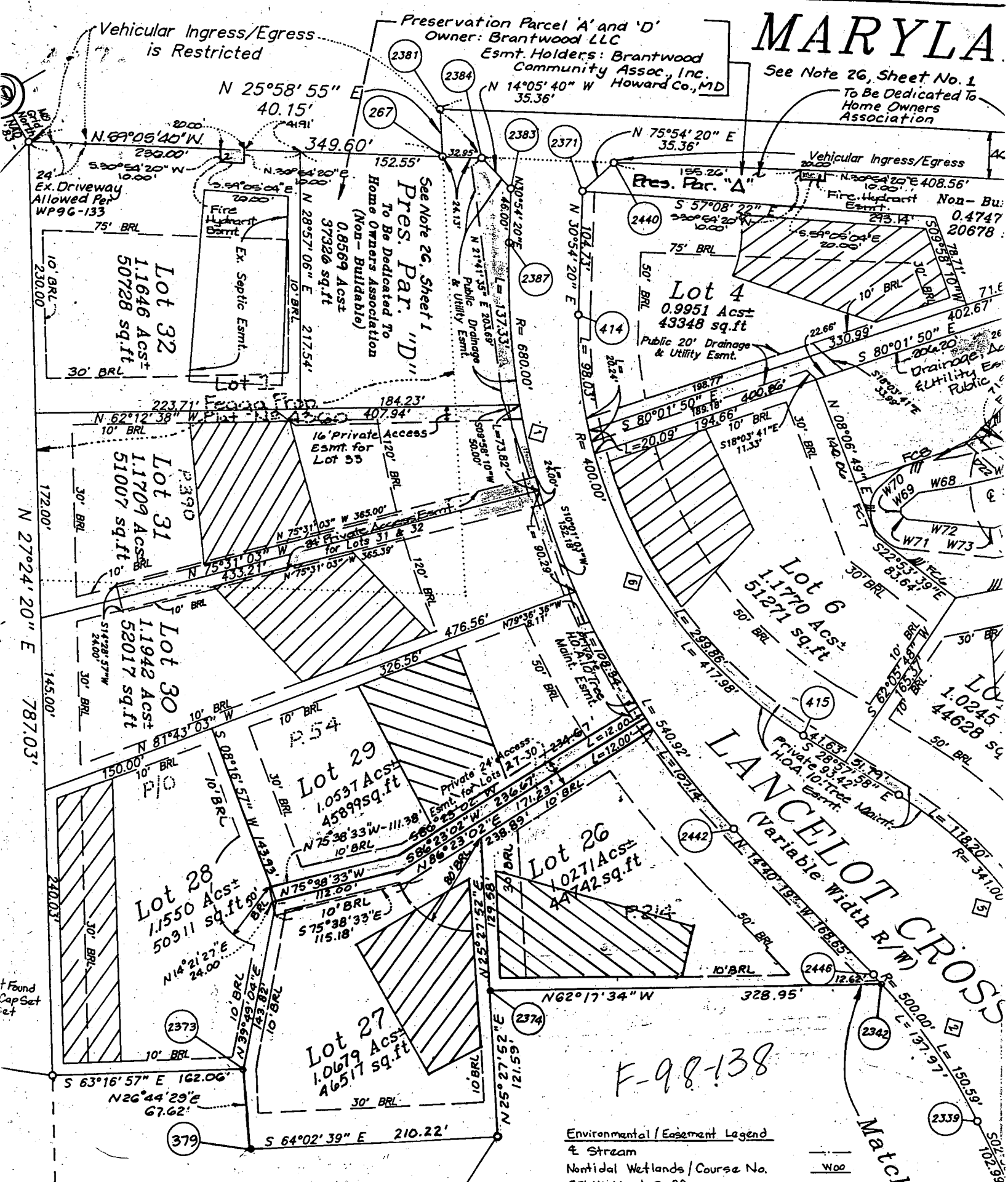


Revised Perc. Cert  
9-18-98

- EX. PERCOLATION TEST
- ⊕ PERCOLATION TEST (Fair)
- ⊕ PERCOLATION TEST (Fair)
- Ⓜ Ⓞ ROCK CLAY - PERC. TEST
- Ⓜ EX. WELL SITE
- ▨ EX. SEWAGE DISPOSAL
- ▨ PROP. SEWAGE DISPOSAL
- ⊞ SOIL GROUP DELINEATION
- ⊞ 25% OR > STEEP SLOPE
- ⊞ PROP. DWG.

# MARYLA

See Note 26, Sheet No. 1  
To Be Dedicated To  
Home Owners  
Association



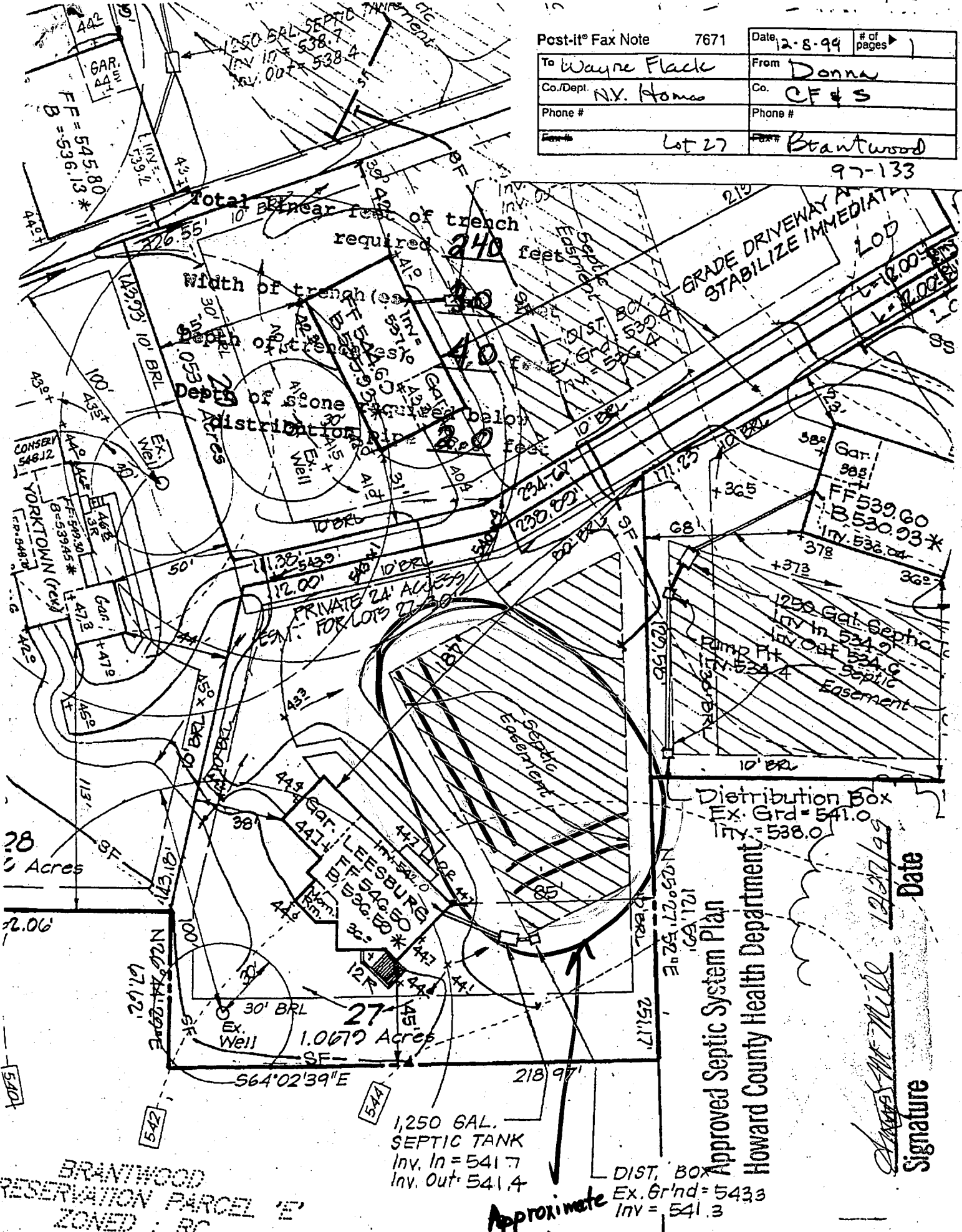
F-98-138

... into itself, its successors and assigns all  
... on this plat for the public utilities, public  
... ment facilities, forest conservation (designated  
... ATION EASEMENT), floodplains, and preservation  
... on, over and through Lots 1 - 32, Preservation  
... "C" and "D" and Non Buildable Parcel "E".  
... vances of the aforesaid lots shall be subjected to

Matchline

Post-it® Fax Note	7671	Date	12-8-99	# of pages	1
To	Wayne Flack	From	Donna		
Co./Dept.	N.Y. Homes	Co.	CF & S		
Phone #		Phone #			
Site #	Lot 27	Part #	Brantwood		

97-133



BRANTWOOD  
RESERVATION PARCEL F  
ZONED : RC

1,250 GAL.  
SEPTIC TANK  
Inv. In = 541.7  
Inv. Out = 541.4

Approximate  
Trench  
Locations

DIST. BOX  
Ex. Gr'd = 543.3  
Inv = 541.3

Distribution Box  
Ex. Gr'd = 541.0  
Inv. = 538.0

Approved Septic System Plan  
Howard County Health Department

Signature: *Donna McMill*  
Date: 12/27/99

C1 6485

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830Z

ST/CO USE ONLY DATE Received 5-5-99

DATE WELL COMPLETED 4-29-99

Depth of Well 425 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1937

OWNER Brantwood, L.L.C. STREET OR RFD 400 Parkway Lance for Cross TOWN Columbia, MD 21045 E.C. SUBDIVISION Brantwood SECTION LOT 28 27

REVISION TO PREVIOUS REPORT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Slate.

Water @ 110-190

GROUTING RECORD form including WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including MAIN CASING TYPE (ST, PL), Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form including diameter inch, depth (feet) from to.

SCREEN RECORD form including screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. 1 MWD 139 Robert Cline DRILLERS SIGNATURE

LIC. NO. 1 MWD 168 Rick Fogle

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

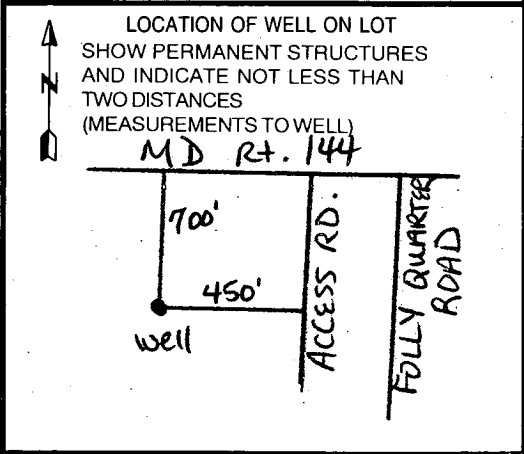
DEPTH (nearest ft.) table with columns for casing height and screen depth.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form including DRILLER-INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



C1 4140  
SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.  
COUNTY NUMBER **A50830Z**

DATE RECEIVED  
MM/DD/YY  
8/25/99

DATE WELL COMPLETED  
MM/DD/YY  
1/18/99  
Depth of Well  
425  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
MO-94-1937

OWNER **Brantwood LLC**  
STREET OR RFD **Lancelot Cross** TOWN **ELICOTT CITY**  
SUBDIVISION **Brantwood** SECTION **I** LOT **28**

**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	70	
BLUE SLATE	70	425	

WATER AT 110-190

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y**  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **18** NO. OF POUNDS **144**  
GALLONS OF WATER **108**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **38** STOP **42** to **54** BOTTOM **58** 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) **6** Total depth of main casing (nearest foot) **81**

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

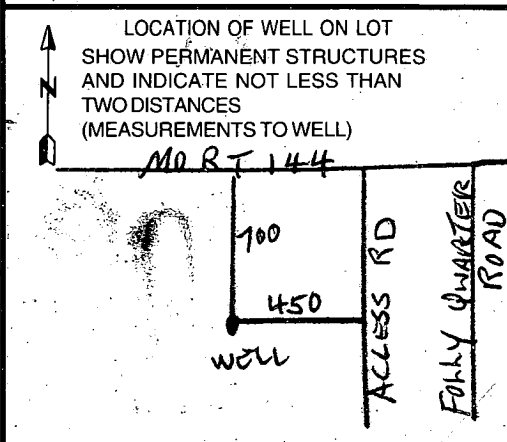
**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**PUMPING TEST**  
HOURS PUMPED (nearest hour) **6**  
PUMPING RATE (gal. per min.) **1.2**  
METHOD USED TO MEASURE PUMPING RATE **TIME**  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING **66** ft.  
WHEN PUMPING **160** ft.  
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 INSTALLED PUMP (CIRCLE) (YES or NO) 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) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } (nearest foot) 50 51

NUMBER OF UNSUCCESSFUL WELLS: **0**  
WELL HYDROFRACTURED **Y** **NO**  
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

**DEPTH (nearest ft.)**  
E A C H S R E E N  
1 **HO** 80 15 17 425 21  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
from 56 to 60



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 LIC. NO. **MWD 139**  
**Robert Cline**  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. **MWD 168**  
**Rick Fogle**  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**  
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

8824  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

HO-94-1937  
fill in this form completely

OWNER INFORMATION  
Date Received (APA) 10/13/98  
Brantwood LLC  
8835 - P Columbia 100 Parkway  
Columbia, MD. 21045

LOCATION OF WELL  
Howard  
Feaga Property  
Pine Orchard Meadows  
MILES FROM TOWN 2

DRILLER INFORMATION  
Nartman, David MWD 517  
A.C. Schuites of MD., INC.  
24 South River Road  
Edgewater, MD. 21037  
Signature: [Signature] Date: 10/06/98

LANCELOT CROSS  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 700 FT  
TAX MAP: BLK: PARCEL:

WELL INFORMATION  
APPROX. PUMPING RATE 10 (GAL. PER MIN.)  
AVERAGE DAILY QUANTITY NEEDED 800 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER: HEALTH DEPARTMENT APPROVAL  
Howard CO A50830Z  
DATE ISSUED 10/26/98  
CO SIGNATURE AM Will 10/26/98  
NORTH GRID 520 000 EAST GRID 820 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

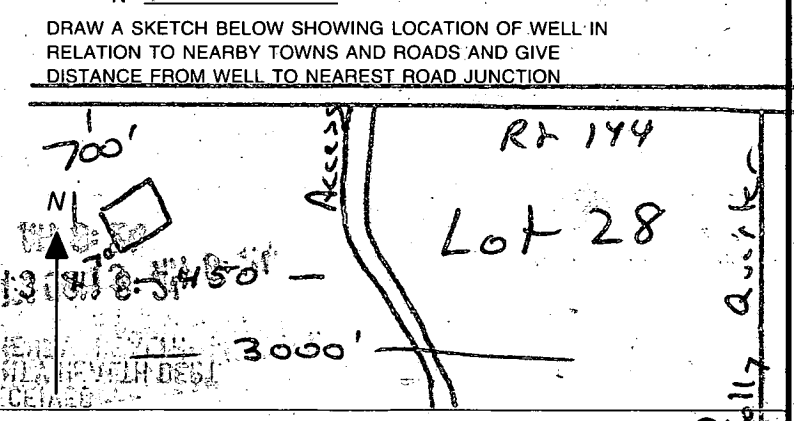
APPROXIMATE DEPTH OF WELL 200 FEET  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. Tanker  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 820  
N 520

METHOD OF DRILLING (circle one)  
BORED (or Augered) AIR-ROTary  
JETTED AIR-Percussion  
Jetted & DRIVEN ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTary  
DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER 54  
FORCE AM PERMIT No. HO-94-1937





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 \_\_\_\_\_

Name of Installer Van Sant P/bgy + d/hg

Telephone 301-829-0444

License Number 1467  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner NV Homes Telephone 258-0002  
 Subdivision Bramwood Lot # 27 Well Tag # 40-94-1937  
 Site Address 3024 Laurelot Cross

**Pump**  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible   
 2. Make Goulds  
 3. Model # 10EJ05422  
 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 \_\_\_\_\_

**Motor**  
 1. Horsepower 1  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

**Pitless Adapter**  
 1. Make Campbell  
 2. Model # 5108  
 3. Depth 48'

**Tank**  
 1. Capacity V-100  
 2. Pressure relief valve? Yes

**Piping** PE  
 1. Type PE  
 2. Size 1"  
 3. NSF and/or BOCA Code approved   
 4. Depth of supply line 48'

**Well data**  
 1. Depth 550 ft.  
 2. Yield 10 GPM  
 3. Static water level \_\_\_\_\_ ft.  
 4. Will water supply be disinfected by installer? \_\_\_\_\_

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).

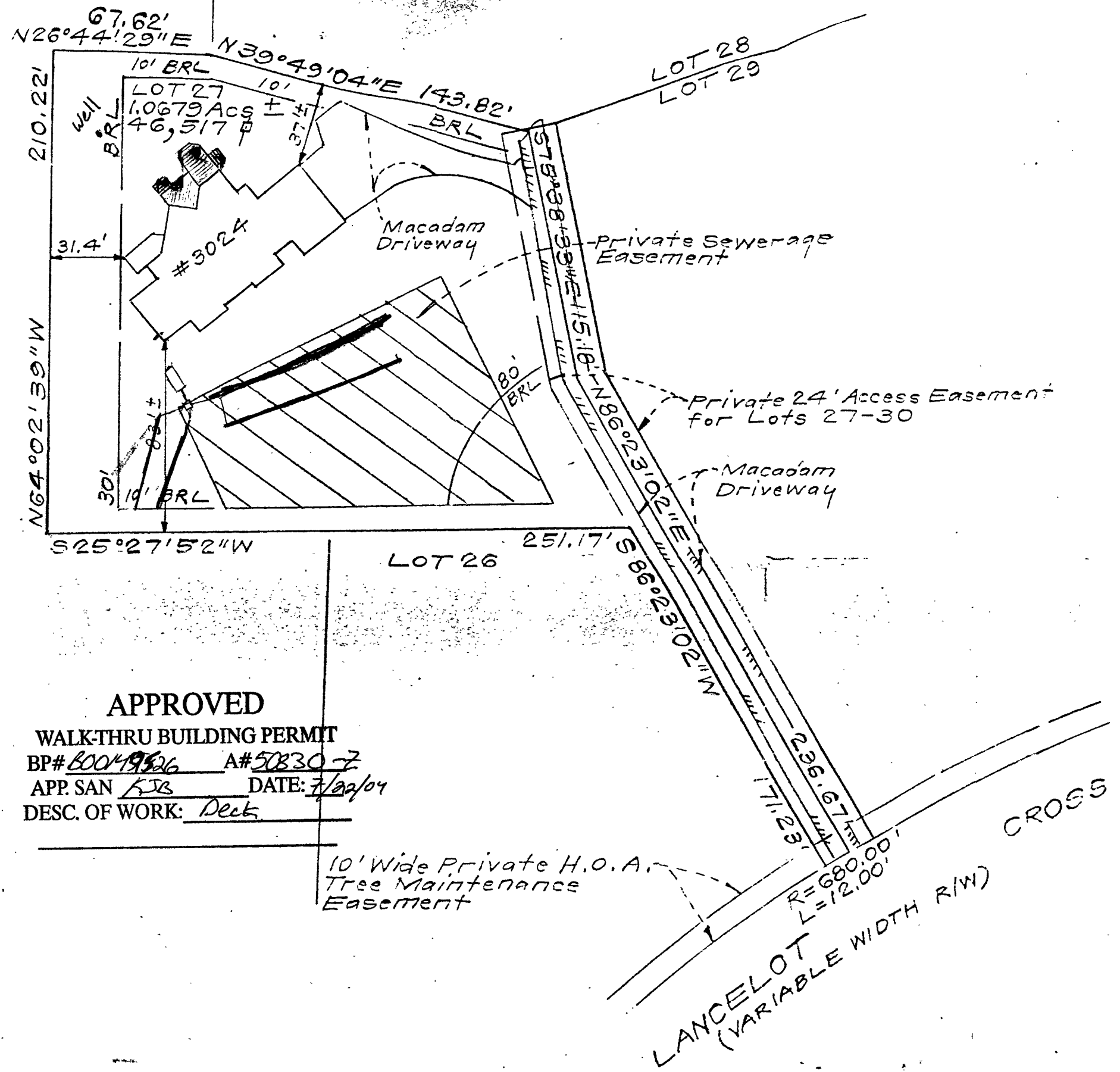
All information given above is true to the best of my knowledge.

4/24/00-WPI ON (BB) SRH

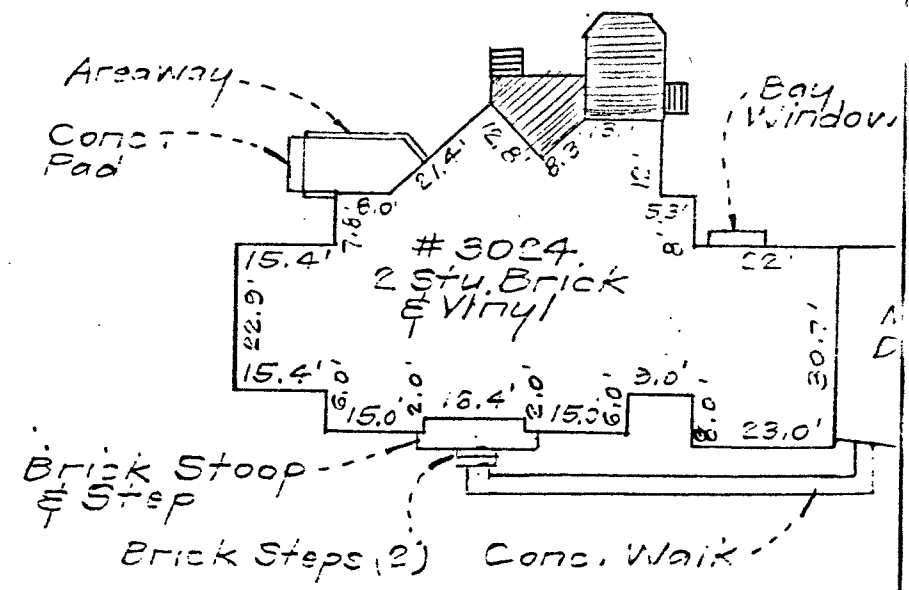
Signature of Applicant: [Signature]  
 Date: 2.21.00

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

NON-BUILDABLE BULK PARCEL "E"  
 PLAT No. 13732



**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# 60049526 A# 50830-7  
 APP. SAN KJB DATE: 7/22/04  
 DESC. OF WORK: Deck



SCALE: 1"=30'

insafar as  
 a company  
 transfer,  
 establishment  
 other existing  
 certification  
 ation may  
 or securing