

B 1 2094
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1663
70 fill in this form completely 79

Date Received (APA) 072398
8 MM DD YY 13
OWNER INFORMATION
Associates LLC BPM B
15 Last Name Owner First Name 34
15298 Union Chapel Road
36 Street or RFD 55
Woodbine, MD 21797
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
WELLINGTON WEST
23 SUBDIVISION 42
SECTION 2 LOT 6
44 46 48 50
6 LEW WOOD
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M I I
73 76 77 78

DRILLER INFORMATION
Dana Kyle RT M D 256
Driller's Name 76 License No. 81
Westminster Rotary Well Drilling Inc
Firm Name
P.O. Box 861 Westminster, MD 21157
Address
Dana Kyle RT 722-98
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
N
NE
E
SE
S
SW
W
NW
8 8 8 8 8 8 8 8
TOWN
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
N
WEST
W
EAST
E
SOUTH
S
34 300 37
DISTANCE FROM ROAD, FT
ENTER FT OR MI 38 39
TAX MAP: 141 BLK: PARCEL 222

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 6
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 395
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard CO A58095E
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 090698 ATW McLoone 8/6/99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 530 000 EAST GRID 790 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 230 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 8.29.98
SOURCES OF DRILLING WATER
1. City
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 790
N 530
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY DRIVE-POINT
other

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
39 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 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Union Chapel Rd
Bucks Run Rd
Well

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER 54 G A P 63
PERMIT No. HO-94-1663
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Pulte Homes Telephone #: 410-664-5603
Subdivision: Wellington West Lot #: 6 Well Tag #: HO-94-1663
Site Address: 15245 Bucks Run Dr.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goolds</u>	Make: <u>Lampbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>105805412</u>	Model#: _____	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>153'</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NO

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Black Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 5-2-01

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 4/18/01 Date Insp. Approved: 4/18/01 Inspector: BB

Inspection Data:

- Pitless adapter watertight & water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope not seen outside of well cap/casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: August 29, 1998 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 94 - 1663

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Dana Kyker Jr. II

WELL DRILLERS LICENSE NUMBER: MWD256

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: BPMB ASSOC.

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Glenwood
 TAX MAP 14 BLOCK _____ PARCEL 222
 SUBDIVISION: Wellington West
 SECTION: 2 LOT: 6
 NEAREST ROAD: Bucks Run Drive

0 0 0	0
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 790
 BOX NUMBER 530

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____
- NONE

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 95 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (650 lbs)	0	28
Well Cuttings	28	95

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

CIRCLE ONE

DATE

Dana J. Kyker

MWD256

MWD/MSD/MGD *8-29-98*

