

B 1 8578 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

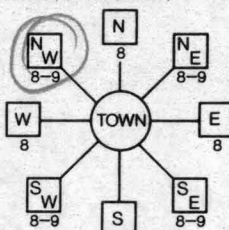
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-99-2381
 70 fill in this form completely 79

B 2 **OWNER INFORMATION**
 Date Received (APA) 072699
BOMB ASSOCIATES LLC
 15 Last Name Owner First Name 34
15298 UNION CHAPEL K
 36 Street or RFD 55
WOODBINE MD 211797
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
WELLINGTON WAST
 23 SUBDIVISION 42
 SECTION 2 LOT 1111
 44 46 48 50
GREENWOOD
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Dana Keyler JETT 256
 Driller's Name 77 License No. 80
Westminster Rotary Well Drilling Inc
 Firm Name
P.O. Box 861 Westminster Md 21158
 Address
Dana Keyler JETT 7/26/99
 Signature Date

B 4
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD Buck's Run Drive
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 350 37
 DISTANCE FROM ROAD
 ENTER FT OR MI FT
 38 39
 TAX MAP: 14 BLK: _____ PARCEL 222

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400
 14 20

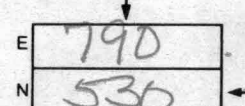
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard CO A58095J
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED 082699 A M McMill 082600
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 530000 EAST GRID 799000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
 24 28

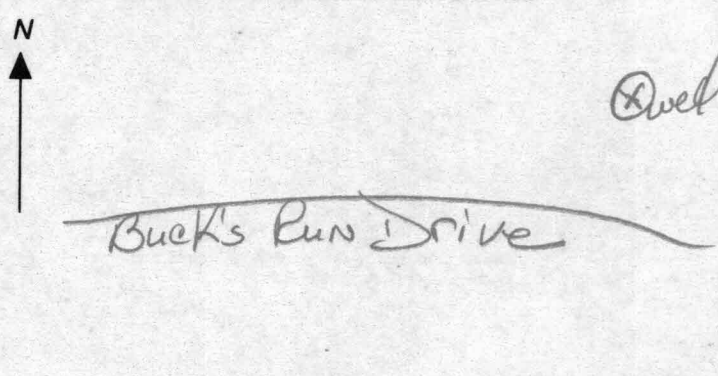
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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. City
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE


10/1/99
Grout 9:00
Not done @ time of Insp.
A

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 DEEPEMED 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


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE Am WRITE INITIALS IN BOX PERMIT No. HO-99-2381
 67 68 70 71 72 73 74 75 76 77 78 79

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: Foales Well Drilling Telephone #: 410-795-5670
 Address: 580 Obrecht Rd
Sykesville Md 21784

(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 #:
 Subdivision: Wellington West Lot #: 11 Well Tag #: HO-94-2381
 Site Address: 15265 Bucks Run DR.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Red Jacket</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YED</u>
Model #: <u>75 Fall 12612</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YED</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YED</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>YED</u>	Conduit min 18" B.G.: <u>YED</u>
Depth of well encountered at time of pump installation: <u>155</u> (feet)		Conduit secured to well cap: <u>YED</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 <u>inside of well casing N/A</u>		

Piping to house
 Type: 1" Black Plastic
 PSI: 160 (160 psi min)
 Depth of supply line: 1/2 (36" min)

House Connection
 PVC sleeve to undisturbed soil at wall penetration: YED
 Approximate length of sleeve: 8'
 Sleeve caulked and sealed properly: YED

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: 11/20/01

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

Date Insp. Requested: 10/24/01 Date Insp. Approved: 10/24/01 Inspector: (50) SRK
 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 ✓

FOREST CONSERVATION
EASEMENT #2
0.49± AC. TO BE
RETAINED

PRESERVATION PARCEL #
WILMINGTON SECTION 2 AREA 1
PLAT #12208 & 12209
ZONE: RC-DE3

ADJACENT PARCEL
RECORD #12208
PLAT #12208 & 12209

*W/ 8/20/19
as shown by
stakes
located
surveyor*

