



**B 1** **2439** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**40-94-0640**  
fill in this form completely

**B 2** OWNER INFORMATION

Date Received (APA) **071095**

**RAULIN** **FREDERICK**  
Last Name Owner First Name

**15101 FREDERICK RD**  
Street or RFD

**Wobobine** **MD 21797**  
Town State Zip

**B 3** LOCATION OF WELL

**HOWARD**  
COUNTY

~~FRANKLIN~~  
SUBDIVISION

SECTION **3** LOT **3**  
NEAREST TOWN **GLENWOOD**

MILES FROM TOWN (enter 0 if in town) **3 MI**

Three Keys Farm

**B 2** DRILLER INFORMATION

MSD/MGD/MWD **24**

**Joseph L. Wayne**  
Driller's Name License No. 80

**Joseph L. Wayne Well Drilling**  
Firm Name

**5512 Ridge Rd. Mt. Airy, Md 21771**  
Address

**Joseph L. Wayne** **7/10/95**  
Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Bushy Park Road**  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**80**  
DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **8** BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**B 2** 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** **A50264C**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED **073195** **DOMA K See** **7/30/96**  
CO SIGNATURE EXP. DATE

NORTH GRID **541000** EAST GRID **0788000**

APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

**B 2** 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

- WELL
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**780**  
**540**

8-7-95  
9:30 grout  
72' casing  
67' open  
22 bags

**B 2** REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

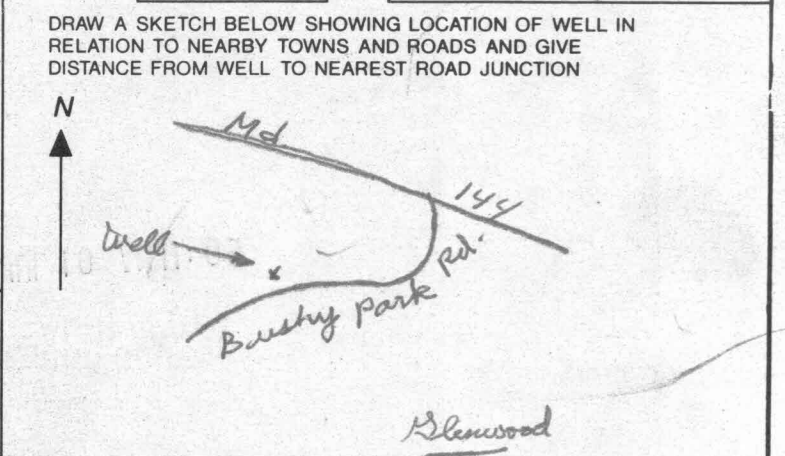
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 (OEP USE ONLY)

APPROX. PERMIT NUMBER **G A P**

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **40-94-0640**

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-0640  
 Location of property (road) Bushy Park Rd.  
 Subdivision Three Keys Farm Lot 23 Block      Plat      Sec.       
 Well Driller J. Mayne Owner Ravitt, Frederick

Depth of well 300'  
 Distance of measuring point (M.P.) above ground 2 1/2  
 Static water level (S.W.L.) below M.P. 59'

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:30 Pumping rate 15 gpm.  
 Total time 30 min. to reach pumping water level 275 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	191'	4 sec.	N/A	15 gpm.
8:00	275	4		15
8:15	272	30		2
8:30	272	30		2
8:45	272	30		2
9:00	272	30		2
9:15	270	30		2
9:30	268	25		2.4
9:45	269	25		2.4
10:00	269	25		2.4
10:15	267	25		2.4
10:30	263	25		2.4
10:45	259	25		2.4
11:00	264	22		2.7
11:15	268	24		2.5
11:30	269	24		2.5
11:45	269	25		2.4
12:00	271	25		2.4
12:15	271	30		2
12:30	263	30		2
12:45	263	25		2.4
1:00	262	25		2.4
1:15	260	25		2.4
1:30	259	25		2.4

HD-224 1:45 258 25 2.4  
 2:00 258 25 2.4



FROM : HoCo EnvHealth

FAX NO. : 4103132648

Oct. 04 2000 01:25PM P1

3/27/01  
Anytime

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: CHARLES A. KLEIN & SONS, JR. Telephone #: (410) 549-6960  
Address: 5220 ELMS MILL ROAD  
SUFFERVILLE, 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): CHARLES A. KLEIN, JR. License# 6521

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WILLIAMS GROUP Telephone #: (410) 997-8800  
Subdivision: CATFISH LAKE Lot #: 4 Well Tag #: HO-98-0640  
Site Address: 15190 BUSHY PARK ROAD  
WOODBINE, MD 21797

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: JACUZZI      Make: HANCOCK      Two piece watertight cap:   
Model #: 5-545-18P-52      Model#: PT-800      Screened, vented well cap:   
Pump Capacity 5 GPM      Depth: 62" (36" min)      Cap secured to casing:   
Well Yield: 15 GPM      NSF approved:       Conduit min 18" R.G.:   
Depth of well encountered at time of pump installation: 500 (feet)      Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NA

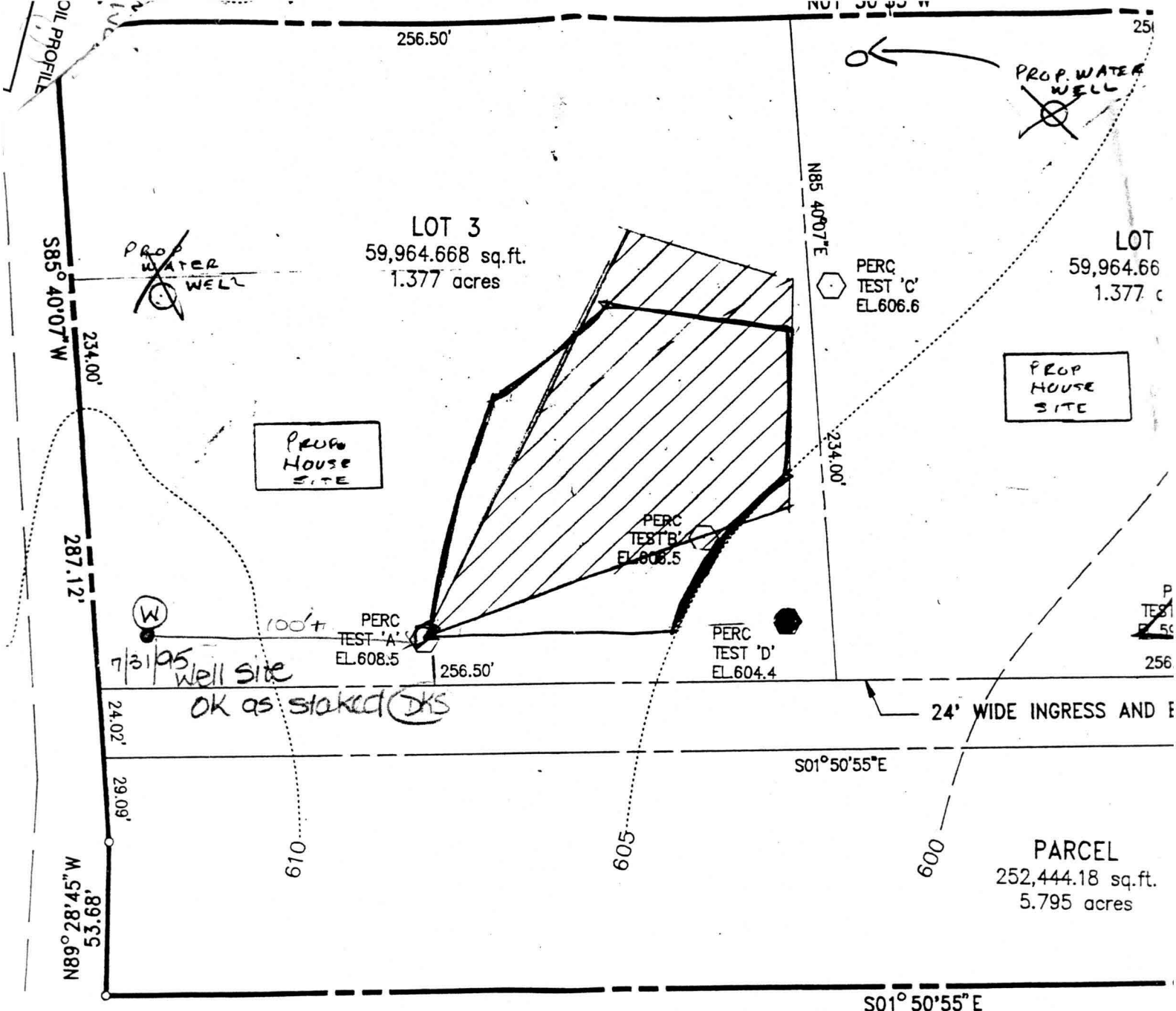
Piping to house      House Connection  
Type: COLLATERAL      PVC sleeved to undisturbed soil at wall penetration: Yes  
PSI: 2" (160 psi min) 300PSI      Approximate length of sleeve: 2'  
Depth of supply line:  (36" min)      Sleeve caulked and sealed properly:

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: Charles A. Klein Jr.      date: 3/15/01  
CHARLES A. KLEIN, JR.

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

Date Insp. Requested: 3/27/01      Date Insp. Approved: 3/27/01      OKSRK  
Inspection Data: Pitless adapter and 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 installed inside of well casing   
Correct well tag attached properly and casing 3" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



Private Sewer Systems.

*ature* 3/24/95  
DATE

FREDERIC

rections made on original  
only  
(by engineer) DKS

NOTES:

1. THERE ARE NO WELLS OR SEPTIC SYSTEM WITHIN 100' OF THE PROPERTY SHOWN HEREON.

**WATER ANALYSIS**

Do not write above this line.

S  
A  
M  
P  
L  
E  
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D

Bottle Number 40-2582 Name Raulin County Howard County Code 13

Source Three Keys Farm, Lot 3, Bushy Park Rd. Date Category Code 4F

Collected: Date 8/7/95 Time 11:00 Collector & Phone D. See 313-2640 Submitter Code     

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project S

F  
I  
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L  
D

Plant No.      Sampling Station      Preservation: Iced  Acid  Type of Acid H2SO4

pH      Chlorine: Free      Total      Specific Conductance     

Notes to Lab/Remarks: 40-94-0640

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrate, N	00630					
	pH*, Ca CO <sub>3</sub> SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief \_\_\_\_\_

Date Reported \_\_\_\_\_