

B 1 9423 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER HD-94-3258
 1 2 3 6 70 fill in this form completely 79
 W5159774

Date Received (APA) 080601 OWNER INFORMATION
 8 MM DD YY 13
 15 Brantly Development Owner First Name 34
 36 8835 P Columbia 100 Pkwy Street or RFD 55
 57 Columbia MD 21045 Town 70 State 72 Zip 76

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

DRILLER INFORMATION
 76 Paul M. Fabiszak Driller's Name M W D 3 9 9 License No. 81
 Firm Name G. Edgar Harn Sons' Corp
 Address 12047 Falls Rd eeskeyville 21030
 Signature [Signature] Date 8/3/01

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 Seneca Chief trail NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 300 DISTANCE FROM ROAD FT 37
 ENTER FT OR MI 38 39
 TAX MAP: 16 BLK: 20 PARCEL 147

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 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 COUNTY NAME AS15245 COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 10 23 01 Mark E. Rpk 10/23/02
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 530 000 EAST GRID 0826 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8206
 N 58030
 700 700

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
 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
 Rt 144
 Lancelot Cross
 Seneca Chief trail
 Butterfruit Way

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HD-94-3258
 70 71 72 73 74 75 76 77 78 79
 SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3258
 Location of property (road) Seneca Chief Trail
 Subdivision FERGUSON PROP Lot 5 Block _____ Plat _____ Sec. _____
 Well Driller Hart Owner Brantly Dev.

Depth of well 300'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 0700 Pumping rate 15.00gpm
 Total time 1 1/2hr to reach pumping water level 273 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 \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0700	37'	4		15.00
0715	118'	6		10.00
0730	186'	9		6.66
0745	246'	16		3.75
0800	261'	21		2.85
0815	266'	25		2.40
0830	271'	27		2.22
0845	273'	29		2.06
0900	274'	29		2.06
0915	274'	29		2.06
0930	274'	29		2.06
0945	274'	29		2.06
1000	274'	29		2.06
1015	274'	29		2.06
1030	274'	29		2.06
1045	274'	29		2.06
1100	274'	29		2.06
1115	274'	29		2.06
1130	274'	29		2.06
1145	274'	29		2.06
1200	274'	29		2.06
1215	274'	29		2.06
1230	274'	29		2.06
1245	274'	29		2.06

**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, Inc. Telephone #: (410) 549-6960
Address: 3220 Klein Mill Road
Highersville, 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 # 6527

*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: Williamburg Group LLC Telephone #: (410) 997-8800
Subdivision: Ferguson Property Lot #: 002 Well Tag #: HO-94-3258
Site Address: 3025 MERLIN COURT
ELLICOTT CITY, MD 21042 3

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Jacuzzi</u>	Make: <u>ARMORED</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>554003P-52</u>	Model #: <u>PL-100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	WSC NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>(60 psi min)</u>	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 4/18/02

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

Date Insp. Requested: 9/13/02 Date Insp. Approved: 9/3/02 (KN) SRK

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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

-ok per Mitch Miller (SRK)

