

B 1 **03510** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

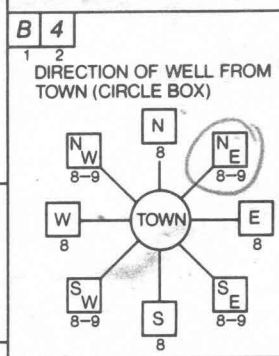
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0610
 fill in this form completely

Date Received (APA) **012496**
 OWNER INFORMATION
 HEWITT LEROY
 15 Last Name Owner First Name
 14070 MONTICELLO DR.
 36 Street or RFD 55
 COOKSVILLE MD 21729
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 HOWARD
 8 COUNTY 21
 MARLESS MANOR
 23 SUBDIVISION 42
 SECTION **2** LOT **31** HO-94-0610
 44 46 48 50
 COOKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** **M**
 73 76 77 78

DRILLER INFORMATION
 RALPH MAYNE
 Driller's Name 77 License No. 80
 RALPH MAYNE WELL DRILLING
 Firm Name
 9120 Brown Church Rd. N.H. Ave
 Address
 Ralph Mayne 1/20/96
 Signature Date



MONTICELLO DR.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **25** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A49889B
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **012596** EXP. DATE **4/25/97**
 43 48 CO SIGNATURE
 NORTH GRID **542000** EAST GRID **08000000**
 50 55 57 63

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)

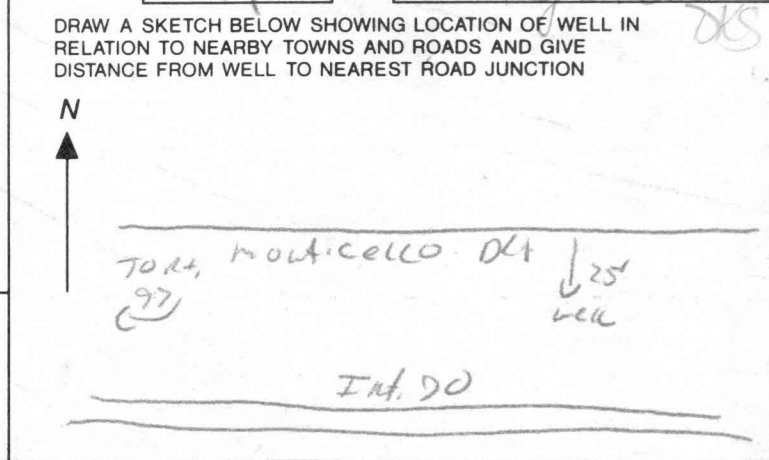
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

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. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **800**
 N **542**
 000
 000
 Grou. 9:30
 2-26-96
 34' casing @
 30' open
 13 bags
 location OK
 tag on site

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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **HO94 GAP 012**
 54 63
 FORCE **9999** WRITE INITIALS IN BOX PERMIT No. **HO-94-0610**
 67 68 170 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-02530610
 Location of property (road) Monticello Dr (Arelim lot 26)
 Subdivision Harless Manor Final Lot 15 Block Plat Sec. II
 Well Driller R Payne Owner 31 Leroy Hewitt

Depth of well 205
 Distance of measuring point (M.P.) above ground 2#
 Static water level (S.W.L.) below M.P. 15

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 106 gpm
 Total time 15 min to reach pumping water level 80 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
8:45	80 <u>H</u>	6 Sec	X	10 GPM	
9:00	80 <u>H</u>	6 Sec		10 GPM	
9:15	80 <u>H</u>	6 Sec		10 GPM	
9:30	80 <u>"</u>	6 "		10 "	
9:45	80 <u>"</u>	6 "		10 "	
10:00	80 <u>"</u>	6 "		10 "	
10:15	80 <u>H</u>	6 Sec		10 GPM	
10:30	80 <u>H</u>	6 Sec		10 GPM	
10:45	80 <u>H</u>	6 Sec		10 GPM	
11:00	80 <u>"</u>	6 "		10 "	
11:15	80 <u>"</u>	6 "		10 "	
11:30	80 <u>H</u>	6 Sec		10 GPM	
11:45	80 <u>H</u>	6 Sec		10 GPM	

14
2502
7/3/01
12:00

WPI

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: CONFER'S PLUMBING & HEATING Telephone #: 410-969-3980
Address: 908 EVERGREEN RD.
SEVERN MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): GARY R CONFER SR License# 8263

*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: PATRICK E. HANFMAN Telephone #: 410
Subdivision: BARLESS MANOR Lot #: 31 Well Tag #: HO-94-0610
Site Address: 24025 MOUNTAIN DR.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: MYERS Make: CAMPBELL Two piece watertight cap: NOT YET
Model #: 26302B010-25T102 Model #: B-10X Screened, vented well cap: _____
Pump Capacity: 5 GPM Depth: 48" (36" min) Cap secured to casing: YES
Well Yield: 1 1/2 GPM NSF/WSC approved: _____ Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 375 (feet) Conduit secured to well cap: YES
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

Piping to house House Connection
Type: PLASTIC PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 4 1/4" (36" min) Sleeve caulked and sealed properly: YES

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.

Gary R Confer Sr. 6/30/01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/20/01 Date Insp. Approved: 7/31/01 Inspector: DICK
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 ✓

All issues resolved 7/31/01
- need 2 pc cap
- need correct conduit pipe
- need to sleeve well line under driveway
* bore to well

3/15/96 logged
 C303600 E 21 J
 DCS

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number HO-2618 Name Heckwith County Howard County Code 13

Source Harless Manor, Lot 31, Monticello Drive Date Category Code 4F

Collected: Date 2/26/96 Time 11:10 Collector & Phone D. SOC 313-2640 Submitter Code

CHECK (one per box)

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

F
I
E
L
D

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

pH Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: HO-94-0610

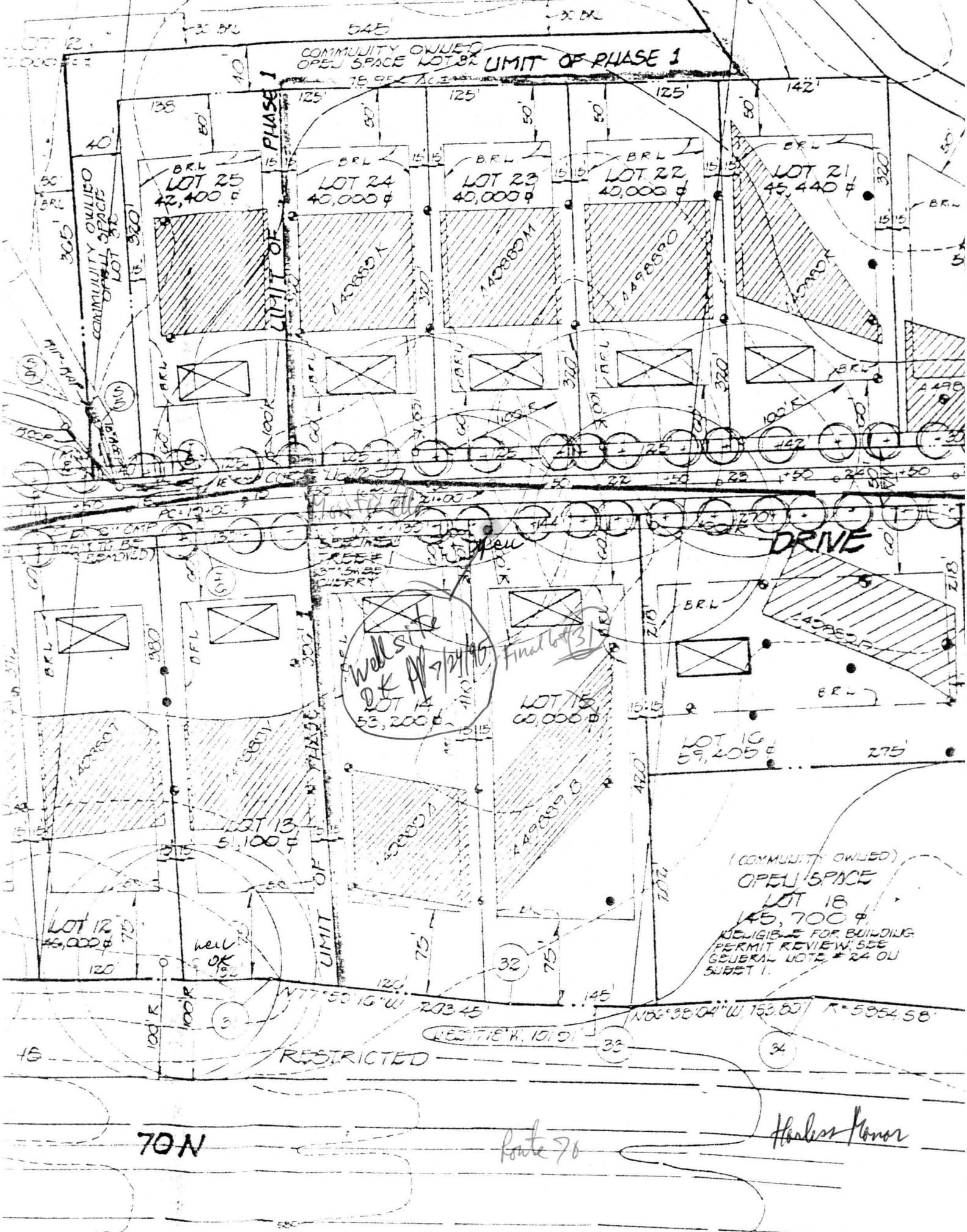
CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrate, N	00630			0.9	02-28-96	BK
	pH*, Ca CO ₃ 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 Asoka I. Katumuluwa

Date Reported FEB 28 1996



COMMUNITY OWNED OPEN SPACE LOT 32 **LIMIT OF PHASE 1**

BRL
LOT 25
42,400 ±

BRL
LOT 24
40,000 ±

BRL
LOT 23
40,000 ±

BRL
LOT 22
40,000 ±

BRL
LOT 21
45,440 ±

Well site
OK AP 7/24/10
LOT 14
53,200 ±

Final lot 31
LOT 15
60,000 ±

LOT 16
59,405 ±

(COMMUNITY OWNED)
OPEN SPACE
LOT 18
145,700 ±
ELIGIBLE FOR BUILDING
PERMIT REVIEW, SEE
GENERAL NOTE # 24 ON
SUBST 1.

RESTRICTED

70 N

Route 70

Headless Honor