



SEQUENCE NO. (OEP USE ONLY) 3890  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

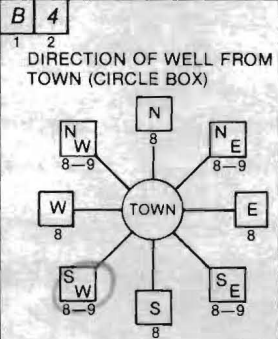
STATE OF MARYLAND PERMIT TO DRILL WELL  
please print or type

OEP PERMIT NUMBER 10-811-2383  
fill in this form completely

OWNER INFORMATION  
Date Received  
Last Name: A M I  
Owner: A M I  
First Name: B E N E D I C T  
Street or RFD: 1109  
Town: ELLENDALE  
State: MD  
Zip: 21030

LOCATION OF WELL  
COUNTY: HOWARD  
SUBDIVISION: 23  
SECTION: 44 LOT: 46  
NEAREST TOWN: JAYHORN  
MILES FROM TOWN: 1 MI

DRILLER INFORMATION  
Driller's Name: RALPH MAYNE  
Firm Name: RALPH MAYNE (WELL DRILLERS)  
Address: 9120 GREEN BRIDGE RD. MT AIRY  
Signature: Ralph Mayne  
Date: 10/16/87



NEAR WHAT ROAD: Green Bridge Rd.  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH  
DISTANCE FROM ROAD: 290 FT

WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.): 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME: HOWARD  
OEP SIGNATURE: B. N. ...  
DATE ISSUED: 10/29/87  
NORTH GRID: 509000 EAST GRID: 080000

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

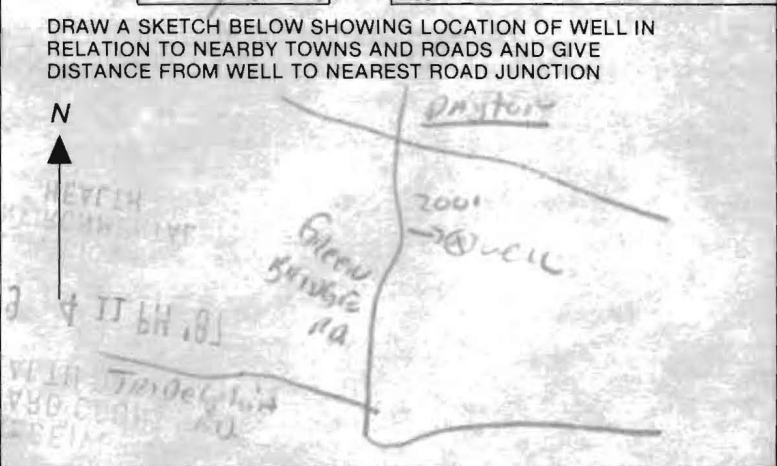
APPROXIMATE DEPTH OF WELL: 190 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER:  
1. well  
WRITE THE BOX NUMBER FROM THE MAP HERE: 8062  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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

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  
D 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: GAP  
FORCE: 100 WRITE INITIALS IN BOX PERMIT No. 10-811-2383

SPECIAL CONDITIONS: 999-9999 NEW WELL APPROVAL BASED UPON SATISFACTORY ABANDONMENT OF OLD EXISTING WELL

1A0650



Creech Bridge Rd

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT. MD.  
3 05 AM '87

11/19/87

- ① Arrived 1:55 PM  
WELL ALREADY GROUTED & into one there  
but it was to be grouted 12:30 P.M.
- ② TEN BAGS SEEN
- ③ Location OK
- ④

B. Body

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
OCT 19 4 11 PM '87  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

HOWARD COUNTY HEALTH DEPARTMENT  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Ellicott City, MD 21043  
 461-9933

REPLACEMENT WELL  
 NO FEE

NOT PH # FOR  
 Mr French or Mrs  
 Cook  
 6/26/91 MR

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
 Receipt # \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Installer TIM FRENCH Telephone 997-7797  
 License Number \_\_\_\_\_  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller (JIM) Registered Plumber   
 Name of Property Owner BEAULAH COOK Telephone \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # \_\_\_\_\_  
 Site Address GREENBMDGS RD

Pump Motor Pitless Adapter  
 1. Type 1. Horsepower \_\_\_\_\_ 1. Make \_\_\_\_\_  
 a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
 c. Submersible \_\_\_\_\_ a. 110 \_\_\_\_\_  
 2. Make \_\_\_\_\_ b. 220 \_\_\_\_\_  
 3. Model # \_\_\_\_\_  
 4. Capacity \_\_\_\_\_ GPM  
 5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Tank Piping Well data  
 1. Capacity \_\_\_\_\_ 1. Type \_\_\_\_\_ 1. Depth \_\_\_\_\_ ft.  
 2. Pressure relief valve? \_\_\_\_\_ 2. Size \_\_\_\_\_ 2. Yield \_\_\_\_\_ GPM  
 3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level \_\_\_\_\_ ft.  
 4. Depth of supply line \_\_\_\_\_ 4. Will water supply be disinfected by installer? \_\_\_\_\_

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: TIM FRENCH

Date: ?

12/4/87 NOT READY NO PIPES OR WIRES IN TRENCH

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

PITLESS ADAPTER INSTALLED & TRENCH DUG RH

HD-215

12/7/87 WELL PUMP READY FOR INSPECTION CRAIG SAID OK TO COVER THIS TIME CALLED & SAID OK TO COVER TO TIM FRENCH RH

FREDERICK COUNTY WELL COMPLETION REPORT  
Frederick County Health Department  
12 East Church Street, Winchester Hall  
Frederick, Maryland 21701

Completion  
Date \_\_\_\_\_

Well Tag No. \_\_\_\_\_ Maryland Coordinate Location - North \_\_\_\_\_ East \_\_\_\_\_

TO BE COMPLETED BY WELL DRILLER AND SUBMITTED TO THE FREDERICK COUNTY HEALTH DEPARTMENT WITHIN 45 DAYS AFTER COMPLETION OF WELL.

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Last First  
LOCATION OF PROPERTY \_\_\_\_\_

IF Subdivision (Name) \_\_\_\_\_ Lot \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_

REASON FOR DRILLING WELL: (Circle One) - (1) New Well (First Water Supply On Lot) (2) Replace Drilled Well Which Was Not Adequate Or Went Dry (3) Replaced A Drilled Well Which Was Contaminated (4) Replace Drilled Well (Other Reasons \_\_\_\_\_) (5) Replaces A Hand Dug Well (6) Replaces A Spring (7) Replaces A Cistern (8) A Well Which Is Drilled Deeper.

CONSTRUCTION CHARACTERISTICS

(1) Total Depth of Well \_\_\_\_\_ ft. Static Water Level \_\_\_\_\_ (When Not Pumping) Amount of Reservoir \_\_\_\_\_ Gallons (Depth of Water Column x 1.5/Gal/Ft.)

(2) All Depths At Which Water Was Encountered \_\_\_\_\_ / \_\_\_\_\_  
Cased Off Flowing into Well

(3) Number of Dry Holes \_\_\_\_\_ Depths \_\_\_\_\_

(4) Amount of Casing Used \_\_\_\_\_ ft. Size \_\_\_\_\_ (Diameter/Inches) Type \_\_\_\_\_  
(Metal/Plastic) What Type of Joints \_\_\_\_\_ (Threaded, Welded, Glued, Etc)

Amount of Casing Above Ground \_\_\_\_\_ Inches.

(5) Type of Grout \_\_\_\_\_ Amount of Grout Used \_\_\_\_\_ (Bags, Gallons)

Bit Size Through Overburden \_\_\_\_\_ Inches Other \_\_\_\_\_ Inches.

PERFORMANCE CHARACTERISTICS

(1) Yield of Well \_\_\_\_\_ Gallons Per Minute (Exact) Type of Test - (Rig) \_\_\_\_\_ (Pump) \_\_\_\_\_

(2) Number of Hours Tested \_\_\_\_\_ Draw Down Water Level At The Time of Test \_\_\_\_\_

Any Additional Comments or Conditions Concerning The Well: \_\_\_\_\_

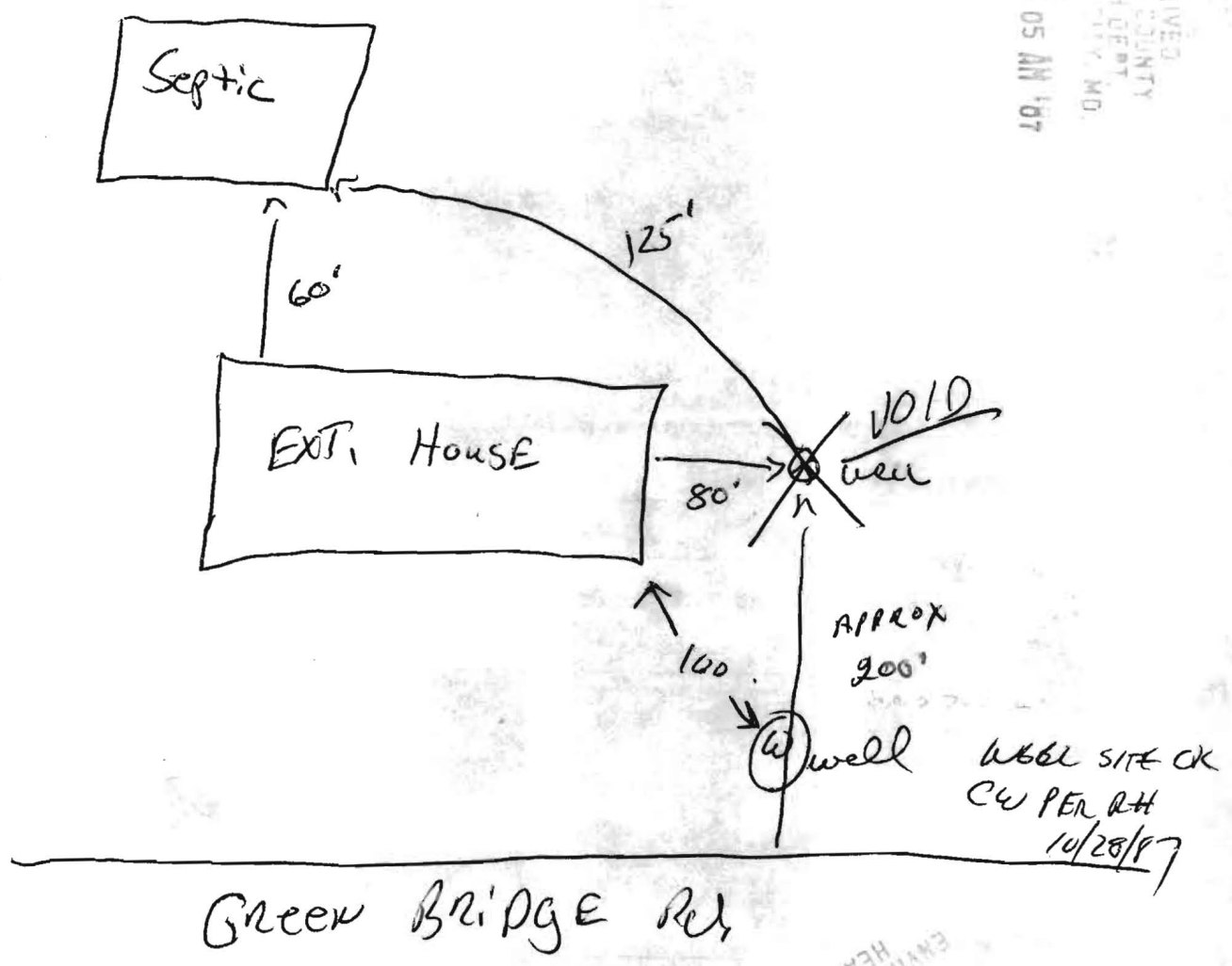
I Hereby Certify That The Above Information Concerning This Well Is True And Correct.

License Number \_\_\_\_\_

Driller's Signature \_\_\_\_\_

A.H.I. GENERAL CONT,  
WELL ON GREEN BRIDGE RD,

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT  
ELICHTER, M.D.  
OCT 19 9 05 AM '87



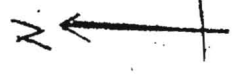
WELL SITE CK  
CW PER RH  
10/28/87

PH 997-7797

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT  
OCT 19 4 11 PM '87  
ENVIRONMENTAL  
DIVISION

RANDALL'S PLOT PLAN 8/5/87

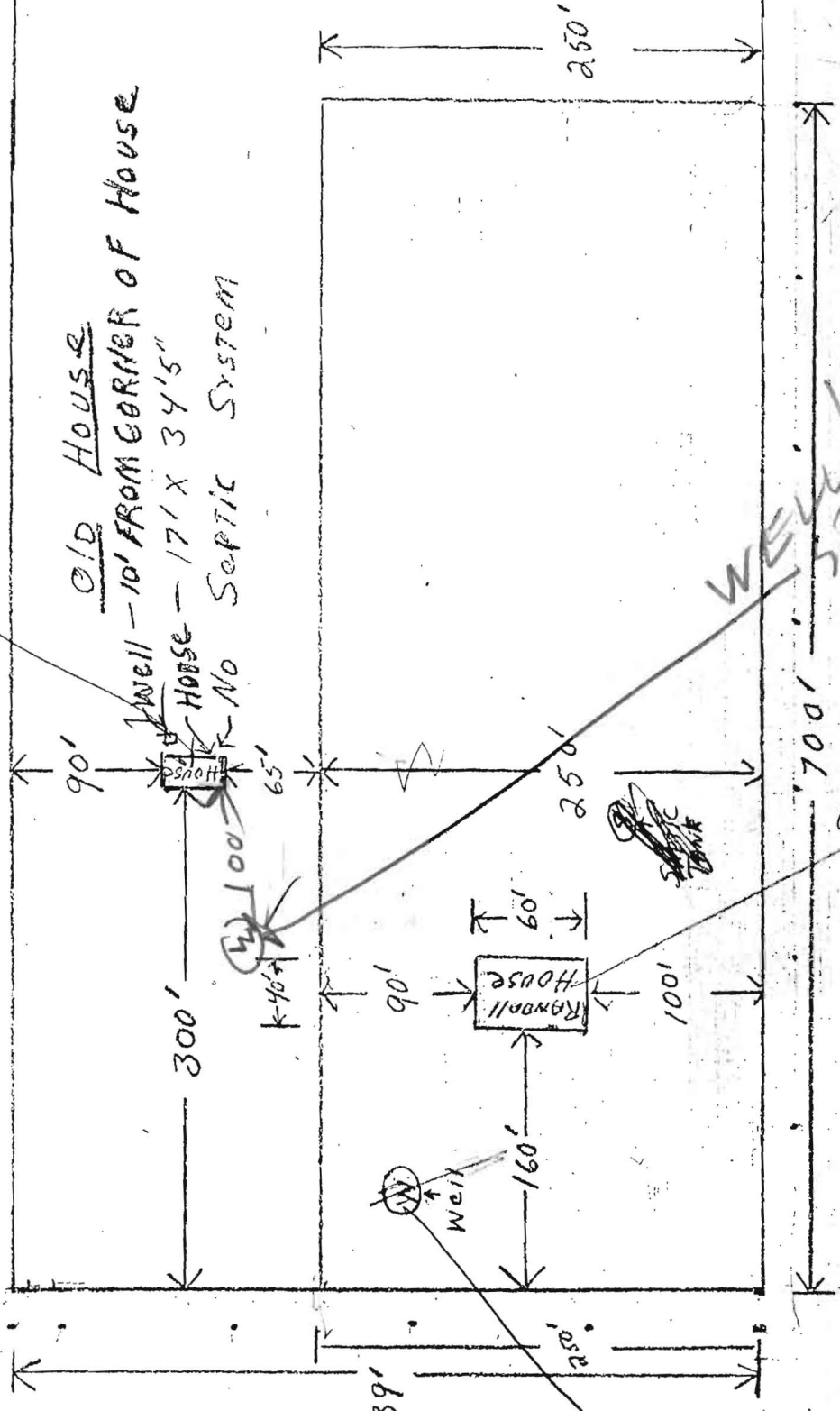
439  
250  
189



TO END OF PROPERTY LINE

GREEN BRIDGE ROAD

Existing Well



Old House  
Well - 10' FROM CORNER OF HOUSE  
HOUSE - 17' X 34.5"  
NO SEPTIC SYSTEM

WELL STAKE  
10/26/87

439' - FRONT PROPERTY LINE MEASUREMENT NOT EXACT.

SCALE 1/4" = 20'