

B 1 3747 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
 H0-93-0233
 fill in this form completely

Date Received (APA) 01/16/96
 OWNER INFORMATION INDEXED
 20 LAKER JOE
 11762 CARROLL MILL RD
 ELLICOTT CITY MD 21042

B 3 LOCATION OF WELL
 40 WARD
 8 COUNTY
 23 SUBDIVISION
 SECTION 44 46 LOT 48 50
 WEST FRIENDSHIP
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 George F. Easterday
 Driller's Name 77 License No. 80
 L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
 George F. Easterday 1-11-96
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 CARROLL MILL RD
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 200
 ENTER FT OR MI FT
 TAX MAP: _____ BLK: _____ PARCEL _____

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

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 13-31176B
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 01/11/96
 CO SIGNATURE A. Miller 11/11/97
 EXP. DATE
 NORTH GRID 520000 EAST GRID 0820000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 820
 N 520

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) 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
 N WEST
 FRIENDSHIP
 CARROLL MILL Rd
 31176B

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER 54 GAP 63
 FORCE AM WRITE INITIALS IN BOX PERMIT No. H0-93-0233
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 1813

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

8 13 15 20

01/5/96

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-93-0233

OWNER ZOLLER, JOE last name 11762 CARROLL first name TOWN WEST FRIENDSHIP SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), Check if water bearing. Rows include Top Soil, red Clay, Sand Stone, Mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF ROUNDS 1800

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE (S1) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

SCREEN RECORD screen type or open hole insert appropriate code below (HO) DEPTH (nearest ft.) 78 400

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

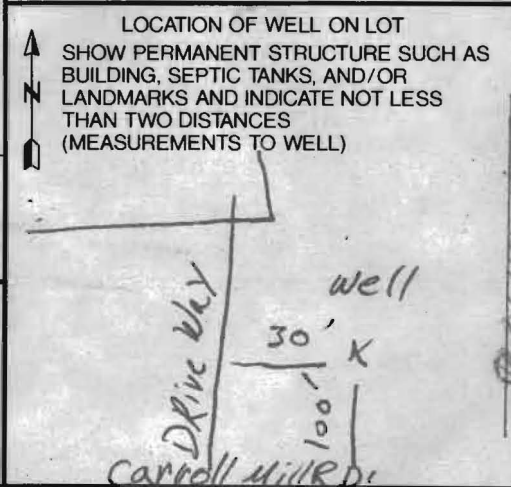
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 5 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 210 WHEN PUMPING 400 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 5, 1996

Mr. Joe Zoller
11762 Carroll Mill Road
West Friendship, Maryland 21794

RE: REPLACEMENT WELL
11762 Carroll Mill Road
Well Permit #HO-93-0233

Dear Mr. Zoller:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY


This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-93-0233.

An additional sample was collected from the powder room for testing for iron. The sample result indicated iron present at a level of <0.10 ppm.

Dates of Water Samples: April 16, 1996
September 3, 1996

Date of Well Completion: January 15, 1996

Approving Authority


Donna K. Soe, R.S.
Water and Sewerage Program

DKS
cc: file

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

B 10114139

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 00
Date 1/17/95

Name of Installer ALLEN VANSANT INC

Telephone 410-442-2221

License Number 6501
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MRS. JOSEPH ZOLLER Telephone 988-9222
Subdivision _____ Lot # _____ Well Tag # _____
Site Address 11762 CARROLL MILL RD

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make COULDS
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 _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Houma
2. Model # AD 100/11/1
3. Depth 3/4

Tank
1. Capacity _____
2. Pressure relief valve? yes

Piping PE well pipe
1. Type PE well pipe
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3/4

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
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: [Signature]

Date: 1/17/95

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

FILE INQUIRY FORM

Property Address: 11767 Carrol Mill Rd.

4/26/05

Owner wishes to move driveway.

OK, too will be in well radius

any way. Told him to stay

10' away from tail. ~~PAY~~