

B 1 1318
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
517901 please type

STATE PERMIT NUMBER

40-94-3555
70 fill in this form completely 79

Date Received (APA)

10/12/02
8 MM DD YY 13

OWNER INFORMATION

9209

Shabaz Custom Homes

15 Last Name Owner First Name 34
19406 Prospect Point Court

36 Street or RFD 55
Brookeville, Md. 20833

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday M WD 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature: George F. Easterday Date: 8/29/2002

B 3

LOCATION OF WELL

Howard

CC#

8 COUNTY
Huang Lee Ryan Property
23 SUBDIVISION 42

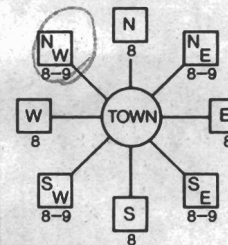
SECTION 44 46 LOT 48 50
Ellicott City

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI
73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Old Frederick Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 1200 37
DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 17 BLK: 1 PARCEL 161

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
500

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 A516920 COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 10/31/02 Mark E. Ripkin 10/31/03
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 538 000 EAST GRID 0838 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 DEEPEINED 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
- 39 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY) -3

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. 40-94-3555
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

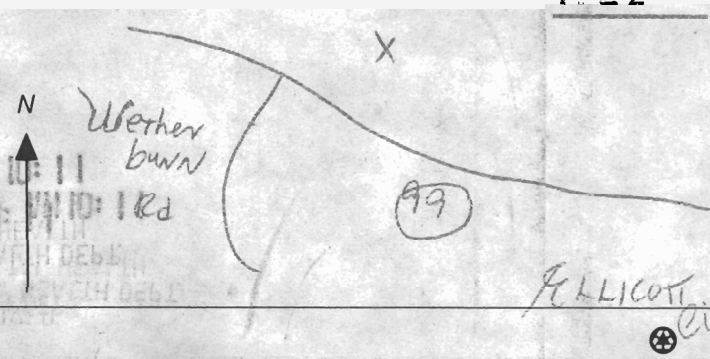
SOURCES OF DRILLING WATER

1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 838
N 538

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 11 E 2



C1 14305

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A516920

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

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 11 26 02

DEPTH OF WELL 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3555

OWNER Shabaz Custom Homes STREET OR RFD Old Frederick Rd TOWN Ellicott City SUBDIVISION Huang Lee Syan Property SECTION LOT Map 17 P. 161

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, reddish/brown clay, brown mica, Brown shale, Tannish/gray Shale, Brown shale, Brown slate, Green slate, Blueish/gray slate, Limestone, Blueish/gray slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (18), NO. OF POUNDS (80), GALLONS OF WATER (108), DEPTH OF GROUT SEAL (54).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth of main casing (65).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y, N).

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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 LIC. NO. 1 MWD 040 1 George F. Edmentary DRILLERS SIGNATURE

LIC. NO. JWD 2271 1 J. W. D. casing

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

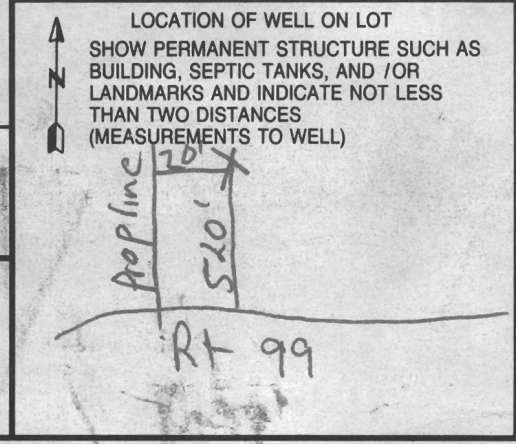
C2 DEPTH (nearest ft.) HO 63 400. E A C H S C 3 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (33), BEFORE PUMPING (17-20), WHEN PUMPING (22-25), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES, NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below) (2).



To Brian
410-313-2648

**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: ESTERDAY WELL & PUMP Telephone #: _____
Address: 2000 WINDY HILL CHURCH RD
WINDY HILL MD 21771
410-313-5170

(Must circle one) Licensed Plumber _____ Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Leslie C. Dimmocks Jr. License# AW0611

*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: Steve & Jaz Customer Name Telephone #: _____
Subdivision: _____ Lot #: 1 Well Tag #: HO-94-3555
Site Address: 10342 Wedge, OK RA

Submersible Pump Data

Make: Gould
Model #: 10GS1542C
Pump Capacity: 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Martinson
Model #: B-10X
Depth: 3 1/2 (36" min)
NSF/WSC approved: _____

and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap:
Cap secured to casing: Y
Conduit min 18" B.G.: Y
Conduit secured to well cap: Y

Depth of well encountered at time of pump installation: 40 (feet)

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

Type: PE
PSI: 200 (160 psi min)
Depth of supply line: 3/2 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Y
Approximate length of sleeve: 5A
Sleeve caulked and sealed properly: Y

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfield, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 6/30/03

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

Date Insp. Requested: _____ Date Insp. Approved: 6/27/03 Inspector: (50) BB

- 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 ground observed below pitless adapter

Affeldt Property

A 31005

Affeldt Rd

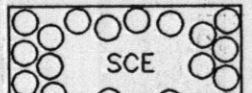
10-31-80 Arrived at site spoke w/ Mr Smider. He set line staked (913.79) and one corner post found. Asked Mr Smider to show me the other lot line and he obliged. Started tests, discovered the 3rd wheel being dug might not allow for adequate house and well site. Stopped digger (Skip of Fyrek), and asked if he would move down hill. Skip said that he stay half down hill and soil was wet. Examined situation decided a move down the hill would be best. Was then informed people paying for test were not present & that an additional wheel would cost them \$25 more.

Then asked Mr Smider & Mr Rabison if they were sure where the lot line was, their answer was yes. Permitted with tests. After test finished Mr Smider & Mr Rabison informed me the lot line in question was closer to perc area. There is now a question on adequate house & well site

Stephen Kuhl

● TEST PIT SET

SEDIMENT CONTROL LEGEND

-•LOD•.....•LOD•.....•LOD LIMIT OF DISTURBANCE
- TP — TP — TP — TREE PROTECTION FENCE
- SF — SILT FENCE
-  STABILIZED CONSTRUCTION ENTRANCE

