

B 1 9739-
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
520127 please type

STATE PERMIT NUMBER

HO-94-3929
70 fill in this form completely 79

Date Received (APA)
3/29/04
8 MM DD YY 13

OWNER INFORMATION 9688

15 Last Name CONNELLY Owner First Name JIM
36 Street or RFD 14070 BRIGHTON DAM RD
57 Town CLARKSVILLE, MD 70 State 21029 72 Zip 76

B 3

LOCATION OF WELL

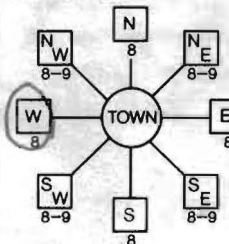
8 COUNTY Howard CO# 21
23 SUBDIVISION Cordon
SECTION 44 46 LOT 3 48 50
Clarksville
52 NEAREST TOWN Clarksville 71
MILES FROM TOWN (enter 0 if in town) 1 M 1 73 76 77 78

DRILLER INFORMATION

Driller's Name George F. Easterday MW D 040 76 License No. 81
Firm Name L. Franklin Easterday, Inc.
Address 9265 Brown Church Rd., MT. Airy, Md. 21771
Signature George F. Easterday 3/28/04 Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14070 Brighton Dam Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
34 120 37
DISTANCE FROM ROAD FT. 120
ENTER FT OR MI 38 39
TAX MAP: 33 BLK: 18 PARCEL 18

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A519582
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 4/9/2004 Brian Baker 4/9/2005
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 497 000 EAST GRID 799 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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 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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

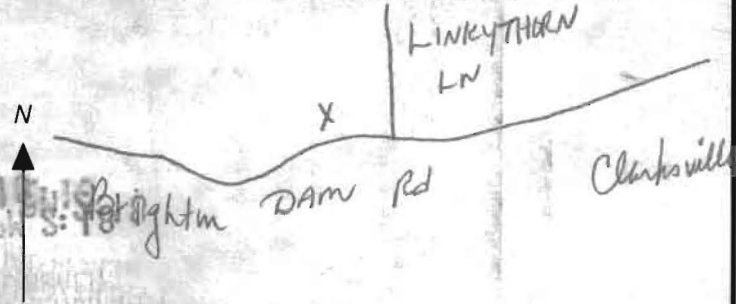
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. _____
 2. wells
 3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 799
490 7
N _____
000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE 13 F 9 DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. HO-94-3929
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: _____ Telephone #: _____
Address: _____

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

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: JAMES CONNELLY Telephone #: _____
Subdivision: CURDEN SUBDIVISION Lot #: 3 Well Tag #: HO-94-3929
Site Address: 14070 BRIGHTON DAM ROAD

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

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

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 5/27/04 ANYTIME Date Insp. Approved: 5/27/04 BB

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

Under Footer

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5/27/04 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL HO - 94 - 3929

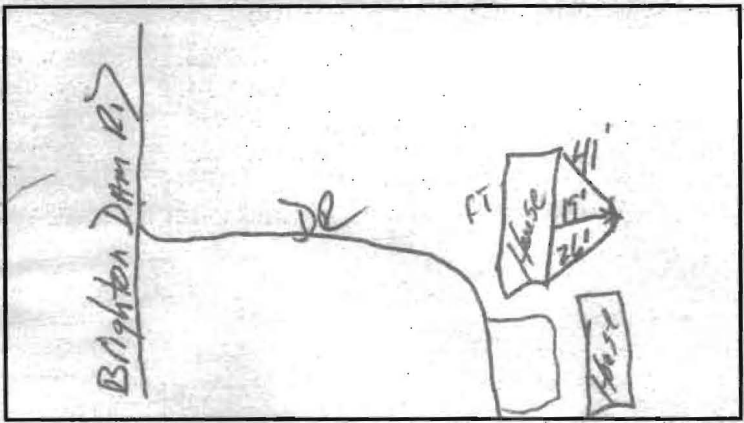
* PERSON ABANDONING WELL: Richard A. Connelly WELL DRILLERS LICENSE NUMBER: WRD 014

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: JIM CONNELLY

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: CLARKSVILLE
 TAX MAP BLOCK PARCEL
 SUBDIVISION: Combs
 SECTION: LOT: 3
 NEAREST ROAD: 14070 Brighton Dam Rd



* TYPE OF WELL BEING ABANDONED:

- DRILLED HOUSE JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:
 DOMESTIC HOUSE MUNICIPAL/PUBLIC
 IRRIGATION GRADE INDUSTRIAL
 TEST/OBSERVATION D.B. DAM GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 91 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Well Pit	91	6
	6	0
91 Total 6 FT pit		
VOLUME OF MATERIAL USED		
4 Bags Bentonite		

SIGNATURE: George F. [Signature] LICENSE # 040 CIRCLE ONE MWD/MSD/MGD DATE 6-10-04