

B 1	3493	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-95-1992 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 7/9/2011

8 MM DD YY 13
 15 Last Name Ferley Owner E Evelyn First Name 34
 36 Street or RFD 16371 AE Mullinix Rd 55
 57 Town Woodbine 70 State md 72 Zip 21797 76

LOCATION OF WELL

B 3 Howard

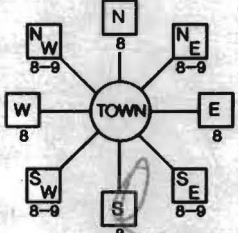
8 COUNTY _____ 21
 23 SUBDIVISION _____ 42
 SECTION _____ LOT _____
 44 46 48 50
Woodbine
 52 NEAREST TOWN _____ 71
 MILES FROM TOWN (enter 0 if in town) 5 M I
 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L Mayne M SD 024 76 License No. 81
 Firm Name Joseph L Mayne Well Drilling
 Address 5512 Ridge Rd Mt. Airy Md 21771
 Signature Joseph L Mayne Date 9-9-2010

WELL INFORMATION

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


11 NEAR WHAT ROAD 16371 AE Mullinix Rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 1/10 37 DISTANCE FROM ROAD MI
 ENTER FT OR MI 38 39
 TAX MAP: 13 BLK: 5 PARCEL 35

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 500 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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 (13)
 COUNTY NAME _____ COUNTY NO. _____
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 7/9/2010 Bruce Baker 9/9/2011 41
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID 539 000 EAST GRID 777 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 7787
 N 5309
 000
 000

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)

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 39 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

Woodbine
AE Mullinix Rd
Well
Daisy Rd

N ↑

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

APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-1992
 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-1992
Site Address: 16371 A.E. Mullinix Rd

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

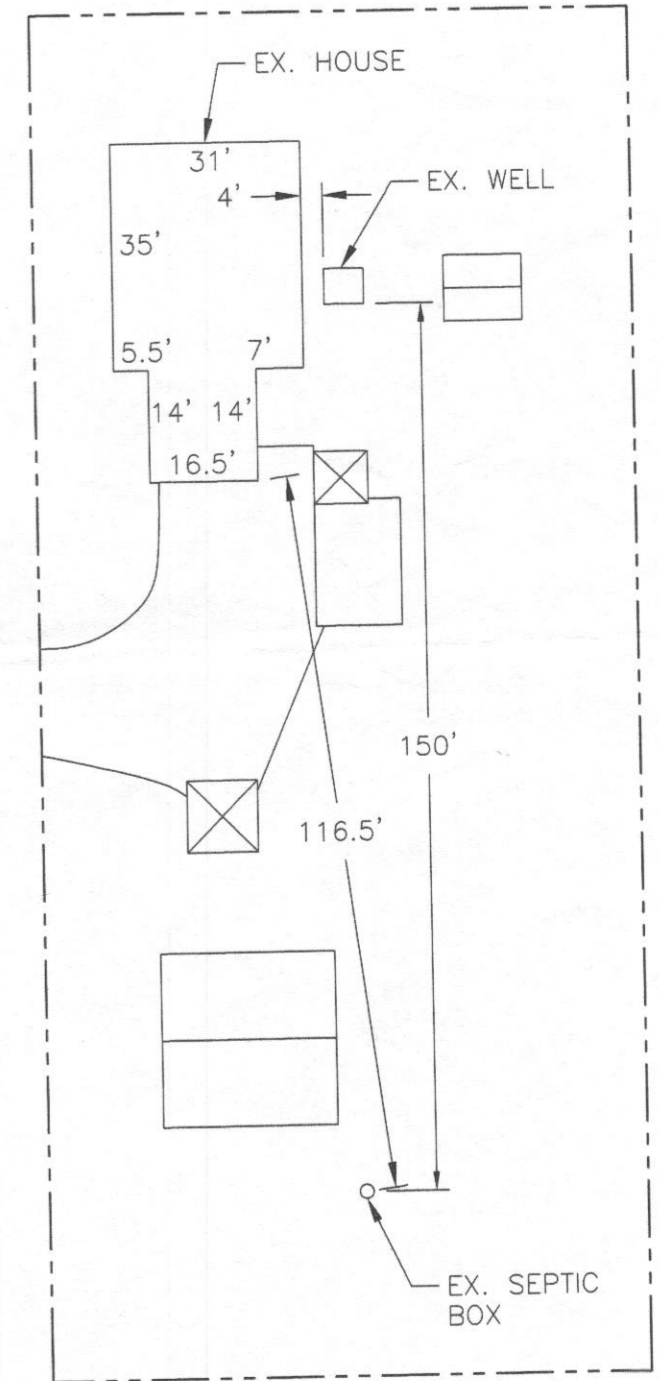
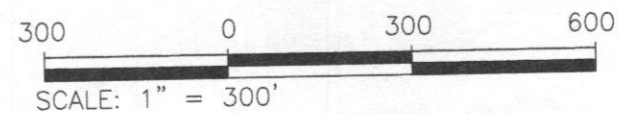
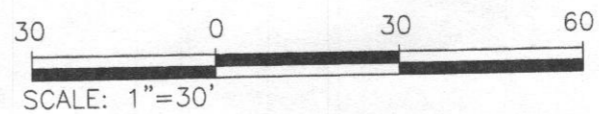
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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: _____ Date Insp. Approved: 9/29/2010
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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



SITE PLAN

Drawn: LCW	Sheet
Date: 09/03/10	1
Scale: AS NOTED	

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

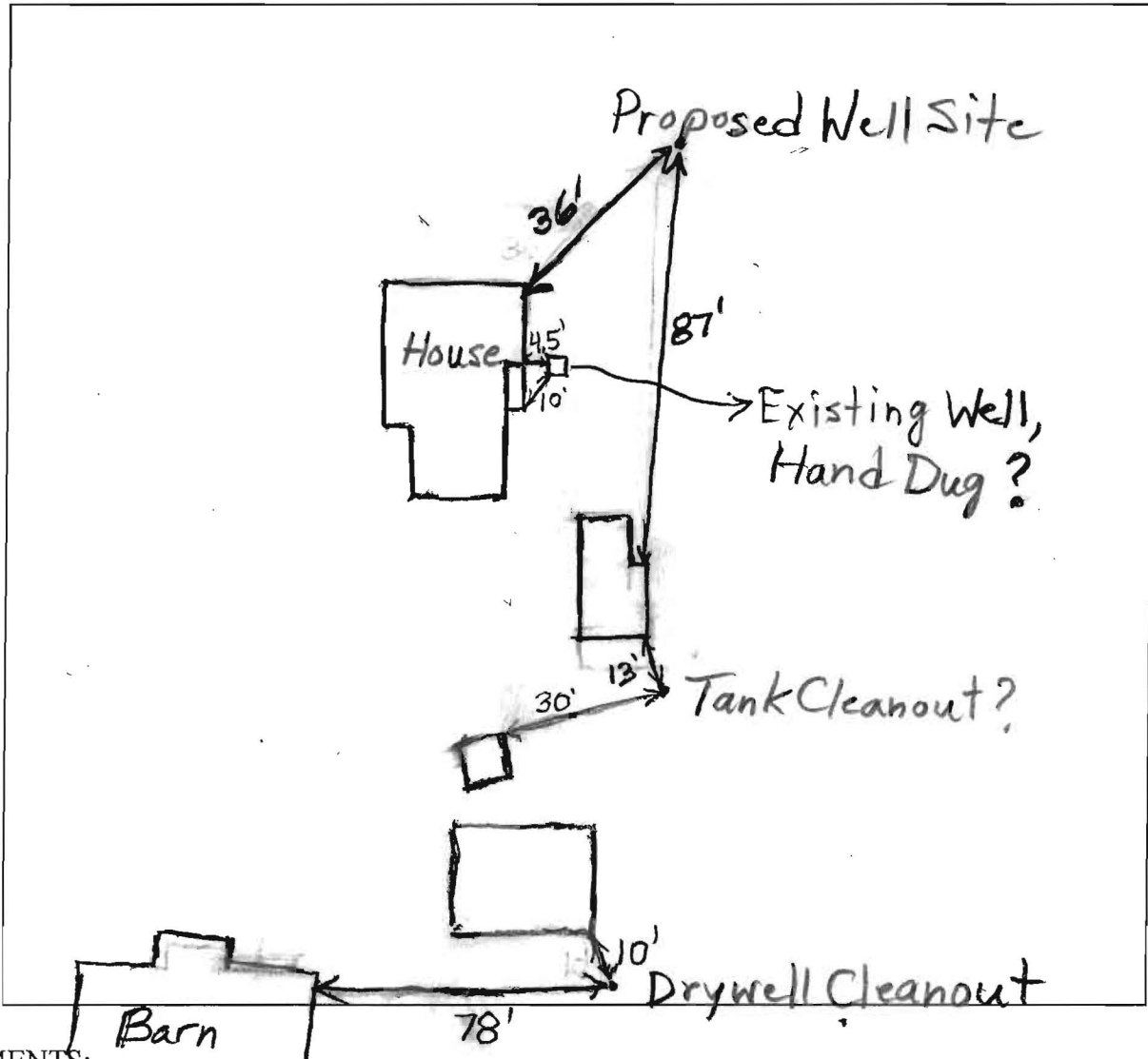
ADDRESS: 16371 A Mullinix Road CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: _____

DATE: 9/9/2010 INSPECTOR: B. Baker