

B 1 **03932** SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN GOLS: 3-6 ON ALL CARDS)

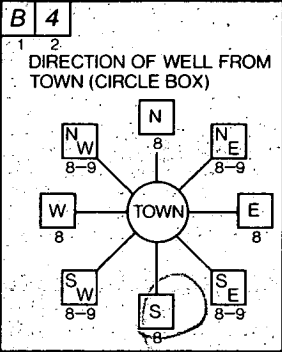
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-92-0278
70 fill in this form completely 79

Date Received (APA) **090392**
OWNER INFORMATION
8 **FRALL** 13 **Developers**
15 Last Name 34 Owner First Name
Box 659
36 Street or RFD 55
MT ARAU 57 Town 70 State 72 **MD** 74 **21797** 76 Zip

B 3 LOCATION OF WELL
1 2 **HOWARD**
8 COUNTY 21
CABIN BRANCH FARM
23 SUBDIVISION 42
SECTION **36** 44 46 LOT 48 50
LISBON 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **4** 73 MI 76 77 78

DRILLER INFORMATION
Driller's Name **Joseph L. Mayne** 77 License No. 80 **238**
Firm Name **Joseph L. Mayne Well Drilling**
Address **5512 Ridge Rd. Mt Airy 2071**
Signature **Joseph Mayne** Date **9/2/92**



Brighton Ct. 11 (NEAR WHAT ROAD) 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
N
W 32 E
WEST EAST
S SOUTH
34 **125** 37 DISTANCE FROM ROAD
ENTER FT or MI **FA** 38 39

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 43415 COUNTY NO.
STATE SIGNATURE _____ INSERT S. 41
DATE ISSUED **122892** **6-28-92**
43 48 CO SIGNATURE **Howard** 55 EXP. DATE
NORTH GRID **531000** 50 EAST GRID **076600** 57 63

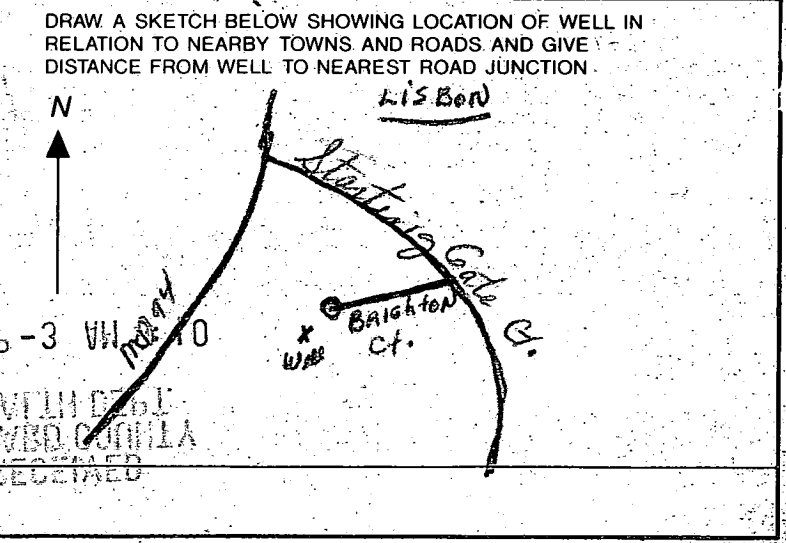
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

APPROXIMATE DEPTH OF WELL **260** 24 FEET 28
APPROXIMATE DIAMETER OF WELL **6** 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
7606
5307
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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER _____ 54 GAP _____ 63
FORCE **RY** WRITE INITIALS IN BOX 67 68 PERMIT No. **HO-92-0278** 70 71 72 73 74 75 76 77 78 79
SPECIAL CONDITIONS

C1 6692 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 A43415

ST/GO USE ONLY DATE Received

DATE WELL COMPLETED 091893

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-0278

OWNER: Frall Developer last name: Rlightact first name: TOWN: Lisbon SUBDIVISION: Cabin Branch Farm SECTION: LOT: 36

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Brown shale (0-57) and Blue rock (57-305).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 14, NO. OF POUNDS: 1316, GALLONS OF WATER: 34, DEPTH OF GROUT SEAL: 0 to 30 ft.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6, Total depth: 305.

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole insert appropriate code below. SCREEN TYPE: ST (STEEL), BR (BRASS), HO (OPEN HOLE).

SCREEN RECORD table with columns: DEPTH (nearest ft.), rows for each screen section (1-3).

SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) from to

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 44, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING: 33, WHEN PUMPING: 230, TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED: S, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) above, LAND SURFACE (nearest foot) below.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

- 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 232

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

See Attached Well Location (with diagram)

CB2373

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Plumbing Hy & Supplies

Telephone 410-948-5300

License Number 5165
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Frall Dev.
Subdivision Carm Branch Farms Lot # 36
Site Address Brighton Ct

Telephone _____
Well Tag # 92-92-7P

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Goolds
- 3. Model # 50005422
- 4. Capacity 5 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 1/2
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Campbell
- 2. Model # B-300 X
- 3. Depth 4

Tank

- 1. Capacity 1
- 2. Pressure relief valve? yes

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved NSF
- 4. Depth of supply line 4

Well data

- 1. Depth 305 ft.
- 2. Yield 474 GPM
- 3. Static water level 33 ft.
- 4. Will water supply be disinfected by installer? No

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: Edgar E. Parry

Date: 7-5-94

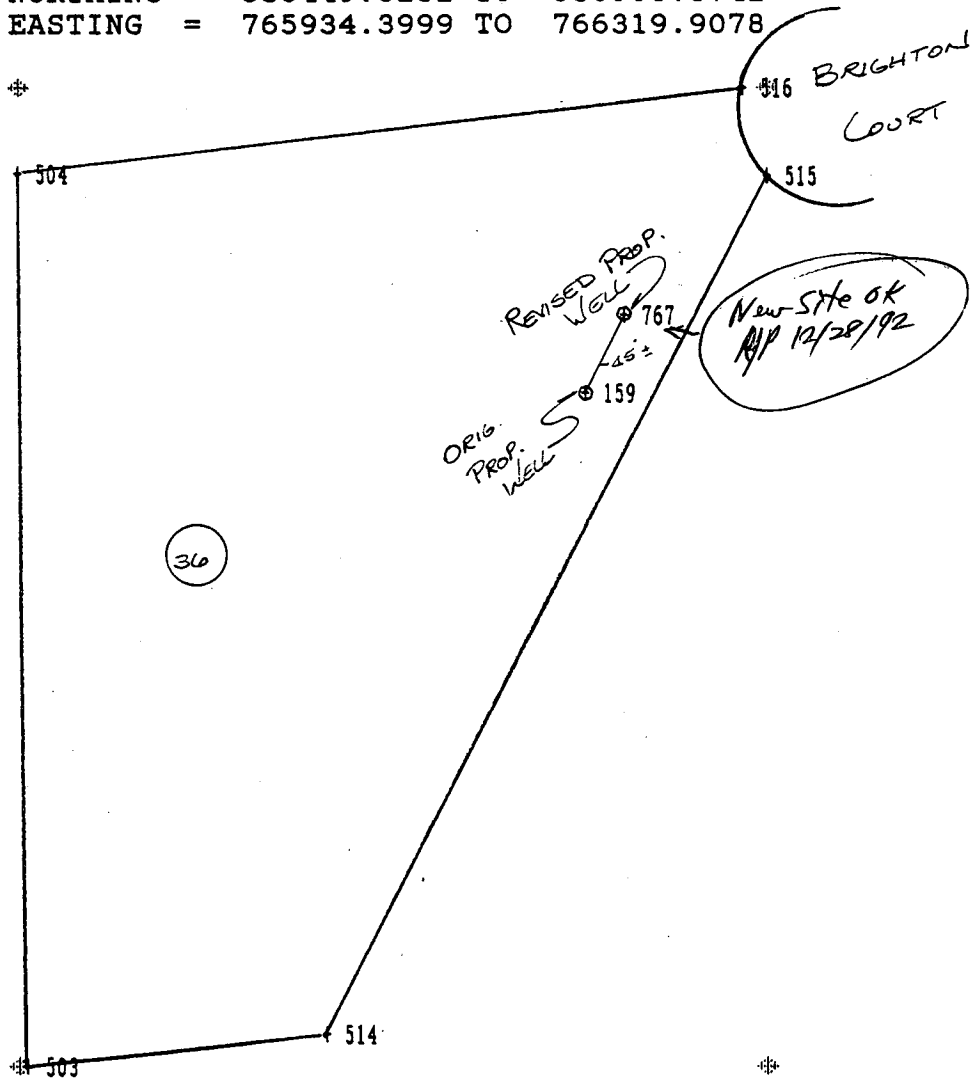
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

LIBERTY SURVEY, INC.
4140 RIDGE RD., TAYLORSVILLE, MD. 21157

JOB NUMBER: 92-46
CABIN BRANCH FARM
MARTIN II
HOWARD COUNTY, MD.

SCALE: 1 INCH = 100 FEET

COORDINATE BOUNDARIES:
NORTHING = 530449.6232 TO 530958.3742
EASTING = 765934.3999 TO 766319.9078



**Plumbing,
Heating &
Supplies, INC.**

40 JOHN STREET WESTMINSTER, MARYLAND 21157
(410) 848-5300 FAX #(410) 876-6766 (410) 876-2622

August 24, 1994

Paul & Jane Navarria
3212 Brighton Court
Woodbine, Md. 21797

Re: Reverse Osmosis

Dear Mr. Johnson:

Plumbing, Heating & Supplies, Inc. will service and replace the cartridges in your reverse osmosis filter, model #LPROA2725055 for a period of one year from the above date. If you have any questions please contact me at this office.

Very truly yours

Edgar E. Parry

Edgar E. Parry
Contract Manager