

EMERGENCY/TEMP NO. IF ANY

B 7 2000 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
HO-81-2151
fill in this form completely

Date Received

8 13

OWNER INFORMATION

MOSOVERAN KEVIN
5242 HESPERUS DR
COLUMBIA MD 21044

B 3

LOCATION OF WELL

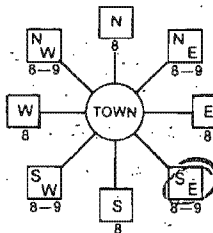
HOWARD COUNTY
BUCKSKIN WEST SUBDIVISION
SECTION 4 LOT 6
ELEMELT NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

Ralph Mayne 273 License No. 80
Ralph Mayne (well drilling)
9170 Brown Church Rd Mt Airy
Ralph Mayne 3/31/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BUCKSKIN WEST DRIVE
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



4000 DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. A 37691
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 062687 A Nylon 12/26/87
NORTH GRID 518000 EAST GRID 0809000

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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

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
D THIS WELL WILL DEEPEM AN EXISTING WELL

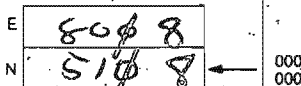
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

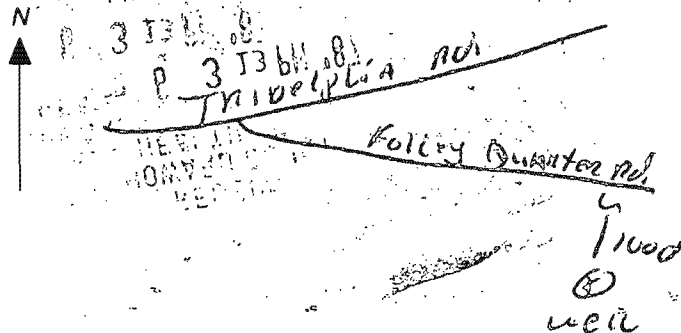
FORCE INITIALS PERMIT No. HO-81-2151

SPECIAL CONDITIONS 592-1257

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



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



C1 5953

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A 37691

DATE Received

DATE WELL COMPLETED 092587

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. HO-81-2151

OWNER: MCGOVERA KEVIN; STREET OR RFD: BUCKSKIN WOOD DRIVE; TOWN: GLENELG; SUBDIVISION: BUCKSKIN WEST; SECTION: ; LOT: 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 7; NO. OF POUNDS: 200; GALLONS OF WATER: 42; DEPTH OF GROUT SEAL: 25 ft.

CASING RECORD: MAIN CASING TYPE: PL (6); Nominal diameter: 6; Total depth of main casing: 225; OTHER CASING: none.

SCREEN RECORD: screen type: HO (OPEN HOLE); slot size: 1, 2, 3; DIAMETER OF SCREEN: ; GRAVEL PACK: none.

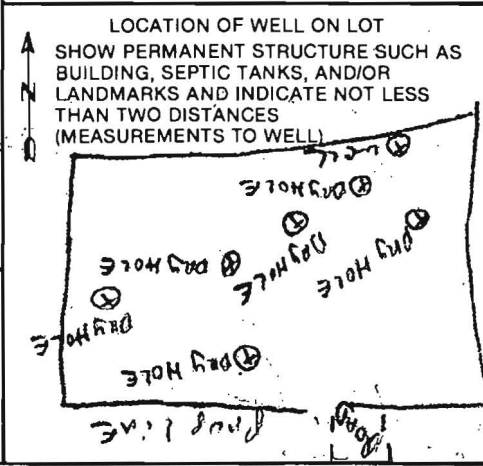
DEPTH (nearest ft.) table with handwritten values: 1-9: 45, 10-15: 400, 16-21: ; 22-24: ; 25-30: ; 31-36: ; 37-39: ; 40-45: ; 46-51: ;

PUMPING TEST: C 3; HOURS PUMPED: 4; PUMPING RATE: 2 gal/min; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL: 140 before, 300 when pumping; TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED: YES (NO); DRILLER WILL INSTALL PUMP: YES (NO); CAPACITY: ; PUMP HORSE POWER: ; PUMP COLUMN LENGTH: ; CASING HEIGHT: + above, - below; LAND SURFACE: 2 (nearest foot).

TEST WELL CONVERTED TO PRODUCTION WELL (P); DRILLERS IDENT. NO. 273; DRILLERS SIGNATURE: [Signature]; SITE SUPERVISOR SIGNATURE: [Signature]

TELESCOPE CASING: ; LOG INDICATOR: ; OTHER DATA: ; HEALTH



Paul
#muller
45 lot #111 20085

W. C. ...

8/16/88 ANYTMS

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # 42331
Date 8/11/88
Name of Installer ISAAC ALLEN NEWTON III Telephone 426-6074
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 9025 ST. LIE
Name of Property Owner FITNESS Telephone _____
Subdivision Buckskin West Lot # 6 Well Tag # HO-81-2151
Site Address 4214 BUCKSKIN LAKE DR.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make GEORGIA PACIFIC
3. Model # _____
4. Capacity 8 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 3/4 H.P.
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity 42 GAL
2. Pressure relief valve? YES

Piping PLUMBO RECOMMENDED 7200# PVC
1. Type 900# PVC
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth 260 ft.
2. Yield _____ GPM
3. Static water level 40 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: Isaac Allen Newton III
Date: 10-11-88

8/16/88 PRESSURE TANK INSTALLED
RITODEN

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

8/15/88 OK TO COVER OUTSIDE WORK PRESSURE TANK CAN BE INSPECTED WHEN WATER TESTED RIT