

B 1 **1026** 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

40-91-1516
 fill in this form completely

Date Received

8 **10** 13

OWNER INFORMATION

15 Last Name **WALKER** Owner First Name **JOSEPH** 34
 36 **5520 C-BARK** Street or RFD 55
 57 **1406** Town 70 State **72** Zip 76 **44**

DRILLER INFORMATION

Driller's Name **Joseph H. Walker** 77 License No. **80** **238**
 Firm Name **Walker Well Drilling**
 Address **5512 Ridge Rd. Mt Airy, Md. 21771**
 Signature **Joseph H. Walker** Date **5/15/86**

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)

- 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 **300** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** INCH 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
- other _____

REPLACEMENT OR DEEPEINED 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
- 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 (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____ 63

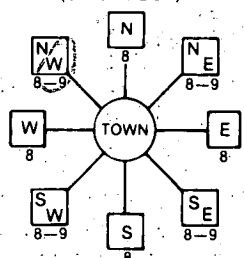
FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-91-1516** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

LOCATION OF WELL

8 COUNTY **HIGHLAND** 21
 23 SUBDIVISION **11111111111111111111** 42
 SECTION **44** 46 LOT **17** 50
 52 NEAREST TOWN **HIGHLAND** 71
 MILES FROM TOWN (enter 0 if in town) **2 1/2** 73 MI 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD **Minke Well Rd.** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **3000** 34 37 ENTER FT or MI **FT** 38 39

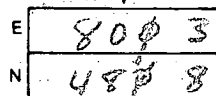
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard** COUNTY NO. **A-30591**
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____ 41
 DATE ISSUED **060686** CO SIGNATURE **Sidney Carter** EXP. DATE **12-31-86**
 NORTH GRID **498000** 50 55 EAST GRID **0908000** 57 63

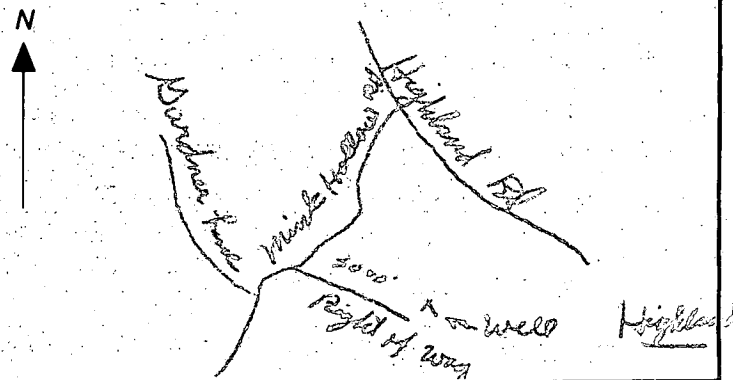
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.

6/30/86
 well location ok
 66 FT CASING
 45 FT OPEN
 11 BAGS
 TAG + WATER
 SAMP.
 S. Ash

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



Page _____ of _____
 Date 6/30/86

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1516
 Location of property (road) Mink Hollow Rd.
 Subdivision Hollowells Additions Lot 13 Block _____ Plat _____ Sec. _____
 Well Driller J. MAYNE Owner THOMAS GOTT + RCM CORPORATION

Depth of well 365'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 46'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12
 Total time 35 min to reach pumping water level 249 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	140	5 sec.		12
8:30	221	5		12
8:45	249	5		12
9:00	249	34		12
9:15	249	34		12
9:30	249	34		12
9:45	249	34		12
10:00	249	34		12
10:15	249	34		12
10:30	249	34		12
10:45	247	34		12
11:00	247	30		2
11:15	247	30		2
11:30	247	30		2
11:45	247	30		2
12:00	247	30		2
12:15	247	30		2
12:30	247	30		2
12:45	247	30		2
1:00	247	30		2
1:15	247	30		2
1:30	247	30		2
1:45	247	30		2
2:00	247	30		2
2:15	247	30		2
2:30	247	30		2

10/3/84

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement

Receipt # _____ Date _____

Name of Installer Demitt Telephone _____

License number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Thomas Goff Telephone _____
 Subdivision Hallowell Addition Lot # 12 Well tag # _____
 Site Address 7085 Mink Hollow Rd

Pump 1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible _____ 2. Make _____ 3. Model # _____ 4. Capacity _____ 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 _____ 2. RPM _____ 3. Voltage _____ a. 110 _____ b. 220 _____	Pitless Adapter 1. Make _____ 2. Model # _____ 3. Depth _____
Tank 1. Capacity _____ 2. Pressure relief valve? _____	Piping 1. Type _____ 2. Size _____ 3. NSF and/or BOCA Code approved _____ 4. Depth of supply line _____	Well data 1. Depth _____ ft. 2. Yield _____ GPM 3. Static water level _____ ft. 4. Will water supply be disinfected by installer? _____

10-3-86 Pitless, lines 4' below grade J.L.

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: _____

Date: _____

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

Lot 13 Residue
Hallowell's Addition (Not Ten Oaks)
Fifth Election District
Howard County MD

Goff / Kalb Owners
12 March 1986

Scale 1" = 100'

