

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE  
 COUNTY NUMBER  
 ST/CO USE ONLY DATE Received 01/20/16 DATE WELL COMPLETED 12/17/15 Depth of Well 500 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 112/16 SC HO-15-0189

OWNER McINTOSH JAMIE WELL SITE ADDRESS 600 Beetz Rd TOWN MT AIRY  
 SUBDIVISION Gentle Giant Horse Res SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET |     | check if water bearing |
|---|------|-----|------------------------|
|   | FROM | TO  |                        |
| Brown Slate                                   | 0    | 59  | ✓                      |
| Gray Slate                                    | 59   | 500 |                        |

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 9 NO. OF POUNDS 450  
 GALLONS OF WATER 207  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 29 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 45  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch 6 depth (feet) from \_\_\_\_\_ to \_\_\_\_\_  
 E A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**C2** DEPTH (nearest ft.)  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
 10 45 500  
 DIAMETER OF SCREEN (NEAREST INCH) \_\_\_\_\_  
 from \_\_\_\_\_ to \_\_\_\_\_

**C3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 3.3  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 500 ft.  
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below LAND SURFACE 1 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED yes  no   
 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 LIC. NO. MWD 040  
 DRILLERS SIGNATURE Henry F. Kestenberg  
 LIC. NO. WRD 107  
 SIGNATURE Josh Holman

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_  
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T. (E.R.O.S.) W Q  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

LATITUDE 39.354849  
 LONGITUDE 77.106999  
 (DEFAULT COORD. WGS 84)  
 Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1 32089

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-15-0189 fill in this form completely

557483 please type

Date Received (APA) 12/11/15

OWNER INFORMATION

13183

MCINTOSH JAMIE 17250 OLD FREDERIKC ROAD MT. AIRY, MD 21771

B 3

LOCATION OF WELL CC#

Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Mt Airy 52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., Mt. Airy, Md. 21771

B 4

SOURCES OF DRILLING WATER

1. wells 2. 3.

600 Beetz Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 1000 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 2 BLK: 20 PARCEL 246

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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
OPEN LOOP GEOTHERMAL
CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12/11/15 CO SIGNATURE EXP. DATE 12/11/16

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

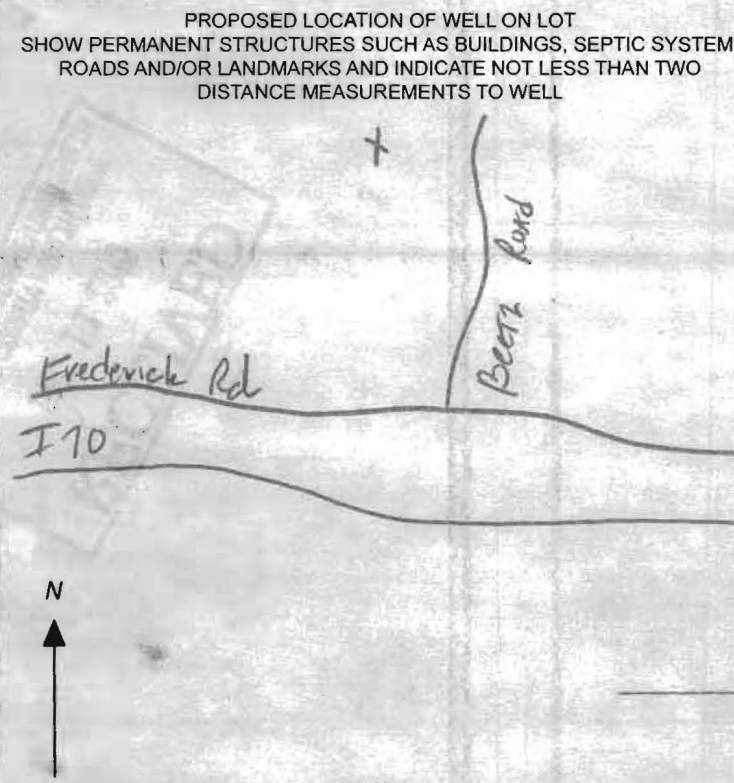
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G

PERMIT No. 10-15-0189

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





Site of second well – between dirt road and stream

H0-15-0189

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Eastaday-Wilson Water Service LLC Telephone #: 301 831 7057  
Address: 9205 Brown Church Rd  
Mt Airy mo 21771

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

License # and name of individual responsible for the field installation:  
Name (Print): L. Franklin Eastaday Jr. License# MON 269

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Gentle Giants Horse Rescue Telephone #: 443-463-7084  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0189  
Site Address: 600 BeetZ Rd

| <u>Submersible Pump Data</u>   | <u>Pitless Adapter</u>          | <u>Well Cap and Electric Conduit</u>                             |
|--|---------------------------------|--|
| Make: <u>Goulds Pump</u>   | Make: <u>Inerton</u>            | Two piece watertight cap: _____                                  |
| Model #: <u>10ES10</u>   | Model #: <u>Box 114</u>         | Screened, vented well cap: <input checked="" type="checkbox"/>   |
| Pump Capacity <u>105</u> GPM   | Depth: <u>3 1/2</u> " (36" min) | Cap secured to casing: <input checked="" type="checkbox"/>       |
| Well Yield: <u>5</u> GPM   | NSF/WSC approved: _____         | Conduit min 18" B.G.: <input checked="" type="checkbox"/>        |
| Depth of well encountered at time of pump installation: <u>490</u> (feet)                                    |                                 | Conduit secured to well cap: <input checked="" type="checkbox"/> |
| If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4      |                                 |  |
| Torque arrestors, Cable guards, or other acceptable method used- Must circle one                             |                                 |  |
| Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> |                                 |  |

| <u>Piping to house</u>                       | <u>House Connection</u>  |
|--|--|
| Type: <u>PE</u>                              | PVC sleeve to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>260</u> (160 psi min)                | Length of sleeve (5' minimum from foundation): <u>5ft</u>      |
| Depth of supply line: <u>3 1/2</u> (36" min) | Sleeve sealed properly: <u>yes</u>                             |

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: [Signature] date: 10-24-16

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 10/26/16 Date Insp. Approved: 10/26/16 Inspector: SC

|  |                                     |
|--|-------------------------------------|
| Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely                                  | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly                  | <input checked="" type="checkbox"/> |
| Safety rope not outside of well cap/casing   | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade                    | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection                                 | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter  | <input checked="" type="checkbox"/> |

tie in to existing hydrant

pressure tank buried  
next to well, towards  
driveway