

B 1 6059 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

HC-81-1967

(fill in this form completely)

Date Received

020987

OWNER INFORMATION

HARRIS JOHN M

7340 SPRINGFIELD AVE

SYKESVILLE MD 21784

B 3

LOCATION OF WELL

HOWARD W 38659 2-9-87

MAP Q S P 35

SECTION LOT

SYKESVILLE

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

George F. Easterday 40

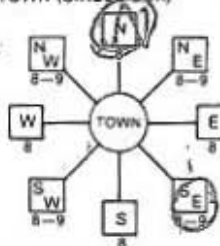
L. Franklin Eastedday, Inc. 77 License No. 90

9265 Br. Ch. Rd., Mt. Airy, Md. 21771

George F. Easterday 2/4/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



950 RIVER RD NEAR WHAT ROAD



1.15 DISTANCE FROM ROAD

ENTER FT or MI FT

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)

- 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 28388

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED Raymond Hodges 09/05/87

NORTH GRID 549000 EAST GRID 0815000

APPROXIMATE DEPTH OF WELL 200 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
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
D This well will deepen an existing well

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

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

APPROP. PERMIT NUMBER GAP

FORCE [initials] PERMIT No. HC-81-1967

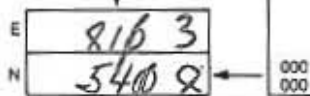
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

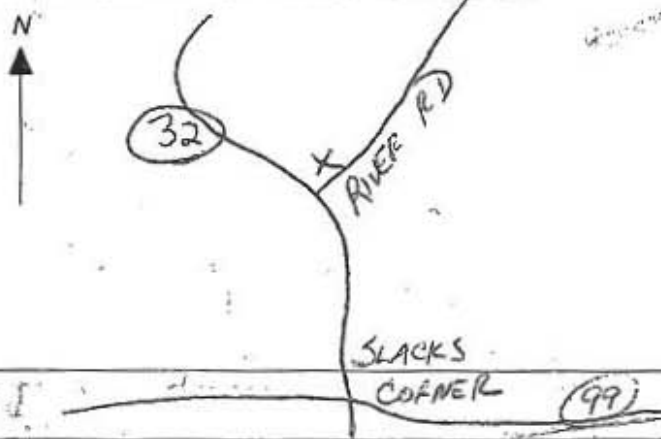
SOURCES OF DRILLING WATER

- 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 2301 SEQUENCE NO. (OEP USE ONLY)  
 DATE RECEIVED 03/13/87  
 DATE WELL COMPLETED 03/13/87  
 THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON AAL CARDS

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 28388  
 PERMIT NO. H 0-21-11967

OWNER HARRIS  
 STREET OR RFD 1st name  
 SUBDIVISION MAP 9 Q 5 P 35

JOHN first name  
 ROUTE 32 TOWN  
 SECTION

FROM "PERMIT TO DRILL WELL"  
 28 29 30 31 32 33 34 35 36 37  
 SIKESVILLE  
 SLACK CREEK  
 LOT

WELL LOG  
 Not required for driven wells

GROUTING RECORD  
 WELL HAS BEEN GROUTED YES  NO   
 TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

C 3  
 HOURS PUMPED (nearest hour) 3  
 PUMPING TEST  
 PUMPING RATE (gal. per min. to nearest gal.) 10  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 26  
 WHEN PUMPING 26  
 TYPE OF PUMP USED (for test) P piston T turbine other (describe below) O  
 J jet S submersible

DESCRIPTION (Use additional sheets if needed)	FEET FROM	TO	Check if water bearing
Topsoil	0	1	
Tan Sandstone	2	7	
Gray Sandstone	7	62	
Br. Sandstone	62	65	
Gray Sandstone	65	115	
Tan Sandstone	115	120	
Gray Sandstone	120	140	

NO. OF BAGS 5 NO. OF POUNDS 500  
 GALLONS OF WATER 25  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 18 ft. to 54 ft. to 58 ft. (center 0 if from surface)

DRILLER WILL INSTALL PUMP YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 37 43 49 55  
 PUMP HORSE POWER 37 44 51 58 65  
 PUMP COLUMN LENGTH (nearest ft.) 33 39 45 51 57  
 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) 30 31 32 33 34 35 36 37  
 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)

MAIN Nominal diameter Total depth CASING top (main) casing (nearest inch) (nearest foot)  
 TYPE ST 63 64 65 66 67 68 69 70  
 OTHER CASING (if used) diameter depth from to

CASING RECORD  
 casing types insert appropriate code below  
 ST STEEL CO CONCRETE  
 PL PLASTIC OT OTHER

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

EACH CASING  
 EACH SCREEN

DEPTH (nearest ft.)  
 11 15 17 21 25 30 32 36 38 41 45 47 51

DRILLERS IDENT. NO. 40  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SIGNATURE OF DRILLER (signature of journeyman responsible for sitework if different from permittee)

CIRCLE APPROPRIATE LETTER  
 A WELL WAS ABANDONED AND SEALED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

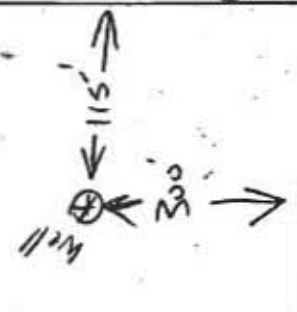
TELESCOPE CASING LOG INDICATOR  
 TELESCOPE LOG INDICATOR  
 TELESCOPE LOG INDICATOR  
 TELESCOPE LOG INDICATOR

DRILLERS IDENT. NO. 40  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SIGNATURE OF DRILLER (signature of journeyman responsible for sitework if different from permittee)

HEALTH

HEALTH

HEALTH



Rt. 32

7241 18

3/13/87

Location as per  
stake - 012

20' casing (1' above)

18' open

5 bags cement

3/16/87 picked up  
H2O sample

H219

DIVISION OF  
ENVIRONMENTAL  
HEALTH

8 6 3 14 PM '87

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.



8/10/87

None

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 # \_\_\_\_\_ Date \_\_\_\_\_  
Name of Installer Hubert Ringley Telephone 795-0766  
License Number #5350  
Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
Name of Property Owner John Harris Telephone 795-0606  
Subdivision None Lot # None Well Tag # \_\_\_\_\_  
Site Address 950 River Rd & Route 32

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make McDowaid  
3. Model # A 87  
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 1/2  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter  
1. Make HAYWARD  
2. Model # PT800  
3. Depth 4 FT

Tank  
1. Capacity 42  
2. Pressure relief valve?

Piping  
1. Type PLASTIC  
2. Size 1 inch  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 4 FT

Well data  
1. Depth 140 ft.  
2. Yield 30 GPM  
3. Static water level 89 ft.  
4. Will water supply be disinfected by installer?

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: Hubert Ringley  
Date: August 3, 1987

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.  
8/10/87 OUTSIDE WORK OK PRESSURE TANK NOT YET  
HD-215. INSTALLED STICKER APPLIED