

B 1 **6451** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER

HO-88-0200
fill in this form completely

Date Received (APA)

041188

OWNER INFORMATION

KERWIN MILLER COMM
Last Name Owner First Name

4229 CHERRY VALLEY
Street or RFD

OLNEY MD 20872
Town State Zip

DRILLER INFORMATION

George F. Easterday

40 License No. 80

L. Franklin Easterday, Inc.

9265 Brown Church Rd., Mt. Airy, Md. 21771

Signature: *George F. Easterday* Date: **3-28-88**

B 3 LOCATION OF WELL

HOWARD COUNTY

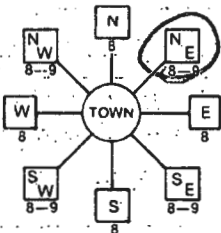
REA SUBDIVISION

SECTION **1** LOT **1**

CLARKSVILLE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** M. **1**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



SHEPARD'S LANE NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **100** 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

COUNTY NAME **HOWARD**

COUNTY NO. **A# 37890**

STATE SIGNATURE _____ INSERT S

DATE ISSUED

100388 CO SIGNATURE *Charles B. ...* EXP. DATE **4/03/89**

NORTH GRID **509000**

EAST GRID **0218000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROTary
- DRive-POINT
- other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

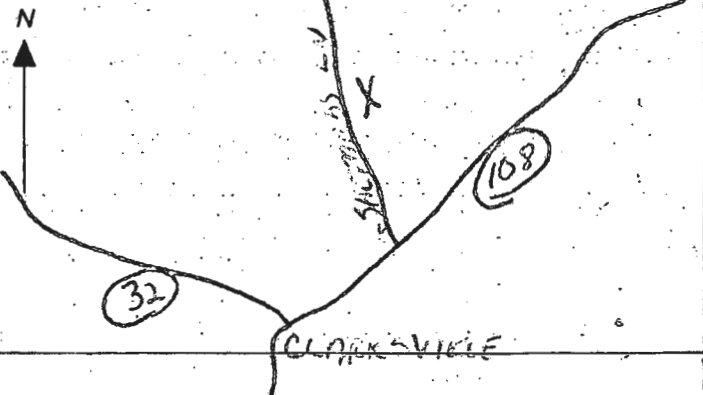
- 1. **WELL**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **810 8**
N **500 09**

000 000

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



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
- THIS WELL WILL DEEPEM 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 **G A P**

FORCE **CM** WRITE INITIALS IN BOX PERMIT No. **HO-88-0200**

SPECIAL CONDITIONS

C1 0524

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 B 37890

DATE RECEIVED

DATE WELL COMPLETED 10/14/88

DEPTH OF WELL

200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

H0-88-0200

OWNER: KERWIN MILLER COMM. STREET OR RFD: SHEPARD LANE TOWN: CLARKSVILLE, MD. SUBDIVISION: REA SUB SECTION: LOT: 1

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries for various soil layers.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 1700

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE ST Nominal diameter 60 61 Total depth of main casing 41 42

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

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

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

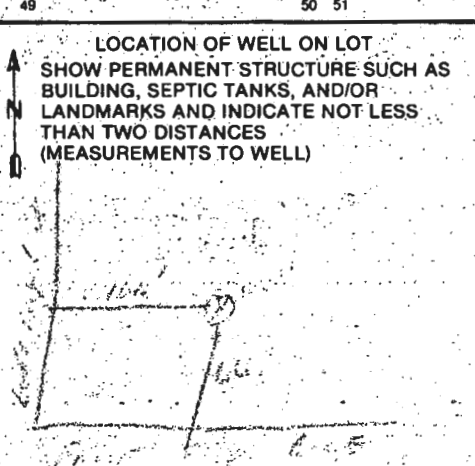
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 84 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER 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 10.17.13 "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. 40 DRILLERS SIGNATURE: Gene A. Easton SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

COUNTY

5/31/89

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 X Receipt # 44386
Replacement _____ Date 5-25-89
Name of Installer RA Kelley Telephone 975-4820??
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Kerwin Miller Telephone 964-2023
Subdivision Sheppard Hills RE # 1 Well Tag # HO-88-0200
Site Address 5105 Sheppard Lane

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
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 _____

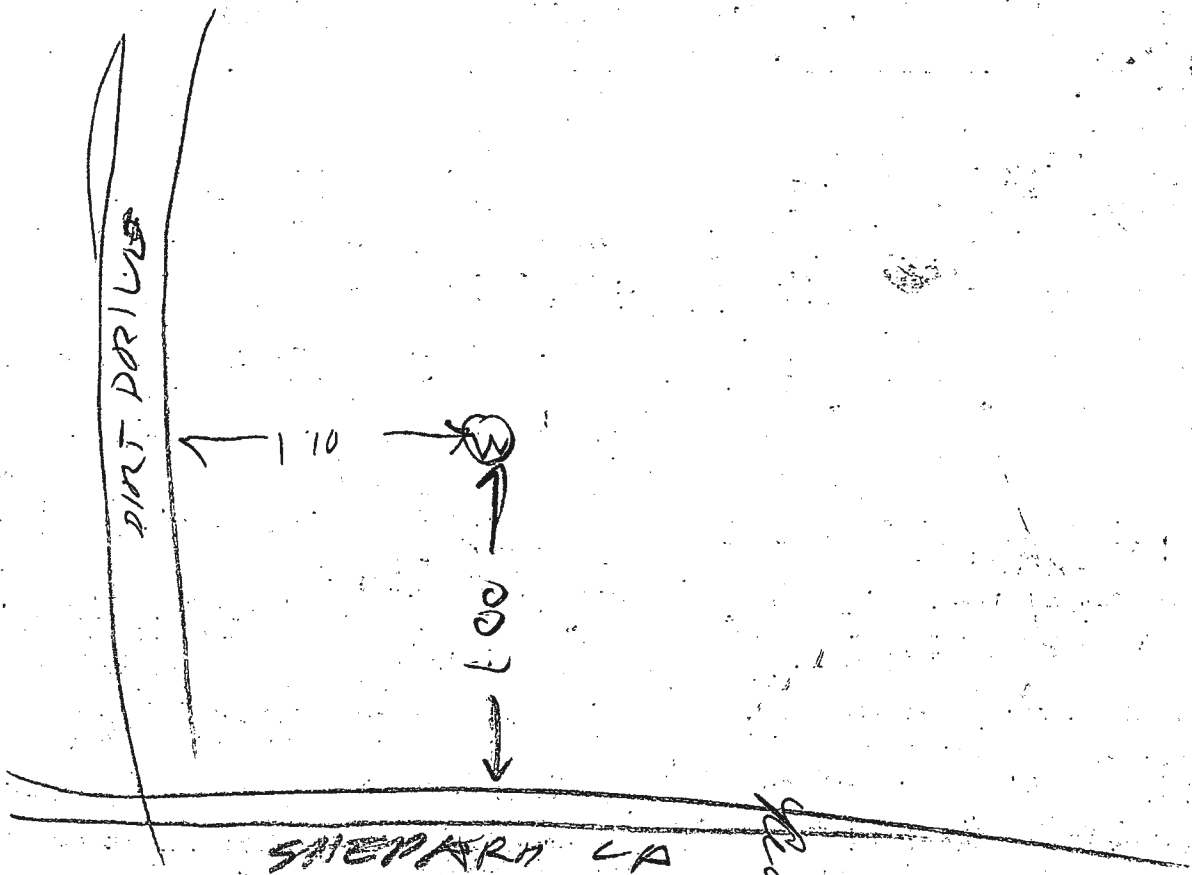
Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth 200 ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield 10 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

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: [Signature]
Date: 5-25-89

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

HD-215 5/31/89 - OK TO COVER OCT
SIDE WORK, TANK NOT INSTALLED RJH



10/14/88
 200-3/2/88

- ① 41 ft pipe
- ② 36 ft open hole
- ③ Not sure of location
- ④ 17 Bags
- ⑤ WELL OK

R. Hodge