

EMERGENCY/TEMP NO. IF ANY

B 1 **1053** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **H 0 - 99 - 0029**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA) **04/20/99** **04/19/99 9:30 AM**
OWNER INFORMATION
JOHNSON WARRREN
 15 Last Name 34 First Name
P.O. Box 841
 36 Street or RFD 55
ELLICOTT CITY MD 21041
 57 Town 70 State 72 Zip 78

DRILLER INFORMATION MSD/MGD/MWD
Robert L. Cline 139
 Driller's Name 77 License No. 80
Cline + Duvall, Inc
 Firm Name
8093 Hillmark Ct. Frederick 21701
 Address
Robert L. Cline 4-18-99
 Signature Date

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**
 8 12 14 20

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 **260** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) **J**ETTED **J**etted & **D**RIVEN
 AIR-**R**OTary **A**IR-**R**EPRESSION **R**OTARY (Hydraulic Rotary)
 CABLE **R**EVerse-**R**OTary **D**RIVE-**P**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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **MD 7 A 6**

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **H 0 - 99 - 0029**
 67 68 70 71 72 73 74 75 76 77 78 79

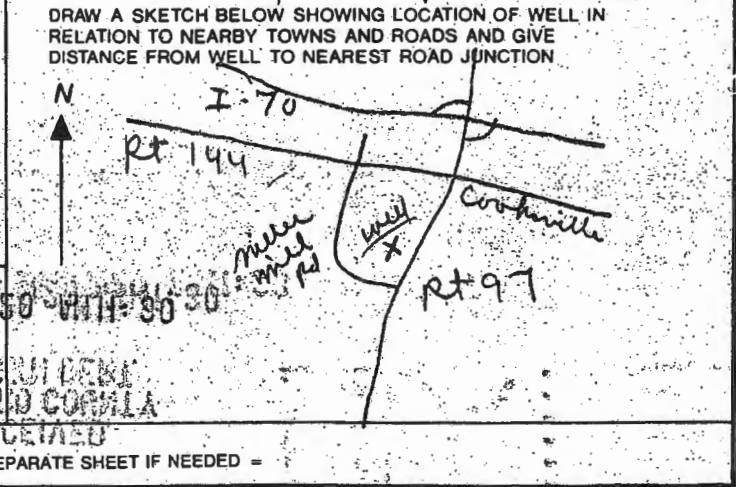
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
CROOKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** MI
 73 76 77 78

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 11 NEAR WHAT ROAD **Route 99** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **W** WEST **E** EAST
 34 **900** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 38 39
 TAX MAP: BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A 49815**
 COUNTY NAME COUNTY NO
 STATE SIGNATURE **Robert L. Cline** INSERT S
 DATE ISSUED **05/12/99** **5/12/95**
 43 NORTH GRID **539** 48 CO SIGNATURE 55 EAST GRID **0793** 63 EXP. DATE

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
7903
5309
 000 000



C1 **5158** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL 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 49815**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
060174

Depth of Well
 22 **125** 28
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-99-0079

OWNER **Johnson** last name **Johnson** first name
 STREET OR RFD **MD Route 97** TOWN **Cookville**
 SUBDIVISION **Washington Vincent Johnson Prop** 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 SHALE	0	30	
Brown SANDSTONE	30	99	
BLUE MICA	99	125	

WATER AT 55'-72'-99'

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **70**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **19** ft. to **39** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **40**

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

C2
 DEPTH (nearest ft.)
 H O **39** **125**
 EACH SCREEN

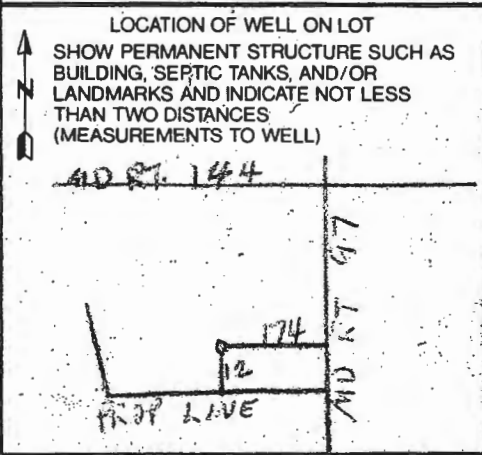
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F-IN BOX 68 **---**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Submersible pump**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **3**
 WHEN PUMPING **14**
 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 WILL INSTALL PUMP (CIRCLE) (YES or NO) 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) **---**
 PUMP HORSE POWER **---**
 PUMP COLUMN LENGTH (nearest ft.) **---**
 CASING HEIGHT (circle appropriate box and enter casing height)
 above below
 LAND SURFACE (nearest foot) **---**



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 IDENT. NO. **---**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Rick Fogle

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

10/4/94
pm

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 # -0-
Date 10-4-94

Name of Installer Jim KUTAN PTH

Telephone 410 298 8377

License Number 10532

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Pacesetter Homes

Telephone 750 0791

Subdivision Oakwood Lot #

Well Tag # 40-94-0079

Site Address 2204 Roxbury Mills Rd

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

Motor

- Horsepower 1/3
- RPM
- Voltage
 - 110
 - 220

Pitless Adapter

- Make
- Model #
- Depth 40'

2. Make JACOZZI

3. Model #

4. Capacity 7 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

- Capacity 40GAL
- Pressure relief valve? yes 12G

10/4/94
1' + above grade
42" below grade OK
OK to cover

Piping

- Type Polyethylene
- Size 1
- NSF and/or BOCA Code approved
- Depth of supply line 48"

Well data

- Depth 40 ft.
- Yield 4 GPM
- Static water level 30 ft.
- Will water supply be disinfected by installer? yes

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: Jim Kutan

Date: 10-4-94

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JUNE 1, 1994 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

--	--	--	--	--	--	--	--	--	--

* PERMIT NUMBER OF REPLACEMENT WELL

--	--	--	--	--	--	--	--	--	--

* PERSON ABANDONING WELL: JAMES H. MOORE

WELL DRILLERS LICENSE NUMBER: 141

* OWNER'S NAME: WARREN JOHNSON

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: COOKSVILLE
 TAX MAP BLOCK PARCEL
 SUBDIVISION: WARREN E VINCENT JOHNSON PROP.
 SECTION: LOT:

X	
000	000

MARYLAND GRID COORDINATES

E 793
 BOX NUMBER
 N 537 ←

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

DRILLED JETTED
 BORED/AUGURED HAND DUG
 OTHER (specify)

LOG OF SEALING MATERIAL

* USE CODE:

DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION

MATERIAL	FEET	
	FROM	TO
TYPE II CEMENT	0	43

* TYPE OF CASING:

STEEL PLASTIC
 CONCRETE OTHER (specify)

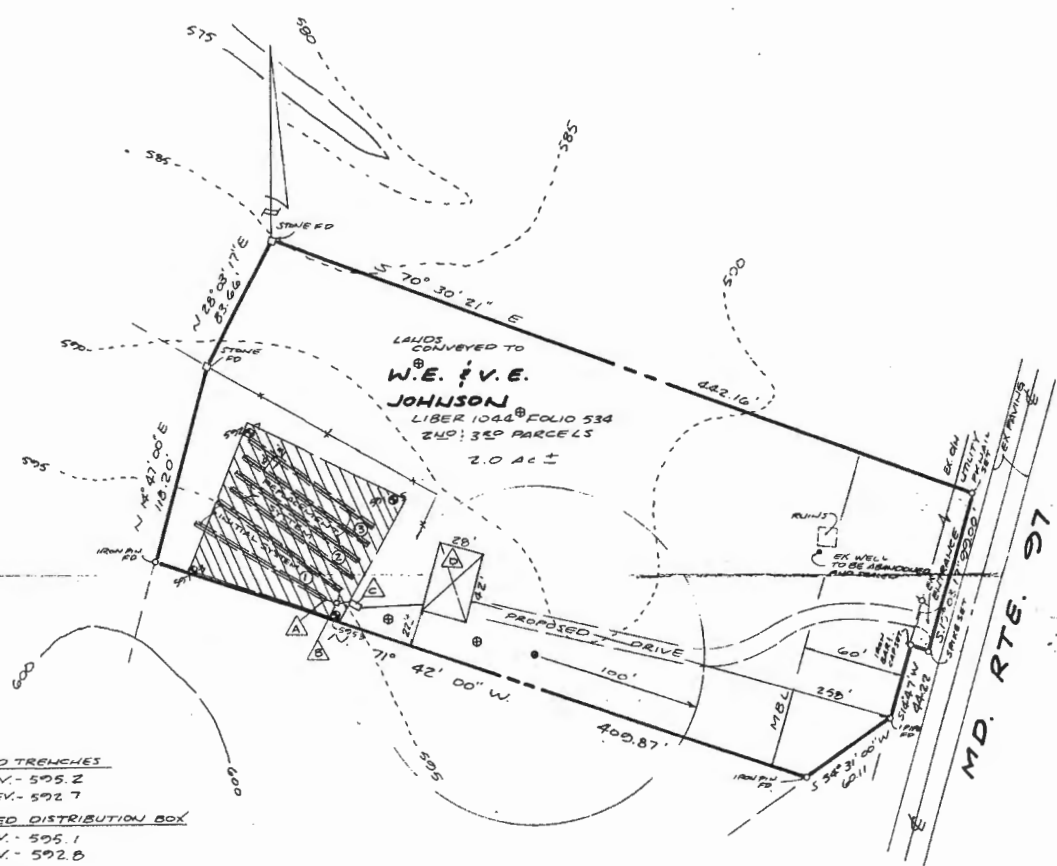
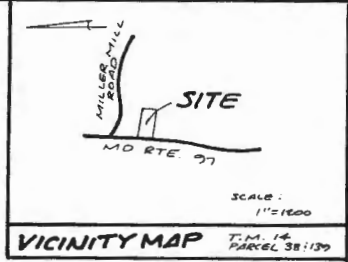
* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 43 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet:

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE: James H. Moore LICENSE # 139 DATE 6-1-94



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT AS REQUIRED BY MARYLAND STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

- 2 ⊙ - SUCCESSFUL PERCOLATION TEST SITE
- 3 ⊕ - FAILED PERCOLATION TEST SITE
- 4 ● - PROPOSED WELL SITE
- 5 THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF ANY PROPERTY BOUNDARIES UNLESS OTHERWISE SHOWN HEREON.
- 6 EXISTING ZONING - RURAL CONSERVATION
- 7 MINIMUM BUILDING SETBACKS - FRONT: 60' SIDE: 15' REAR: 50'

- △ - PROPOSED TRENCHES
EX. ELEV. - 595.2
INV. IN ELEV. - 592.7
- △ - PROPOSED DISTRIBUTION BOX
EX. ELEV. - 595.1
INV. IN ELEV. - 592.8
- △ - PROPOSED 1000 GAL. SEPTIC TANK
EX. ELEV. INLET - 594.7
INV. IN - 593.2
INV. OUT - 592.9
- △ - PROPOSED HOUSE
R.F. ELEV. - 595.0
INV. OUT - 593.6
BSMT ELEV. - 586.0

PLOT PLAN / PERCOLATION CERTIFICATION PLAT
LANDS CONVEYED TO
WARREN E. ; VINCENT E. JOHNSON

LIBER 1044 FOLIO 534
SITUATED ON MARYLAND ROUTE 97
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=50' MARCH 1994

I CERTIFY THAT THE PERCOLATION TEST HOLES HAVE BEEN ACCURATELY FIELD LOCATED.

3/25/94 DATE Sourabh Munshi
SOURABH G. MUNSHI PRDE. L.S. 10770

APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

5/13/94 DATE

James M. Boyd
HOWARD COUNTY HEALTH OFFICER



YANMAR ASSOCIATES INC.
Engineers - Surveyors - Planners
190 South Main Street PO Box 128, Mount Airy, Maryland 20771
(301) 521-2900 FAX (301) 521-4000 TEL (301) 521-1700 EXT 3000

REVISED: 4/25/94 PER COMMENTS

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Permit Number W-66-275
Owner Patricia Miller
Address Chicksville, Md
Subdivision Piney Park
Section _____ Lot _____

PUMPING TEST

Hours Pumped 1
Type of Pump Used Hand
Pumping Rate _____
Gallons per Minute 30

WATER LEVEL

Distance from land surface to water:
Before Pumping 30 Ft.
When Pumping 30 Ft.

APPEARANCE OF WATER

Clear _____ Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land
Surface 1 Ft.

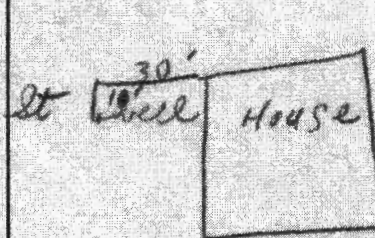
PUMP INSTALLED

Type _____
Capacity
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



Top Soil
Sandy
Grey Rock

FEET
from _____ to _____
0-3
3-10
10-63

Steel

DIAM.
(inches) from _____ to _____
6" O.D. 0-16

Date Well Was Completed Dec 28/65

Well Driller Signature [Signature]

7-65

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

Owner Mrs Katie Miles
Street or R. F. D. Millersmill Road
Post Office Cooksville, Maryland

Driller L F Easterday License Number _____
Street or R. F. D. _____
Post Office Rt 2, Mt Airy, Maryland
Date December 2, 1965

Quantity of Water to be Produced 0 G.P.M.
Total Quantity Needed For Use 100 G.P.D.
Use for Water Domestic
Approximate Depth of Well (feet) 100
Method of Drilling to be used Rotary

Location of Well
Subdivision Bushy Park
Section _____ Lot _____
County Howard
Nearest Town Cooksville
Distance from Town 1 mile
Direction from Town South

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map).
Near what road Millersmill
On which side of road North
(North, East, South, West)
Distance from road 150'

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. No-66-W-175

Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

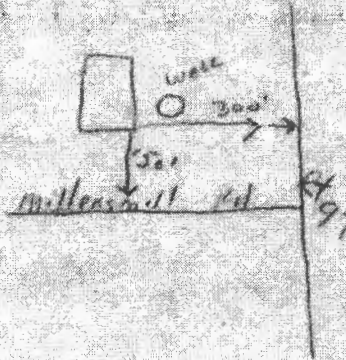
Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Paul W. Meeker Dir. Dec. 12-8-65 Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.

NORTH



Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by [Signature]
Title Chief Sanitarian
Date 12/6/65

COUNTY HEALTH



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 11, 2000

Ronald K. Whittaker
3502 Split Rail Lane
Ellicott City, MD 21042

RE: 2425 Millers Mill Road
Cooksville, MD

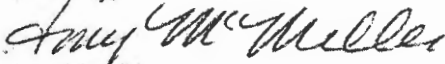
Dear Mr. Whittaker,

This is to advise you that the Howard County Health Department, Well & Septic Program, has no septic records on file for the above referenced property.

This is also to advise you that while the well completion report submitted by the well driller to this office has been located, there is no indication on the report that the well has been constructed in accordance with COMAR standards. In addition, the well is extremely shallow, 65 feet, and may be more susceptible to contamination than a deeper well. For this reason, certification by a licensed well driller or the drilling a new well will be necessary prior to building permit approval.

If there are any questions regarding this matter, I may be reached at the address below or by calling 410-313-2640.

Sincerely,


Amy Mc Millen