

B 1 **6436** SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type.

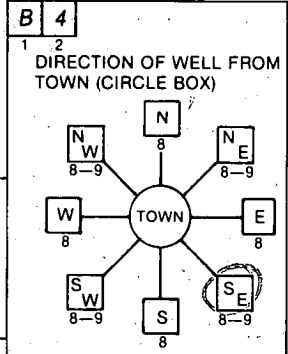
OEP PERMIT NUMBER
40-81-0821
 fill in this form completely

Date Received **1/2/85 - 11:00 AM**

OWNER INFORMATION
PUBH GEORGE E NANCY
 Last Name Owner First Name
1110 SAINT AGNES CA
 Street or RFD
BALTIMORE MD 21207
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
HERITASE WOODS SUBDIVISION
 SECTION **45** LOT **40**
MIGALARD NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
Ralph MAYNE License No. **223**
Ralph MAYNE (well Drilling) Firm Name
9120 Brown Church Rd Mt. Airy Address
Ralph Mayne Signature **12/3/84** Date



Brown BRIDGE Rd. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **350** FT
 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 COUNTY NAME
A 33228 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **122184** CO SIGNATURE **C. Williams** EXP. DATE **6/21/84**
 NORTH GRID **487000** EAST GRID **0816000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL _____ 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 _____

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**
 N **480**

70' casing, location OK
 2' casing above grade
 2' open hole - sandy material
 No sample collected
 left 10/20/84 - pump test not started nor grout. Forward with equipment.
 1-8-85 4PM -> 116495 cement
 5462

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

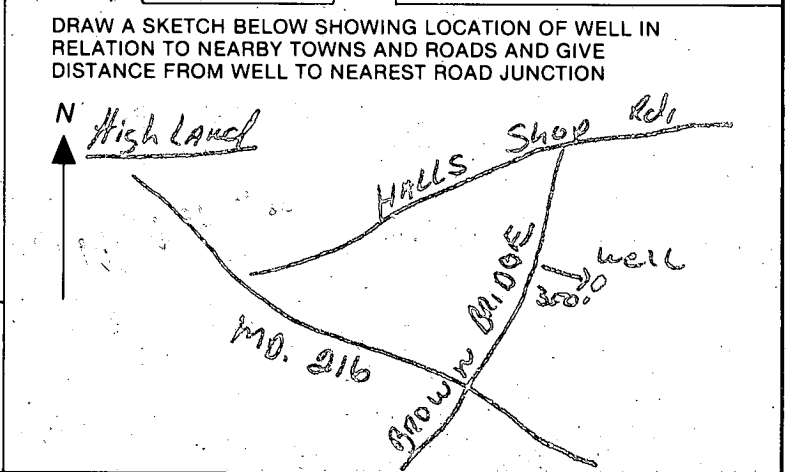
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) _____



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

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **EW** INITIALS IN BOX PERMIT No. **40-81-0821**

SPECIAL CONDITIONS

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 # 39449
 Date 6/10/87
 Name of Installer Wm. H. Smith Jr. Telephone 879-7641
 License number PI58
 Certified Well Pump Installer Well Driller _____ Registered Plumber _____
 Name of Property Owner Max Pugh Telephone _____
 Subdivision HERITAGE WOODS Lot # 4D Well tag # 41-21-0821
 Site Address 7299 BROWN BRIDGE Rd.

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 _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ 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: William H. Smith Jr.

Date: 6/10/87

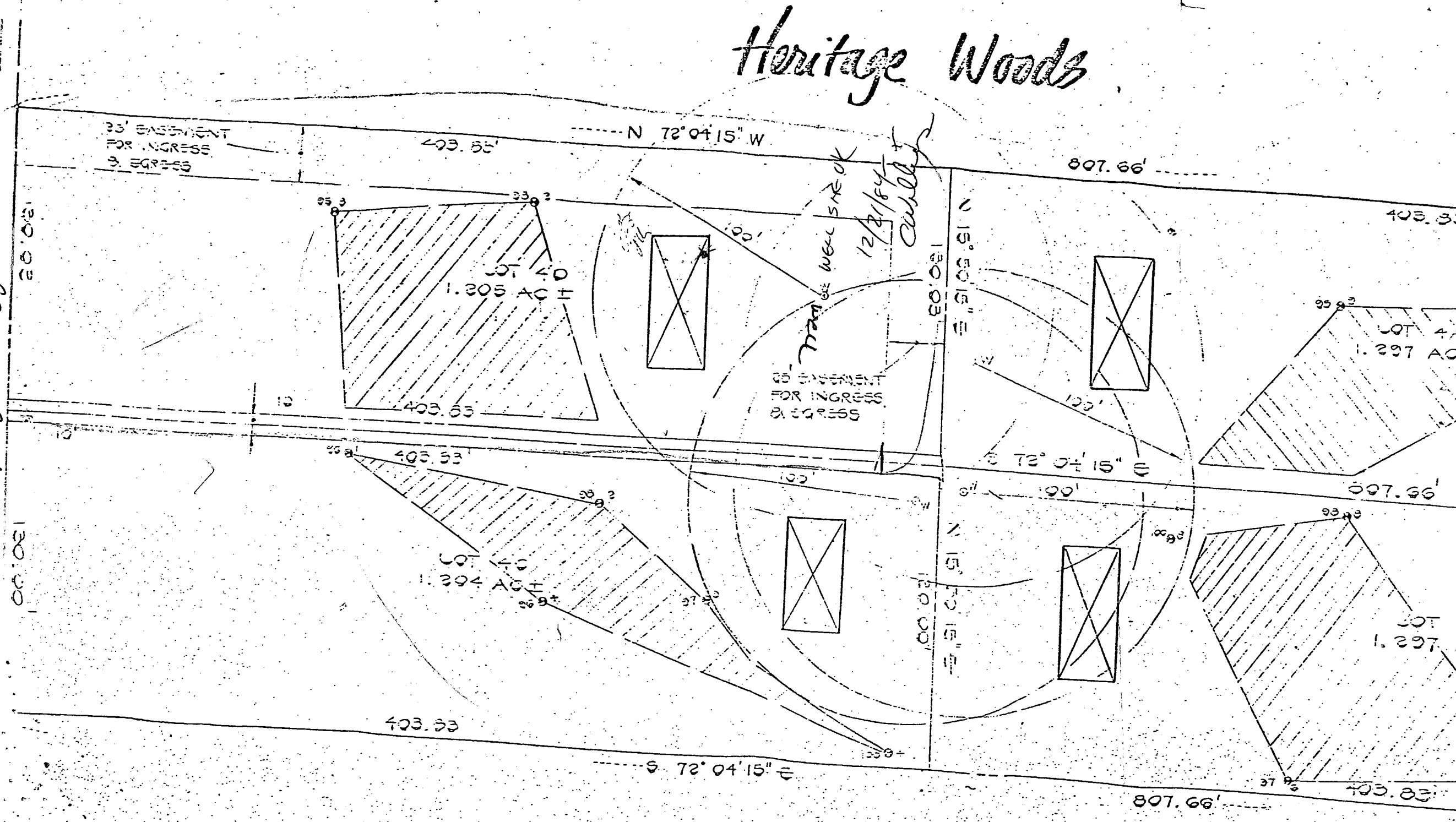
6/12/87 WELL PUMP INSTALLATION OK

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

PRESSURE TANK OK
STICKER APPLIED BY

Heritage Woods

Brown Bridge Rd

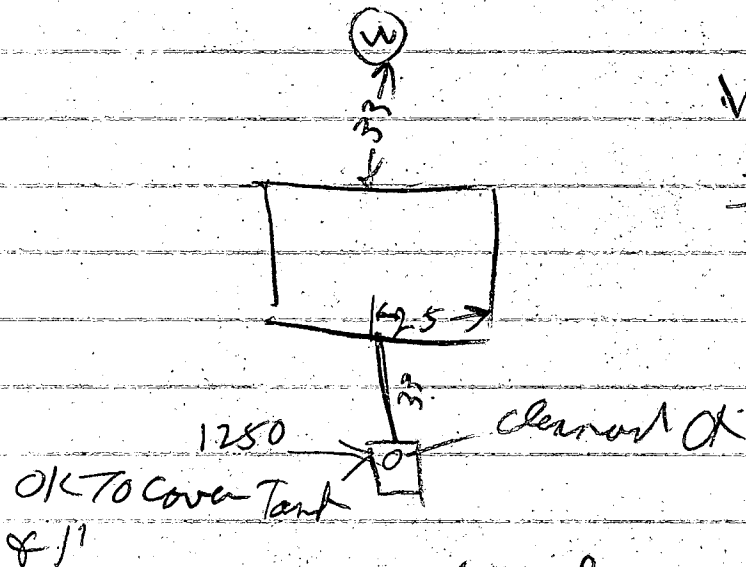


Lot 4B
HERITAGEWOOD
3

Well Inspector Tag # H0810821

George Pugh owner

Well Pump
Installation OK



at end of trench
place DB 205 from front lot line and
45 ft from left side run trench
toward right side line

6/12/07

Correct information put
on correct permits

System unfinished some ones
will get correct permit

Monday June 15 & work will
continue on trench

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

George R. Pugh
(Name) GEORGE R. PUGH

1110 ST. AGNES LANE
BALTIMORE, MD. 21207
(Address)

PHONE 788-8480

Ho-81-0821
(OEP Well Permit Number)

1 DEC. 1984
(Date)