

B 1 9418 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 (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 94-1132
 70 fill in this form completely 79

Date Received (APA) 5/8/97
 8 MM 00 YY 13
 OWNER INFORMATION
 15 Last Name Reed Owner Betty First Name 34
 36 Street or RFD 2930 Florence Rd. 55
 57 Town Woodbine 70 State MD 72 Zip 21797 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION _____ 42
 SECTION _____ LOT 97 44 46 48 50
Lisbon 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 5 M I 73 76.77 78

DRILLER INFORMATION
 76 Driller's Name Joseph L. Wayne License No. MS D 024 81
 Firm Name Joseph L. Wayne Well Drilling
 Address 5512 Ridge Rd. Mt Airy, Md 21771
 Signature Joseph L. Wayne Date 5/8/97

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 22 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: _____ BLK: _____ PARCEL: _____

2930 Florence Rd. 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 22 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 20

NOT TO BE FILLED-IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
5 COUNTY NO.
 STATE SIGNATURE _____ (INSERT S)
 DATE ISSUED 5/9/97 Kimberly Maisto 5/9/98
 43 MM DD YY 48 CO SIGNATURE 773 EXP. DATE
 NORTH GRID 534 000 EAST GRID 000
 50 55 57 63

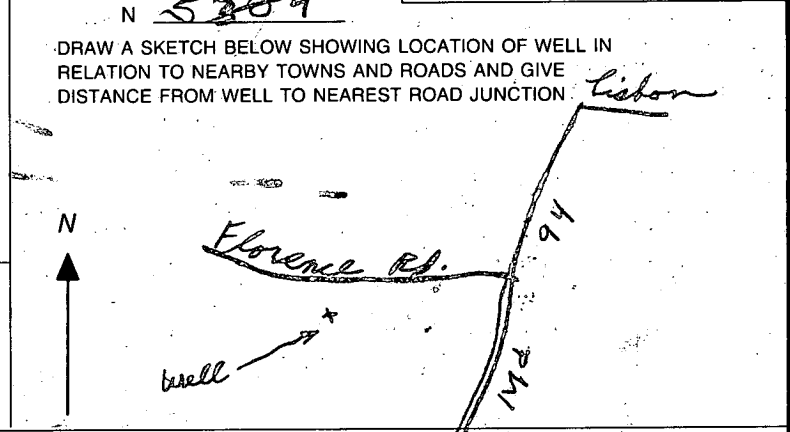
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 240 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 76073
 N 5304
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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
 39 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 54 G A P _____ 63
 FORCE KM WRITE INITIALS IN BOX PERMIT No. HO-94-1132
 67 68 70 71 72 73 74 75 76 77 78 79

Handwritten notes:
L.F. Feezor
6/25/97
@ 1:20

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6/25/97

Name of Installer ROBERT L. FEEZOR CO., INC. Telephone 410-781-4655

License Number 2127
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner MRS. BETTY REED Telephone 410-442-2381
Subdivision N/A Lot N/A Well Tag # 10-94-1132
Site Address 2930 FARMER RD
WOODBINE

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Belowground
- 3. Model # HS-33
- 4. Capacity 5 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 1/3
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make PT 800
- 2. Model # PT 800
- 3. Depth 42'

Tank


- 1. Capacity 20 GPM
- 2. Pressure relief valve? YES

Piping

- 1. Type Poly.
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42'

Well data

- 1. Depth 229 ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? YES

Handwritten notes:
6/6/97
well line 42" below gr.
well casing 1' above grade
2-pc cap installed. OK to cover. 

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: *Robert L. Feezor*

Date: 6/25/97

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

* NO property records found * (DKS)

SITE INSPECTION SHEET

OWNER: Betty Reed / Charles Reed

DATE REQUESTED: 5/8/97 @ 11:00

ADDRESS: 2930 Florence Road

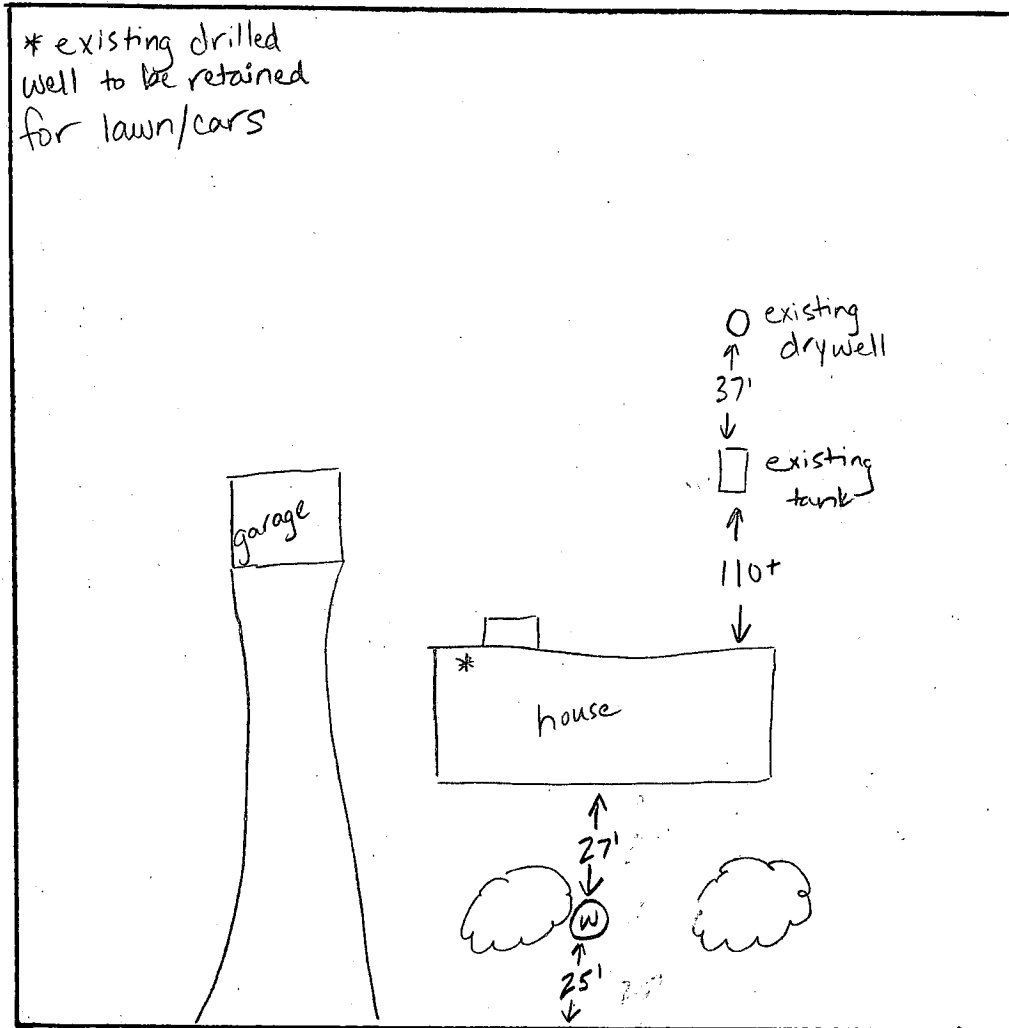
DRILLER: J. Mayne

WELL TAG # HO-94-1132

COUNTY # _____

PROPOSAL: _____

LOCATION DIAGRAM



5-9-97
 Clocked 27' distance from well to house due to inability to get well rig off road if maintaining 30' separation from house to well (KM)
 existing trees to be removed from front yard

COMMENTS: _____

DATE: 5-8-97

INSPECTOR: Kimberly Maister