

B 1 **1901** 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-81-2551**  
fill in this form completely

Date Received **3/30**  
**012188** OWNER INFORMATION  
**Abrahamson Joel**  
Last Name Owner First Name  
**5560 Steeplechase Pl Suite 300**  
Street or RFD  
**Columbia** **MD** **21044**  
Town State Zip

B 3 LOCATION OF WELL  
**Howard** COUNTY  
**Buckskin West** SUBDIVISION  
SECTION **1** LOT **1**  
**Glenns** NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **1.5** MI

DRILLER INFORMATION  
**Rudert W. Reichart** Driller's Name  
**353** License No. 80  
**Wm. W. Reichart Inc** Firm Name  
**1772 Baltimore Pike Hanover PA 17331** Address  
**Rudert W. Reichart** Signature **1/11/88** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
**E** (circled)  
NEAR WHAT ROAD **Buckskin West Drive**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**E** (circled)  
DISTANCE FROM ROAD **1200**  
ENTER FT or MI **1.4**

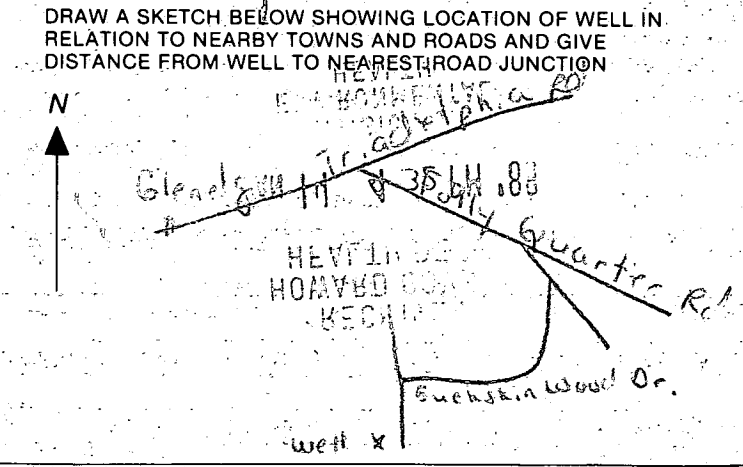
B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
**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)  
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME **A37686** COUNTY NO.  
OEP SIGNATURE **R. Wilson** STATE HEALTH INSERT S **08/16/88** DATE ISSUED  
NORTH GRID **516000** EAST GRID **0807000**

APPROXIMATE DEPTH OF WELL **250** FEET  
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH  
METHOD OF DRILLING (circle one)  
**AIR-PERCussion** (circled)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTary ROTARY (Hydraulic Rotary)  
CABLE REVERSE-ROTary Drive-POINT  
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. **Approved well**  
WRITE THE BOX NUMBER FROM THE MAP HERE  
**8067**  
**5106**

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 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)  
APPROX. PERMIT NUMBER **G A P**  
FORCE INITIALS PERMIT No. **HC-81-2551**

SPECIAL CONDITIONS

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELICOTT CITY, MD.  
JAN 14 1 23 PM '88

3/1/88

- ① LOCATION OK PER PLAN
- ② 49 FT CASING
- ③ 46 FT OPEN HOLE
- ④ 9 BAGS USED
- ⑤ WELL OK

*B. J. Hodges*

arrived a little late so man got information from town

DIVISION OF  
ENVIRONMENTAL  
HEALTH

JAN 14 4 32 PM '88

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

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 # 46807  
 Date 12/31/91  
 Name of Installer David Easterday Telephone 301-829-1640  
 License Number \_\_\_\_\_  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller  Registered Plumber \_\_\_\_\_  
 Name of Property Owner John McDonagh Telephone \_\_\_\_\_  
 Subdivision Buckskin Lake West # 1 Well Tag # HO-81-2551  
 Site Address Buckskinwood Dr.

Pump Motor Pitless Adapter  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible   
 2. Make Souls  
 3. Model # SE507422  
 4. Capacity 5-10 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 203-well & tank  
 2. Pressure relief valve?   
 1. Type plastic  
 2. Size 1"  
 3. NSF and/or BOCA Code approved   
 4. Depth of supply line 4'  
 1. Depth 375 ft.  
 2. Yield 9 GPM  
 3. Static water level 30 ft.  
 4. Will water supply be disinfected by installer?

WPI & IC Line 4ft deep  
 Pump installation in progress,  
 DB 1/31/91

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: 1/31/91

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