

B 1 **5431** 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
40-88-1190
 fill in this form completely

Date Received (APA) _____
 OWNER INFORMATION
SCHMEIDER IOAH
 15 Last Name Owner First Name 34
7446 BROWN BRIDGE RD
 36 Street or RFD 55
HIGHLAND **MD20777**
 57 Town 70 State 72 Zip 76

INDEXED

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
GREENWOOD FARMS
 23 SUBDIVISION 42
 SECTION **16** LOT **16**
 44 46 48 50
HIGHLAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday **40**
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday **211/90**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

7446 BROWN BRIDGE
 11 NEAR WHAT ROAD 30
 34 **100** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

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

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 **WP-45523**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **020190** **Carroll** **8/1/90**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **484000** EAST GRID **0816000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 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

 000
 000

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) _____

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

W 45523

Not to be filled in by driller (OEP USE ONLY).
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-88-1190**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

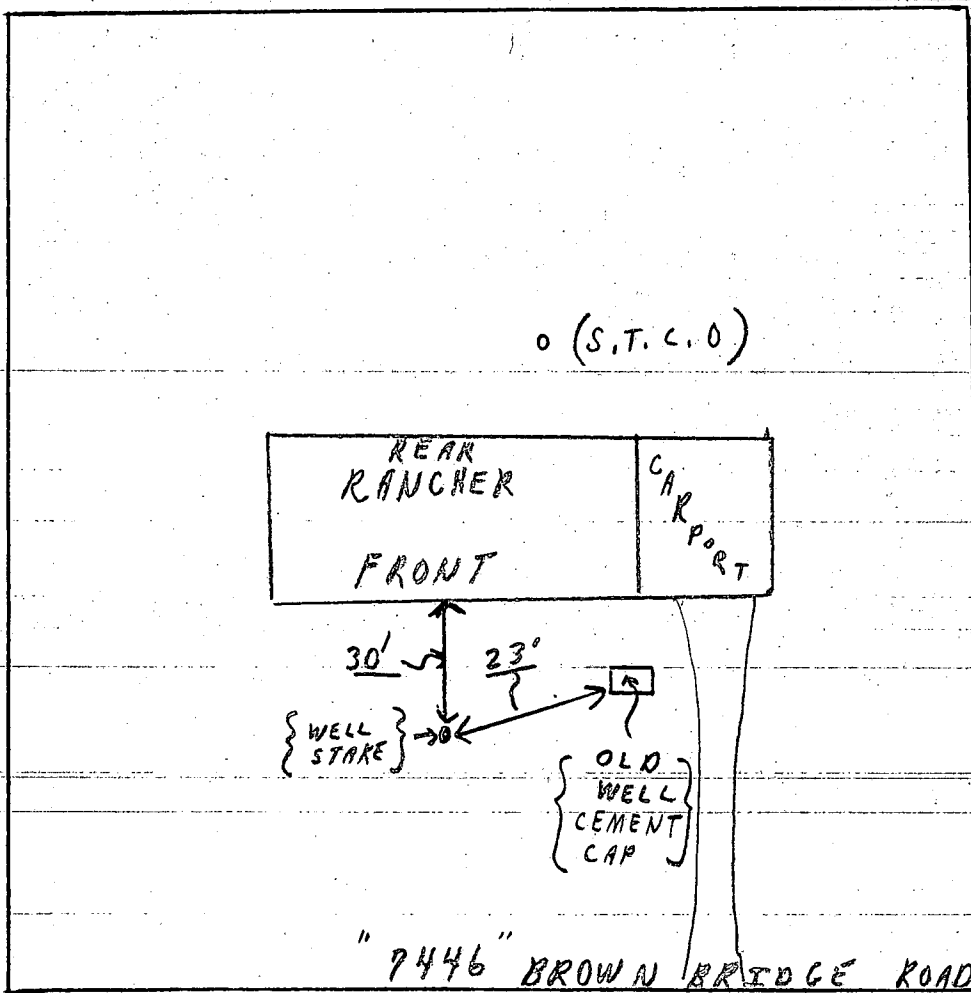
REPLACEMENT WELL SITE INSPECTION

OWNER MR. JOHN SCHNEIDER
ADDRESS 7446 BROWN BRIDGE ROAD
HIGHLAND, MD.
T/c # 854-3553

DATE REQUESTED 1/31/90
DRILLER EASTERDAY
WELL TAG# HO-88-1190
COUNTY# NOWARD

"Replacement Well - Emergency"
OLD WELL - DRY / OWNER

LOCATION DIAGRAM



COMMENTS: 1/31/90 OWNER AT SITE AND STAKED WATER WELL
LOCATION. C.B.S. STAKE TAGGED.
C.B.S.

2-7-90
ASAP am
NOINSP

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
Replacement
Name of Installer Sickler Service Inc
License Number 17922
Certified Well Pump Installer Well Driller Registered Plumber X
Name of Property Owner John Schupfer Telephone 301 854 3553
Subdivision Greenwood Farms Lot # 16 Well Tag # HO-88-1190
Site Address 2446 Brown Bridge Rd Highland Md 20777

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible X
2. Make Grundfos
3. Model # 2443050117
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes X No
6. If Yes, is low pressure cutoff switch installed? Yes X No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other

Motor
1. Horsepower 1/2
2. RPM
3. Voltage
a. 110
b. 220 X

Pitless Adapter Yes
1. Make
2. Model #
3. Depth 42"

Tank
1. Capacity 30
2. Pressure relief valve?

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

Well data
1. Depth 300 ft.
2. Yield 1.5 GPM
3. Static water level 50 ft.
4. 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: Ronald P. Schupfer
Date: 2/6/90

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

CH 5607 SEQUENCE NO. (DENY USE ONLY)
 1 2 3 6
 (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

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
 020590

Depth of Well
 360 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-88-1190

OWNER Schneider, JOHN
 STREET OR RFD 7446 Brown Bridge TOWN FULTON
 SUBDIVISION _____ 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	
TOP Soil	0	2	
Shale	2	34	
Soft Brown Mica	34	49	✓
Gray Mica	49	54	
Tan Stone	54	56	✓
Gray Mica	56	74	
Tan Stone	74	76	✓
Gray Mica	76	160	
Gray Slate	160	260	
Gray Slate	260	265	
w/ flint			
Gray Slate	265	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 36 NO. OF POUNDS 3600
 GALLONS OF WATER 180
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface) TOP BOTTOM

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST 6 64
 60 61 63 64 66 67 70

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

C 2
 DEPTH (nearest ft.)
 1 HO 62 300
 8 9 11 15 17 21
 2 _____
 23 24 26 30 32 36
 3 _____
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60

GRAVEL PACK FEQ 12 11 00 W. 20
 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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 1
 METHOD USED TO MEASURE PUMPING RATE Beabot
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 56
 WHEN PUMPING 300
 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 YES **NO**
 (CIRCLE) (YES or 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)
4 above } LAND SURFACE _____ (nearest foot)
- below }

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. 40
 DRILLERS SIGNATURE Bernice J. Korte, Inc.
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Stules

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
Highland
W. 20
W. 20