



**B 1** 8600 SEQUENCE NO. (MDE 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  
HD-94-2500  
 fill in this form completely

Date Received (APA) 113099  
**OWNER INFORMATION**  
 Last Name JOINT Owner First Name VENTURA  
 Street or RFD 152984 WINDING HAPLE ROAD  
WOODBINE Town MD 21797 Zip 76

**B 3** LOCATION OF WELL  
 COUNTY HOWARD  
 SUBDIVISION CATTAIL WOODS  
 SECTION 44 LOT B PRES. PARCEL  
 NEAREST TOWN 415600  
 MILES FROM TOWN (enter 0 if in town) MI

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD  
 Driller's Name DANA K. PERK JR II License No. 256  
 Firm Name WESTMINSTER ROTARY Well Drilling Inc  
 Address P.O. Box 861 Westminister, Md. 21157  
 Signature Dana Perk Jr II Date 11-30-99

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD BRITTLE BLANCH  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 350 FT OR MI FT  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 6  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 405

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  
 COUNTY NAME Howard Co COUNTY NO. A 496470  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED 120399 EXP. DATE 12/3/00  
 NORTH GRID 540000 EAST GRID 0770000

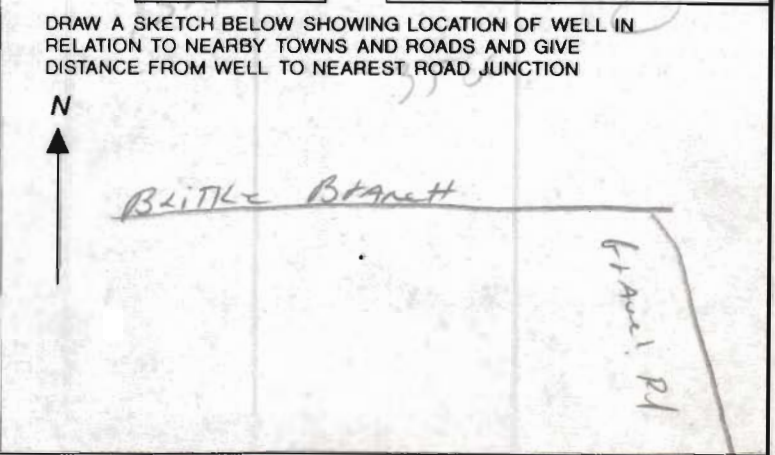
APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 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. CITY  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 770  
 N 5400

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-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) \_\_\_\_\_



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER GAP  
 FORCE AM PERMIT No. HD-94-2500

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





11/3/00  
WPI  
AM

FAX 11/2 4:00

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ROBERT L FEEZER Co, Inc Telephone #: 410-781-4655  
Address: 6321 BARNETT Avenue  
SPRINGVILLE, MO. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): ROBERT L FEEZER License# MD 2122

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Mr Douglas Brewer Telephone #: 410 489-9671  
Subdivision: PRESERVATION PARK B Lot #: \_\_\_\_\_ Well Tag #: HO-94-2500  
Site Address: 1756 CAPITAL MEADOWS Drive  
Wheaton, MD 21797

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>SKILITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>X</u>
Model #: <u>7SP4E</u>	Model#: <u>PT 800</u>	Screened, vented well cap: <u>X</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: <u>8</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>X</u>

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: X  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>X</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>30'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>X</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11/2/00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/3/00 Date Insp. Approved: 11/3/00 [Signature]

Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely [Signature]  
Elec. conduit extends at least 18" below grade/attached to cap properly [Signature]  
Safety rope installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection [Signature]  
Adequate grout observed below pitless adapter \_\_\_\_\_  
NA - barrier external pipe joint  
(lineal body covered)  
@ Kartin

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License # and name of individual responsible for the field installation:  
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Name of Property Owner: Alm Douglas Brewer Telephone #: 410 489-9671  
Subdivision: PRESERVATION ESTATE B Lot #: \_\_\_\_\_ Well Tag #: HO-94-2500  
Site Address: 1756 CATTAIL MEADOWS Drive  
WOODBINE, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STANITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>X</u>
Model #: <u>7SP4E</u>	Model#: <u>PT 800</u>	Screened, vented well cap: <u>X</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: <u>8</u> GPM	NSF approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>X</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>X</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house \_\_\_\_\_  
House Connection  
DVC cleared to undisturbed soil at well penetration: X

