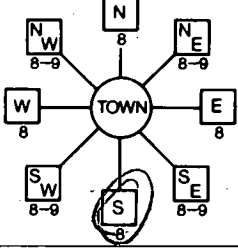
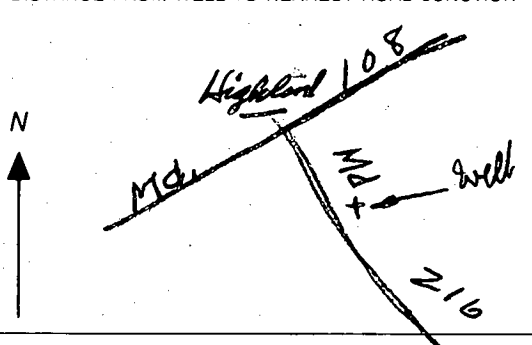


B 1 14397 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY) 05-356679	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 110-94-2385 <small>70 79</small> fill in this form completely
Date Received (APA) 08/31/99 <small>8 MM DD YY 13</small> OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Last Name Kolpack </div> <div style="width: 45%;"> Owner First Name Connie </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Street or RFD 12672 Rt 216 </div> <div style="width: 45%;"> Town Highland Md. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> State MD </div> <div style="width: 45%;"> Zip 20777 </div> </div>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> SUBDIVISION 42 SECTION 44 46 LOT 48 50 NEAREST TOWN Highland MILES FROM TOWN (enter 0 if in town) 3/10 <small>M I</small> <small>73 76 77 78</small>	
DRILLER INFORMATION Driller's Name Joseph L. Mayne License No. MS D 24 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt Airy Md. 21771 Signature Joseph L. Mayne Date 8/31/99		B 4 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  2 12672 Rt 216 <small>11 30</small> NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> NORTH <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input checked="" type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W </div> <div> WEST <input type="checkbox"/> W <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NW </div> </div> 34 445 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 13 STATE SIGNATURE _____ INSERT S → DATE ISSUED 08/31/99 EXP. DATE 08/31/00 <small>43 MM DD YY 48</small> CO SIGNATURE _____ NORTH GRID 488 000 EAST GRID 0814 000 <small>50 55 57 63</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> <small>30</small> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> <small>37</small> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT <input type="radio"/> 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 8104 N 4808 000 000	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (SPRING) <small>39</small> <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 63 PERMIT No. 110-94-2385 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

C 1		1921		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 10/15/99 OK COUNTY NUMBER	
DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 9 2 99		Depth of Well 22 160' 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-2385 28 29 30 31 32 33 34 35 36 37			
OWNER KOLPACK		first name Connie		TOWN Highland		LOT			
STREET OR RFD 12672 ROUTE 216		SECTION		LOT					
SUBDIVISION		SECTION		LOT					
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft. (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 90 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40 EACH CASING diameter inch depth (feet) from to		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 2 (nearest foot) - below 49 50 51					
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED Y N		DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100					
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		SCREEN RECORD screen type or open hole ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 37 R1216					
DRILLERS LIC. NO. 1 M S D O 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		MDE 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					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)									

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3523-W Ellicott Mills Drive
Ellicott City, MD 21043
461-9932

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer ALLEN M. VAN STANT INC.

Telephone _____

License Number 6501

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner LESTER KOLPACK

Telephone 301-954-3415

Subdivision _____ Lot # _____

Well Tag # HO-94-2385

Site Address 17670 JACOBESVILLE ROAD

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make Grundfos
3. Model # 56905412
4. Capacity 3 GPM

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make Huacapi
2. Model # B-100
3. Depth 3'

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 None

Tank

1. Capacity 40 gal. expand.
2. Pressure relief valve? ☒

Piping

1. Type PE
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 3 ft

Well data

1. Depth 160 ft
2. Yield 10 GPM
3. Static water level _____ ft
4. Will water supply be disinfected by installer? None

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: 9/17/99

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

SITE INSPECTION SHEET

OWNER: Connie Kolpack

DATE REQUESTED: 8/31/99 11:00

ADDRESS: 12672 Route 216
Highland, MD

DRILLER: Joseph Mayne

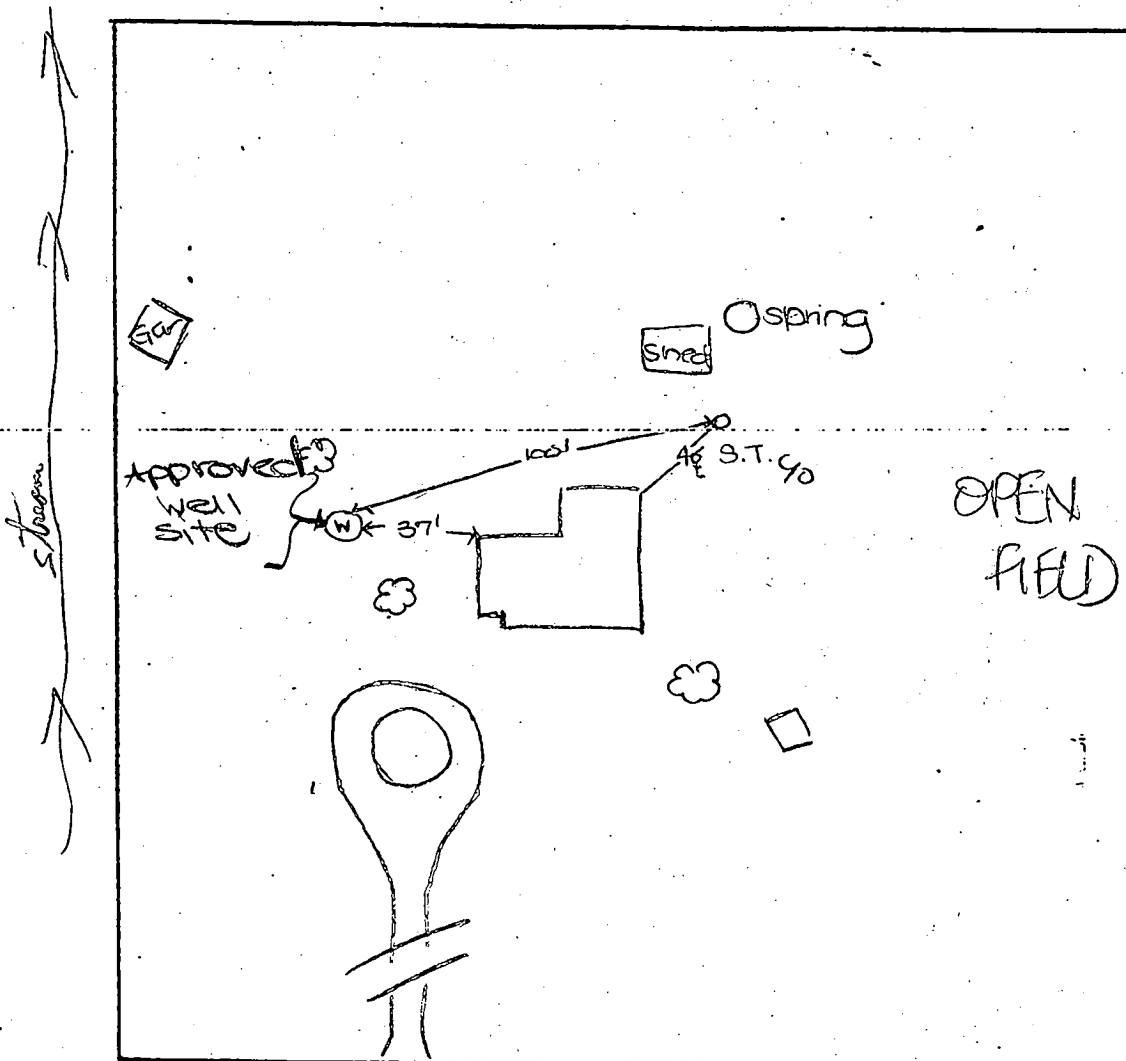
WELL TAG # _____

(Tm40 Parcel 19 Gd 11 lot 4)

COUNTY # No record found

PROPOSAL: existing spring has run dry - approval of repl.
well site requested

LOCATION DIAGRAM



COMMENTS: Met driller and owner at site. Approved well
site as indicated - spring to be abandoned/disconnect
from drinking supply. Well drilled as proposed, has 2 pipe caps. No brackish 9/2/99

DATE: 8/31/99

INSPECTOR: JS



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

October 15, 1999

Ms. Connie Kolpack
12672 Rt. 216
Highland, MD 20777

RE: Replacement Well
12672 Rt. 216
Highland, MD 20777
Well Permit # HO-94-2385

Dear Ms. ^{Kolpack} ~~Columbo~~:

This office is requesting that you contact the Community Environmental Health Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from an indoor tap, but if suitable scheduling is not completed, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

Additionally, a condition of the well drilling permit was proper disconnection of the existing spring. This should be completed prior to sampling to avoid delays in the issuance of potability certification. If you have any questions, please call (410) 313-2640. Thank you for your attention to these important matters.

Very Truly Yours,

Steven R. Krieg

Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc:

File ✓

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Water and Sewage Program Community Environmental Health Program Food Protection Program

Phone: 410-313-2640 FAX: 410-313-2648 TTD: 410-313-2323 TOLL FREE: 1-877-4MD-DHMH