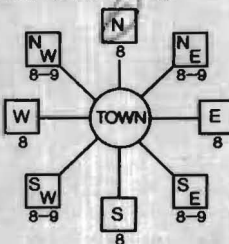
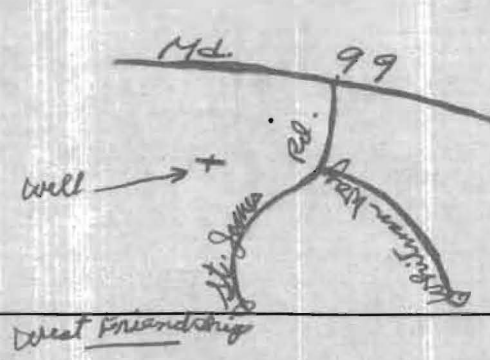


B 1		4622 SEQUENCE NO. (MDE USE ONLY)										STATE OF MARYLAND PERMIT TO DRILL WELL please print or type																				STATE PERMIT NUMBER HO-94-0941 <small>fill in this form completely</small>									
		Date Received (APA) 100396 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>																				B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 STIEGLER PROPERTY 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN WESTFRIENDSHIP 71 MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78																			
		OWNER INFORMATION 8 SECURITY DEVELOPMENT 13 15 Last Name Owner First Name 34 36 10 BOX 417 55 Street or RFD 57 ELK LICK CITY MD 21041 76 Town 70 State 72 Zip 76																																							
		DRILLER INFORMATION CIRCLE: MSD/MGD/MWD Driller's Name Joseph F. Mayne 77 License No. 80 24 Firm Name Joseph F. Mayne Well Drilling Address 3512 Ridge Rd. Mt. Airy Md. 21771 Signature Joseph F. Mayne Date 10/3/96																																							
		B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 3 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 100 14 20																																							
		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input checked="" type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)																				B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD St. James Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 650 37 DISTANCE FROM ROAD ENTER FT OR MI FT TAX MAP: 15 BLK: PARCEL 40 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY A50560-F COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 100896 A.M. Miller 10/7/97 NORTH GRID 540000 EAST GRID 817000 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 8184 N 540 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 																			
		APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH																																							
		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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41																																							
		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE AM WRITE INITIALS IN BOX PERMIT NO. HO-94-0941 67 68 70 71 72 73 74 75 76 77 78 79																																							
		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED																																							

Well Permit No. HO - 94-0941
Location of property (road) St. James Road
Subdivision Stergler Property Lot 6 Block Plat Sec.
Well Driller Joseph Mayne Owner Security Development

I. High rate pumping -- reservoir drawdown

II. Recovery pump test data - observations to be recorded every 15 minutes

HD-224

**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: Michael P. Gartland Inc. Telephone #: (410) 549-1755
Address: 6784 Rocking Rd
Mt Airy MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Michael Gartland License# 6353

*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: Dorsey Family home Telephone #: (410) 465-7200
Subdivision: Lyndon Brook Lot #: 6 Well Tag #: HO-99-0941
Site Address: 2024 Saint James Rd
West Friendship, MD

Submersible Pump Data

Make: 704231
Model #: 3445079004
Pump Capacity: 7 GPM
Well Yield: 6.5 GPM

Pitless Adapter

Make: Amer Grundy
Model #: PT 800
Depth: 42 (16" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 300 (feet)

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 no

Piping to house

Type: Plastic
PSI: 180 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5"
Sleeve caulked and sealed properly: yes

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.

Michael Gartland
Signature of company representative responsible for installation

11/27/01
date

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

Date Insp. Requested: _____ Date Insp. Approved: 10/17/01 50 SRK

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
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 ✓
Adequate grout observed below pitless adapter ✓

[illegible]