

COUNTY

B 1		1900		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER <u>HO - 94 - 2268</u> <small>fill in this form completely</small>			
Date Received (APA) <u>12/18/98</u> <small>8 MM DD YY 13</small>						B 3 LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>Scotts Delight</u> <small>23 SUBDIVISION 42</small> SECTION <u>-</u> LOT <u>2</u> <small>44 46 48 50</small> <u>Poplar Springs</u> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <u>I</u> <small>73 76 77 78</small>					
OWNER INFORMATION <u>CISSELL Lambert</u> <small>15 Last Name 34</small> <u>3425 Hipsley Mill Rd</u> <small>36 Street or RFD 55</small> <u>Woodbine MD. 21797</u> <small>57 Town 70 State 72 Zip 76</small>						DRILLER INFORMATION <u>Ralph MAYNE</u> <u>MSD 116</u> <small>Driller's Name 76 License No. 81</small> <u>Ralph MAYNE Well Drilling</u> <small>Firm Name</small> <u>9120 Brown Church Rd Mt Airy</u> <small>Address</small> <u>Ralph Mayne 12-9-98</u> <small>Signature Date</small>					
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <small>14 20</small>						B 4 <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>HALEYS CH</u> <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>150</u> <small>34 37</small> DISTANCE FROM ROAD <u>144</u> <small>ENTER FT OR MI 38 39</small> TAX MAP: <u>7</u> BLK: <u>8</u> PARCEL: <u>38</u>					
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL						NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A47047</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>05 27 99</u> <u>Mark E. Rifkin</u> <u>5/27/00</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID <u>546</u> <u>000</u> EAST GRID <u>0769</u> <u>000</u> <small>50 55 57 63</small>					
APPROXIMATE DEPTH OF WELL <u>150</u> FEET <small>24 28</small>						SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3.					
APPROXIMATE DIAMETER OF WELL <u>6"</u> INCH <small>NEAREST INCH</small>						WRITE THE BOX NUMBER FROM THE MAP HERE E <u>72X69</u> N <u>52X46</u> <small>000 000</small>					
METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <small>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <small>37 other</small>						REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> 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"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52					
Not to be filled in by driller (MDE OR COUNTY USE ONLY)											
APPROP. PERMIT NUMBER _____ GAP _____ PERMIT No. <u>HO - 94 - 2268</u> <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>											



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 Date June 30 1988

Review OK 8/25/88 JH

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-2268  
 Location of property (road) 1400 St. Michael's  
 Subdivision Scott's Delight Lot 2 Block      Plat      Sec.       
 Well Driller Ralph Mayne Owner Lambert Cissel

Depth of well 405  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 47 ft

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:45 Pumping rate 12 GPM  
 Total time 30 min to reach pumping water level 205 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	205 ft	60 Sec		I GPM
8:30	205 ft	60 Sec	Casing 30 ft	I GPM
8:45	205 ft	60 Sec	28 open	I GPM
9:00	205 "	60 "	83.995	I "
9:15	205 "	60 "		I "
9:30	205 "	60 "		I "
9:45	205 ft	60 Sec		I GPM
10:00	205 ft	60 Sec		I GPM
10:15	205 ft	60 Sec		I GPM
10:30	205 "	60 "		I "
10:45	205 "	60 "		I "
11:00	205 "	60 "		I "
11:15	205 ft	60 Sec		I GPM
11:30	205 ft	60 Sec		I GPM
11:45	205 ft	60 Sec		I GPM
12:00	205 "	60 "		I "
12:15	205 "	60 "		I "
12:30	205 "	60 "		I "
12:45	205 ft	60 Sec		I GPM
1:00	205 ft	60 Sec		I GPM
1:15	205 ft	60 Sec		I GPM
1:30	205 "	60 "		I "
1:45	205 "	60 "		I "
2:00	205 ft	60 Sec		I GPM
2:15	205 ft	60 Sec		I GPM

12/29/00AM

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 \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer All Around Plbg, Inc.

Telephone 301-829-6745

License Number 18121

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner Trevor Paquette

Telephone 301-902-4402

Subdivision Scotts Delight Lot # 2 Well Tag # HO-94-2268

Site Address 1300 St. Michaels Rd. 2268

Pump

1. Type

- a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible X

2. Make Goulds

3. Model # 5G510422

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes X No \_\_\_\_\_

6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No X

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. RPM 3750

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220 X

Pitless Adapter

1. Make \_\_\_\_\_

2. Model # \_\_\_\_\_

3. Depth 4'

Tank

1. Capacity 31.8 gallon

2. Pressure relief valve? YES

Piping

1. Type Poly

2. Size 1"

3. NSF and/or BOCA Code approved X

4. Depth of supply line 375

Well data

1. Depth 405 ft.

2. Yield 1 GPM

3. Static water level 47 ft.

4. Will water supply be disinfected by installer? NO

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: Brandon Madd

Date: 12-26-00

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

HO-215

OLD FORM ACCEPTED - PLUMBER NOT ON NEW WPI MAILING LIST BUT IS NOW - (SRW)

12/29/00

WPI - pitless OK @ 3 1/2 ft, casing (plastic) repaired/extended  
rest of pitless attachment, ground OK, but cracked detached  
joint below pitless attachment. PVC conduit pipe extends only  
1 ft below grade, 2 Piece Gp. OK. PIP 12/29/00

3/26/01

WPI OK

BB



on Driveway  
104.24 for the  
2, 23 and 24.

Lot 1

Scott's  
Delight

LOT 22  
61,970 sq. ft.

Lot 2

Scott's  
Delight

LOT 21  
64,400 sq. ft.

LOT 23  
50,000 sq. ft.

