

B 1 1 2 3 4 5 6 <div style="font-size: 2em; font-weight: bold;">4728</div>		SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">HO-94-2024</div> <div style="font-size: 0.8em;">fill in this form completely</div>	
Date Received (APA) <div style="font-size: 1.2em;">12/8/98</div> <div style="font-size: 0.8em;">8 MM DD YY 13</div> <div style="display: flex; justify-content: space-between;"><div>15 Last Name <div style="font-size: 1.2em;">CISSEL</div></div><div>OWNER INFORMATION Owner <div style="font-size: 1.2em;">CAMBERT</div></div><div>34 First Name</div></div> <div style="display: flex; justify-content: space-between;"><div>36 Street or RFD <div style="font-size: 1.2em;">3425 Hipsley Mill Rd</div></div><div>55</div></div> <div style="display: flex; justify-content: space-between;"><div>57 Town <div style="font-size: 1.2em;">Woodbine</div></div><div>70 State <div style="font-size: 1.2em;">MD</div></div><div>72 Zip <div style="font-size: 1.2em;">21797</div></div><div>76</div></div>			B 3 LOCATION OF WELL 8 COUNTY <div style="font-size: 1.2em;">Howard</div> 23 SUBDIVISION <div style="font-size: 1.2em;">Spring Hollow</div> SECTION <div style="font-size: 1.2em;">-</div> LOT <div style="font-size: 1.2em;">8</div> 52 NEAREST TOWN <div style="font-size: 1.2em;">POPLAR SPRINGS</div> MILES FROM TOWN (enter 0 if in town) <div style="font-size: 1.2em;">I</div> M I <div style="font-size: 0.8em;">73 76 77 78</div>		
DRILLER INFORMATION Driller's Name <div style="font-size: 1.2em;">RALPH MAYNE</div> MS D 116 Firm Name <div style="font-size: 1.2em;">Ralph Mayne Well Drilling</div> Address <div style="font-size: 1.2em;">9120 Brown Church Rd Mt Airy</div> Signature <div style="font-size: 1.2em;">Ralph Mayne</div> Date <div style="font-size: 1.2em;">12-9-98</div>			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> N W N E E S S W 8-9 8-9 8-9 8-9</div> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> N W E S WEST EAST 34 225 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____</div>		
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="font-size: 1.2em;">5</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="font-size: 1.2em;">500</div>			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 1.2em;">Howard CO</div> COUNTY NAME <div style="font-size: 1.2em;">A57610H</div> COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <div style="font-size: 1.2em;">122998</div> CO SIGNATURE <div style="font-size: 1.2em;">A7M-Mall</div> EXP. DATE <div style="font-size: 1.2em;">122999</div> 43 MM DD YY 48 NORTH GRID <div style="font-size: 1.2em;">548 000</div> EAST GRID <div style="font-size: 1.2em;">768 000</div> 50 55 57 63		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div><div style="width: 50%;"><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div><div style="width: 50%;"><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div><div style="width: 50%;"><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</div><div style="width: 50%;"><input type="checkbox"/> TEST, OBSERVATION, MONITORING</div><div style="width: 50%;"><input type="checkbox"/> GEO-THERMAL</div></div>			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <div style="font-size: 1.2em;">6/2/99 9:00</div> SOURCES OF DRILLING WATER 1. <div style="font-size: 1.2em;">well</div> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <div style="font-size: 1.2em;">5568</div> N <div style="font-size: 1.2em;">55048</div> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"></div>		
APPROXIMATE DEPTH OF WELL <div style="font-size: 1.2em;">150</div> FEET APPROXIMATE DIAMETER OF WELL <div style="font-size: 1.2em;">6"</div> NEAREST 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div><div style="width: 50%;"><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div><div style="width: 50%;"><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</div><div style="width: 50%;"><input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL</div></div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ G A P _____ 63 PERMIT No. <div style="font-size: 1.2em;">HO-94-2024</div> <div style="font-size: 0.8em;">70 71 72 73 74 75 76 77 78 79</div>		
SPECIAL CONDITIONS <div style="font-size: 0.8em;">NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</div>					

Well Permit No. HO - 94-2024
Location of property (road) Spring Hollow Ct
Subdivision Spring Hollow Lot 8 Block Plat Sec.
Well Driller Ralph Mayne Owner Lambert Cisse

Depth of well 185'
Distance of measuring point (M.P.) above ground 2nd
Static water level (S.W.L.) below M.P. 31st

Time pump started 8:15 Pumping rate 12 gpm
Total time 15 min to reach pumping water level 41 ft. below M.P.

[illegible]

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: Van Sant Plbg. LLC Telephone #: 301-829-0444
Address: 3 N. Main St.
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): Harold Van Sant License #: 1462

*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: Edward South Telephone #: 443-535-0541
Subdivision: Spring Hollow Lot #: 8 Well Tag #: HO-44-8024
Site Address: 1720 Spring Hollow Ct
Mt. Airy, MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>TGS05422</u>	Model #: <u>6002</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>1</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 N/A

Piping to house
Type: 200 PSI
PSI: 160 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: 15 ft.
Approximate length of sleeve: 15 ft.
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.

Signature of company representative responsible for installation: Harold Van Sant date: 5.30.01

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

Date Insp. Requested: 5/2/01 Date Insp. Approved: 5/2/01 (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 ☒

