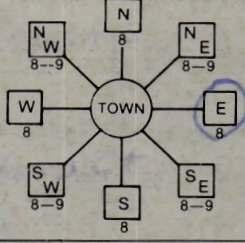

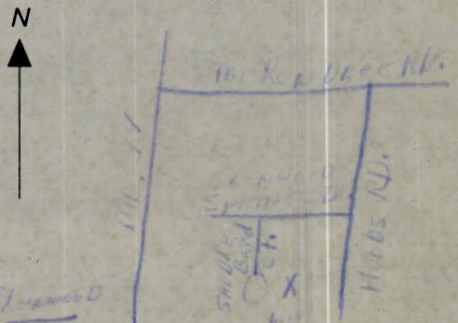


~~DELLER~~ County

B 1 1 2 3 4 5 6 5607 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY) <div style="text-align: center;">STATE OF MARYLAND PERMIT TO DRILL WELL</div> please print or type	STATE PERMIT NUMBER 40-81-2735 <small>fill in this form completely</small>
Date Received (APA) 092788 <div style="text-align: center;">OWNER INFORMATION</div> 8 13 15 Last Name CHAMBERS Owner First Name ALAN 34 36 Street or RFD 122 55 57 Town 11 70 State 72 Zip 11043 76	B 3 <div style="text-align: center;">LOCATION OF WELL</div> 1 2 8 COUNTY 40 21 23 SUBDIVISION WOOD SPRINGS 42 SECTION 001 LOT 46 Area 1 52 NEAREST TOWN 11 71 MILES FROM TOWN (enter 0 if in town) 0 73 76 77 78	
<div style="text-align: center;">DRILLER INFORMATION</div> Driller's Name Joseph L. Mayne 77 License No. 038 80 Firm Name Joseph L. Mayne Well Drilling Address 5512 Killebrew Rd. Mt. Airy 21771 Signature Joseph L. Mayne Date 11/25/88	B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Saddle Creek Ct. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 450 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 <div style="text-align: center;">WELL INFORMATION</div> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20	<div style="text-align: center;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</div> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH	<div style="text-align: center;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</div> COUNTY NAME Howard COUNTY NO. A39335 STATE SIGNATURE _____ INSERT S <input type="checkbox"/> 41 DATE ISSUED 051388 CO SIGNATURE John G. L. EXP. DATE 11-12-88 NORTH GRID 531000 EAST GRID 0795000 50 55 57 63	
<div style="text-align: center;">METHOD OF DRILLING (circle one)</div> 30 BORED (or Augered) JETTED Jetted & DRIVEN 37 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. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; display: inline-block;"> E 4945 N 5341 </div> 000 000	
<div style="text-align: center;">REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</div> <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 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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 <div style="text-align: center;">  </div>	
<div style="text-align: center;">Not to be filled in by driller (OEP USE ONLY)</div> APPROP. PERMIT NUMBER _____ 54 G A P 63 FORCE 5A WRITE INITIALS IN BOX PERMIT No. 40-81-2735 67 68 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		

COUNTY

9/5/90

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 # 46174
Date 7/25/90

Name of Installer DAVID Stang + Son, INC

Telephone 926-1462

License Number 5638

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner LAUREL SERV. CORP/BENOLIE Telephone _____
Subdivision GLENWOOD SPRINGS Lot # 46 Well Tag # HO-81-2735
Site Address 2823 Saddlebred Ct

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible V

2. Make GOULDS

3. Model # 5E507412

4. Capacity 7 GPM

5. Pump exceeds well capacity Yes _____ No V

6. If Yes, is low pressure cutoff switch installed? Yes V No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards V Other _____

Motor

1. Horsepower 3/4
2. RPM 3420
3. Voltage 230
a. 110 _____
b. 220 V

Pitless Adapter

1. Make HARVARD
2. Model # 1741
3. Depth 42"

Tank

1. Capacity 80
2. Pressure relief valve? V

Piping

1. Type PERV POLY
2. Size 1 1/2"
3. NSF and/or BOCA Code approved V
4. Depth of supply line 42"

Well data

1. Depth 325 ft.
2. Yield 6 GPM
3. Static water level 60 ft.
4. Will water supply be disinfected by installer? Yes

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: Thomas D. Stang

Date: 7-18-90

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

9/1/90 - OK TO COVER OUTSIDE WORK RH
HD-215