C 1 9521 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED	FILL IN THIS FORM COMPLETELY	COUNTY A - 39335
IN COLS. 3-6 ON ALL CARDS)	PLEASE PRINT OR TYPE	PERMIT NO.
DATE Received DATE WELL COMPLETE	D Depth of Well	FROM "PERMIT TO DRILL WELL"
	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER OWNER STREET OR RFD last name SADDIe first name TOWN Compared on the second of th		
SUBDIVISION CLEARED SPRINGS SECTION / AMER LOT 1044		
WELL LOG Not required for driven wells	GROUTING RECORD yes no WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	1 2 PUMPING TEST
THICKNESS AND IF WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check additional sheets if needed) FROM TO bearing	46 46 NO. OF BAGSNO. OF POUNDS	PUMPING RATE (gal. per min
SAND STONE 0 56	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
1 1 1 1 1 1 1 1 1 1	from ft. to ft. to ft.	WATER LEVEL (distance from land surface)
GRAYMINA 56 325 V	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
Reck	types CASING RECORD	WHEN PUMPING
	(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
	below PLASTIC OTHER	APpistonTturbine27272727
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O other 27 centrifugal 27 contact of the c
	TYPE (nearest inch) (nearest foot)	J jet S submersible
	60 61 63 64 66 70 E OTHER CASING (if used)	
	diameter depth (feet) H inch from to	PUMP INSTALLED
		DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	G	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
Dryweet 400'	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	appropriate STEEL BRASS OPEN BRONZE HOLE	IN BOX-SEE ABOVE:
hilled in weth comment	code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
Energy and an and		PUMP COLUMN LENGTH
	DEPTH (nearest ft.)	CASING HEIGHT (circle appropriate box and enter casing height)
		49 LAND SURFACE
	S 23 24 26 30 32 36 R 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	49 below foot)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E ³ 38 39 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER OF SCREEN	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"	56 60 from to	(WERSONEWENTS TO WELL)
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	GRAVEL PACK	
DRILLERS IDENT. NO.	F IN BOX 68 68 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	www.weit
DRILLERS SIGNATURE	T (E.R.O.S.) WQ	and a start of the
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 74 75 76	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	225
The second	BRILLER County	

EMERGENCY/TEMP NO. IF ANY		
	STATE OF MARYLAND STATE PERMIT NUMBER	
1 2 3 6 PE (THIS NUMBER IS TO BE PUNCHED IN COLS. 36 ON ALL CARDS)	Please print or type 70 fill in this form completely 79	
Date Received (APA)	B 3 LOCATION OF WELL	
8 OWNER INFORMATION		
15 Last Name Owner First Name	34 23 SUBDIVISION	
36 Street or RFD	55 SECTION OF LOT AREA 1	
57 Town 70State72 Z		
DRILLER INFORMATION	MILES FROM TOWN (enter 0 if in town)	
	iense No. 80 B 4	
Firm Name	DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD 30	
Address . Maryon 1/15	NORTH N NW 8 NE ON WHICH SIDE OF ROAD	
Signature Date B 2 WELL INFORMATION	B9 (CINCLE APPROPRIATE BOX) WEST SEAST	
APPROX. PUMPING RATE (GAL. PER MIN.)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	S SE DISTANCE FROM ROAD 20 8-9 S 8-9	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	LIEAL TH DEDADTMENT ADDOUVAL	
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONL	a second s	
IRRIGATION)	GOV. STATE	
22 U OTHER (REQUIRES APPROPRIATION PERMIT) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	SIGNATURE INSERT S 41	
P APPROPRIATION PERMIT AND STATE HEALTH DEPAF APPROVAL)	43 48 CO SIGNATURE EXP. DATE	
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	GRID 50 55 GRID 57 63	
APPROXIMATE DEPTH OF WELL	BOX & LOCATE WELL Dags = 7 WITH AN X CASING = 63	
APPROXIMATE DIAMETER OF WELL	NEAREST SOURCES OF DRILLING WATER OPEN 36	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted	B DRIVEN 3. Dey Hole ?	
30- 37 AIR-ROTary AIR-PERcussion ROTARY (Hydrau	lic Rotary) FROM THE MAP HERE Bags 3	
	E E SB-	
other	N 000 000 000	
(CIRCLE APPROPRIATE BOX)	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE	
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE	DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE I AS A STANDBY	JSED	
D THIS WELL WILL DEEPEN AN EXISTING WELL		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPE (IF AVAILABLE) 41	52 52	
Not to be filled in by driller (OEP USE ONLY)	Specific States	
APPROP. PERMIT NUMBER G A P 63		
FORCE WRITE INITIALS PERMIT NO. 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		
COUNTY		

Review 0k 8/25/88 CW Page -Qf " 8.8 Date _ FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST Well Permit No. 110 - <u>81-2735</u> Location of property (road) <u>SADDIP 5 APD Ut UL</u> Subdivision <u>Glenoscop SPRINGS</u> Lot <u>10</u> Block Well Driller <u>T-MAYNE</u> Owner <u>CAMMAN</u> AneqI Plat Sec. -ASSOC Depth of well 325 High rate pumping -- reservoir drawdown I. Time pump started 7:00 Total time Smin to re 7:00 Pumping rate 200pm to reach pumping water level 127 ft. below M.P. II. Recovery pump test data - observations to be recorded every 15 minutes TIME (in 15 WATER LEVEL | PUMPING RATE | FLOW METER READING | CALCULATED FLOW time to fill 51 (if used) minute inbelow M.P. (gallons per tervals gallon bucket minute) 7:15 127 20 3 per 7:30 127 10 7:45 127 10 6 8:00 127 10 6 8:15 127 10 8:30 127 10 8:45 126 10 9:00 126 10 126 9:15 10 9:30 126 10 9:45 126 10 10:00 10 126 126 10:15 10 HD-224

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 Receipt # Replacement Date Name of Installer OM-INC Telephone 926 License Number Certified Well Pump Installer _ Well Driller ____ Registered Plumber \underline{X} Name of Property Owner LAURAL Serv. Corp/Bendiel Telephone _____Lot #____ Subdivision Glenwood PRINGS 46_ Well Tag # Ho - 81 - 2735 Site Address 282 1. Horsepower 3/4 2. RPM 3420 3. Voltage 230 a. 110 Pump Pitless Adapter 1. Make <u>HARVARD</u> 2. Model # <u>1741</u> 1. Type 3. Depth <u>42"</u> a. Deep well jet b. Shallow well jet _____ c. Submersible ____ a. 110 b. 220 c. Subaction 2. Make <u>Goulds</u> 3. Model # <u>5650</u>9412 7 GPM 5. Pump exceeds well capacity No V Yes 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 __ Tank Piping Well data BRING Poly 1. Capacity 80 1. Depth <u>325</u> ft. 1. Type ___ 2. Yield 6 GPM 1. algulle 2. Pressure relief 2. Size valve? 3. Static water 3. NSF and/or BOCA Code approved level 60 ft. 4. Depth of supply line <u>42</u>" 4. Will water supply be disinfected by installer? Tes 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. Date: HE 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. HD-215