

B 1 8473 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <i>No Fee</i>	STATE PERMIT NUMBER 40 - 94 - 3671 fill in this form completely
Date Received (APA) 03/26/03 8 MM DD YY 13 ELLIS KEN 15 Last Name Owner First Name 34 11722 WAINRIDGE STREET 36 Street or RFD 55 FULTON, MD 20759 57 Town 70 State 72 Zip 76		B 3 Howard CO# 21 8 COUNTY Mooresfield 23 SUBDIVISION 42 SECTION 2 LOT 3 44 46 48 50 Fulton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
DRILLER INFORMATION George F. Easterday MW D 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address <i>George F. Easterday</i> 3/25/2003 Signature Date		B 4 11722 Wainridge Street 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 50 37 DISTANCE FROM ROAD FL ENTER FT OR MI 38 39 TAX MAP: 41 BLK: 20 PARCEL 293	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
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 Howard A 518590-A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 4/15/03 Kacie Noonan 4/15/04 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 484 0 0 0 EAST GRID 822 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 4804 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENED 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 39 <input checked="" 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. 40 - 94 - 3671 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Inspection - 7-28-03 - Nothing done (50)

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

FAXED
7/25/03
4:06 PM

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: AVS Inc. Telephone #: 410-442-2221
Address: 12630 FRANKLIN RD
WEST FRIENDSVILLE, MD 21774

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): ERIC R. KASPER License # 7080

*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: KEVIN ELLIS Telephone #: 301-785-6120
Subdivision: WATERGATE Lot #: HO-14-3671
Site Address: 11722 WATERGATE ST
FARMERSVILLE, MD 20759

Submersible Pump Data

Make: Goulds
Model #:
Pump Capacity GPM
Well Yield: 5 GPM

Pitless Adapter

Make:
Model #: P100SS
Depth: (36" min)
NSF approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: (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 X

Piping to house

Type:
PSI: 200 (160 psi min)
Depth of supply line: (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 55
Sleeve caulked and sealed properly:

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

date

7-25-03

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

Date Insp. Requested:

Date Insp. Approved: 10/16/03 (50)

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

OKSRK
10/17/03

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

ADDRESS: 11722 Wayneridge Court
Fulton, MD 20759

DATE WELL ABANDONED: 8-13-03 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL none

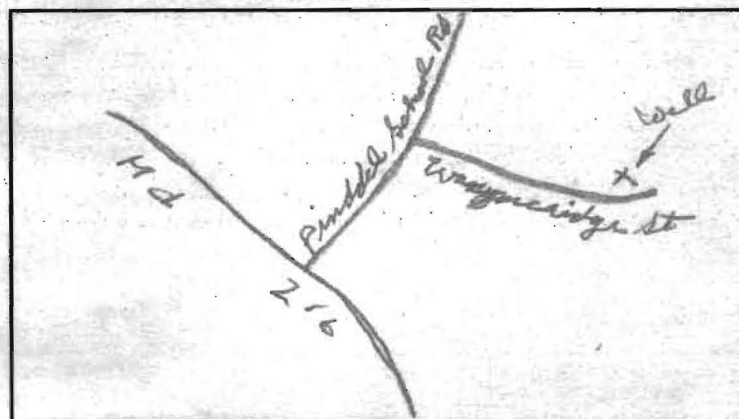
* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Ken Ellis

SITE LOCATION MAP



* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Fulton

TAX MAP BLOCK PARCEL

SUBDIVISION:

SECTION: LOT:

NEAREST ROAD: 11722 Wayneridge Ct.

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify)

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify)

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 140 FEET DEEP

* WAS ANY CASING REMOVED? YES ☒ NO
if yes, length removed, in feet:

* WAS CASING RIPPED OR PERFORATED? YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement, gravel mixed	0	140
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

DATE

DENV 828 JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY

