

ST/CO USE ONLY  
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

WELL LOG  
Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use  
additional sheets if needed)

FEET  
FROM TO

Check  
if water  
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GRROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft.

to

ft.

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN  
CASING  
TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

OTHER CASING (if used)

diameter  
inch

depth (feet)  
from to

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEEL

BRASS

OPEN  
HOLE

BRONZE

PLASTIC

OTHER

DEPTH (nearest ft.)

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN

(NEAREST  
INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68

OEP USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

W Q

TELESCOPE  
CASING

LOG  
INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.  
to nearest gal.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other  
(describe  
below)

J jet

S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS  
EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX - SEE ABOVE:

CAPACITY:

GALLONS PER MINUTE  
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)

CASING HEIGHT (circle appropriate box  
and enter casing height)

above

below

LAND SURFACE

(nearest  
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND/OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION  
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"  
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE  
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-  
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF  
MY KNOWLEDGE.

DRILLERS IDENT. NO.

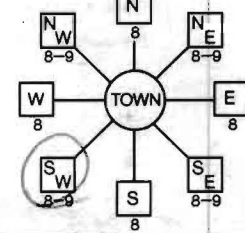
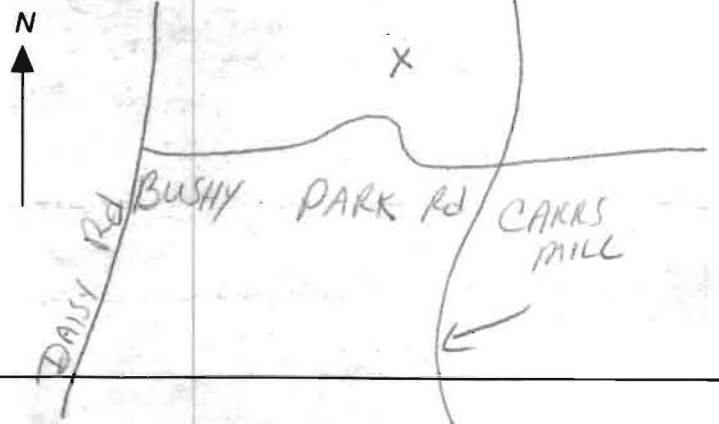
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

15' well

15'

BOSHY PARK RD.

<b>B 1</b> 07793 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	<b>STATE PERMIT NUMBER</b> 10-94-0190 <small>fill in this form completely</small>
<b>Date Received (APA)</b> 072177 <b>OWNER INFORMATION</b> 8 ROSEK 023A 15 Last Name Owner First Name 34 15612 BUSHY PARK RD 36 Street or RFD 65 10003V14LE 57 Town 70 State 72 Zip 76		<b>B 3 LOCATION OF WELL</b> 1 HOWARD 2 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78	
<b>DRILLER INFORMATION</b> George F. Easterday Driller's Name 77 License No. 80 L.F. Easterday, Inc Firm Name 717 AIRY, MD 21771 Address George F. Easterday 7-20-94 Signature Date		<b>B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> 11 BUSHY PARK RD 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 1000 37 DISTANCE FROM ROAD ENTER FT or MI 38 39	
<b>B 2 WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL 500 FEET 24 28		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> Howard 149229 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 072794 43 CO SIGNATURE 48 7/23/95 NORTH GRID 50 55 EAST GRID 57 63	
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 E 780 N 530 9 000 000	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE 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 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		<b>Not to be filled in by driller (OEP USE ONLY)</b> APPROP. PERMIT NUMBER 54 GAP 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 10-94-0190 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

Depth of well 140 509pm  
Distance of measuring point (M.P.) above ground 2  
Static water level (S.W.L.) below M.P. 53

[illegible]

HD-224

Notes: (1) Visual clarity - ~~OK~~  
(2) Chem No-2439 taken

(3) Section

(4) appears - ok.  
water well close to road.



FROM : HoCo EnvHealth

FAX NO. : 4103132648

Nov. 14 2001 02:38PM P1

410-744  
9405  
TIM MOYLAN

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: T.M. MOYLAN LLC Telephone #: 410 788 8466  
Address: 10 MELLER AVE  
CATOWSVILLE MD. 21228

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

Name (Print): TIM MOYLAN License# 3078

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: JERRY HANSBERGER Telephone #: 410 489 0064  
Subdivision: CATTAIL RUN Lot #: 3 Well Tag #: HO-940140  
Site Address: 15600 BUSHY PARK RD  
WOODBINE MD. 21797

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>MEYER S</u>	Make: <u>WAT</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>28452-8</u>	Model#: _____	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>8</u> GPM	Depth: <u>YES</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>100'</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

**Piping to house**  
Type: Plastic  
PSI: ✓ (160 psi min)  
Depth of supply line: ✓ (36" min)

**House Connection**  
PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 18"  
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.

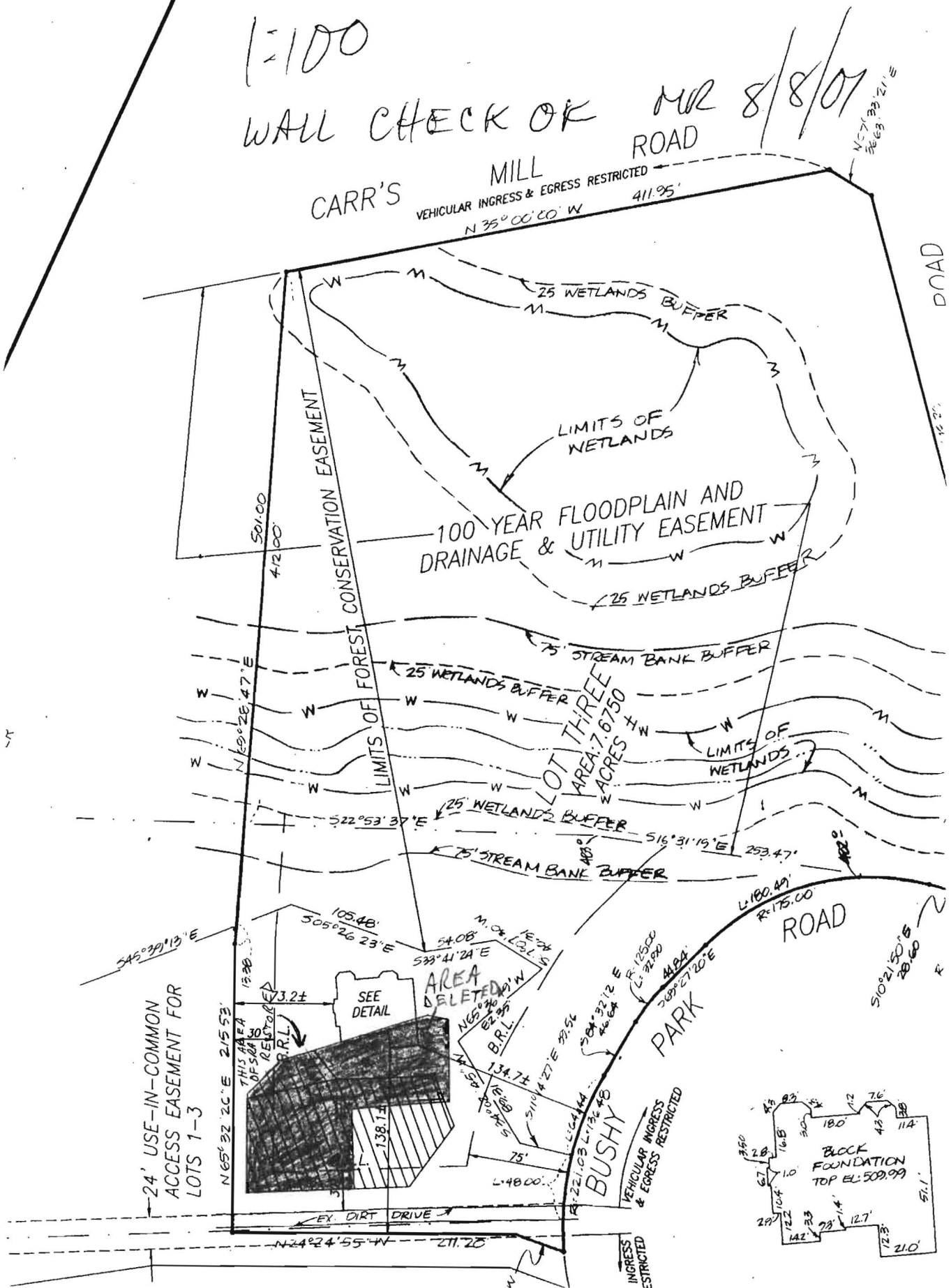
Signature of company representative responsible for installation

11/14/01  
date

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

Date Insp Requested: \_\_\_\_\_ Date Insp Approved: 11/14/01 Inspector: (50) SRH  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection per plumber  
Adequate grout observed below pitless adapter ✓

WALL CHECK OK MR 8/8/07  
ROAD





TO: FILE

THESE TESTS WERE RUN ON  
LOT 2 AND NO PROBLEM  
WAS FOUND,

NO NEED TO RUN THEM

ON LOT 3 AT  
TIME OF DRILLING.

CW/BN

7/29/94



## HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 20, 1994

7/25/94  
wade tested  
OK per Bert  
Nixon  
AM

TO: George Easterday  
L. F. Easterday, Inc.

FROM: Craig Williams, Director (CW)  
Water and Sewerage Program

RE: Well Permit Number: HO-94-0104  
Rosser Property, Lot 2, Cattail Run  
Bushy Park Road

The well permit is issued upon condition that the well be sampled for VOC's and metals during the yield test or at some other time prior to application for building permit or other approval. Requested metals sampling would be consistent with samples obtained from the nearby Carr's Mill Landfill site; specifically:

<u>Parameter</u>	<u>Unit</u>	<u>Method</u>
Arsenic (As) (total)	mg/L	EPA206.2
Cadmium (Cd) (total)	mg/L	EPA213.2
Copper (Cu) (total)	mg/L	EPA220.2
Chromium (Cr) (total)	mg/L	EPA218.2
Lead (Pb) (total)	mg/L	EPA239.2
Mercury (Mg) (total)	mg/L	EPA245.1
Selenium (Se) (total)	mg/L	EPA270.2
Aluminium (Al) (total)	mg/L	EPA202.2
Antimony (Sb) (total)	mg/L	EPA204.2
Beryllium (Be) (total)	mg/L	EPA210.2
Nickel (Ni) (total)	mg/L	EPA249.2
Silver (Ag) (total)	mg/L	EPA272.2
Thallium (Tl) (total)	mg/L	EPA279.2
Zinc (Zn) (total)	mg/L	EPA289.1

If you elect for Health Department sampling, arrangements should be made well in advance. If you find it more convenient, sample results from a private certified testing laboratory are certainly acceptable.

Please contact me at (410) 313-2640 if further discussion is required.

CW:hs

cc: Olga Rosser