

B 1	2768	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520823 please type	STATE PERMIT NUMBER HO-94-4020 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 <u>JOHNSON</u> Last Name		34 <u>JENNIFER</u> First Name		
36 <u>13850 FORSYTHE RD</u> Street or RFD		55		
57 <u>SYKESVILLE</u> Town		76 <u>MARYLAND</u> State		
		72 <u>21784</u> Zip		
DRILLER INFORMATION				
61 <u>RONALD KYKER</u> Driller's Name		81 <u>M W D 296</u> License No.		
Firm Name <u>WESTMINSTER WELL DRILL INC</u>				
Address <u>P.O. BOX 861 WESTMINSTER MD. 21157</u>				
Signature <u>Ronald Kyker</u>		Date <u>AUG 11-04</u>		
WELL INFORMATION				
1 <u>2</u>		5		
APPROX. PUMPING RATE (GAL. PER MIN.)		8 <u>500</u> 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 <u>20</u>		
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				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/>				
30 AIR-ROTARY <input type="checkbox"/> AIR-PERCUSION <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/>				
37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/>				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<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				
<input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____				
PERMIT No. <u>520823</u>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	HOWARD	LOCATION OF WELL
8 COUNTY		21
23 SUBDIVISION		42
SECTION <u>7</u>		LOT <u>7</u>
44 46		48 50
52 NEAREST TOWN		71
MILES FROM TOWN (enter 0 if in town)		3 M I
		73 76 77 78
B 4		1156 DAY ROAD
1 2		11 NEAR WHAT ROAD
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		34 200 37
DISTANCE FROM ROAD		ENTER FT OR MI
TAX MAP: <u>9</u> BLK: <u>3</u> PARCEL: <u>261</u>		

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
COUNTY NAME <u>Howard</u>		COUNTY NO. <u>AS201238</u>	
STATE SIGNATURE <u>[Signature]</u>		INSERT S <u>41</u>	
DATE ISSUED <u>9/9/04</u>		EXP. DATE <u>9/9/05</u>	
43 MM DD YY 48		CO SIGNATURE <u>[Signature]</u>	
NORTH GRID <u>546 000</u>		EAST GRID <u>000 000</u>	
50 55		57 63	
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
SOURCES OF DRILLING WATER			
1. <u>CITY</u>			
2. _____			
3. _____			
WRITE THE BOX NUMBER FROM THE MAP HERE			
E <u>8000</u>			
N <u>54000</u>			
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			

Well Permit No. HO - 94-4020
Location of property (road) 1156 Day Rd
Subdivision _____ Lot 7 Block 9 Plat 3 Sec. Par 26
Well Driller Wm. Minster well Owner Ignacio Torres

Depth of well 355
Distance of measuring point (M.P.) above ground 2 feet
Static water level (S.W.L.) below M.P. 26 feet

Time pump started	7:30	Pumping rate	15GPM
Total time $2\frac{1}{4}$ hr	to reach pumping water level		42 ft. below M.P.

[illegible]

Well Permit No. HO - 94-4020
Location of property (road) 1156 Dwy Rd
Subdivision _____ Lot 7 Block 9 Plat 3 Sec. 26
Well Driller Wilmontta well Owner James L. L. L. L.

I. High rate pumping -- reservoir drawdown

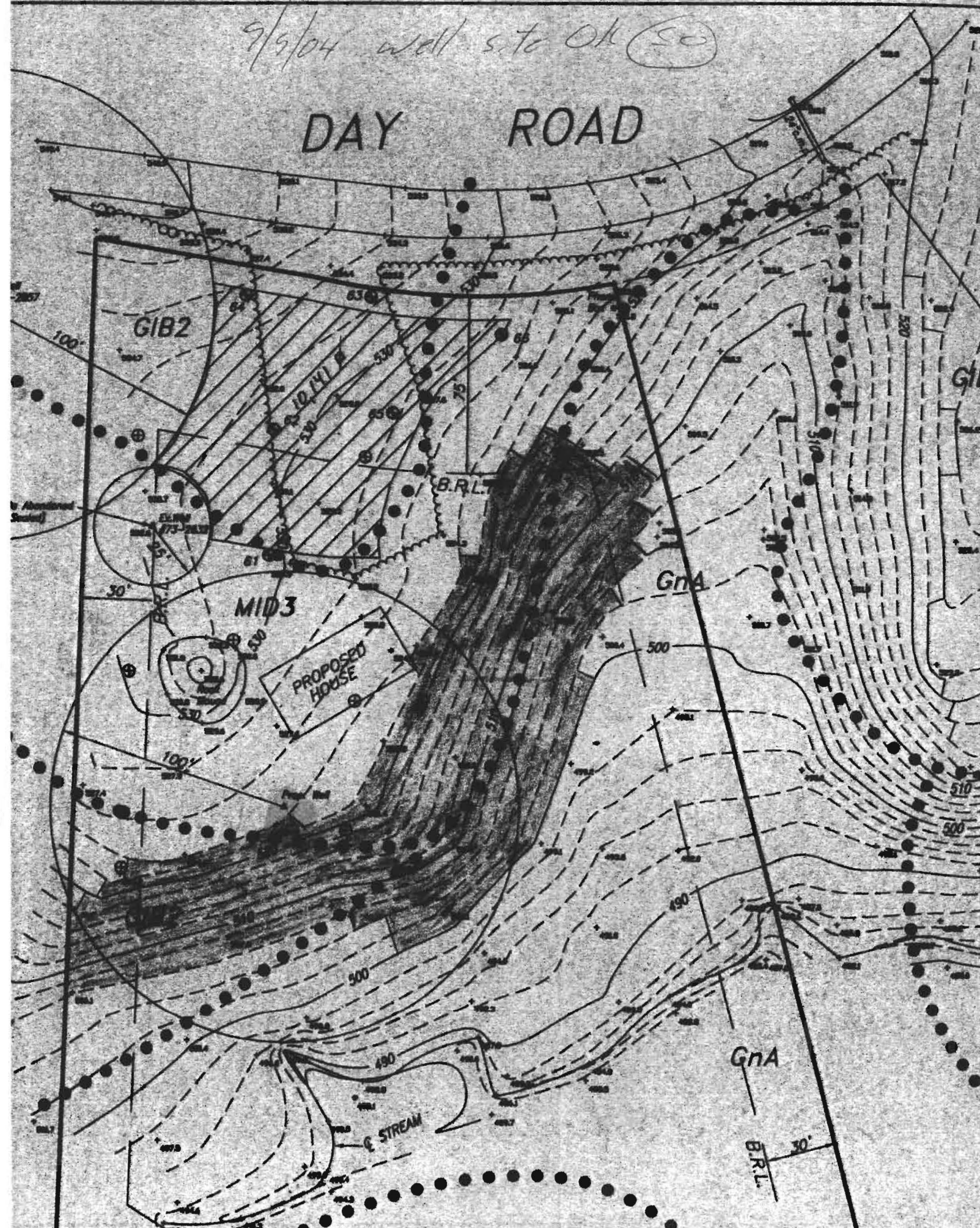
Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

9/9/04 well site OK (50)

DAY ROAD





Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

9/8/04

I RON FENZEL HAVE STAKED THE
PROPOSED WELL AS SHOWN ON FIELD.
LOCATED PORE TEST PLAN DATED JULY 14, 2004.
THE WELL IS LOCATED APPROX. 90' OFF OF
WESTERN PROPERTY LINE & 245' SOUTH
OF DAM RD.

Ron Fenzel
Shanabarger & Jones

received
9/8/04
by Kacie
Moore