

B 1 9345 SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER 2381

40-81-2381

fill in this form completely

Date Received

6/9/2017

OWNER INFORMATION

Serial 10 W. Stephen

116 Revere Ct.

Sykesville MD 21784

DRILLER INFORMATION

Joseph L. Mayne 238

Joseph L. Mayne Well Drilling

5512 Ridge Rd. P.O. Box 21771

Signature Date 9/28/87

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- ☒ BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN
- ☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary)
- ☐ CABLE ☐ REVERSE-ROTARY ☐ Drive-POINT
- other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE 100 INITIALS PERMIT No. 40-81-2381

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD

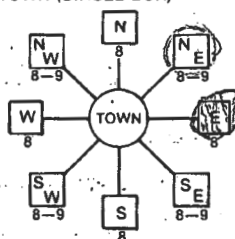
GLENWOOD SPRINGS

SECTION 44 LOT 36

GLENWOOD

MILES FROM TOWN (enter 0 if in town) 5 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



SHADOW ROLL CT.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 300

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A 2384

OEP SIGNATURE DATE ISSUED 10/28/87

NORTH GRID 532000 EAST GRID 0794000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

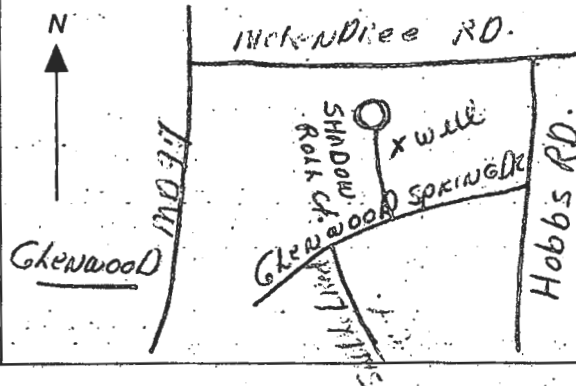
SOURCES OF DRILLING WATER

1. Well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7904
N 5302

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 1985 SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 38384 PERMIT NO. 10-81-2381

DATE Received DATE WELL COMPLETED 10/30/87 Depth of Well 105 (TO NEAREST FOOT) OWNER SERIO STEPHEN STREET OR RFD SHADOW ROLL COURT first name TOWN GLENWOOD SUBDIVISION GLENWOOD SPRINGS SECTION LOT 36

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 (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 9 NO. OF POUNDS 346 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 35 ft. CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE 57 Nominal diameter top (main) casing (nearest inch) 6 1/2 Total depth of main casing (nearest foot) 42 OTHER CASING (if used) diameter inch depth (feet) from to

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 WHEN PUMPING 23 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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 10.17.13 "WELL CONSTRUCTION" 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. DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL BRONZE OT PLASTIC OTHER DEPTH (nearest ft.) 105 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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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) LAND SURFACE 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)

12/1/87
0127d @ 11/30/87

Depth of well 105'
Distance of measuring point (M.P.) above ground 3'
Static water level (S.W.L.) below M.P. 25'

Time pump started 10:45 Pumping rate 10 gal.
Total time 15 min to reach pumping water level 25 ft. below M.P.

[illegible]

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 ☒
Replacement ☐

Receipt # 42981
Date 11-9-88

Name of Installer Easterday Well Pump Inc Telephone 301-831-5170

License Number MWD307

Certified Well Pump Installer ☒ Well Driller ☒ Registered Plumber ☐

Name of Property Owner R.D. Conost. (Dick Doherty) Telephone 461-6386

Subdivision Summit Springs Lot # 36 Well Tag # HO-81-2381

Site Address 2814 Shadow Pond Ct

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make Goulds Pump

3. Model # 7EH03402

4. Capacity 10 GPM

5. Pump exceeds well capacity Yes ☐ No ☒

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 ☐

Motor

1. Horsepower 1/3

2. RPM 1725

3. Voltage 230

a. 110 ☐

b. 220 ☐

Pitless Adapter

1. Make Martinson

2. Model # BP10X

3. Depth 4in

Tank

1. Capacity 32

2. Pressure relief valve? ☒

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code approved ☒

4. Depth of supply line 95 ft

Well data

1. Depth 105 ft.

2. Yield 10 GPM

3. Static water level ft.

4. Will water supply be disinfected by installer? ☐

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: [Signature]

HOA 11 253 11-9-88 11 4 156H 08

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

10/4/88 PM LATE

10/4/88 Partial C.B.D.
LATE

11/9/88 PM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

42-719

10/10/88

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer EASTEN DAY

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller J.M. Registered Plumber _____

Name of Property Owner STEPHEN SERIO Telephone _____
Subdivision GLENNWOOD SPRINGS Lot # 36 Well Tag # HO - 81 - 2381
Site Address SHADOW ROLL CT 2381 ✓

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity 1/2 GPM
5. Pump exceeds well capacity Yes _____ No _____
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 _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth 105 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: _____

Date: _____

11/9/88 WELL PUMP INSTALLATION OK

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection. → NO WORK DONE

HD-215

STICKER APPLIED 11/9/88

Line + P. Adapter - not ready
Partial: Need to see tank @
home & pump @ well C.B.D.

