EMERGENCY/TEMP NO. IF ANY				
B = 3638 SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL		STATE PERMIT NUMBER	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please print or type		<sup>70</sup> fill in this form completely <sup>79</sup>	
Date Received (APA)	TION	B 3	LOCATION OF WELL	
8 13 CARMAN I VISISHI	HTES	8 COUNTY		
15 Last Name Owner	First Name 34	23 SUBDIVISION	P S P R V W G S 42	
36 Street or RFD ELKIEFFFIIIFY	DDVCKB	SECTION 44 46	LOT $\begin{bmatrix} 2 & 4 \\ 48 & 50 \end{bmatrix}$	
57 Town 769	State72 Zip 76	52 NEAREST TOWN		
Driller's Name	77 License No. 80	MILES FROM TOWN (ent	er 0 if in town) 73 76 77 78	
Firm Name	DRIFFING .	B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	SHADOW ROLI CT. GLENWOOD 11 NEAR WHAT FOASPRINGS 3DR	
Address Joseph . Mayne	2/20/88			
Signature         WELL INFORMATION	Pate	89	(CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE B	
APPROX. PUMPING RATE (GAL. PER MIN.)			34 5 1 37	
AVERAGE DAILY QUANTITY NEEDED 5		S 8-9 S 8-9		
USE FOR WATER (CIRCLE APPRO			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
FARMING (LIVESTOCK WATERING & A		MOLAADD	A 38372	
22 I INDUSTRIAL, COMMERCIAL, STATE AN 22 OTHER (REQUIRES APPROPRIATION P		STATE SIGNATURE	INSERT S	
PUBLIC OR PRIVATE WATER COMPAN P APPROPRIATION PERMIT AND STATE H APPROVAL)			Signature 9/34/2	
TEST, OBSERVATION, MONITORING (M APPROPRIATION PERMIT)	AY REQUIRE	NORTH 53100	0 EAST GRID 0779 4 0 0 0 55 63	
	FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL _ WITH AN X	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
APPROXIMATE DIAMETER OF WELL	MEAREST INCH	SOURCES OF DRILLING	Staked	
METHOD OF DRILLING (c		- 2 3.	45' casing C13' abou	
BORED (or Augered) JETTED AIR-ROTary AIR-PERcussion RO	Jetted & <u>DRIVEN</u> TARY (Hydraulic Rotary)	WRITE THE BOX NUMB FROM THE MAP HERE	ER 38' orpen	
CABLE REVerse-ROTary	DRive-POINT	-	12 wags elment	
other		E 770	H 000 BK WELL	
REPLACEMENT OR DEEPENER (CIRCLE APPROPRIATE BC		DRAW A SKETCH BELO	W SHOWING LOCATION OF WELL IN	
N HIS WELL WILL NOT REPLACE AN ED			TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION	
Y THIS WELL WILL REPLACE A WELL TH ABANDONED AND SEALED	HAT WILL BE	N		
39 S THIS WELL WILL REPLACE A WELL TH AS A STANDBY	HAT WILL BE USED	-hep.	appres 1 for	
D THIS WELL WILL DEEPEN AN EXISTIN		n Salar - 1 - 1	984.	
	ED OR DEEPENDED	The second	Strate Strate	
Not to be filled in by driller (OEP U		BELEDWOOD Chen	WICD 3	
	A P 63	10 3 1 18 L	W. JU	
FORCE IN INITIALS PERMIT NO. 1 0 - 5	3 74 75 06 77 78 79			
SPECIAL CONDITIONS		ind. "	and the second	

C1 8532 SEQUENCE NO. (DEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 35 37 2
IN COLS. 3-6 ON ALL CARDS)	PLEASE PRINT OR TYPE	NUMBER A 3372 PERMIT NO.
DATE Received • DATE WELL COM	ETED Depth of Well	FROM "PERMIT TO DRILL WELL"
	22 24 5 26 20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER CALMEN AS	Ser ATE S	
	A SATINGS DE / STARL FIRST AND TOWN _	
SUBDIVISION GEGAANGED SI		LOT 24
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
	CEMENT CEMENT BENTONITE CLAY BC	8 9
	NO. OF BAGS 12 NO. OF POUNDS 1129	PUMPING RATE (gal. per min. 78)
SANDSten 0 40	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE
10 11-	from ft. to 38 ft.	WATER LEVEL (distance from land surface)
GRANDAUCH TO 245	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
Graymica 40 245	types ST CO	WHEN PUMPING
	( appropriate ) STEEL CONCRETE	TYPE OF PUMP USED (for test)
and and the second	below PLASTIC OTHER	air P piston T turbine
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O other 27 centrifugal 27 cotary D other 27 below)
		jet Sobmersible
	60         61         63         64         66         70	21 21
	E OTHER CASING (if used) A diameter depth (feet)	PUMP INSTALLED
	inch from to	
		(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
		MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
1 1 1 1 1	or open hole ST BB HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE:
		GALLONS PER MINUTE (to nearest gallon)
	PLASTIC OTHER	PUMP HORSE POWER
		PUMP COLUMN LENGTH
	E A A A A A A A A A A A A A A A A A A A	CASING HEIGHT (circle appropriate box
		and enter casing height)
	S <sup>2</sup> C <sup>23</sup> 24 26 30 32 36	below LAND SURFACE
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALI		49 50 51 LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 4/ 51	A SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCT	OF SCREEN 56 60 INCH)	(MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUC AND IN CONFORMANCE WITH ALL CONDITIONS STATED ABOVE CAPTIONED PERMIT, AND THAT THE INFORM PRESENTED HEREIN IS ACCURATE AND COMPLETE TO TH		
OF MY KNOWLEDGE.	F IN BOX 68 68	132
DRILLERS IDENT. NO.	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE	T (E.R.O.S.) WQ	1 4
(MUST MATCH SIGNATURE ON APPLICATION		
SITE SUPERVISOR (sign. of driller or journeys responsible for sitework if different from perm		GIENNOOR SPEINT
	HEALTH	and the second sec

Page of, Date 3/31/8	8		Review	8-4-88 84
FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST				
Well Driller Depth of Distance	well 245	GLEUWOOD SPRING		Sec.
<ul> <li>I. High rate pumping reservoir drawdown         Time pump started 9:30         Total time Smin to reach pumping water level b?         ft. (below M.P.         II. Recovery pump test data - observations to be recorded every 15 minutes</li> </ul>				
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:45	69'	3 pec.		2.0
10:00	69	7		82
10:15	169	7		82
18:30	69	7		81/2
10:45	73	7	cut back slightly	v XS
11:00.	71.	8 hur	er was dirty at 11:00	7/2
11:15	71	8	Continued ter	+ 76
.11:30	71	8	Water was clere	at 75
11:40	71	8	11:45 po continue	1to+ 75
12:0.0	MI	8	Atha time -	75
12:15	11	8	France and	75
12:30	MI	8		7/2
12:45	71	X		55
1:00	71	8		71/2
1: 15	71	8		1 7/2
1:30	71	8		72
1. 30	//			
			-	
L			1	

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

APPLICATION FOR PITLESS ADA	PTER, WELL PUMP AND PRESS	URE TANK INSTALLATION
New Installation X Replacement Name of Installer <u>TER Pluin</u> License Number <u>7079</u> Certified Well Pump Installer	Well Driller H	Receipt # <u>43949</u> Date <u>414164</u> Telephone <u>725-339</u> Registered Plumber X
Name of Property Owner Subdivision 6 1000 5000 Site Address 2838 6 1000	METES MS Lot # <u>24</u> Well Sorrys	1 Tag # <u>40 - 91 - 2637</u>
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make <u>LaCu7z</u> 3. Model #	Motor 1. Horsepower $\frac{1/2}{2}$ 2. RPM 3. Voltage a. 110 b. 220 $X$	Pitless Adapter 1. Make <u>Har Warch</u> 2. Model # 3. Depth <u>48"</u>
<ol> <li>Capacity <u>South on Min</u> GPM</li> <li>Pump exceeds well capacity</li> <li>If Yes, is low pressure cut</li> <li>What methods are used to provibrations? Torque arrest</li> </ol>	off switch installed? Ye otect the pump and electr	ical wiring from
Tank 1. Capacity 60 equ. 2. Pressure relief valve? 1/6/59 R.H.	Piping 1. Type ( <u>Aostlin(</u> ) 2. Size <u>I"</u> 3. NSF and/or BOCA Code approved <u>100</u> 4. Depth of supply line <u>Mg</u> <sup>4</sup>	<pre>Well data 1. Depth ft. 2. Yield GPM 3. Static water     level ft. 4. Will water supply     be disinfected by     installer?</pre>
I understand that it is my re Department when the installation is null and void).		

All information given above is true to the best of my knowledge.

Signature of Applicant:

Date: 4/6/87

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

HD-215

OUTSIDE

## HOWARD COUNTY HEALTH DEPARTMENT

JOYCE-M. BOYD, M.D., M.P.H. COUNTY HEALTH OFFICER



Bureau of Environmental Health 3525 Ellicott Mills Drive Ellicott City, Maryland 21043

Director - 461-9956 Water & Sewerage, Permits - 461-9933 Community Environmental Health - 461-9944 Technical Services - 461-9955

May 9, 1988

Carman Associates P. O. Box 122 Ellicott City, Maryland 21043

RE: Glenwood Springs - Lot 24 Shadow Roll Court/Glenwood Springs Drive Well Tag Number: H0-81-2632

To Whom It May Concern:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 12.5 parts per million. COMAR 10.17.13.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

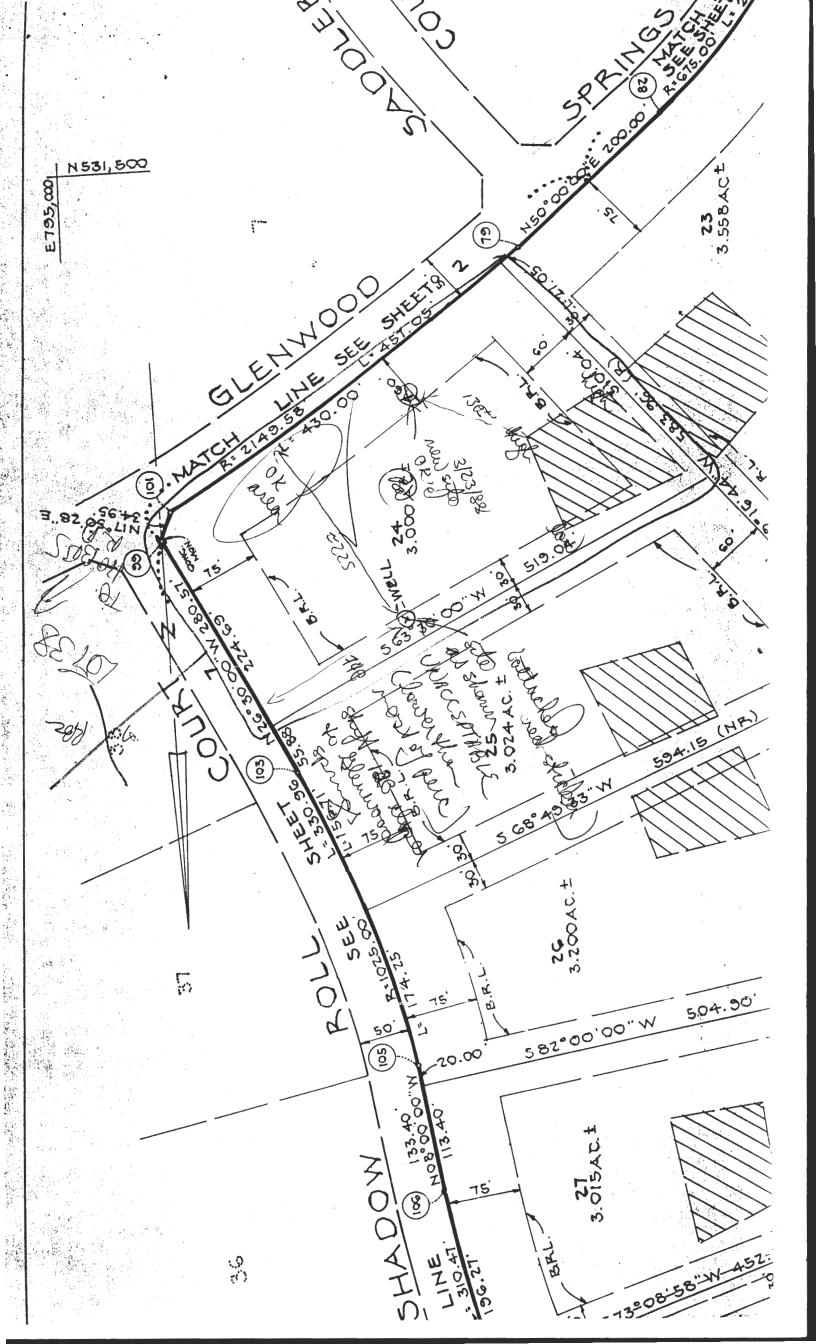
- Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
- 2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
- If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling , please call me at 461-9933.

Very truly yours,

Jane Nadeau, Sanitarian Water and Sewerage Program

JN:JR





Plumbing & Heating Inc.

12447 ROUTE 108 CLARKSVILLE, MD. 21029 531- 6712

## Necessary Clauses Business Service Agreement Nitrate Removal Device-Installation

l.	LOCATION:	MR+MRS SHIELDS	MR+MRS SHIELDS		
		2803 SHADOW ROLL CT			
	-	GLENWOOD, MJ 21738			

- 2. AGREEMENT: The signers of this agreement understand that the nitrate removal unit and any pre-treatment units are to be serviced as per manufacturers' specifications, and agree to maintain the unit(s) per those specifications.
- 3. TERM: The term of this agreement shall begin on 6 10 89, and shall continue for one (1) year. This agreement is automatically renewed annually unless either party notifies the other in writing at least thirty (30) days prior to the expiration date. See item #6 (Termination).
- 4. EQUIPMENT: The Pre-Treatment and Nitrate Equipment includes:

777-320MP, NSR844MP, CA 3036E

- 5. CHARGES: For the Company's promise to maintain the equipment, as set forth in this agreement, the subscriber agrees to pay the company current labor and material charges to service the equipment as per manufactures specifications.
- 6. TERMINATION: This agreement may be terminated by the company without notice if the subscriber fails to make payment due under this agreement, or defaults in any respect thereto.

Should termination by either party occur, the Health Department must be notified.

7.	SIGNATURE: Junh E. Juliu ZEPP P/H	DATE: <u>6-10-89</u>
	SIGNATURE: Jugun I. Shurts	DATE: 6-10-85
	Subsériber SIGNATURE:	DATE:
	NOTARY:	DATE: