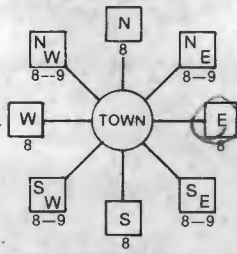




B 3 3638 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HC-81-2632 <small>fill in this form completely</small>
Date Received (APA) 030388		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION GLENWOOD SPRINGS 42 SECTION 44 46 LOT 24 50 52 NEAREST TOWN GLENWOOD 71 MILES FROM TOWN (enter 0 if in town) 8 73 M 76 I 77 1 78	
OWNER INFORMATION 15 Last Name CAZMIN 34 Owner WESBORN/H/ES 36 Street or RFD ELK LANE 55 57 Town 17Y MD 21E4B 76 State 72 Zip 76		DRILLER INFORMATION Driller's Name Joseph I. Mhyne 77 License No. 0388 80 Firm Name Joseph I. Mhyne Well Drilling Address 5512 Ridge Rd. Mt. Airy MD 21771 Signature Joseph I. Mhyne Date 2/29/88	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 14 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20 22		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 45W 37 DISTANCE FROM ROAD ENTER FT or MI F 38 7 39	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A 38372 COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 032488 CO SIGNATURE Con William 9/24/88 EXP. DATE NORTH GRID 531000 50 55 EAST GRID 0794000 57 63	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		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 770 4 N 530 1 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30- <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary Drive-POINT other _____		3/31/88 Location as per staked 45' casing (1 1/2' above) 38' open 12 bags cement OK well No sample taken	
REPLACEMENT OR DEEPEDED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> D THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER _____ 54 GAP 63			
FORCE CW WRITE INITIALS IN BOX PERMIT No. HC-81-26 170 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

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 X
Replacement _____

Receipt # 43942
Date 4/6/89

Name of Installer TER Plumbing & Heating

Telephone 725-2392

License Number 7079

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Y. SHIELDS

Telephone 725-2392

Subdivision Glenwood Springs Lot # 24

Well Tag # 40-91-2632

Site Address 2838 Glenwood Springs

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____

Motor

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

Pitless Adapter

1. Make Harvard
2. Model # _____
3. Depth 48"

2. Make Zacuzzi

3. Model # _____

4. Capacity 5 gal per min 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 _____

Tank

1. Capacity 60 gal.
2. Pressure relief valve? yes

Piping

1. Type Crossline
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 18'

Well data

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

OUTSIDE WORK OK 4/6/89 R.H.

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]

Date: 4/6/89

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

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: HO-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:

1. 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.
3. 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,

A handwritten signature in cursive script that reads "Jane E. Nadeau".

Jane Nadeau, Sanitarian
Water and Sewerage Program



Plumbing & Heating Inc.

12447 ROUTE 108
CLARKSVILLE, MD. 21029
531-6712

Necessary Clauses
Business Service Agreement
Nitrate Removal Device-Installation

1. LOCATION: MR + MRS SHIELDS
2803 SHADOW ROLL CT
GLENWOOD, MD 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:
TTT-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: *Joseph E. Zepp* ZEPP P/H DATE: 6-10-89
Company/Business
SIGNATURE: *William E. Shields* DATE: 6-10-89
Subscriber
SIGNATURE: _____ DATE: _____

NOTARY: _____ DATE: _____