EMERGENCY/TEMP NO. IF ANY

B 1 1209 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0057 fill in this form completely

Date Received (APA): 040594

OWNER INFORMATION

Last Name / Owner / First Name: BUCK HAVEN FARM

Street or RFD: 12459 RT 216

Town: HIGHLAND State: MD Zip: 20777

DRILLER INFORMATION

Driller's Name: Ralph Mayne — MSD/MGD/MWD License No.: 116

Firm Name: Ralph Mayne well Drilling

Address: 9120 Brown Church Rd. Mt. Airy

Signature: Ralph Mayne Date: 3/15/94

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
(AIR-ROTary) — circled — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

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

APPROP. PERMIT NUMBER: GAP

FORCE: CS (WRITE INITIALS IN BOX) PERMIT No.: HO-94-0057

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: CLEVENGER PROP

SECTION: LOT: 4

NEAREST TOWN: HIGHLAND

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX): (E) — circled

NEAR WHAT ROAD: MD Rt. 216

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): S

DISTANCE FROM ROAD: 325 ENTER FT OR MI: Ft

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: W49933A

STATE SIGNATURE: ____ INSERT S

DATE ISSUED: 040594 CO SIGNATURE: Sonia [signature] EXP. DATE: 04/05/95

NORTH GRID: 486000 EAST GRID: 0814000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

4/29/94 12/30
Locate [illegible]
Casing (X)
open 30+
grout = 11 bags 4/28/94
[initials]

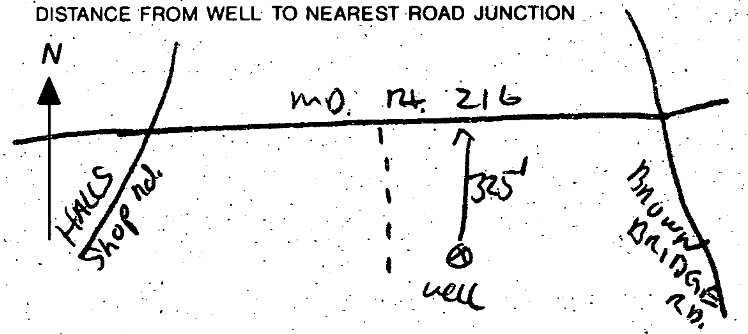
SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 4
N 480 6

000
000

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



SPECIAL CONDITIONS: CATHERINE CLEVENGER 854-2018 — 531-5991

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

8-26-94 Any ✓ Received 6/9/94 BC

8/26 Hold - not approved — Needs cement grout around plastic casing to 1 1/2' ± below adapter. HOLD CBB

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

(LINE) — OK

New Installation X **Receipt #** -0-
Replacement ____ **Date** June 6, 1994

Name of Installer CHARLES A. KLEIN & SONS, INC. **Telephone** (410)549-6960

License Number 6521
Certified Well Pump Installer X **Well Driller** ____ **Registered Plumber** ____

Name of Property Owner Cornerstone Homes **Telephone** (410)379-0157
Subdivision Buck's Haven Manor **Lot #** 4 **Well Tag #** HO - 94 - 0057
Site Address 12515 Scaggsville Road Highland, MD 20777

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ____
2. Make ____
3. Model # ____
4. Capacity ____ 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? ____

*3 bags

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

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

8/30/94 met R. Mayne @ 1 PM Grout added to 1 1/2' below Pitless adapter, cap properly attached - OK All now BKS

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: X Charles A Klein Jr

Date: June 6, 1994

Not approved 8/26

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

→ Top cover. CBB ON HOLD AROUND CASING - 2' to 8' no grout below adapter. CBB

HD-215

RP-94-0057

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043
~~461-2030~~
313-2640

INSPECTION NOTICE

8/26

Remarks

NOT APPROVED
NEED CEMENT
GROUT UP TO 1/2 OF
PITLESS ADAPTER

Disapproved [signature]

~~Approved~~

Work not complete Not [illegible]

Inspected by [signature]

Date [illegible]