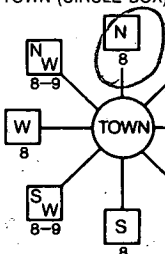
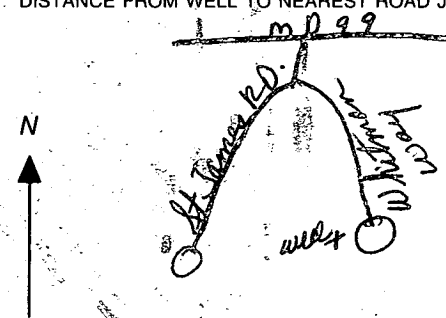
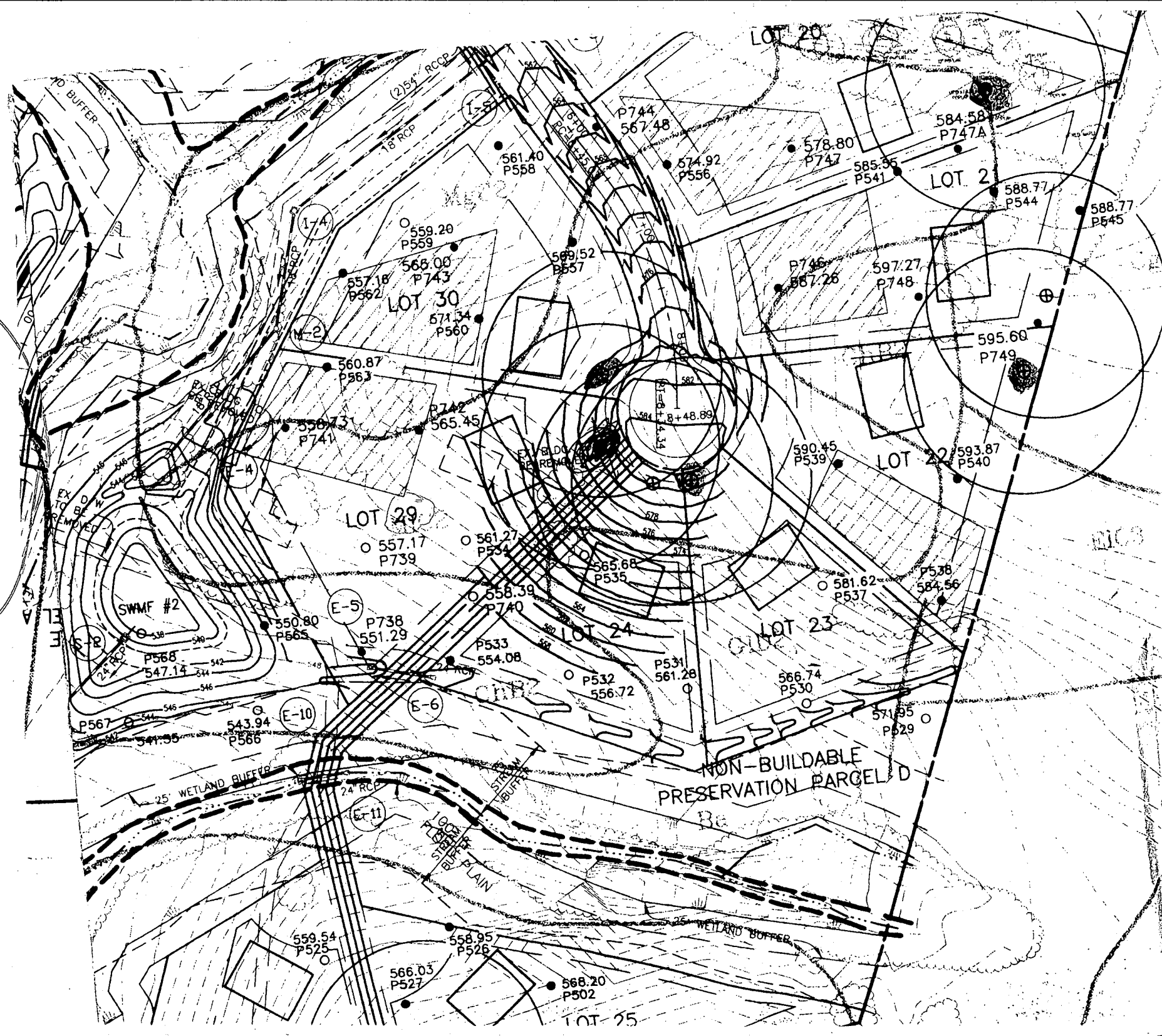


COUNTY

B 1 1 2 3 4 5 6 <b>9415</b> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-1176</b> 70 fill in this form completely 79
Date Received (APA) <b>4/22/97</b> 8 MM DD YY 13 <b>SRC</b> 15 Last Name Owner First Name 34 <b>P.O. Box 417</b> 36 Street or RFD 55 <b>ELLICOTT CITY MD 21041</b> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL <b>Howard</b> 8 COUNTY 21 <b>Stigler Property</b> 23 SUBDIVISION 42 SECTION <b>44</b> 46 LOT <b>29</b> 48 50 <b>West Friendship</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>1</b> M 1 73 76 77 78	
DRILLER INFORMATION <b>Joseph L. Mayne M S D 024</b> Driller's Name 76 License No. 81 <b>Joseph L. Mayne Well Drilling</b> Firm Name <b>5512 Ridge Rd. Mt. Airy Md. 21771</b> Address <b>Joseph L. Mayne 4/21/97</b> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <b>Whitman Way</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <b>20</b> 37 DISTANCE FROM ROAD ENTER FT OR MI <b>Ft</b> 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <b>5</b> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <b>500</b> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard Co</b> COUNTY NAME <b>A5056011</b> COUNTY NO. STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <b>05-27-97 A.M. Miller 5-27-98</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>538 000</b> EAST GRID <b>814 000</b> 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <b>6/27/97</b> SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>814</b> N <b>54038</b> 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 	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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) APPROP. PERMIT NUMBER <b>54</b> GAP <b>63</b> WRITE INITIALS IN BOX PERMIT No. <b>HO-94-1176</b> FORCE <b>Am</b> 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

5/27/97  
Well site OK as  
staked A McMullen



8/25/00  
11/00

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Ber Lewis Inc. Telephone #: 301 428 5900  
Address: 8307 Frederick Rd  
Maryland 20871

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Frank Nobile License # 17867

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: JACOBSEN Homes Telephone #: 1410 792 7172  
Subdivision: Lyndon Brook Lot #: 29 Well Tag #: HO-94-1176  
Site Address: 2112 Whitman Way  
Whit Flandership Md

Submersible Pump Data

Make: Goulds  
Model #: \_\_\_\_\_  
Pump Capacity 7.5 GPM  
Well Yield: 3 GPM

Pitless Adapter

Make: Campbell  
Model #: \_\_\_\_\_  
Depth: 42 (36" min)  
NSF approved: ☒

Well Cap and Electric Conduit

Two piece watertight cap: ☒  
Screened, vented well cap: ☒  
Cap secured to casing: ☒  
Conduit min 18" B.G.: ☒  
Conduit secured to well cap: ☒

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

~~Torque arrestors or Cable guards are required. Must circle one~~

Safety rope, if used, attached to inside of well casing with eye bolt ☒

Piping to house

Type: PVC 1"  
PSI: 200 (160 psi min)  
Depth of supply line 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve 36"  
Sleeve caulked and sealed properly: ☒

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature]  
Signature of company representative responsible for installation

8/25/2000  
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/25/00 Date Insp. Approved: 8/25/00 (MIR)  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒  
Two piece cap installed and attached to casing securely ☒  
Elec. conduit extends at least 18" below grade/attached to cap properly ☒  
Safety rope installed inside of well casing ☒  
Correct well tag attached properly and casing 8" above finished grade ☒  
Water supply line sleeved adequately at house connection ☒  
Adequate grout observed below pitless adapter ☒

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 12/22/97 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Hatfield's

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_

\* OWNER'S NAME: SBC Development

\* WELL LOCATION:

COUNTY: Howard Co.  
NEAREST TOWN: W. Friendship  
TAX MAP 15 BLOCK 11 PARCEL 40  
SUBDIVISION: Steigler Prop  
SECTION: 1 LOT: 29

MARYLAND GRID COORDINATES  
E 815,000

BOX NUMBER  
N 532,000

\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGURED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION

\* TYPE OF CASING:

☒ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: ~60' FEET DEEP

\* WAS ANY CASING REMOVED? ☐ YES ☒ NO  
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE: Amy M. Mullen, R.S.  
SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # \_\_\_\_\_ DATE 12/22/97

DENV 828 JULY 1993

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H	0	-	9	4	-	1	1	7	6
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*Mark F.*

SHOW WELL LOCATION  
BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
concrete	0	5.0
clean stone 2"	5.0	6.0