

PARCEL 74 NOT IN RPS. RPS # ?

12011 DOES NOT EXIST

STATE USE INDUSTRIES
JESSUP, MD 20794

<p>B 1 4430</p> <p>1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</p>	<p>SEQUENCE NO. (DP USE ONLY)</p>	<p>STATE OF MARYLAND</p> <p>APPLICATION FOR PERMIT TO DRILL WELL</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">INDEXED</p>	<p>STATE PERMIT NUMBER</p> <p>40-94-0598</p> <p>70 fill in this form completely 79</p>
<p>Date Received (APA) 06/23/95</p> <p>OWNER INFORMATION</p> <p>8 13 SCHOOLLEY DOUGLAS</p> <p>15 Last Name Owner First Name 34</p> <p>36 55 12011 SCAGGSVILLE RD</p> <p>57 76 FULTON MD 20759</p> <p>70 State 72 Zip 76</p>		<p>LOCATION OF WELL</p> <p>1 2 HOWARD</p> <p>8 COUNTY 21</p> <p>23 SUBDIVISION 42</p> <p>SECTION 44 46 LOT 48 50</p> <p>FULTON</p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) 73 76 77 78 1/2 MI</p>	
<p>DRILLER INFORMATION</p> <p>MSD/MGD/MWD</p> <p>Driller's Name: Joseph L. Mayne</p> <p>77 License No. 80 24</p> <p>Firm Name: Joseph L. Mayne Well Drilling</p> <p>Address: 5512 Ridge Rd. Mt. Airy, Md. 21771</p> <p>Signature: Joseph L. Mayne Date: 6/23/95</p>		<p>B 3</p> <p>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>11 30 12011 Scaggsville Road</p> <p>NEAR WHAT ROAD</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 37 50</p> <p>DISTANCE FROM ROAD</p> <p>ENTER FT OR MI FT</p> <p>TAX MAP: 41 BLK: 19 PARCEL 74</p>	
<p>B 2 WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500</p> <p>14 20</p>		<p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>	
<p>APPROXIMATE DEPTH OF WELL 240 FEET</p> <p>APPROXIMATE DIAMETER OF WELL 6 INCH</p>		<p>NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL</p> <p>Howard</p> <p>COUNTY NAME</p> <p>RW 50747</p> <p>COUNTY NO.</p> <p>STATE SIGNATURE</p> <p>DATE ISSUED 07/05/95</p> <p>CO SIGNATURE Mark E. Kellen</p> <p>EXP. DATE 7/5/96</p> <p>NORTH GRID 482000 EAST GRID 0820000</p>	
<p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>CABLE REVERSE-ROTARY Drive-POINT</p> <p>other</p>		<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. WELL</p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>820</p> <p>482</p>	
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input checked="" type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52</p>		<p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p>	
<p>Not to be filled in by driller (OEP USE ONLY)</p> <p>APPROX. PERMIT NUMBER 54 63</p> <p>FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-94-0598</p> <p>67 68 70 71 72 73 74 75 76 77 78 79</p>			
<p>SPECIAL CONDITIONS</p> <p>NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =</p> <p>COUNTY</p>			

CT 2737 (SEQUENCE NO. (MDE 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 RW 50747

ST/CO USE ONLY
DATE RECEIVED
8 13

DATE WELL COMPLETED

070795

Depth of Well

22 220 26 (TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H40-94-0598

OWNER Schooler Mary / Douglas
STREET OR RFD 12014 Seaggsville TOWN Fulton
SUBDIVISION Map 41 Par 74 SECTION LOT

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		check if water bearing
	FROM	TO	
SAND	0	50	
GRAY MICA Rock	50	220	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

(Y) (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 78 NO. OF POUNDS 1692

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

(ST) (CO)
STEEL CONCRETE
(PL) (OT)
PLASTIC OTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

(ST) (6) (55) () ()
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

(ST) (BR) (HO)
STEEL BRASS OPEN
BRONZE HOLE
(PL) (OT)
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y) (N)

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 26.04.04 "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.

TYPE: MWD/MSD/MGD 24
DRILLERS LIC. NO. Joseph L. Mayre

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8

METHOD USED TO
MEASURE PUMPING RATE BAIR

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48 ft.

WHEN PUMPING 180 ft.

TYPE OF PUMP USED (for test)

(A) air (P) piston (T) turbine
(C) centrifugal (R) rotary (O) other
(J) jet (S) submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO
(CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

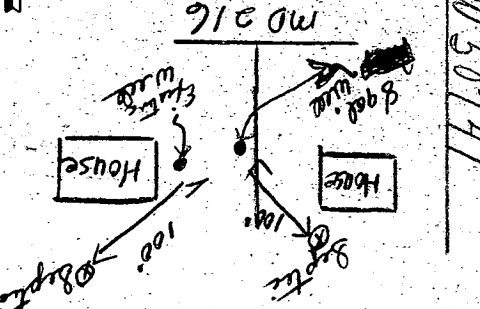
PUMP COLUMN LENGTH
(nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

(+) above LAND SURFACE
(-) below (2) (nearest foot)

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)



SITE INSPECTION SHEET

OWNER: Douglas/Mary Schooley

DATE REQUESTED: _____

PHONE #: 301-725-3855

CONTRACTOR: _____

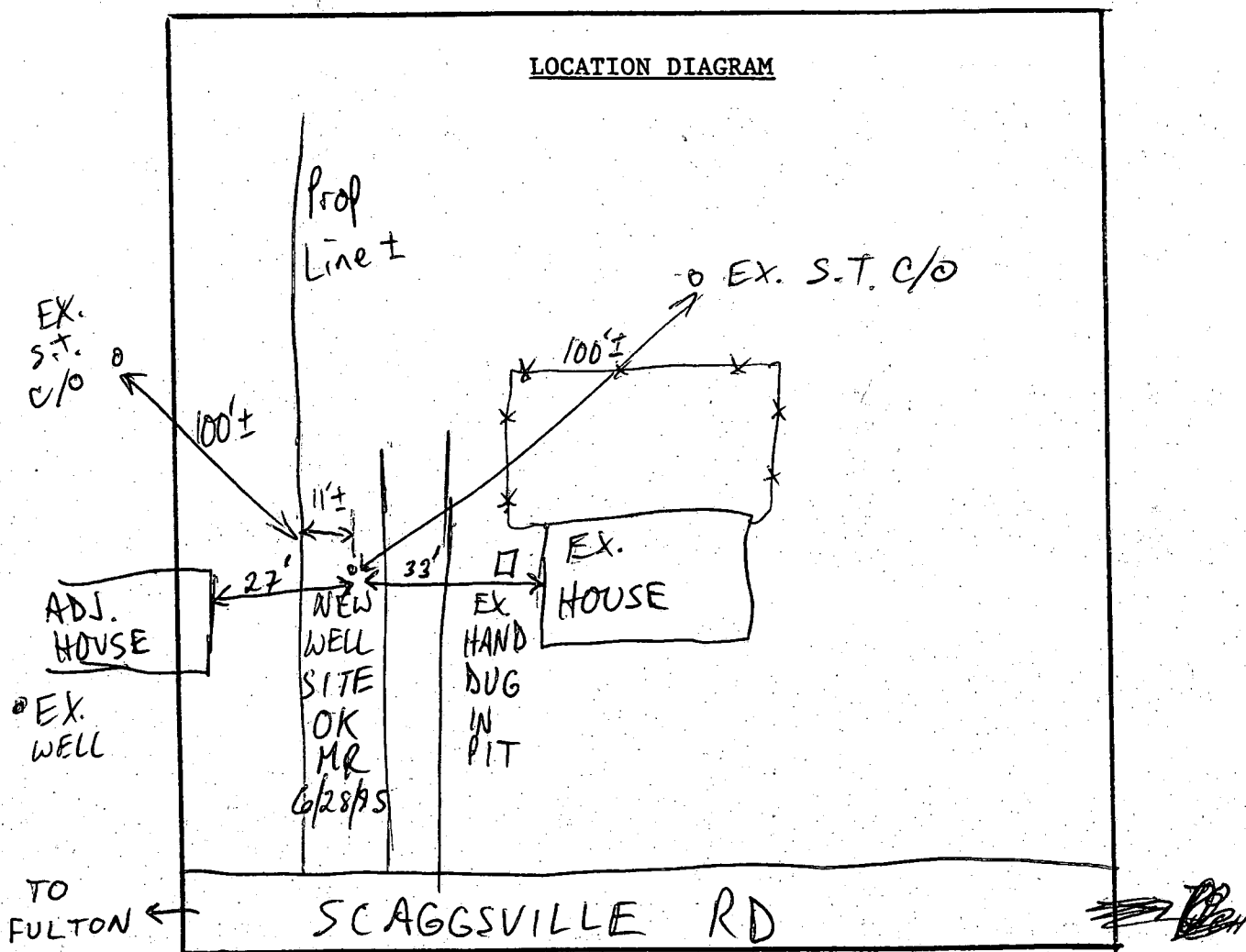
ADDRESS: 12011 Scaggsville Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: replacement well requested; ex. hand dug nearly out of water

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____

7/27/95
~12:00

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 _____ Receipt # _____
Replacement _____ Date _____
Name of Installer _____ Telephone _____
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____
Name of Property Owner Douglas Schooley Telephone _____
Subdivision _____ Lot # _____ Well Tag # HO-94-0598
Site Address 15011 Scaggsville Rd.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

7-27-95
WPI OR to
COVER - 45" below
grade
Ann

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: _____

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
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 # -0-
Date 7/12/95

Name of Installer ALLEN M. VAN SANT INC.

Telephone 410-942-2221

License Number #6501
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner MR. SCHOLLEY Telephone 301-775-3855
Subdivision _____ Lot # _____ Well Tag # HC-94-05913
Site Address 12011 SCARLESVILLE RD.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒
2. Make COULDS
3. Model # 56505412
4. Capacity 5 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 SLEEVE

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

Pitless Adapter
1. Make HARVARD
2. Model # BP-10X
3. Depth 36"

Tank
1. Capacity 80
2. Pressure relief valve? YES 7500

Piping
1. Type PVC
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 36"

Well data
1. Depth 220 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? YES

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: Michael Scholley

Date: 7/12/95

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