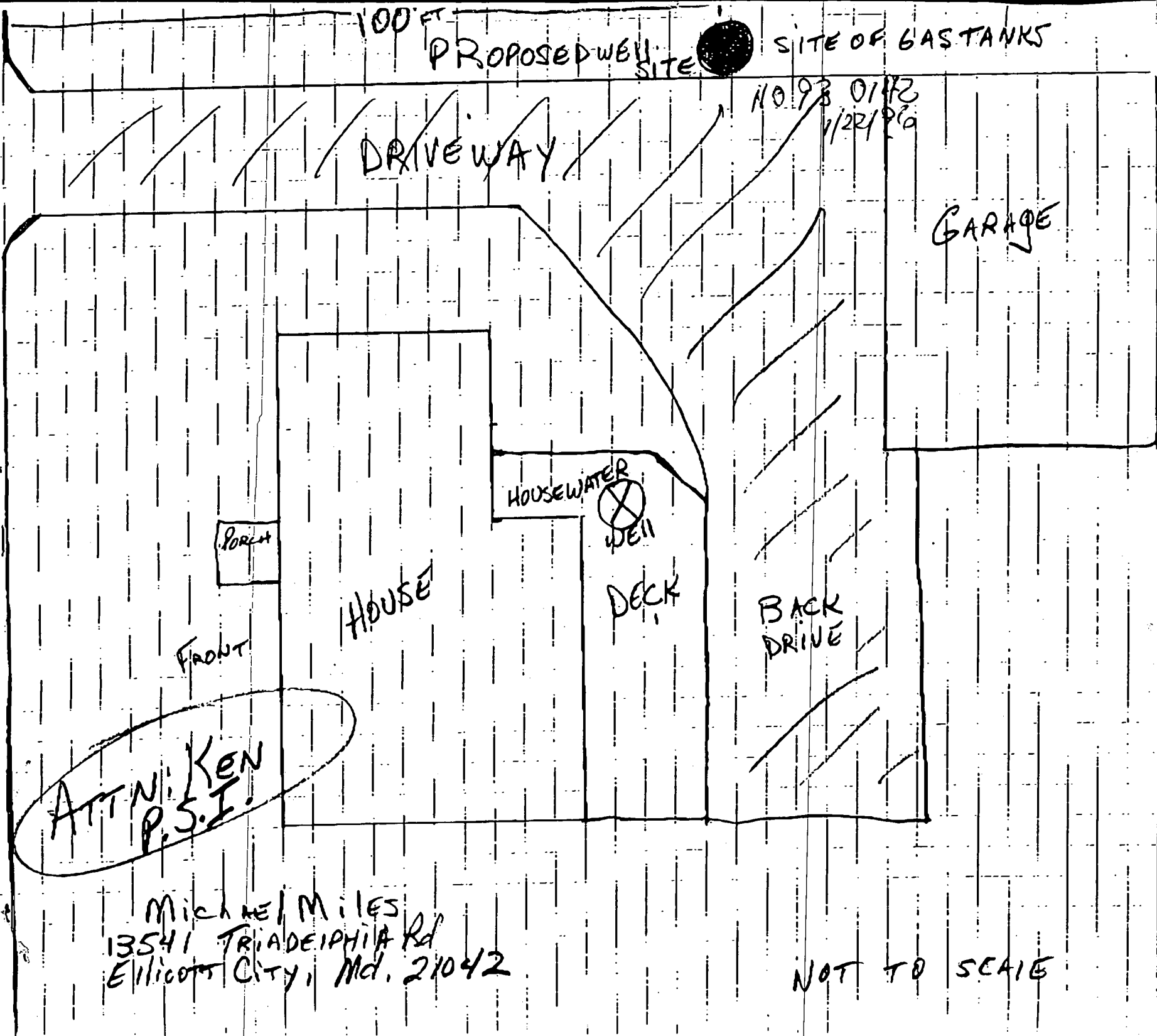


B 1 0768 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-93-0142 <small>fill in this form completely</small>
Date Received (APA) 01/22/96 OWNER INFORMATION Last Name: Willes Michael First Name: Michael Street or RFD: 13541 Triadelphia RD Town: Ellicott City MD 21042 State: MD Zip: 21042		B 3 LOCATION OF WELL County: Howard Subdivision: Ellicott City Section: 44 Lot: 48 Nearest Town: Ellicott City Miles from Town: MI	
DRILLER INFORMATION Driller's Name: Kenneth Manos Professional Service Ind Inc. 806 Berkwood Ct. Linthicum MD 21090 Signature: Kenneth Manos Date: 1-22-96 License No. 020		B 4 Direction of Well from Town (Circle Box): Near What Road: Triadelphia RD On Which Side of Road (Circle Appropriate Box): Distance from Road: 100 FT Enter FT or MI: FT Tax Map: 22 Blk: 14 Parcel: 68	
B 2 WELL INFORMATION Approx. Pumping Rate (Gal. per Min.): N/A Average Daily Quantity Needed (Gal. per Day): N/A USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" 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 HEALTH DEPARTMENT APPROVAL) <input checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME W-56406-0 COUNTY NO. STATE SIGNATURE: B Nipon DATE ISSUED: 01/22/97 NORTH GRID: 520000 EAST GRID: 0804000	
APPROXIMATE DEPTH OF WELL: 40 FEET APPROXIMATE DIAMETER OF WELL: 4" INCH METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other:		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER: 1. City 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE: 80A 4 521 0 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: 	
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 <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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE):		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER: GAP FORCE: BA PERMIT No.: HD-93-0142 SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	

01/20/96 22:29 410 992 1688 TRIADELPHIA RD



Howard County Health Department

To: FILE

BERT ISSUED THIS PERMIT
BECAUSE OF CONTAMINATION
EVENTS HIS GROUP WAS REGULATING.
INDICATES HE TURNED FILE OVER
TO THIS PROGRAM (DKS or JR),
BUT NO PAPERWORK LOCATED
NOR DO KIM or JANE RECALL
SEEING ANY.
LOOK AGAIN WHEN COMPLETION REPORT*
COMES IN - THEN DISCUSS
WITH BERT. (*ON OTHER "NEXT"
EVENT SUCH AS

From: _____

Date: _____

HD-170

(CW)

WAIT ON SAMPLE
REQUEST

1/15/97

EMERGENCY/TEMP NO. IF ANY

B 1	7871	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HC-93-0322 fill in this form completely
-----	------	--------------------------------	---	---

Date Received (APA)

12/13/96

OWNER INFORMATION

ENVIRONMENTAL PRODUCTS

15 Last Name 13 Owner First Name 34

3140 PAXTON ST

36 Street or RFD 55

HARRISBURG PA 17111

57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

DAVID KELLY 692-6981304

Driller's Name Jones Well Drilling Inc

Firm Name 77 License No. 80

3700 KUSH RD. ARRETTSVILLE

Address David Kelly 12-11-96

Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN.) 4

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 400

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.

22 OTHER (REQUIRES APPROPRIATION PERMIT)

☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)☐☐☐

APPROXIMATE DEPTH OF WELL 200 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY Drive-POINT

other

REPLACEMENT OR DEEPEMED WELLS

(CIRCLE APPROPRIATE BOX)

☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS☐☐☐

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 54 GAP 63

FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. HC-93-0322

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

N CATEGORY SHOULD BE SWITCHED TO "Y" IF NEW WELL IS FREE OF CONTAMINATION & OIL CONTROL DOES NOT

B 3 LOCATION OF WELL

1 HOWARD

8 COUNTY 21

23 SUBDIVISION

SECTION 44 46 LOT 48 50

GLENELG

52 NEAREST TOWN 71

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

76 77 78

B 4

13531 Ridelphia

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH

W E

APPROX 115

DISTANCE FROM ROAD

ENTER FT OR MI

38 39

TAX MAP: 22 BLK: 14 PARCEL 79

NOT TO BE FILLED IN BY DRILLER

HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

DATE ISSUED

12/16/96 B Nzman 12/16/97

43 NORTH GRID 54 55

EAST GRID 56 57 58 59

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1.

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800 5

520 0

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

N

Rd.

TRidelphia

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LEGEND

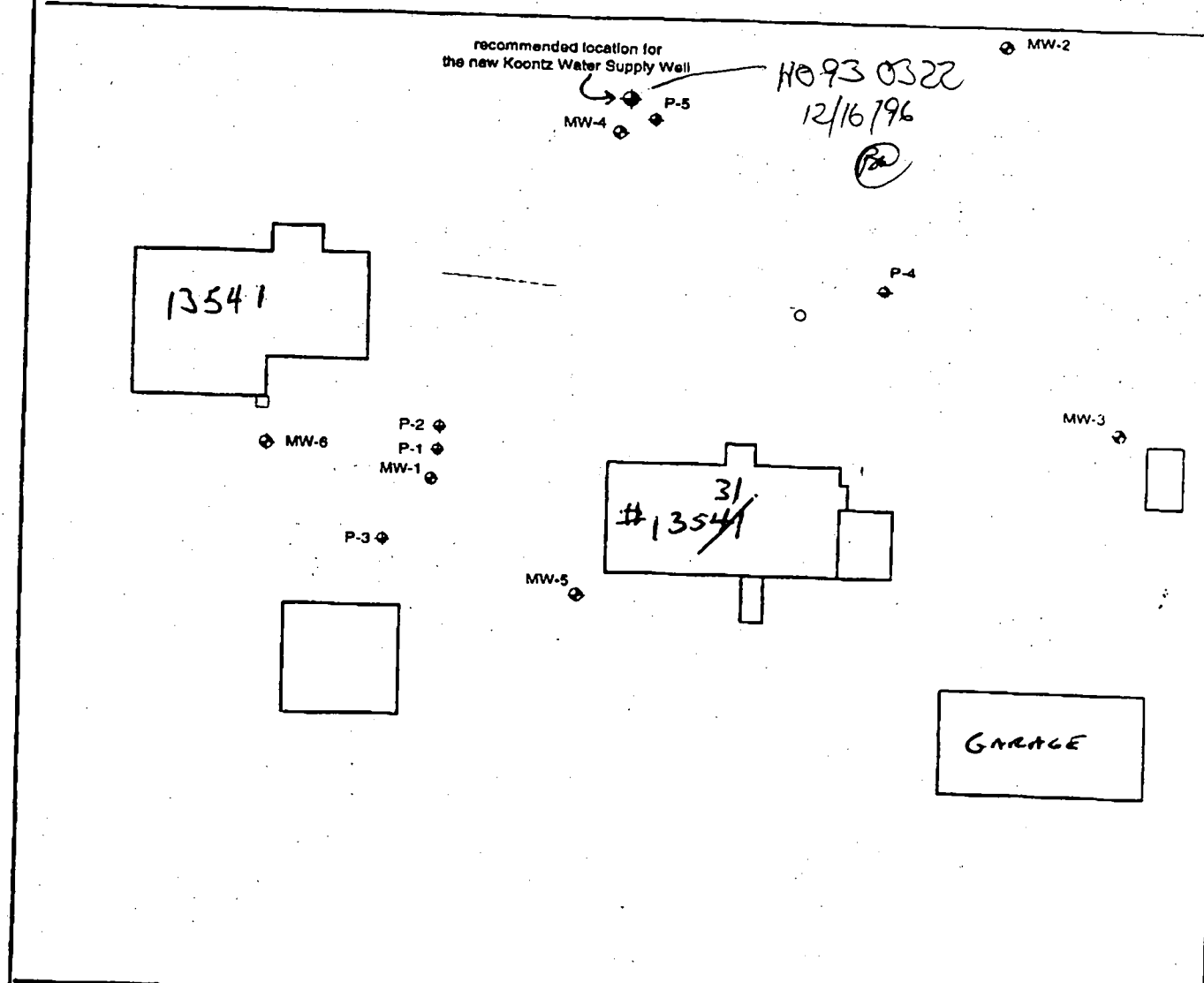
- Building/Structure
- Monitoring Well
- Piezometer



MAP 22 Q14 P79

Date:	# Of Pages	QUICK FAX™ OfficeMax	
To: Dave Kelly	From: Chris S.		
Co./Dept.	Co./Dept.		
Fax:	Fax:	(scale has been reduced, but the	
Phone:	Phone:	is a bar scale	
Note: Map	E-Mail:	in the legend)	

Triadelphia Rd



Environmental Products & Services, Inc.		DATE: December 8, 1996	PROJECT NO.: G0889
Site Map showing the recommended location of the new Koontz Water Supply Well	Mike Miles Residence 13541 Triadelphia Road Ellicott City, Maryland	SCALE: Approx. 1" = 28'	FIGURE NO.:
		DRAWN BY: CTS	LOCATION: Howard County

	Time	Water Level Feet	Time to Fill 5-Gallon Bucket Seconds	Gallons Per Minute
1	11:15	26	19	15.79
2	30	71	22	13.64
3	45	76	23	13.04
4	12:00	77	23	13.04
5	15	78	23	13.04
6	30	79	23	13.04
7	45	79	23	13.04
8	1:00	79	23	13.04
9	15	79	23	13.04
10	30	79	23	13.04
11	45	79	23	13.04
12	2:00	79	23	13.04
13	15	79	23	13.04
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C1		7767		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER W-576021	
DATE RECEIVED		DATE WELL COMPLETED		Depth of Well		PERMIT NO.		FROM "PERMIT TO DRILL WELL"	
[] [] [] [] [] []		011597		22 305 26 (TO NEAREST FOOT)		H0-93-0322		28 29 30 31 32 33 34 35 36 37	
OWNER		KODWTZ		WINOTE		TOWN		ELICOTT CITY	
STREET OR RFD		13531 TRIADLPHIA ROAD		SECTION		LOT			
SUBDIVISION		MAP 22 Q14 P. 77							
WELL LOG			GROUTING RECORD			PUMPING TEST			
Not required for driven wells			WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N			HOURS PUMPED (nearest hour) 3			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC			PUMPING RATE (gal. per min.) 13			
DESCRIPTION (Use additional sheets if needed)			CEMENT NO. OF BAGS 24 NO. OF POUNDS 2400			METHOD USED TO MEASURE PUMPING RATE timer			
FEET FROM TO check if water bearing			GALLONS OF WATER 144			WATER LEVEL (distance from land surface)			
soft brown dirt 0 40			DEPTH OF GROUT SEAL (to nearest foot)			BEFORE PUMPING 26 ft.			
hard tan rock 40 47			from 0 ft. to 93 ft.			WHEN PUMPING 79 ft.			
soft brown rock 47 90			CASING RECORD			TYPE OF PUMP USED (for test)			
hard tan/green rock 90 101			casing types insert appropriate code below			A air P piston T turbine			
hard gray rock 101 105			STEEL CO CONCRETE			C centrifugal R rotary O other (describe below)			
med hard tan rock 105 110			PLASTIC OT OTHER			J jet S submersible			
soft tan rock 110 111 X			MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)			RAMP INSTALLED			
med hard tan rock 111 123			P L 6 94 70			DRILLER WILL INSTALL PUMP (YES or NO) YES NO			
med tan rock 123 125 X			OTHER CASING (if used) diameter inch! depth (feet) from to			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.			
hard gray rock 125 130			SCREEN RECORD			TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29			
med tan rock 130 132 X			screen type or open hole insert appropriate code below			CAPACITY GALLONS PER MINUTE (to nearest gallon) 31 35			
hard gray rock 132 140			STEEL BR BRASS BRONZE PL PLASTIC OT OTHER			PUMP HORSE POWER 37 41			
med hard tan rock 140 142			DEPTH (nearest ft.)			PUMP COLUMN LENGTH (nearest ft.) 43 47			
hard gray rock 142 144			H 0 93 305			CASING HEIGHT (circle appropriate box and enter casing height)			
med tan rock 144 145			+ above - below			LAND SURFACE 1 (nearest foot)			
med/med hard gray 145 305 X			SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60			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)			
NUMBER OF UNSUCCESSFUL WELLS: yes no			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			30' & Tridelphia Rd			
WELL HYDROFRACTURED YES Y NO N			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			35' + RPL			
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			TELESCOPE CASING LOG INDICATOR OTHER DATA						
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.			LIC. NO. 509						
TYPE: MWD/MSD/MGD			DRILLERS LIC. NO. 304						
David Kelley			Harvey W. Knapp						
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)									



HOWARD COUNTY HEALTH DEPARTMENT

DATE
12/13/96

160.00
12/17/96
W57604

Received
From

JONES Well Drilling Inc

3700 Rush Road, JARRETTSVILLE, Maryland 21084

For

ENVIRONMENTAL Products Service, Inc

☐ CASH

☒ CHECK

NO.

016543

13541 TRIADELPHIA ROAD

Monitoring Well

Eighty and 00/100 Dollars

\$ 80 | 00

Received By

Il Jane Pierce