

6/13/86
septa OK'd
Ⓚ

37150

P ~~37150~~
A 30455

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XXX9922330X
461-9933

ELLICOTT CITY
DISTRICT 3rd
DATE 4/12/84

INDEXED

03-309894

Jack Fyock IS PERMITTED TO INSTALL ALTER
ADDRESS _____ PHONE 988-9270
SUBDIVISION Wynfield III ROAD 2800 WYNFIELD ROAD LOT 19
PROPERTY OWNER Cullison

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 110 feet from the left lot line and 165 feet from the front lot line as seen when facing the property from Wynfield Road. Run trenches along contour toward right side of property.

NOTES - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY C. Williams DATE 11/01/85

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

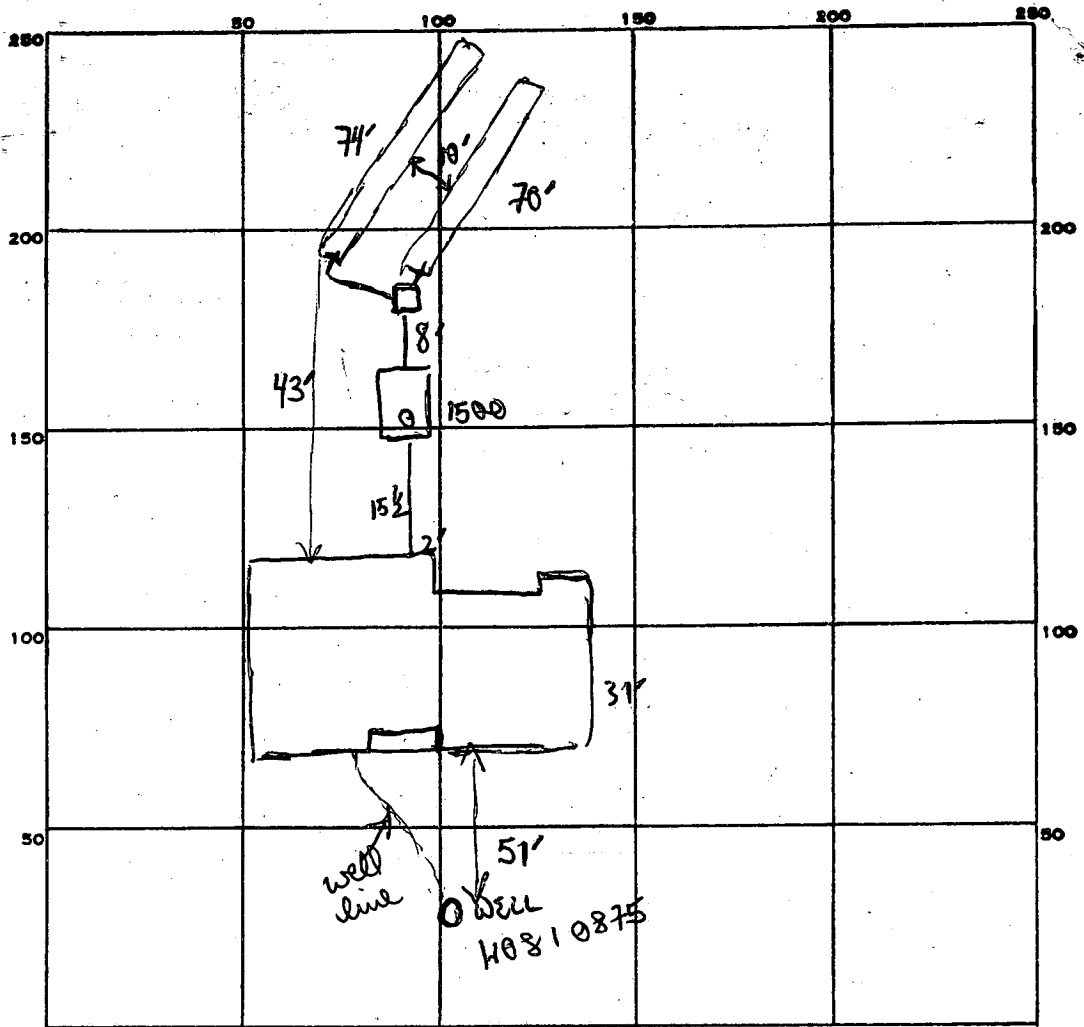
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30155



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

WYNFIELD RD

PERMIT CARD ✓✓

SEPTIC TANK, LEVEL 1500 gal

CLEANOUTS 1 S.T.

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 8+8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5+5 FT. TOTAL LENGTH 70'+74' FT.

NUMBER OF TRENCHES 2 SIDE WALL 350+370

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 6/13/86 OK to add stone pipe paper to both trenches.
OK to cover all work to trenches; OK to cover trenches

DATE SYSTEM APPROVED 6/13/86

INSPECTOR B Wilson

2
138
8
180
4
220
70
5

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30455

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 1/9/80

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Land Associates

ADDRESS 3450 Fort Meade Road, Laurel, Md. 20810 PHONE Tom Munz - 792-2242
Ted Snovell - 265-6543

PROPERTY LOCATION:

SUBDIVISION Hoffman property LOT NO. 20 *SECT III Lot 19*

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Ted Snovell for Land Associates

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

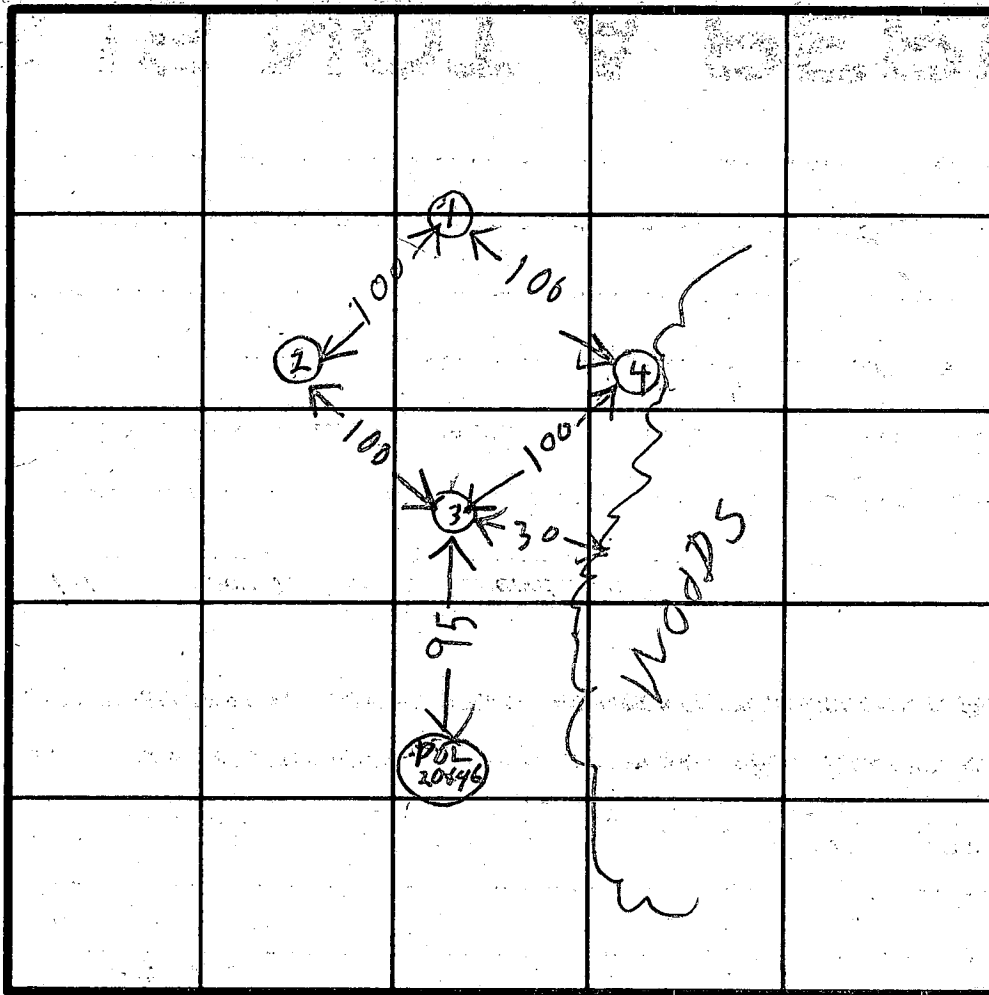
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/17/80	1S	3	223	224	224	225	1
	1D	12	223	234	234	249	15
	2S	3 1/2	226	227	227	229	2
	2D	12 1/2	226	229	229	239	10
	3D	13	232	234	234	240	6
	3S	3 1/2	232	234	234	235	1
	4D	13	238	245	245	313	28
11/17/80	4S	3	239	242	242	245	3

9 MIN. AV
3' INLET

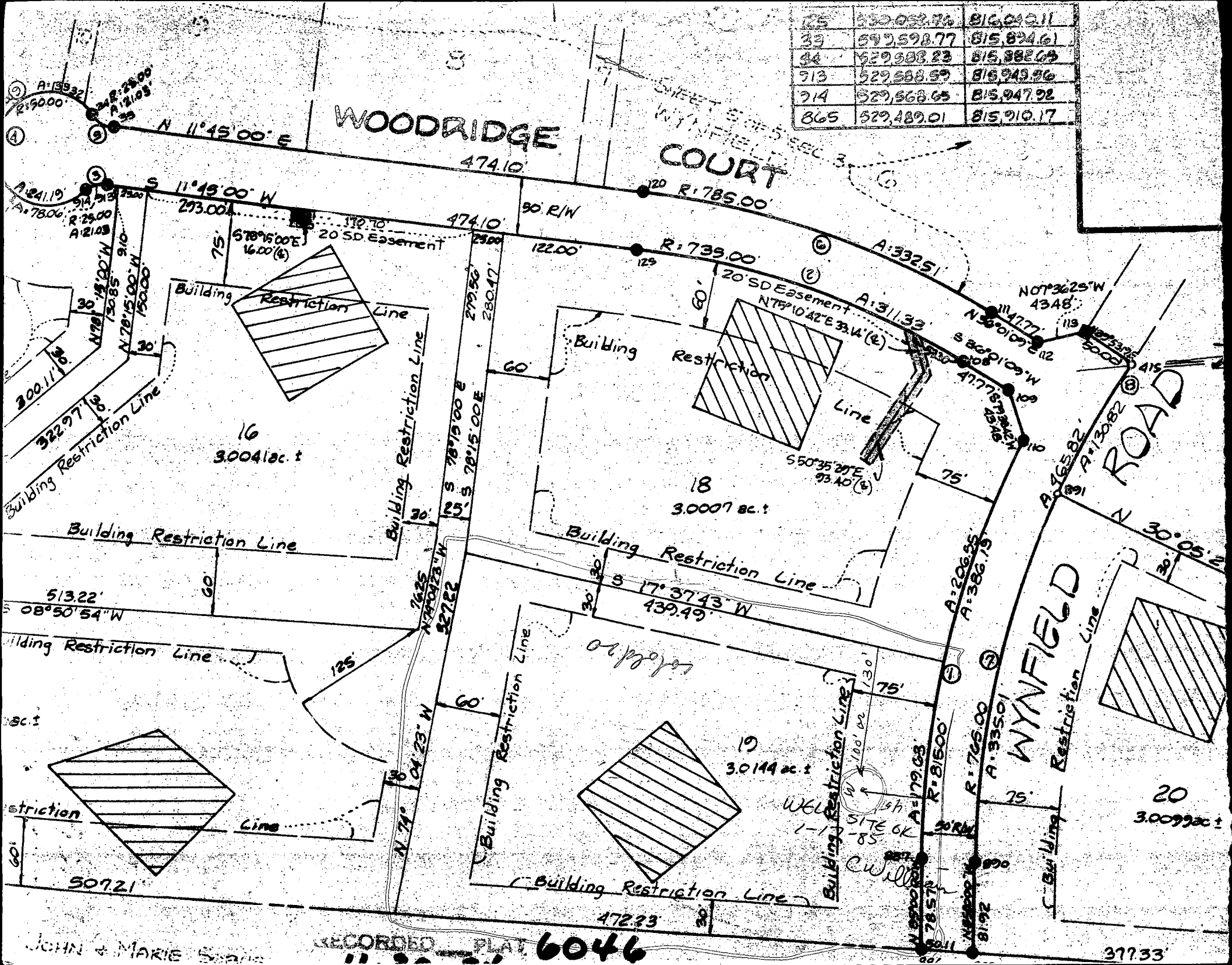
REMARKS _____

TYPE OF SOIL _____

TESTED BY AH 925 JIM

ALSO PRESENT _____

75	529,052.74	816,040.11
33	597,598.77	815,874.61
44	529,588.23	815,882.69
713	529,588.59	816,949.96
714	529,568.65	815,947.92
865	529,489.01	815,910.17



WOODRIDGE COURT

WYNFIELD ROAD

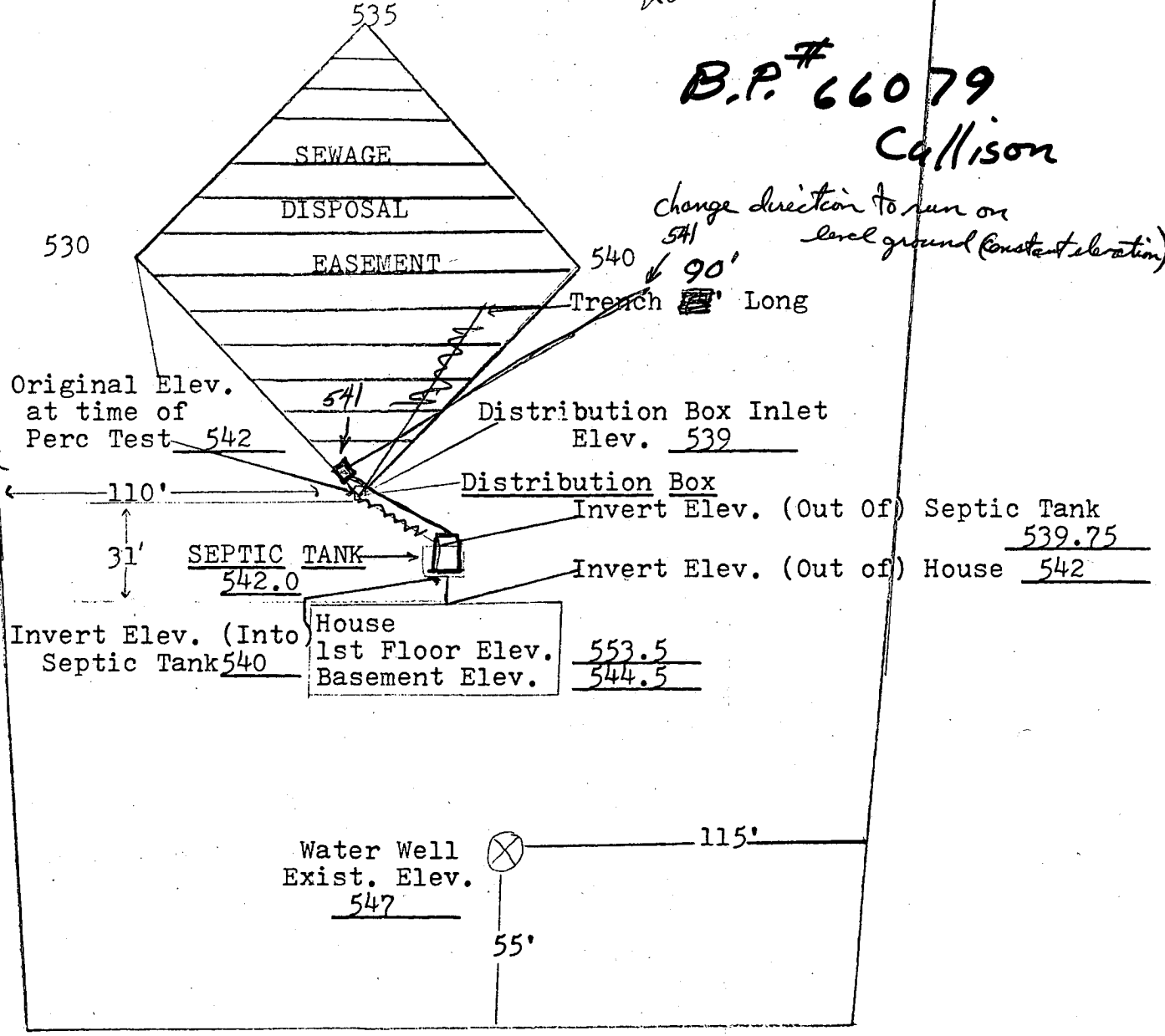
JOHN & MARIE Estate

RECORDED PLAT 6046

377.33'

Septic elev's & location of LL

B.P. # 66079
Callison



*invert 3 ft. at
Trench too steep
House to tank*

change direction to run on level ground (constant elevation)

Original Elev. at time of Perc Test 542

Distribution Box Inlet Elev. 539

Distribution Box Invert Elev. (Out Of) Septic Tank 539.75

Distribution Box Invert Elev. (Out of) House 542

SEPTIC TANK Invert Elev. 542.0

House 1st Floor Elev. 553.5
Basement Elev. 544.5

Water Well Exist. Elev. 547

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

SIGNED: Margaret P. Callison

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation x
 Replacement _____

Receipt # 37148
 Date 6/12/86

Name of Installer W.J. Hastings Co Inc.

Telephone 796-1441

License number 3491
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber x

Name of Property Owner Ralph Cullison Telephone 46502668
 Subdivision Wynfield Lot # 19 Well tag # HO -810 - 875
 Site Address 2800 Wynfield Rd.
 West Friendship, Md. 21794

<p>Pump</p> <p>1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible <u> x </u></p> <p>2. Make <u> Goulds </u></p> <p>3. Model # <u> 53507112 </u></p> <p>4. Capacity <u> 5.5 </u> GPM</p> <p>5. Pump exceeds well capacity Yes <u> x </u> No _____</p> <p>6. If Yes, is low pressure cutoff switch installed? Yes <u> x </u> No _____</p> <p>7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <u> x </u> Cable guards _____ Other _____</p>	<p>Motor</p> <p>1. Horsepower <u> 3/4 </u></p> <p>2. RPM <u> 3450 </u></p> <p>3. Voltage _____ a. 110 _____ b. 220 <u> x </u></p>	<p>Pitless Adapter</p> <p>1. Make <u> Martinson </u></p> <p>2. Model # <u> 11066666 </u> B10X</p> <p>3. Depth <u> 42" </u></p>
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<p>Tank</p> <p>1. Capacity <u> 114 </u></p> <p>2. Pressure relief value? <u> yes </u></p>	<p>Piping</p> <p>1. Type <u> PVC </u> <u> 3/4" </u></p> <p>2. Size <u> 1" </u></p> <p>3. NSF and/or BOCA Code approved <u> yes </u></p> <p>4. Depth of supply line <u> 42" horizontal </u> <u> 315' in well </u></p>	<p>Well data</p> <p>1. Depth <u> 325' </u> ft.</p> <p>2. Yield <u> 1.7 </u> GPM</p> <p>3. Static water level <u> 245' </u> ft.</p> <p>4. Will water supply be disinfected by installer? <u> yes </u></p>
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7-30-86 - Pitless & line OK at 4' below grade JS

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: Daniel H. Freeman

Date: 5/16/86

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

C1 9533 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 30455

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE Received, DATE WELL COMPLETED, Depth of Well, PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER GULLISON RALPH, STREET OR RFD WYNFIELD ROAD, TOWN WEST FRIENDSHIP, SUBDIVISION WYNFIELD, SECTION 3, LOT 19

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and Check if water bearing. Includes handwritten entries for BROWN SHALE and GRAY MIC A ROCK.

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below, STEEL, CONCRETE, PLASTIC, OTHER.

MAIN CASING: Nominal diameter, Total depth, TYPE, (nearest inch), (nearest foot).

OTHER CASING (if used): diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole, insert appropriate code below, STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER.

DEPTH (nearest ft.) table with columns for EACH SCREEN and rows for depth measurements.

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

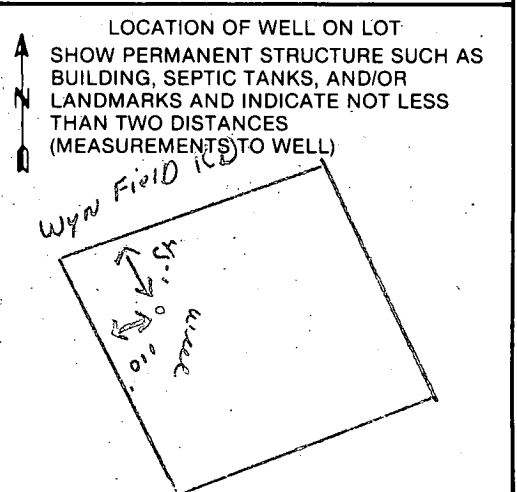
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER), T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Lot 19 Sec III

Wynfield

Ralph O. Callison
(Name)

2050 WINTERGREEN PL.
(Address)

HO-81-0875
(OEP Well Permit Number)

1/14/85
(Date)

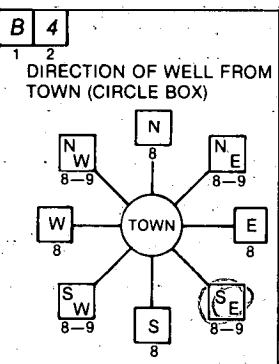
B 1 **3204** SEQUENCE NO. (OEP USE ONLY) *1100 GAWT*
2/25/85 STATE OF MARYLAND PERMIT TO DRILL WELL
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type

OEP PERMIT NUMBER **40-81-0875**
 fill in this form completely

Date Received **01/14/85** OWNER INFORMATION
CULLISON Owner **RALPH** First Name
2050 WINTERGREEN PLACE Street or RFD
BAKATIMOR Town **MD 21237** Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
WYNFIELD SUBDIVISION
 SECTION **3** LOT **19**
WESTFRIENDSHIP NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION
Joseph L. Magee Driller's Name **238** License No. 80
Joseph L. Magee Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21111 Address
Joseph L. Magee Signature **1/14/85** Date



WYNFIELD ROAD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
45 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A30455** COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED **020585** (CO SIGNATURE) **8/5/85** EXP. DATE
 NORTH GRID **531000** EAST GRID **0816000**

APPROXIMATE DEPTH OF WELL **200** FEET

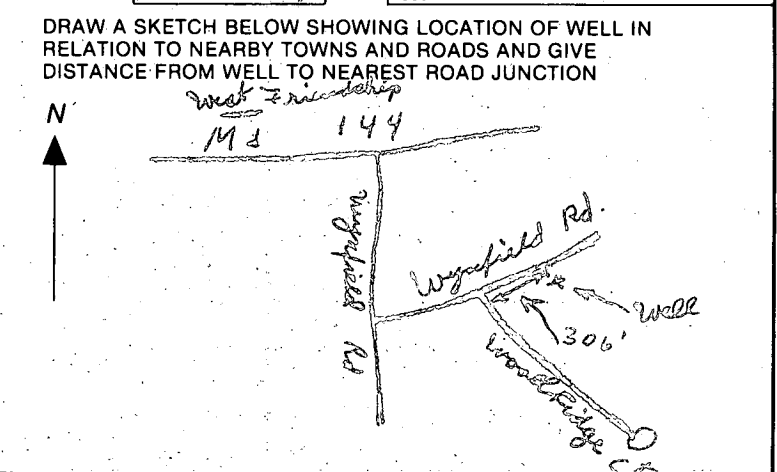
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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 **8106**
 N **5301**

2-25-85
26 FE CASING
26 FE OPEN ANNULAR SPACE
18" CASING ABOVE GRADE
5 BAGS CEMENT - PORTLAND TYPE II
 Well location OK
 S. AB4

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 SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **JS** WRITE INITIALS IN BOX PERMIT No. **40-81-0875**

SPECIAL CONDITIONS

GHR PUMP TEST 8:00 AM

Page 1 of 1
 Date 2/26/85 2/26/85

Review _____

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0875
 Location of property (road) WYNFIELD RD
 Subdivision WYNFIELD Lot 19 Block _____ Plat _____ Sec. 3
 Well Driller JOS. MAYNE Owner RALPH CULLISON

Depth of well 325
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 37

High rate pumping -- reservoir drawdown

Time pump started 800 Pumping rate 10
 Total time 30 min to reach pumping water level 162 ft. below M.P.

1. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>1045</u>	<u>164</u>	<u>35</u>		<u>13/4</u>
<u>1100</u>	<u>163</u>	<u>40</u>		<u>1 1/2</u>

R.H. 2/26/85

SAMPLE TAKEN 11 AM

C1 05153

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)

COUNTY NUMBER A 30455

ST/CO USE ONLY DATE Received MM 3 24 98 YY

DATE WELL COMPLETED 03 09 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1434

OWNER: Willison (last name), Ralph (first name) STREET OR RFD: 2800 Winfield RD TOWN: West Friendship SUBDIVISION: Winfield SECTION: LOT 19

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Silt & Clay, Mixed, Sand Stone, mica, Sand Stone, Mica, White Mica, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Table for casing types (Steel, Concrete, Plastic, Other) and main casing details (Nominal diameter, Total depth)

OTHER CASING (if used)

Table for other casing details (diameter, depth)

SCREEN RECORD

Table for screen type (Steel, Brass, Bronze, Plastic, Open Hole, Other)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Abandoned), E (Electric Log), P (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...

DRILLERS LIC. NO. 1 M WD 040 (Signature: Bruce F. Eberstendy)

LIC. NO. 1 M WD 501 (Signature: Chuck P. Ferrara)

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

C 2 DEPTH (nearest ft.)

Table showing depth intervals (1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

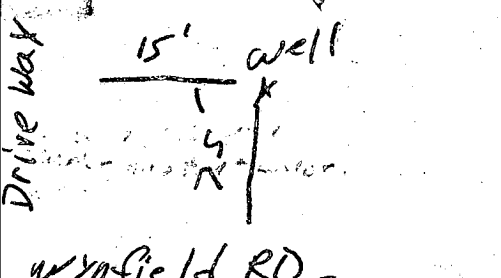
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 2. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 400 ft. TYPE OF PUMP USED (for test) Air piston

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.): 43 47 CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot) 2

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)



B 1	2447	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1434
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3:6 ON ALL CARDS)				
Date Received (APA) 02/18/98		OWNER INFORMATION RN 7375		LOCATION OF WELL CO#
Cullison Ralph		Howard		8 COUNTY 21
2800 Wynfield Road		Wynfield		23 SUBDIVISION 42
West Friendship, Md. 21794		SECTION 44 46 LOT 48 50		West Friendship
DRILLER INFORMATION		Miles from Town (enter 0 if in town) <u>1</u>		52 NEAREST TOWN 71
George F. Easterday M W D 040		2800 Wynfield Rd		73 76 77 78
E. Franklin Easterday, Inc.		11 NEAR WHAT ROAD 30		
9265 Brown Church Rd., MT. Airy, Md. 21771		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
Signature: <i>George F. Easterday</i> Date: 2/18/98				
WELL INFORMATION		TAX MAP: _____ BLK: _____ PARCEL: _____		
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>				
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		Howard A30455		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		COUNTY NAME COUNTY NO.		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)		STATE SIGNATURE _____ INSERT S. _____		
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)		DATE ISSUED <u>02/18/98</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>2/17/99</u>		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		43 MM DD YY 48 CO SIGNATURE EXP. DATE		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		NORTH GRID <u>531000</u> EAST GRID <u>0816000</u>		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		3/9/98 GAW
METHOD OF DRILLING (circle one)		SOURCES OF DRILLING WATER		
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN		1. wells		
<input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)		2. _____		
<input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT		3. _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		WRITE THE BOX NUMBER FROM THE MAP HERE		
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		E <u>810</u>		000 000 X
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		N <u>530</u>		
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		MAP 10 E5
<input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <u>54</u> G A P <u>63</u>				
FORCE <u>DS</u> WRITE INITIALS IN BOX <u>HO-94-1434</u> PERMIT No. <u>70 71 72 73 74 75 76 77 78 79</u>				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

SITE INSPECTION SHEET

OWNER: Margaret Cullison

DATE REQUESTED: 2-18-98 @ 10:00

ADDRESS: 2800 Wynfield Rd

DRILLER: Easterday

WF, MD 21794

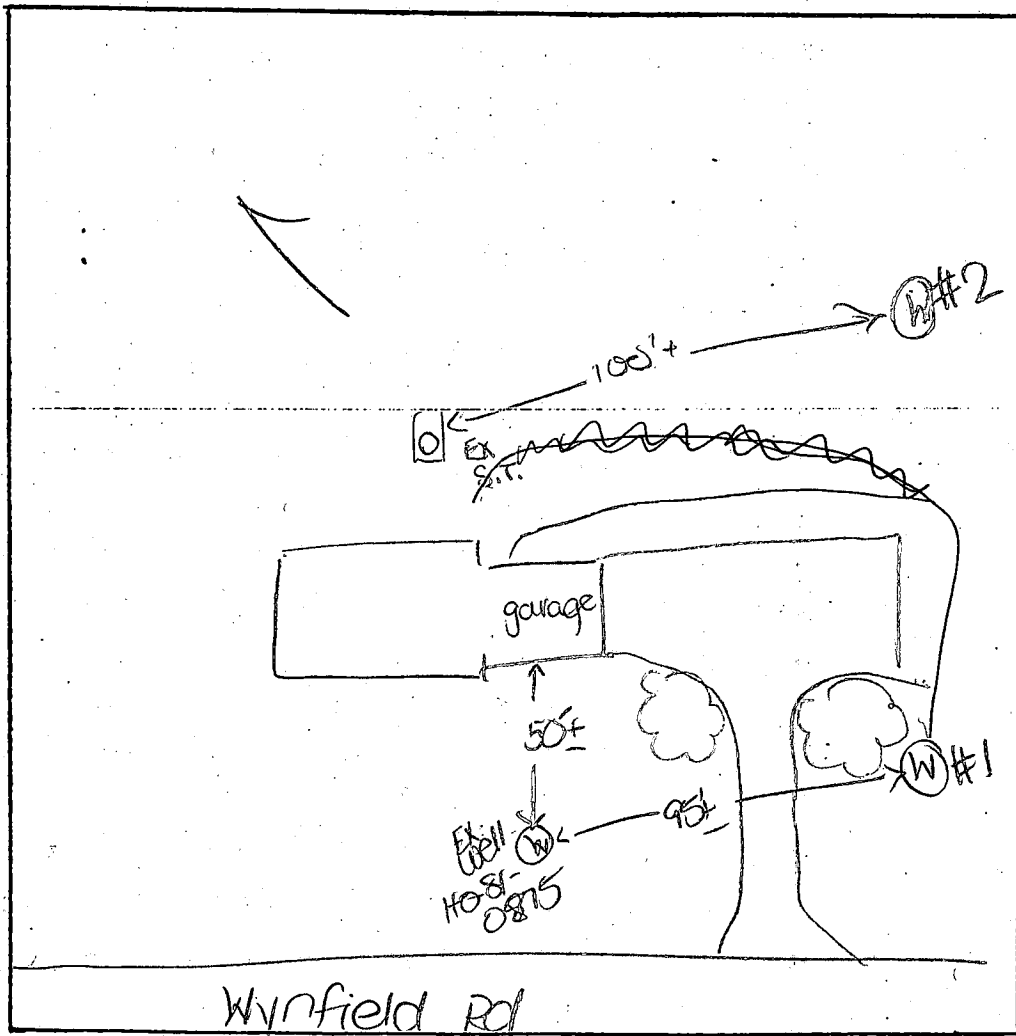
WELL TAG # _____

(w) 740-4303

COUNTY # 30455

PROPOSAL: Repl well site requested - very little water from existing well

LOCATION DIAGRAM



COMMENTS: Met Mr. Easterday and Mrs. Cullison at the site - I approved both well sites as indicated. NO problems found w/ existing septic system.

DATE: 2/18/98

INSPECTOR: Della T. [Signature]

S/26
P.O.M.C.

5/26

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~XXXXXXXXXXXX~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement

Receipt #
Date 5/26/98

Name of Installer Rick Bozman

Telephone (410) 313-9629

License Number 6131

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner Cullison

Telephone _____

Subdivision WYNFIELD III Lot # 19

Well Tag # HO-94-1434

Site Address 2800 Wynfield Rd

Pump

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

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 ✓

Pitless Adapter

- 1. Make Campbell
- 2. Model # B-300X
- 3. Depth 36"

2. Make Jacuzzi

3. Model # 734518 B-52

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 _____

Tank

- 1. Capacity _____
- 2. Pressure relief valve? yes

Piping

- 1. Type Blk Yardley
- 2. Size 1
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line 36

Well data

- 1. Depth 400 ft.
- 2. Yield 2 GPM
- 3. Static water level 50 ft.
- 4. Will water supply be disinfected by installer? _____

WPI OK 2 1/2 - 3' B.G.
MR 5/26/98

160 PSI

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: 5-26-98

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