

B 1 2509

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3449 fill in this form completely

Date Received (APA) 07 02

OWNER INFORMATION

8950

KITTLEMAN CODY 4910 DAVID GREEN RD CAMBRIDGE, MD 21613

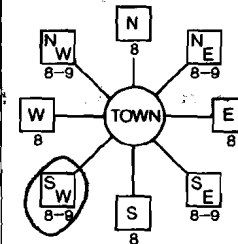
LOCATION OF WELL

Howard CC# Kittleman Property West Friendship

DRILLER INFORMATION

George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Fox Valley Dr (3104)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NEAR WHAT ROAD 2000 DISTANCE FROM ROAD 15 TAX MAP: 15 BLK: PARCEL 117

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD # 516881 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 7/24/02 Kacie Noonan 7/24/02

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

METHOD OF DRILLING (circle one)

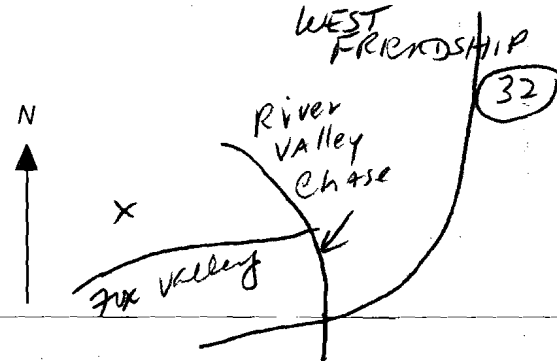
BORED (or Augered) JETTED Jetted & DRIVEN AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE E 520 N 800

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 10 A 6



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER PERMIT No. HO-94-3349

SPECIAL CONDITIONS

14578

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 13 A516881

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11/16/02

Depth of Well 300

OKSRX 10/4/02

PERMIT NO. FROM "PERMIT TO DRILL WELL" HU-92-3449

OWNER Kittleman, STREET OR RFD Fox Valley Drive, TOWN West Friendship, SUBDIVISION Kittleman Property, SECTION TOT Parcel 117

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Includes entries for Top Soil, Brown Shale, Gray Mica, etc.

GROUTING RECORD form with fields for TYPE OF GR, MATERIAL, NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type, BR, HO, PL, IOITI.

DEPTH (nearest ft.) form with columns for casing and screen depths.

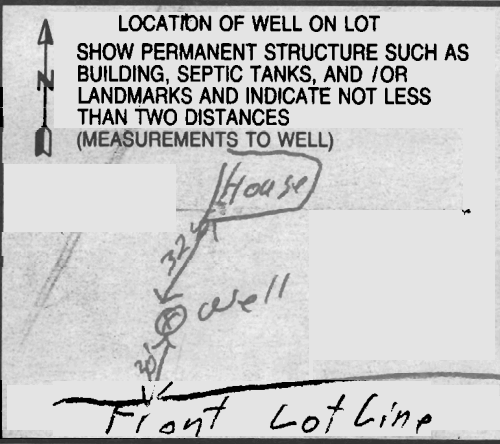
SLOT SIZE form with fields for diameter of screen.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL form.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES

CIRCLE APPROPRIATE LETTER A, E, 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...

DRILLERS LIC. NO. MWD 040, DRILLERS SIGNATURE, LIC. NO. JS D 038, SITE SUPERVISOR

**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: VINCE MARINO Plumbing & Heating Telephone #: 410-876-1928
Address: 2608 HOFFMAN MILL ROAD
HAMPSTEAD, MD 21074

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): VINCE MARINO License# 6596

*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: CODY H. KITTLEMAN Telephone #: 410-531-3694
Subdivision: KITTLEMAN PROPERTY Lot #: _____ Well Tag #: HO-94-3449
Site Address: 3106 FOX VALLEY DRIVE
WEST FRIENDSHIP, MD 21794

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GOULDS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5G507</u>	Model#: <u>B-80</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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	House Connection
Type: <u>1"</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>48"</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

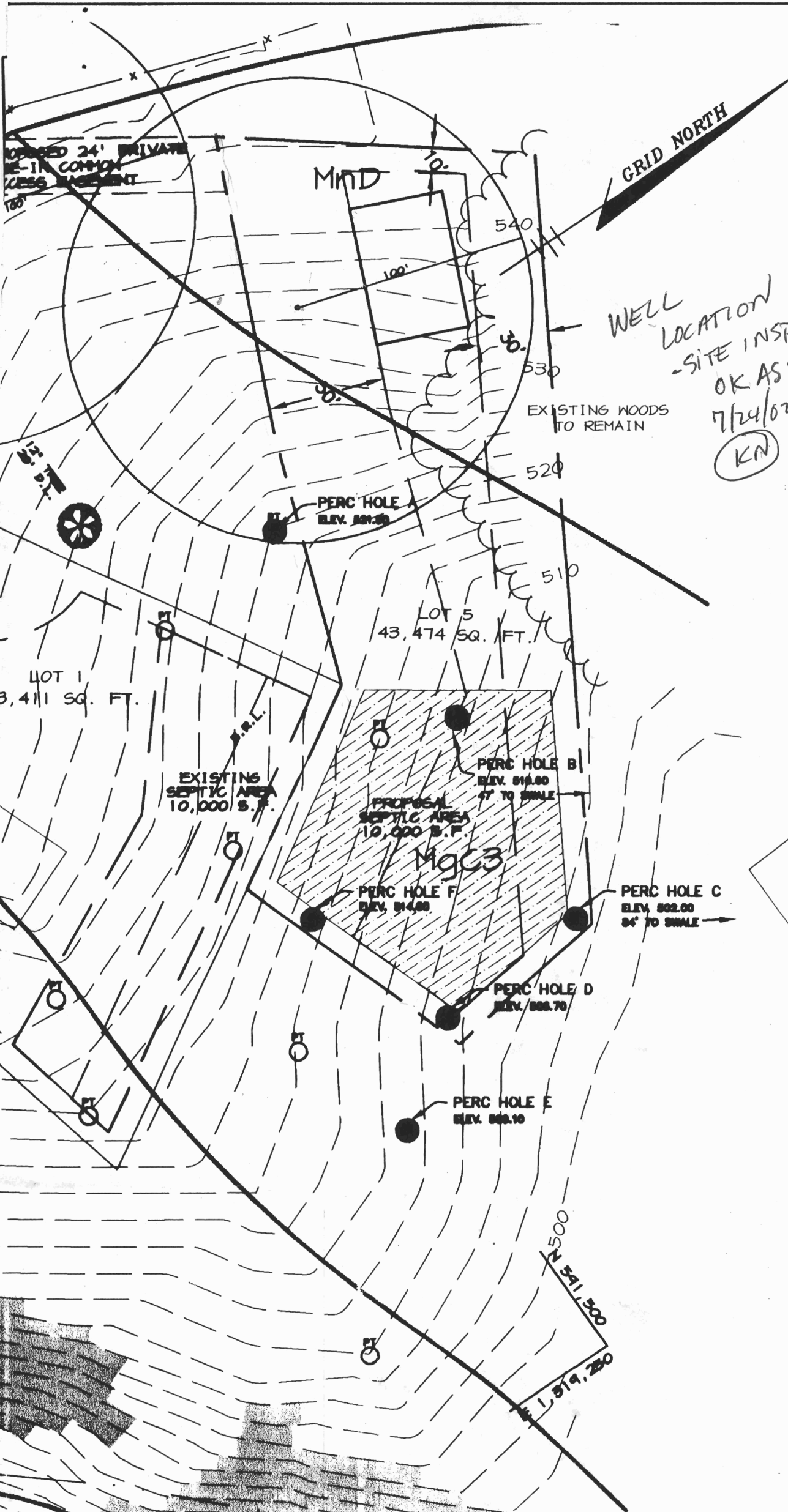
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Vince Marino Signature of company representative responsible for installation
3/12/03 date

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

Date Insp. Requested: 4/1/03 After 1pm Date Insp. Approved: 4/2/03 KN/BA
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

SRK



- PT ○ EXIST
- PT ● PERC
- PT ⊕ PERC
- PROP
- ~ EXIST
- NONT
- .. 25' B
- x-x- EXIST
- ▭ PROP
- BUILD
- ▨ 25% S