



B 1 **9958** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-88-1672**  
 fill in this form completely

Date Received (APA) **022091**  
**OWNER INFORMATION**  
**8LM STREET DEVEL**  
 15 Last Name 21 Owner 27 First Name 34  
**9775 GUILFORD RD**  
 36 Street or RFD 42  
**COLUMBIA** **MD 21046**  
 57 Town 63 State 72 69 Zip 76

B 3 LOCATION OF WELL  
**HOWARD**  
 8 COUNTY 21  
**CLARKSVILLE**  
 23 SUBDIVISION 42  
 SECTION **44** **46** LOT **23**  
 44 46 48 50  
**CLARKSVILLE**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** **M** **I**  
 73 76 77 78

**DRILLER INFORMATION**  
**George F. Easterday**  
 Driller's Name 77 License No. **80**  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd. MT Airy, Md. 21771**  
 Address  
**George F. Easterday** **2/14/91**  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 11 NEAR WHAT ROAD **Meadow Vista way** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 **250** 37 DISTANCE FROM ROAD  
 ENTER FT OR MI **FT**  
 38 39

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**  
 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. 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** **A37824**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE **Mark E. Ripkin** INSERT S  41  
 DATE ISSUED **8/21/91**  
 43 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **506000** EAST GRID **0870000**  
 50 55 57 63

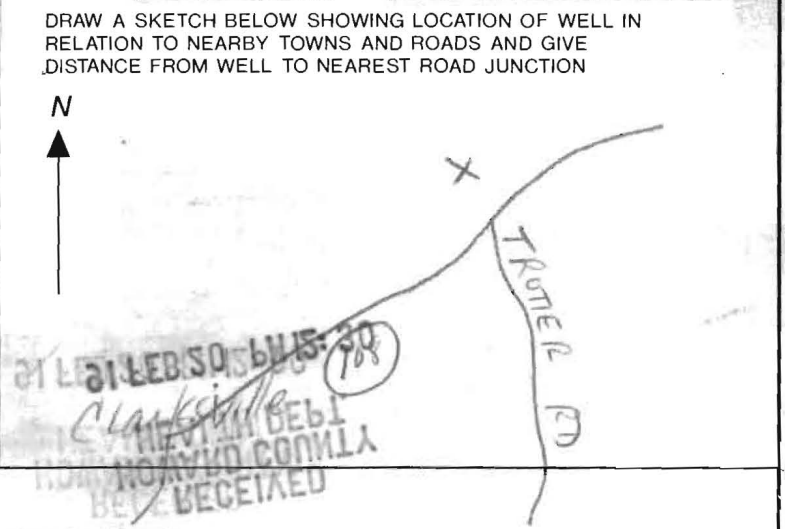
APPROXIMATE DEPTH OF WELL **200** FEET  
 24 28

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 **820**  
 N **5066**  
 000 000  
**2/26/91 9:00 GROUT**  
**well NOT OBS'D**  
**25' CASING MR**  
**21.5' OPEN 2/26/91**  
**8 BAGS**  
**2 1/2 CASING A.G.**  
**VTAG OK**

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) 41 \_\_\_\_\_ 52



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ 54 G A P \_\_\_\_\_ 63  
 FORCE **MA** WRITE INITIALS IN BOX PERMIT No. **HD-88-1672**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS





HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

4/24/91 Partial  
① See below.  
c.B.d.  
4/25/91 R.M.  
c.B.d.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement \_\_\_\_\_  
Receipt # 47603  
Date 4/16/91  
Name of Installer CHARLES A KLEIN & SONS, INC. Telephone 549-6960  
License Number 6522  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
Name of Property Owner NV HOMES Telephone 258-0002  
Subdivision CEAR VIEW Lot # 23 Well Tag # 40-88-1672  
Site Address 11921 MEADOW VISTA WAY

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible ✓  
2. Make Myers  
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  
1. Capacity 30  
2. Pressure relief valve? ✓  
Piping  
1. Type 3/4  
2. Size COMPOSITE  
3. NSF and/or BOCA Code approved yes  
4. Depth of supply line \_\_\_\_\_  
Well data  
1. Depth 20' ft. 200  
2. Yield 8 GPM 12  
3. Static water level 20 ft. 24  
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: [Signature]

Date: 4-16-91

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

HD-215

4/24/91 P.M. - Partial, ok to cover from house to st of water well  
① Hold for a call; sanitation left card. [Signature]

A 37824

SUBDIVISION: Clearview Estates  
Meadow Vista Way

LOT NUMBER: 23

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 7 feet below original grade.

Effective area begins at 3 feet below original grade.

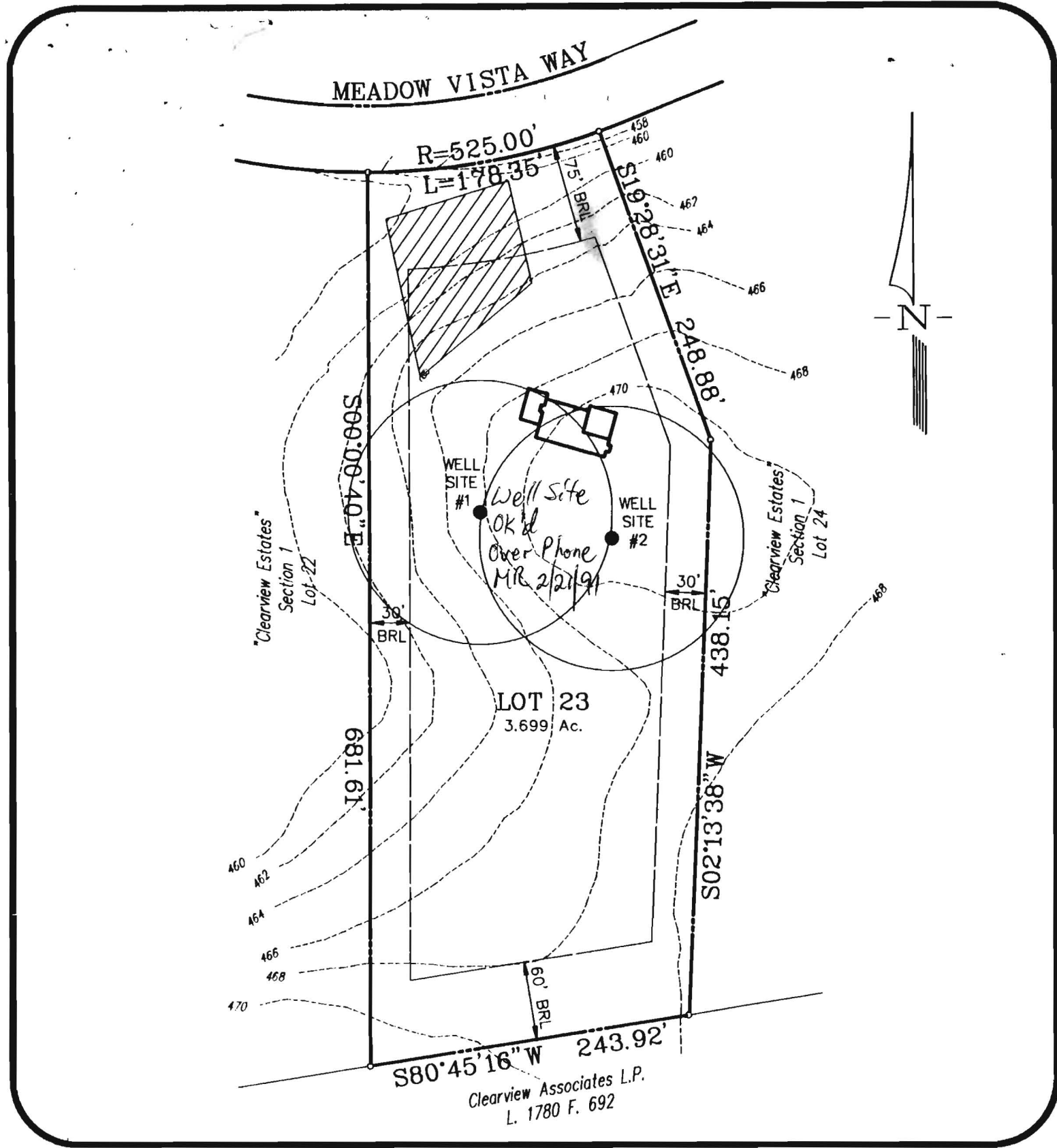
4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: STARTING FROM THE RIGHT FRONT LOT CORNER,  
START THE FIRST TRENCH <sup>120 FT</sup> 155 DOWN THE RIGHT  
LOT LINE AND <sup>80 FT</sup> 40 OFF THE SAME LOT LINE.  
RUN TRENCHES ON CONTOUR TOWARD BOTH SIDES  
OF LOT.

MR 2/26/91

REVISED R/H 3/8/91



**LOT 23  
CLEARVIEW ESTATES  
WELL LOCATION**

DATE: 2/12/91

PROJECT NO.: 91007.00

DRAWN BY: LJC

SCALE: 1" = 100'

**M MILDENBERG,  
MOCHI & ASSOCIATES, INC.**

ENGINEERS • SURVEYORS • PLANNERS  
3300 North Ridge Road, Suite 235  
Ellicott City, Maryland 21043-3350  
(301) 461-0078 D.C. Metro: (301) 621-5768