

B 1 **2029** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

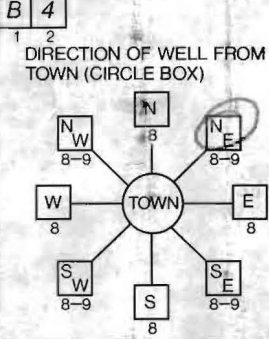
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-92-0032
 fill in this form completely

Date Received (APA) **2-25-92**
OWNER INFORMATION
 15 Last Name **HOMES** Owner First Name **Paul**
 36 Street or RFD **15215 SHADY GROVE RD**
 57 Town **ROCKVILLE** 70 State 72 **MD** Zip 76 **20850**

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD**
 23 SUBDIVISION **Clear View**
 SECTION **1** LOT **15**
 52 NEAREST TOWN **CHARKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION
 Driller's Name **Austin Harver** 77 License No. 80 **147**
 Firm Name **Keyser-Harver**
 Address **9125 Bethel rd Fred**
 Signature **Austin Harver** Date **2-18-92**



NEAR WHAT ROAD **Meadow Vista Way**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **15** ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **2**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **800**

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
 COUNTY NAME **Howard** COUNTY NO. **A 40341**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **032792** EXP. DATE **09-24-92**
 NORTH GRID **506000** EAST GRID **0820000**

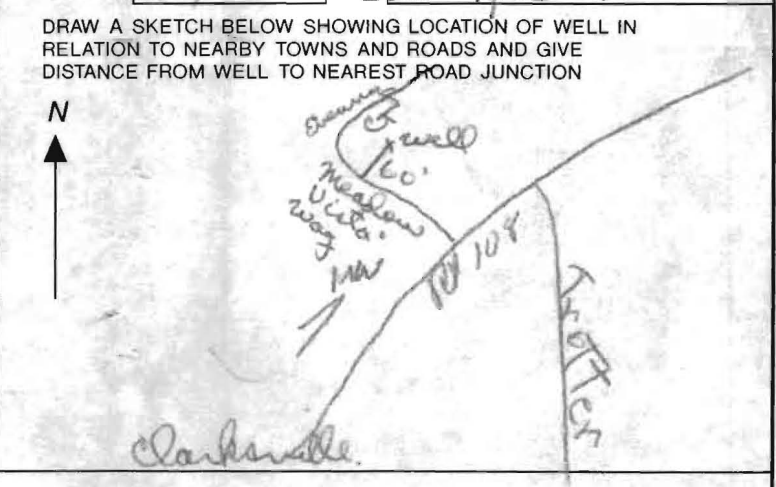
APPROXIMATE DEPTH OF WELL **40** FEET

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 **820**
 N **500**

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 _____
 FORCE WRITE INITIALS IN BOX PERMIT No. **40-92-0032**

7/21/92

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 # 48248
Date 6/17/92

Name of Installer Van Sant Plog + Hlg

Telephone 829-0444

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

Name of Property Owner NY Homes Telephone 258-0002
Subdivision Cleary Estate Lot # 15 Well Tag # HO-92-0032
Site Address 11002 Evening Ct. Ellicott City, MD

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Galco
- 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 _____

Motor

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

Pitless Adapter

- 1. Make Campbell
- 2. Model # 810-x
- 3. Depth 4'

Tank

- 1. Capacity 100
- 2. Pressure relief valve?

Piping

- 1. Type Poly
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 4'

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? No

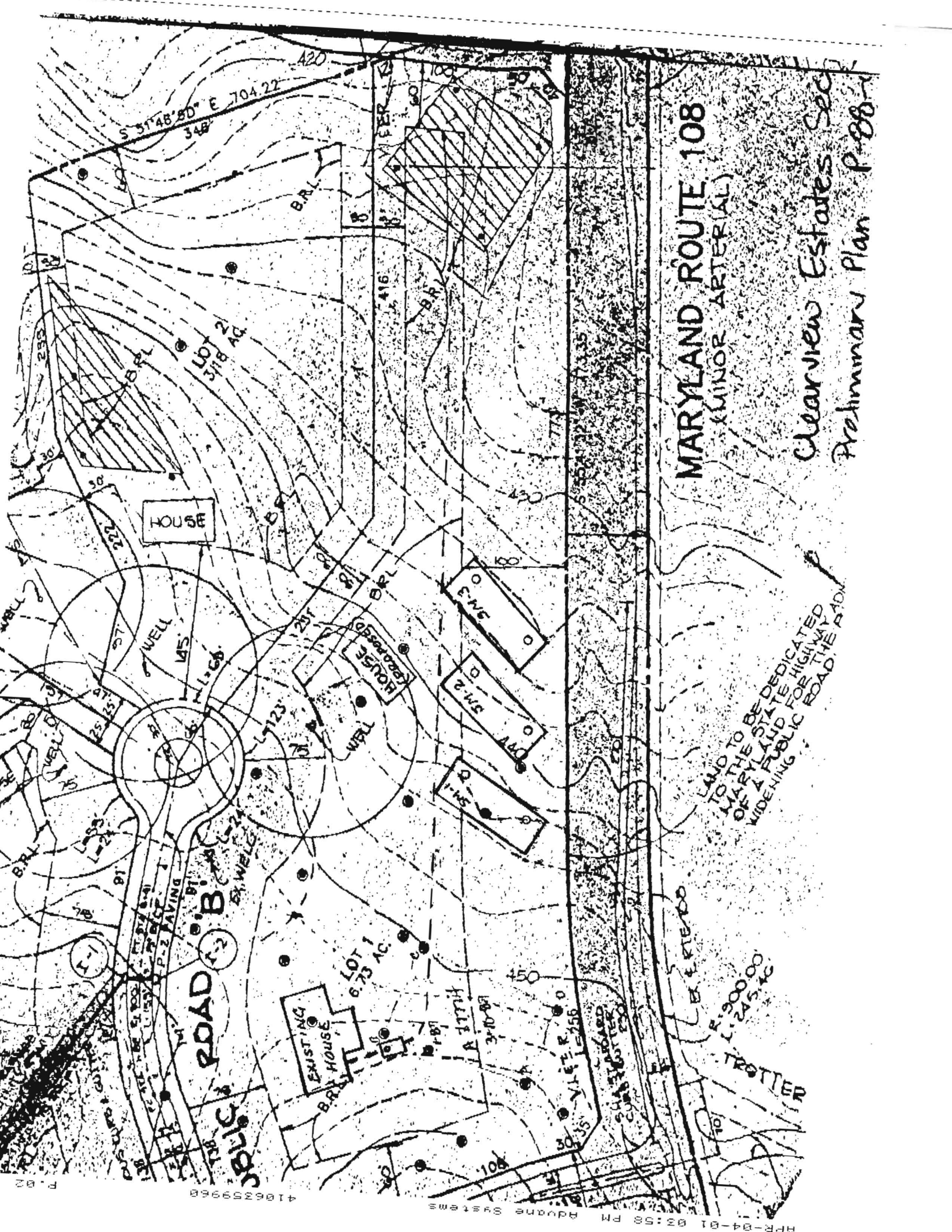
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 6/16/92

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



S 31°48'50" E 704.22
348

HOUSE

Public Road B

EXISTING HOUSE

LOT 1
6.73 AC

HOUSE (REMOVED)

LOT 2
3.18 AC

HOUSE

DRY SW. 2

SW. 1/4

DRY SW. 1

MARYLAND ROUTE 108
(MINOR ARTERIAL)

Clearview Estates Sec
Preliminary Plan P-88-4

LAND TO BE DEDICATED
TO THE STATE FOR HIGHWAY
WIDENING

1,300.00 AC

TROTTER

HTF-04-01 02:58 PM Pduane Systems 410603059960