

B 1 0576

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

4-81-1457 fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name CAPITANO Owner First Name CONST 34 36 Street or RFD 12541 FOLLE C 55 57 Town F ZIP 76

B 3

LOCATION OF WELL

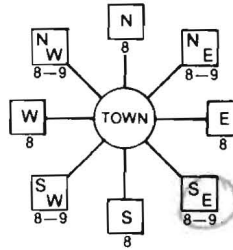
8 COUNTY HOWARD 21 23 SUBDIVISION GLENDEL MANOR 42 SECTION 44-46 LOT 48-50 52 NEAREST TOWN GLENDEL 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78 MI

DRILLER INFORMATION

Driller's Name Ralph MAYNE 77 License No. 80 Firm Name Ralph Mayne (well drilling) Address 9120 Bonner Road Rd 114 Spring Date 5/11/86 Signature Ralph Mayne Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Folley Quarter Rd 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD 34 37 ENTER FT or MI 38 39

B 2

WELL INFORMATION

2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13437 OEP SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID 514000 EAST GRID 811000

APPROXIMATE DEPTH OF WELL 24 28 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

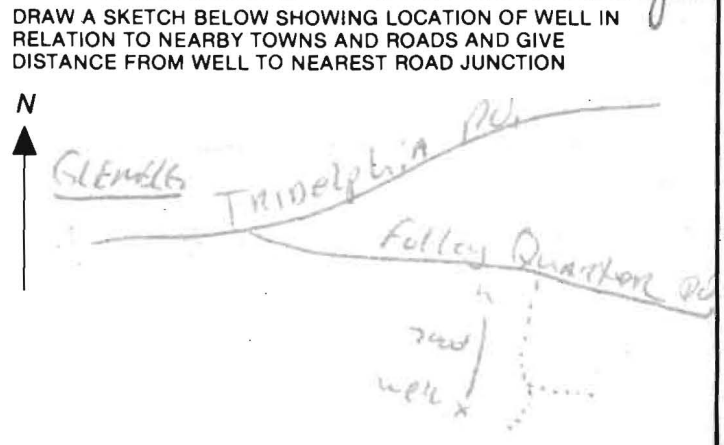
[N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY [D] THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

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 810 N 510

Location OK Folley Quarter Rd 28'- casing 3' above gr. 24'- open 8 bags cement 5/27/86 J



SPECIAL CONDITIONS

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

36225

New Installation
Replacement

Receipt # 39995
Date 8-25-87

Name of Installer TIMOTHY J. ROUMAN

Telephone 725-2392

License number 7079

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner ANTHONY CAPITANO Telephone 988-9178

Subdivision GIENZO MANOR Lot # 13B Well tag # - - -

Site Address 12823 FULLY QUARTER RD
ELICOTT CITY, MD. 21043

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
- 2. Make JACUZZI
- 3. Model #
- 4. Capacity 10 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 HARVARD
- 2. Model #
- 3. Depth 4'

Tank location will have no impact to the well or to a

Tank

- 1. Capacity 42 gal EDU. J.
- 2. Pressure relief valve? YES

Piping

- 1. Type PRESTON
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 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? YES

9-1-87 PRESS AT 46" ; well line (partially covered) AT 46" ; NO CAP (BROWN) MUST REPLACE.

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: T. Rومان

Date: 8-25-87

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



FOLLY QUARTER ROAD

60' ROAD EASEMENT
1135/459

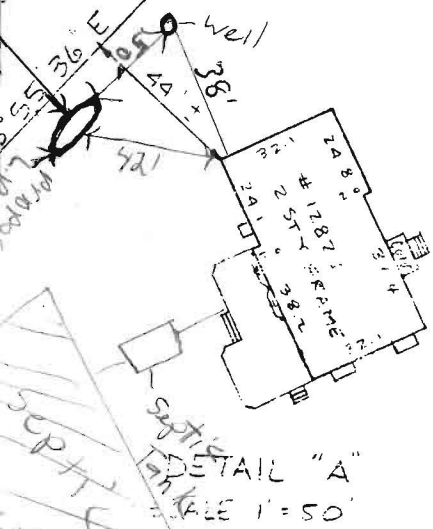
MATCH LINE

583.2854 E
352.27
P.O.B
0.72
25TH OR 583°28'54"E
543.90' FOOTLINE
OF 665/432

575°33'26"E
N75°33'26"W
541.09'
539.38'
582°5'
N82°5'

N08°40'35"E 317.00'
S47°52'48"E 436.32'
S47°52'48"W 432.67'
N50°45'36"E 550.45'36"E
N42°54'15"W 566.51'

8-30-96
Proposed propane
tank location
will have no
impact to the
existing well or
septic OK to
proceed.
A. McMullen

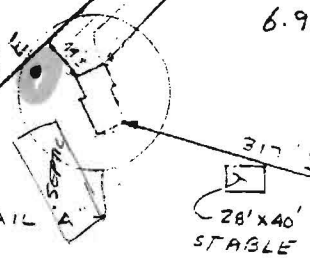


13C

PARCEL 13B
6.930 AC

14B

N43°55'36"E
N40°46'47"W 401.26'



317.2
28' x 40'
STABLE

729.73'
781.54'
S14°35'03"W 521.25'

