

C1 3858

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13 A36671

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 11 23 04

Depth of Well 22 325 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-4070

OWNER Hullett Edward STREET OR RFD 600 Gaither Road TOWN Sykesville SUBDIVISION Gaither Siding SECTION 4 LOT 2

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Sand 0 59, Mica Rock 59 325.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1410

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 63

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 61 325

ACHTS R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 80

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

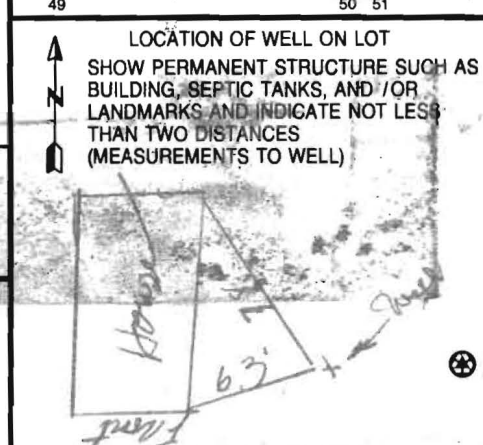
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 52 WHEN PUMPING 260 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 LAND SURFACE - below (nearest foot) 2



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

B 1 9869

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4070

W521589 please type

fill in this form completely

Date Received (APA) 11/22/04

OWNER INFORMATION

Hullitt Edward Last Name Owner First Name 600 Gaither Rd Street or RFD Sykesville Md 21784 Town State Zip

B 3

LOCATION OF WELL

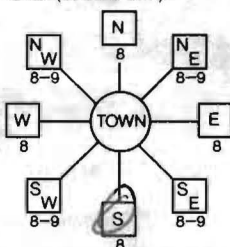
Howard COUNTY Gaither Sideling SUBDIVISION SECTION 4 LOT 2 Sykesville NEAREST TOWN MILES FROM TOWN 2 1/2

DRILLER INFORMATION

Joseph P. Mayne MS D024 Driller's Name License No. Joseph P. Mayne Well Drilling Firm Name 5512 Ridge Rd Mt Airy Md 21771 Address Joseph P. Mayne 11/22/04 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



600 Gaither Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 34 1/10 37 ENTER FT OR MI 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE 4 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION 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 13 A36671 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 11/22/2004 Brian Baker 11/22/2005 CO SIGNATURE EXP. DATE NORTH GRID 553 000 EAST GRID 802 000

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

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 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-81-2327

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G PERMIT No HO-94-4070

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 8042 N 5543

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Nov 24 04 03:55p

p. 1

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: NAYLOR PLUMBING HEATING Telephone #: 410-239-8141  
Address: 231 WESLEY RD  
FINKSBURG MD 21048

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
License # and name of individual responsible for the field installation:  
Name (Print): WALTER NAYLOR License# 854

\*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: ED HULLERT Telephone #: 410-442-5808  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-4070  
Site Address: 1000 GAITHER RD  
SPRINGFIELD MD 21784

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: GOULDS Make: MARLINSON Two piece watertight cap: YES SUPPLIED BY  
Model #: 56507422 Model#: B10X Screened, vented well cap: YES DRILLER  
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing: YES  
Well Yield: 4 GPM NSF approved: YES Conduit min 18" B.G.: YES  
Depth of well encountered at time of pump installation: 325 (feet) Conduit secured to well cap: YES  
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 N/A DID NOT House Connection N/A DID NOT CHANGE  
Type: \_\_\_\_\_ PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
PSI: 160 (160 psi min) CHANGE Approximate length of sleeve: \_\_\_\_\_  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: \_\_\_\_\_

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.

Walter A. Davidson Vice President 11/24/04  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/29 Date Insp. Approved: 11/29/04 BB  
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

New Well  
Connected to  
Existing Well  
Line

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

12/22/04  
 O.K. BB

DATE WELL ABANDONED: 11-30-04 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any):

76 - 81 - 2327  
76 - 94 - 4070

\* PERMIT NUMBER OF REPLACEMENT WELL:

\* PERSON ABANDONING WELL: Joseph Mays

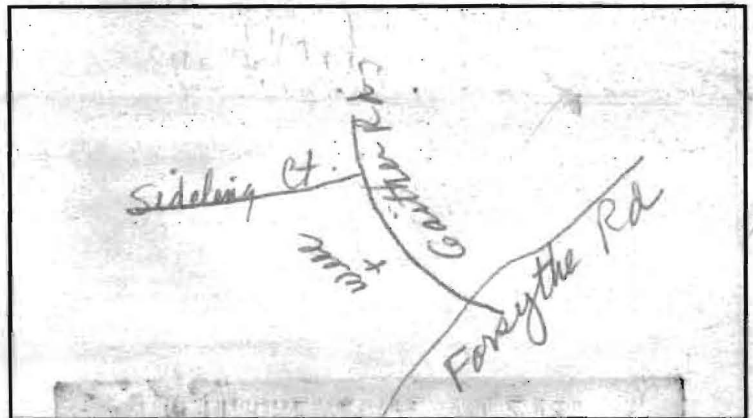
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Edward Hullatt

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Lightsville  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Gaithers Sidling  
 SECTION: 4 LOT: 2  
 NEAREST ROAD: 600 Gaithers Rd



\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

| MATERIAL                | FEET |      |
|-------------------------|------|------|
|                         | FROM | TO   |
| Cement + gravel         | 0    | 145' |
| VOLUME OF MATERIAL USED |      |      |
|                         |      |      |

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6.58 INCHES IN DIAMETER

\* DEPTH OF WELL: 145 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph Mays

LICENSE # 024

CIRCLE ONE MWD/MSD/MGD

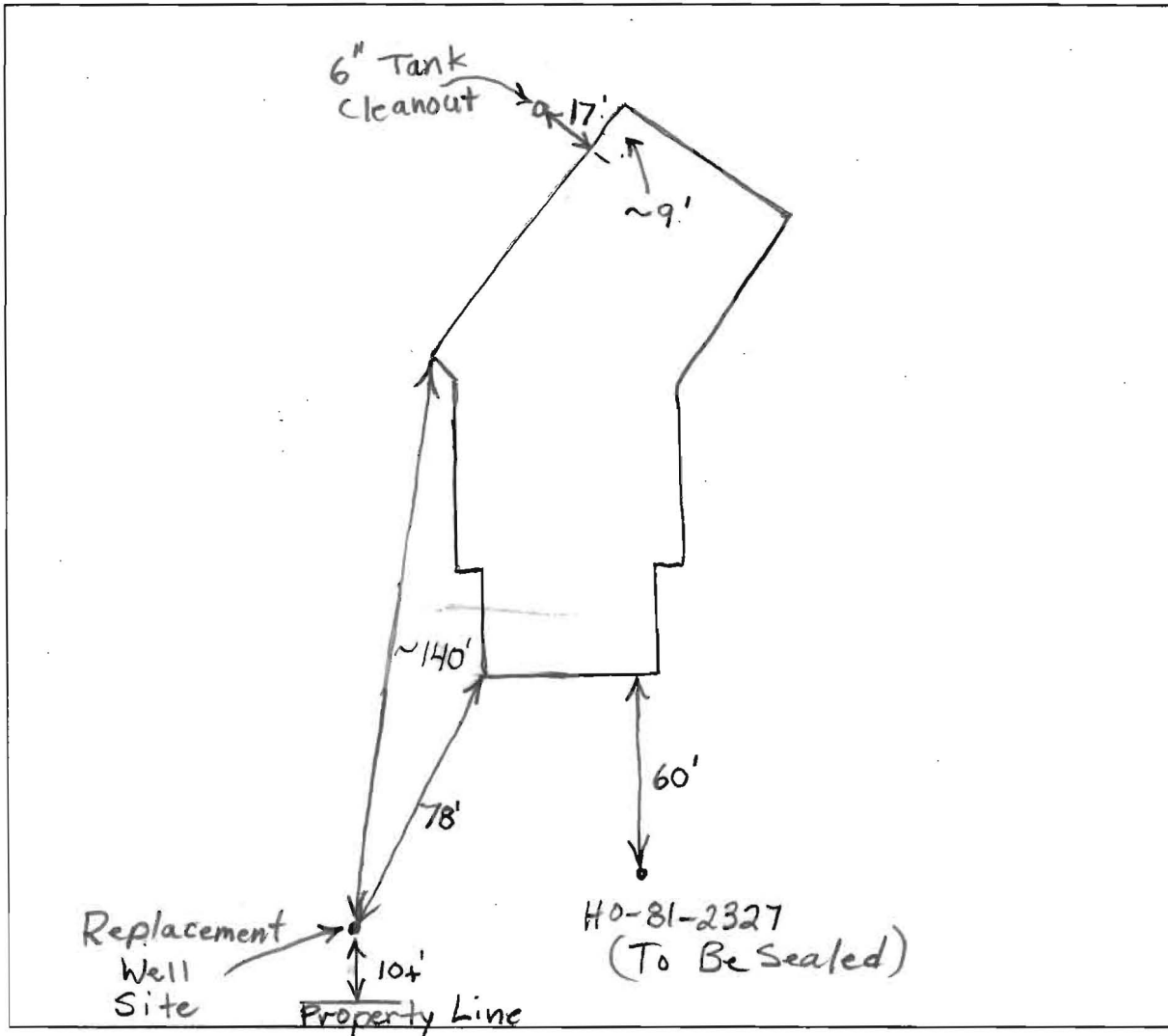
DATE 12-15-04



SITE INSPECTION SHEET

OWNER: Ed Hulett PHONE #: \_\_\_\_\_  
ADDRESS: 600 Gaither Road CONTRACTOR: \_\_\_\_\_  
WELL TAG #: HO-94-4070  
SUBDIVISION: Gaither Sideling LOT: 2 COUNTY #: \_\_\_\_\_  
PROPOSAL: Drill Replacement Well for Collapsed Well HO-81-2327

LOCATION DIAGRAM



COMMENTS: 11/22/04 Well pump stuck in HO-81-2327. Cannot move pump up or down. Seal well down to collapsed area above pump. (BB)

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

1929  
 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A-36671**

DATE RECEIVED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **10 27 87**

Depth of Well **22 145 26**  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**HC-81-2327**

OWNER **ASSOCIATES** last name **CARMEN** first name **MULLETT EDWARD**  
 STREET OR RFD **GAITHER ROAD** TOWN **SPRESVILLE**  
 SUBDIVISION **GAITHER SIDELING** SECTION **4 E** LOT **2**

**WELL LOG**  
 Not required for driven wells  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET |     | Check if water bearing |
|---|------|-----|------------------------|
|   | FROM | TO  |                        |
| Yellow Clay                                   | 0    | 48  |                        |
| Gray Granite                                  | 48   | 145 |                        |

*WELL DESTROYED*

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **1316** NO. OF POUNDS  
 GALLONS OF WATER  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **52** ft. to **43** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch) **52**  
 Total depth of main casing (nearest foot) **145**

**OTHER CASING (if used)**  
 diameter inch from to  
 depth (feet) from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO**  
 STEEL BRASS OPEN HOLE  
**PL** **OT**  
 PLASTIC OTHER

**C2**

| EACH SCREEN | DEPTH (nearest ft.)            |   |
|-------------|--------------------------------|---|
|             | 1                              | 2 |
| 1           | <b>HO</b> <b>52</b> <b>145</b> |   |
| 2           |                                |   |
| 3           |                                |   |

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **52**  
 WHEN PUMPING **53**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES  NO   
 (CIRCLE) (YES or NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:   
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } **LAND SURFACE** (nearest foot)  
 below }

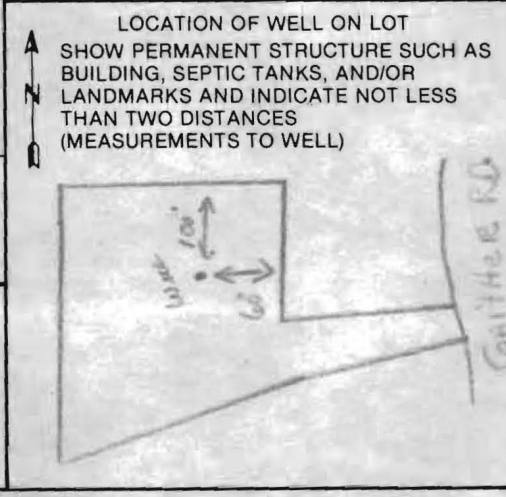
CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**  
 DRILLERS SIGNATURE **Joseph S. Mays**  
 MUST MATCH SIGNATURE ON APPLICATION  
 WHITE 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  
**70** **72** **74** **75** **76**  
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 8594

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-2327

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

please print or type

fill in this form completely

Date Received

01 29 87

OWNER INFORMATION

HULLETT EDWARD
142861 BISONWOOD RD
BALTIMORE MD 21228

B 3

LOCATION OF WELL

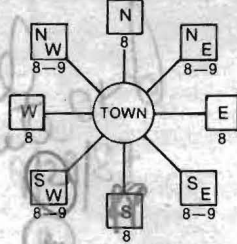
HOWARD
GAITHER SIDELING
SECTION 4 LOT 2
SWANESVILLE
MILES FROM TOWN 1 MI

DRILLER INFORMATION

Joseph L. Wayne
238
Joseph L. Wayne Well Drilling
5512 Ridge Rd. Mt. Airy, Md. 21771
9/21/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Doithen Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



600
DISTANCE FROM ROAD
ENTER FT or MI

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 A36671
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 10/02/87 B Nuyon
NORTH GRID 553000 EAST GRID 0801000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

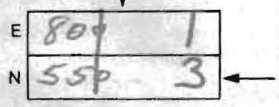
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

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)

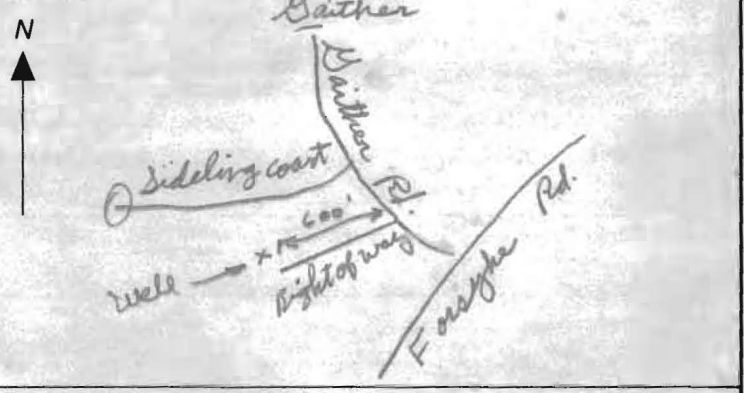
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE



10/23/87
location OK
53' casing (relaxed)
43' open
14 bags
H2O sample

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



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

APPROP. PERMIT NUMBER GAP
FORCE INITIALS IN BOX PERMIT No. HO-81-2327

SPECIAL CONDITIONS





36671

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 # 42138  
Date 7/15/88

Name of Installer William Dittinger

Telephone 848-7318

License Number 2126  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Edward + Carol Hullett Telephone \_\_\_\_\_  
Subdivision Jeffrey Sideline Lot # 31 Well Tag # \_\_\_\_\_  
Site Address 1600 Jeffrey Road

| Pump  | Motor               | Pitless Adapter  |
|---|---------------------|------------------|
| 1. Type   | 1. Horsepower _____ | 1. Make _____    |
| a. Deep well jet _____  | 2. RPM _____        | 2. Model # _____ |
| b. Shallow well jet _____   | 3. Voltage _____    | 3. Depth _____   |
| c. Submersible _____  | a. 110 _____        |                  |
| 2. Make _____   | b. 220 _____        |                  |
| 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                            | Piping                                 | Well data   |
|---------------------------------|--|---|
| 1. Capacity _____               | 1. Type _____                          | 1. Depth _____ ft.                                      |
| 2. Pressure relief valve? _____ | 2. Size _____                          | 2. Yield _____ GPM                                      |
|                                 | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft.                         |
|                                 | 4. Depth of supply line _____          | 4. Will water supply be disinfected by installer? _____ |

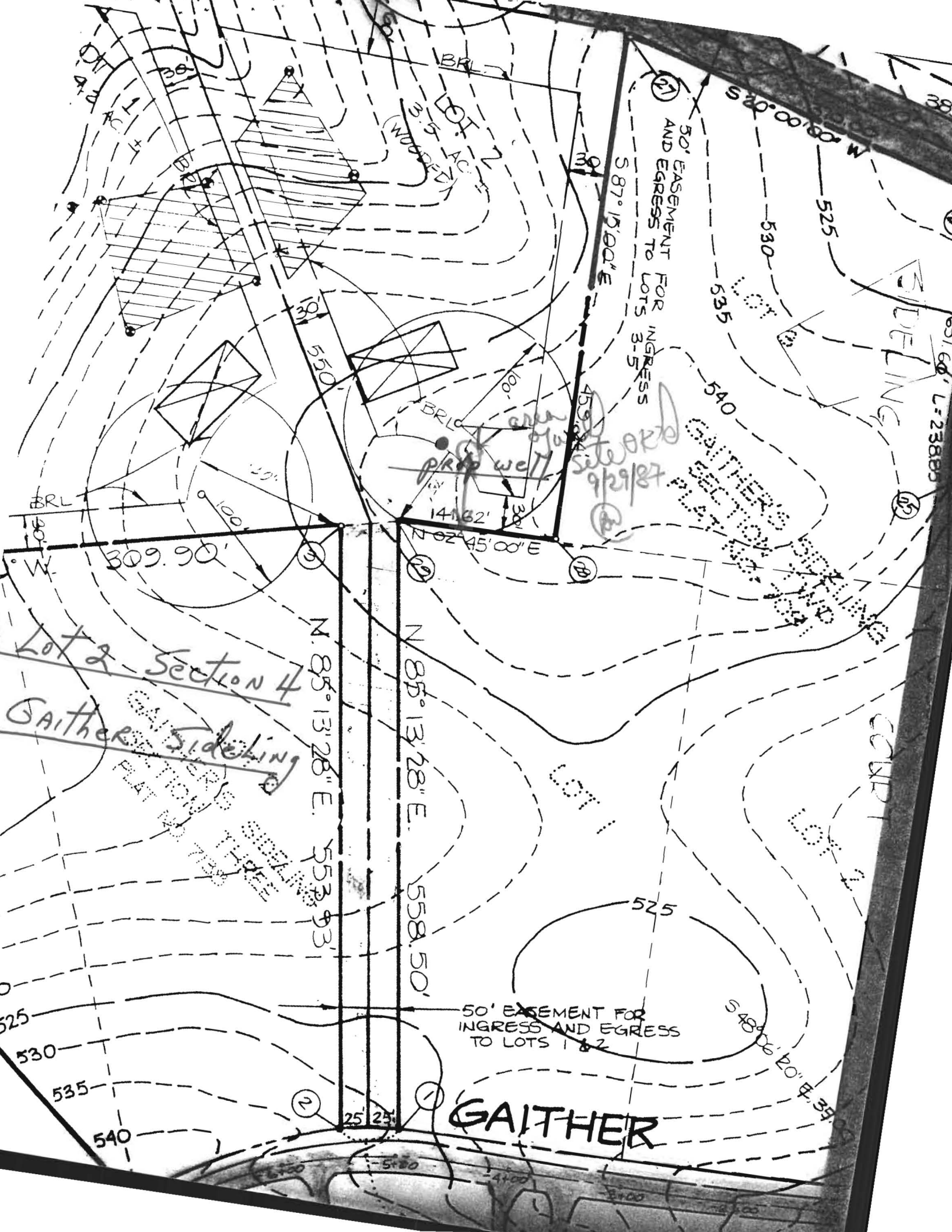
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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



Lot 2 Section 4  
Gaither Siding

50' EASEMENT FOR INGRESS AND EGRESS TO LOTS 3-5

50' EASEMENT FOR INGRESS AND EGRESS TO LOTS 1 & 2

GAITHER

prop well site  
9/29/27

GAITHER  
PLAT

309.90'  
N. 85° 13' 28" E. 553.93'  
558.50'

N 62° 45' 00" E

S 87° 15' 00" E

S 20° 00' 00" W

SIDELING

CORNER

L=23885

525  
530  
535  
540

525

540

S 48° 02' 00" E 35'

25' 25'

5400

5400

5400

5400

5400