

B 1 **3610** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
70-81-2482
 fill in this form completely

Date Received (APA)
 OWNER INFORMATION
 15 Last Name **WILKINSON** Owner First Name **WILKINSON**
 36 Street or RFD **1515**
 57 Town **WILKINSON** 70 State 72 **MD** Zip 76 **21771**

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD** 21
 23 SUBDIVISION **WOODLAND FARMS** 42
 SECTION **44** 46 LOT **25** 48 50
 52 NEAREST TOWN **WILKINSON** 71
 MILES FROM TOWN (enter 0 if in town) **3 1/2** 73 M I 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayne** 77 License No. 80 **231**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **3512 Ridge Rd, Mt Airy, Md 21771**
 Signature **Joseph L. Mayne** Date **12/14/87**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Hardy Road** 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **176** 37 DISTANCE FROM ROAD
 ENTER FT or MI 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 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
 COUNTY NAME **HOWARD** COUNTY NO. **A32784**
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **12/23/87** CO SIGNATURE **B. Nispan** EXP. DATE **06/23/88**
 NORTH GRID **550 0 0 0** EAST GRID **0763 0 0 0**
 50 55 57 63

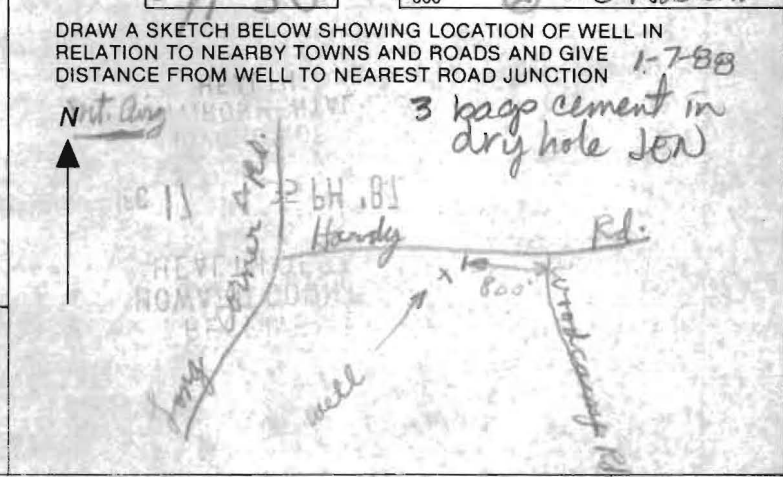
APPROXIMATE DEPTH OF WELL **280** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 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 **764 3**
 N **544 50**
 000 000
JE Nadlean

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 G A P 54 63
 FORCE **30** WRITE INITIALS IN BOX PERMIT No. **70-81-2482**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 COUNTY _____

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 # 45468
 Date 01/26/90
 Name of Installer ROBERT L. FEETZER CO., INC. Telephone 781-4651
 License Number 2122
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner MR. William DODD Telephone 792-2136
 Subdivision N/A Lot # 20 Well Tag # 40-81-2482
 Site Address 17545 HARDY ROAD

Pump Motor Pitless Adapter
 1. Type
 a. Deep well jet
 b. Shallow well jet
 c. Submersible
 2. Make Dominic (238061)
 3. Model # 2ALN
 4. Capacity 8 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 Captive Air Piping Well data
 1. Capacity WX-205
 2. Pressure relief valve? yes
 3/9/90 NO INSP
 1. Type Poly
 2. Size 1"
 3. NSF and/or BOCA Code approved yes
 4. Depth of supply line 42"
 1. Depth 185 ft.
 2. Yield 5 GPM
 3. Static water level 27 ft.
 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: Robert L. Feetzer R.L.F.
 Date: 1/23/90

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



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 15, 1991

Reply to:

Mr. and Mrs. William Dodd
17545 Hardy Road
Mt. Airy, Maryland 21771

RE: LOT # 20-WOODCAMP FARM
17545 Hardy Road
Well tag # HO-81-2482

Dear Mr. & Mrs. Dodd,

This is to advise you that the septic system was installed, inspected and approved on December 11, 1991.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2482.

November 6, 1991
Date of Final Sampling

January 7, 1988
Date of Acceptance
Charles Streaker
Charles Streaker R.S.
Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
August 28, 1991
November 6, 1991

CS/