EMERGENCY/TEMP NO. IF ANY

B 1 | 4419 | SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER: H0-81-1568
fill in this form completely

Date Received: 6/16

OWNER INFORMATION

Chris Charles
Last Name — Owner — First Name

2555 Mckendree Rd
Street or RFD

Clarksville MD 21029
Town — State — Zip

DRILLER INFORMATION

George F. Eastaday — License No. 4A
Driller's Name

George F. Eastaday Inc
Firm Name

4946 Rising Court NW Mt. Airy Md
Address

George F. Eastaday 6-5-86
Signature — Date

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.): 2

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 600

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)

APPROXIMATE DEPTH OF WELL: 500 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

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

APPROP. PERMIT NUMBER: GAP

FORCE: AC (WRITE INITIALS IN BOX) PERMIT No. H0-81-1568

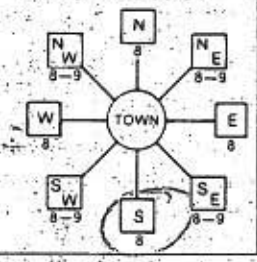
LOCATION OF WELL

B 3

Howard — COUNTY
SUBDIVISION
SECTION — LOT
Cooksville — NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Tall Lilacs — NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 750
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME — A36738 — COUNTY NO.
OEP SIGNATURE — STATE HEALTH INSERT S
DATE ISSUED 6/19/86 — CO SIGNATURE — EXP. DATE 12/19/87

NORTH GRID: 532000
EAST GRID: 079800

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

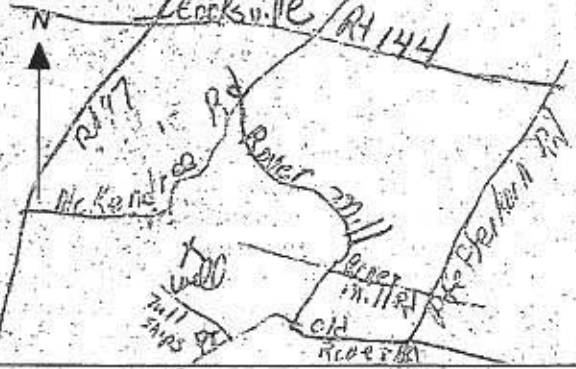
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7988
N 5320
000 000

7/17/86
over

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

DRILLER

7/17/86

8 bags cement
33' casing (2' above)
28' open hole

Location - as decided from time of perc test - OK

H2O sample taken 7/17/86 (H9809)

already granted (apparently 7/15

C 1 03596 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 36 738

DATE Received

DATE WELL COMPLETED 09/15/86

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1568

OWNER HOBBS (last name) CHARLES (first name)

STREET OR RFD TALL SHIPS DR. TOWN COOKSVILLE

SUBDIVISION _____ SECTION _____ LOT _____

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 FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Clay	2	4	
Shale x	4	10	
Sand Stone	10	28	
Mica	28	145	
Mica + Flint mixed	145	150	✓
Mica	150	400	

note 3½ GPM

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 28 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6 ✓	33

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	40	400
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK from _____ to _____

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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING ✓ 32

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 (CIRCLE) (YES or NO) YES (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 (−) below LAND SURFACE (nearest foot) 2

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. 40

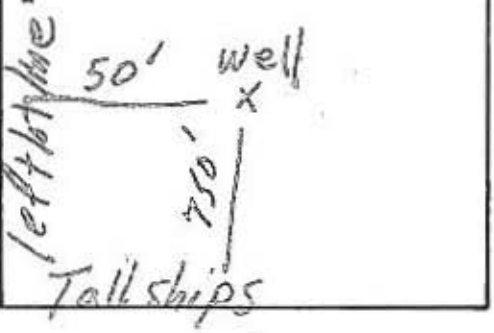
Meyer F. Easterly

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Charles Robertson

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

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HEALTH

11/86 ~~8:30~~ 8:00

Page ___ of ___ Review 9-23-86 dl
Date ~~9/15/86~~ S. Abel

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1568
Location of property (road) Tall Ships
Subdivision ___ Lot ___ Block ___ Plat ___ Sec. ___
Well Driller Ger. Easterday Owner Charles Hobbs

Depth of well 400 ft. 1.5 GPM
Distance of measuring point (M.P.) above ground 2 Feet
Static water level (S.W.L.) below M.P. 32 FT

I. High rate pumping -- reservoir drawdown
Time pump started ~~8:30~~ 10:00 Pumping rate 12 G.P.M.
Total time 30 mn to reach pumping water level 172 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:30	172	45 sec	Pump Set	1 1/2
10:45	157	45 sec		1 1/2
11:00	154	20 sec	AT 300 FT	3
11:15	153	19 sec		3 1/2
11:30	153	18 sec	Denny	3 1/2
11:45	153	18 sec		3 1/2
12:00	153	18 sec		3 1/2
12:15	153	18 sec		3 1/2
12:30	153	18 sec		3 1/2
12:45	153	18 sec		3 1/2
1:00	153	18 sec		3 1/2
1:15	153	18 sec		3 1/2
1:30	153	18 sec		3 1/2
1:45	153	18 sec		3 1/2
2:00	153	18 sec		3 1/2
2:15	153	18 sec		3 1/2
2:30	153	18 sec		3 1/2
2:45	153	18 sec		3 1/2
3:00	153	18 sec		3 1/2
3:15	153	18 sec		3 1/2
3:30	153	18 sec		3 1/2
3:45	153	18 sec		3 1/2
4:00	153	18 sec		3 1/2
4:15	153	18 sec		3 1/2
4:30	153	18 sec		3 1/2

4/27/87

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

New Installation √ Receipt # 39252
Replacement ____ Date 4/24/87

Name of Installer R.A. WOOD PLUMBING Telephone 381 4823

License number MD 7040
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber √

Name of Property Owner HOBBS Telephone 997-5828
Subdivision ____ Lot # ____ Well tag # HO-81-1568
Site Address 14051 TALLSHIP DR
GLENWOOD MD 21738

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible √
2. Make GOULD
3. Model # 10EH
4. Capacity 7 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 40 Other CABLE TIES

Motor
1. Horsepower 1 HP
2. RPM 1750
3. Voltage ____
   a. 110 ____
   b. 220 √

Pitless Adapter
1. Make GOULD
2. Model # 10EH
3. Depth 3'

Tank
1. Capacity 4.5 gal
2. Pressure relief valve? 75 PSI

Piping 160 PSI
1. Type POLY-BUTYLENE
2. Size 1"
3. NSF and/or BOCA Code approved yes.
4. Depth of supply line 295'

Well data
1. Depth 400 ft.
2. Yield 30 GPM
3. Static water level ____ ft.
4. Will water supply be disenfected by installer? yes

4/27/87 PITLESS will Give AT 50" below Grade; INSIDE WORK MUST COMPLETE S.H.E.

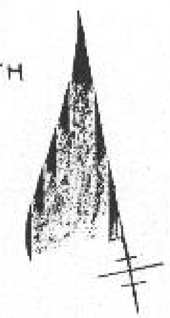
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Roy A Wood

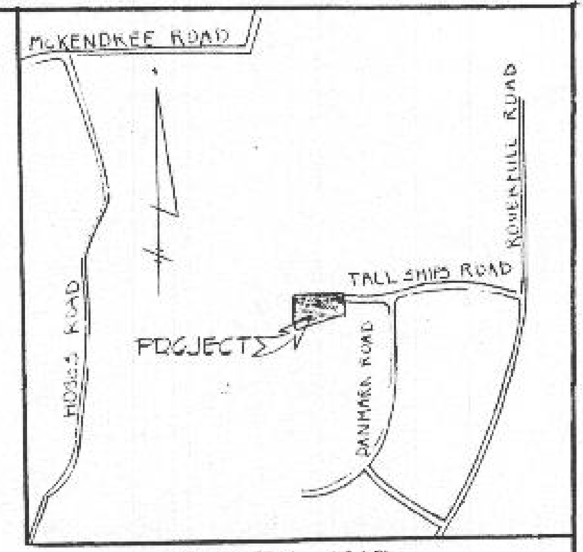
Date: 04-24-87

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

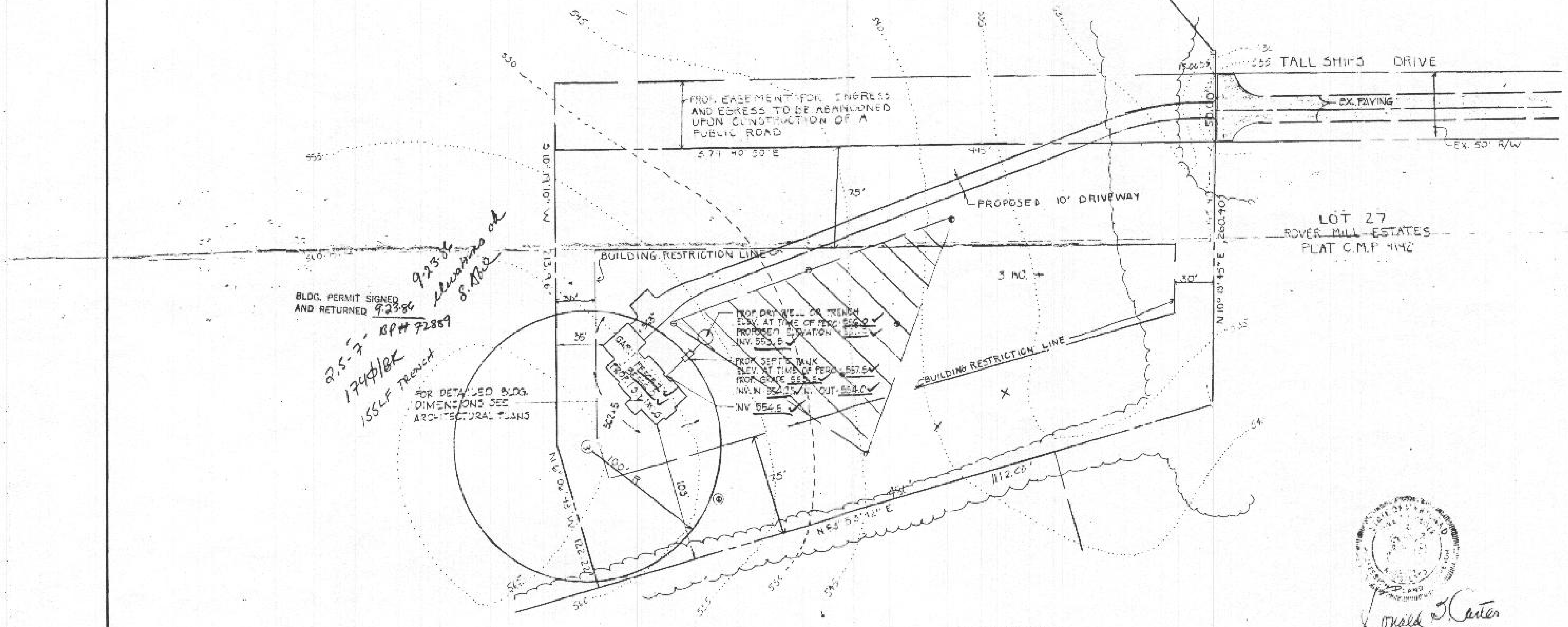


NOTES:

1. ▨ THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
3. SUBJECT PROPERTY ZONED "R" PER 8/2/85 COMPREHENSIVE ZONING PLAN.
4. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.



VICINITY MAP
SCALE 1" = 1200'



Donald T. Carter
5/26/1986

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

[signature] 6-4-86
COUNTY HEALTH OFFICER — DATE

LEGEND
▭ DENOTES LOCATION OF DWELLING
⊙ DENOTES PROPOSED WELL
● DENOTES FIELD LOCATION OF PERC HOLES
⊛ DENOTES UNUSED PERC HOLES
x DENOTES BAD PERC HOLES

PROPERTY OF
CHARLES A. HOBBS

FISHER, COLLINS AND CARTER, INC.