

Date Received **442-1133**
093097 OWNER INFORMATION
FOLNEY
FOLNEY Last Name **STEPHEN** Owner First Name
2368 BRANCHY CT Street or RFD
Glenwood Town **MD21738** State Zip

B 3 LOCATION OF WELL
Howard COUNTY
Patapsco Overhook SUBDIVISION
 SECTION **2** LOT **43**
Lisbon NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
HARRY EDMONSON Driller's Name **252** License No.
HARRY EDMONSON DRILLING Firm Name
741 Klee Mill rd Westminister 21157 Address
Harry Edmonson Signature **9-30-87** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
WELTER DRIVE NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **275** 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)

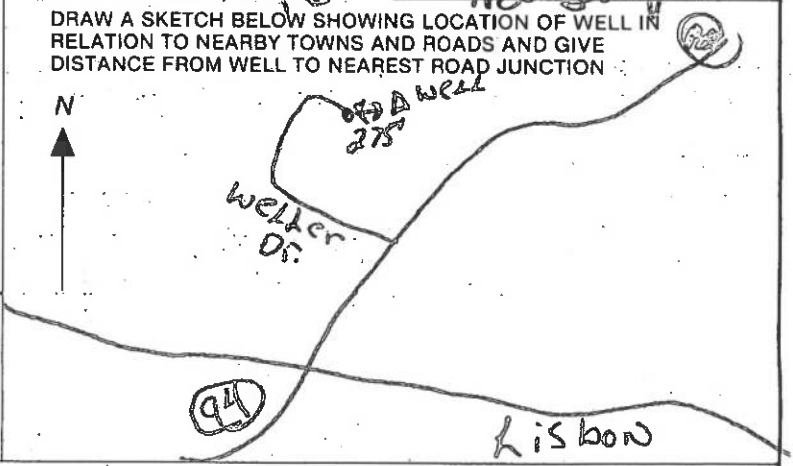
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A 31274** COUNTY NO.
 OEP SIGNATURE **R. A. Nelson** STATE HEALTH INSERT S
 DATE ISSUED **10/19/87** CO SIGNATURE **04/19/88** EXP. DATE
 NORTH GRID **554000** EAST GRID **0781000**

APPROXIMATE DEPTH OF WELL **250** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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. **84' casing (1)**
 2. **50' open hole**
 3. **25' bags cement**
 WRITE THE BOX NUMBER FROM THE MAP HERE
7801
5505
 000 - No sample

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 _____ GAP _____
 FORCE **22** WRITE INITIALS IN BOX PERMIT No. **MD-81-2354**

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

New Installation
Replacement _____

Receipt # 40952
Date 2/10/88

Name of Installer CLARK P & H Inc

Telephone 489-4029

License number 3808
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner S.F. Contractor Inc

Telephone 442-1133

Subdivision Potomac Overlook III Lot # 43

Well tag # 40-81-2354

Site Address 757 Weller Drive

Pump

1. Type
a. Deep well jet
b. Shallow well jet _____
c. Submersible

2. Make Gould

3. Model # 7EH05422

4. Capacity 5 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 1/2

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220

Pitless Adapter

1. Make Harvard

2. Model # _____

3. Depth 42"

Tank

1. Capacity 66

2. Pressure relief valve? 7516

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code approved _____

4. Depth of supply line 42"

Well data

1. Depth 250 ft.

2. Yield 5 1/2 GPM

3. Static water level 39 ft.

4. Will water supply be disinfected by installer? NO - Builder

SEE SPEC FOR W.P.I DETAIL - OK 2/3/88

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: Kenneth C. Clark Pres

Date: 2-5-88

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

