

B 1 2281 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-2390

Date Received 07/14/87 OWNER INFORMATION SPRING HILL ASSOC. 1423 RT 132 W FRIENDSHIP MD 21794

DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Br. Ch. Rd., Mt. Airy, Md. 21771

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)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

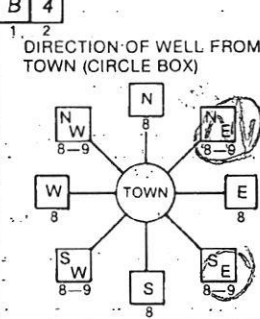
METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE PERMIT NO. 40-81-2390

SPECIAL CONDITIONS

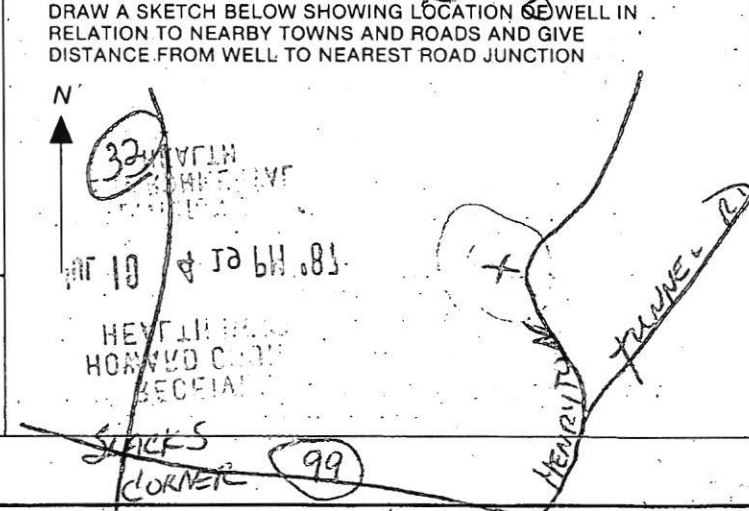
LOCATION OF WELL R 39630 7/13/87 40.10 HOWARD MEADOWOOD SECTION 1 LOT 5 SWPARKVIEW SA MILES FROM TOWN 4 MI



DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD MEADOW LANE 20 OFF HENRYTON ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A 38169 COUNTY NO. OEP SIGNATURE DATE ISSUED 01/03/87 R Wilson 05/03/88 CO SIGNATURE EXP. DATE NORTH GRID 542000 EAST GRID 082000

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



1996 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 38169**

DATE Received [] DATE WELL COMPLETED **072588** Depth of Well **400** (TO NEAREST FOOT)
 PERMIT NO. **HO-81-2370**

OWNER **ASSOCIATES** **SPRING HILL**
 STREET OR RFD **MEADOWWOOD ROAD** first name TOWN **SYKESVILLE**
 SUBDIVISION **MEADOWWOOD** SECTION **1** 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	
TOP soil	0	2	
clay	2	4	
Shaley	4	12	
Sand & Silt	12	20	
Sand Stone	20	40	
Mica	40	60	
Sand Stone	60	70	
Mica	70	90	
Sand Stone	90	95	✓
Mica	95	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **2000**
 GALLONS OF WATER **100**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **37** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **48**

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **37**
 WHEN PUMPING **339**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

OTHER CASING (if used)
 diameter inch 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

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP 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 } LAND SURFACE (nearest foot) **7**
- 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

DEPTH (nearest ft.)
 E A C H S C R E E N
1 **HO** **46** **400**
2 [] [] [] [] [] []
3 [] [] [] [] [] []
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)

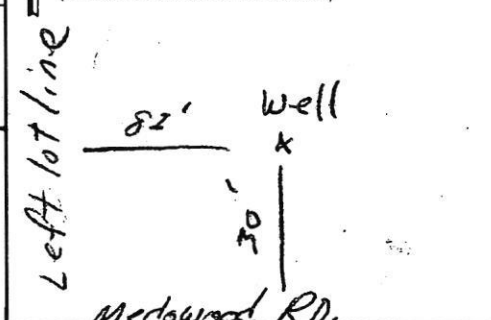
LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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**
Henry J. Eusterman
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles R. Walker
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



John 7-26-88
8:00

Review OK 1/16/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2390
 Location of property (road) MEADOWWOOD ROAD
 Subdivision MEADOWWOOD Lot 2 Block Plat Sec. 1
 Well Driller GEORGE EASTRIVAY Owner ASSOCIATES, SPRING HILL
HAGON
 Depth of well 400 26PM
 Distance of measuring point (M.P.) above ground 29'
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown
 Time pump started 10:30 Pumping rate 10 gpm
 Total time 30 min to reach pumping water level 52' 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:15	52'	12 Sec	Pump set 350'	5.9 gpm
11:30	106	15 Sec	Joe Weishaar	4.9 gpm
11:45	174	15 Sec		4.9 gpm
12:00	218	20 Sec		3.9 gpm
12:15	291	20 Sec		3.9 gpm
12:30	340	25 Sec		2.5 gpm
12:45	340	25 Sec		2.5 gpm
1:00	340	25 Sec		2.5 gpm
1:15	340	25		2.5
1:30	342	30		2
1:45	339	27		2
2:00	339	27		2
2:15	339	27		2
2:30	339	27		2
2:45	339	27		2
3:00	339	27		2
3:15	339	27		2
3:30	339	27		2
3:45	339	27		2
4:00	339	27		2
4:15	339	27		2
4:30	339	27		2
4:45	339	27		2
5:00	339	27		2

10/14/89

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 X
Replacement _____

Receipt # 45218
Date 11/13/89

Name of Installer Morris P.H. Inc

Telephone 747-5615

License Number m-3095

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Crown Development Corp

Telephone 854-6655

Subdivision meadow wood Lot # 2

Well Tag # HO-81-2390

Site Address 1212 Crown Foot Rd

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
- 2. Make Grundfos
- 3. Model # SE5074/2
- 4. Capacity 5 GPM
- 5. Pump exceeds well capacity Yes _____ No X
- 6. If Yes, is low pressure cutoff switch installed? Yes X No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage 230
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make _____
- 2. Model # Brown
- 3. Depth 4'

Tank

- 1. Capacity WX 250
- 2. Pressure relief valve? YES

P.A. 3.5' B.G.
11/14/89 MR

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 4'

Well data

- 1. Depth 400 ft.
- 2. Yield 10 GPM
- 3. Static water level 37 ft.
- 4. Will water supply be disinfected by installer? owner

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).

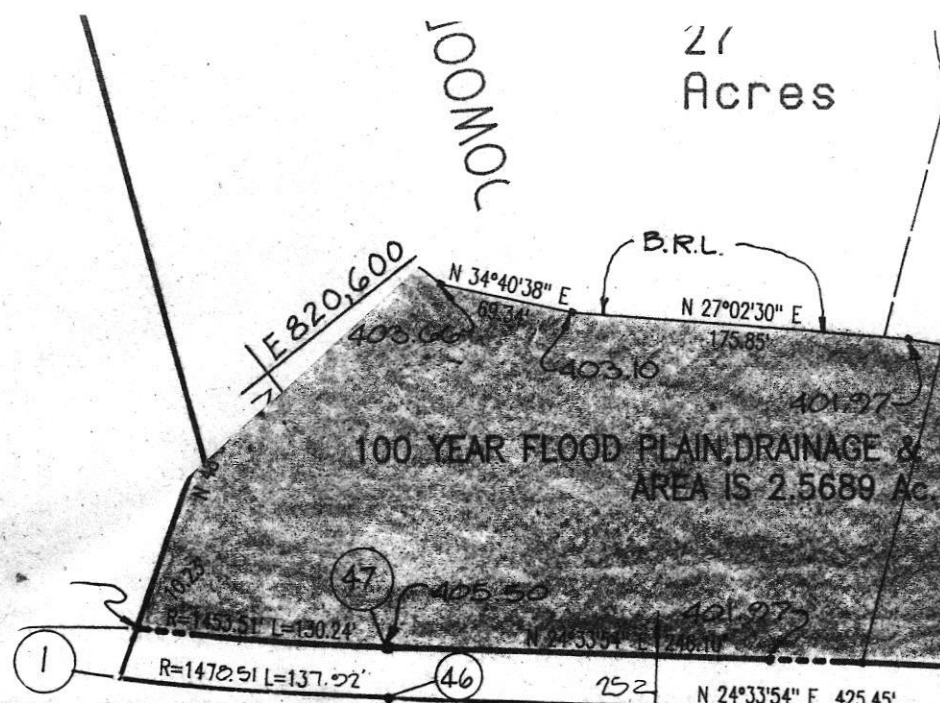
All information given above is true to the best of my knowledge.

Signature of Applicant: Joseph G. Morris

Date: 11/13/89

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

27 Acres



AREA TABULATION

SHEET 2 OF 6

HENR

TOTAL AREA OF FLOOD PLAIN	2.9321 ±	
TOTAL AREA OF STEEP SLOPE	8.34 ±	
TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED		8
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED		30.
TOTAL AREA OF R/W TO BE RECORDED		2
TOTAL AREA OF SUBDIVISION TO BE RECORDED		33

APPROVED :
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

Joseph Bogdan 4-11-88
HOWARD COUNTY HEALTH OFFICER DATE

APPROVED :
HOWARD COUNTY OFFICE OF PLANNING AND ZONING

U. P. Ari 4.25.88
DIRECTOR DATE

APPROVED :
FOR PRIVATE WATER, PRIVATE SEWERAGE, STORM DRAINAGE SYSTEMS AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

James J. ... 4/19/88
DIRECTOR DATE

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Carl ...
MANAGING GEN

MATCH LINE SEE SHEET 5 OF 6

CRYSTAL RIDGE ROAD

