

B 1 **9152** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS.*3-6 ON ALL CARDS)

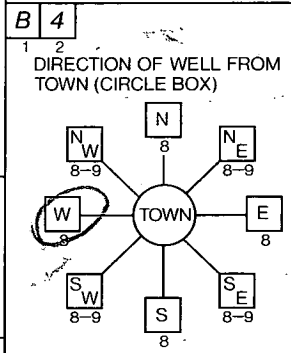
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-88-0786
 fill in this form completely

Date Received (APA) _____
 OWNER INFORMATION
KERWIN HOMES INC
 24024 FREDERICK RD
 CLARKSBURG MD 20871

B 3 LOCATION OF WELL: **R-44199**
HOWARD COUNTY
HIGHLAND MEADOWS SUBDIVISION
 SECTION **1** LOT **3**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
 George F. Easterday
 Driller's Name **L. Franklin Easterday, Inc.**
 Firm **265 Brown Church Rd., Mt. Airy, Md. 21771**
 Address **George F. Easterday**
 Signature **5/4/89** Date



~~DRIGHTON DAM RD~~
 NEAR WHAT ROAD
LONG LEAF DR
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **250** FT
 ENTER FT or MI **FT**

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)

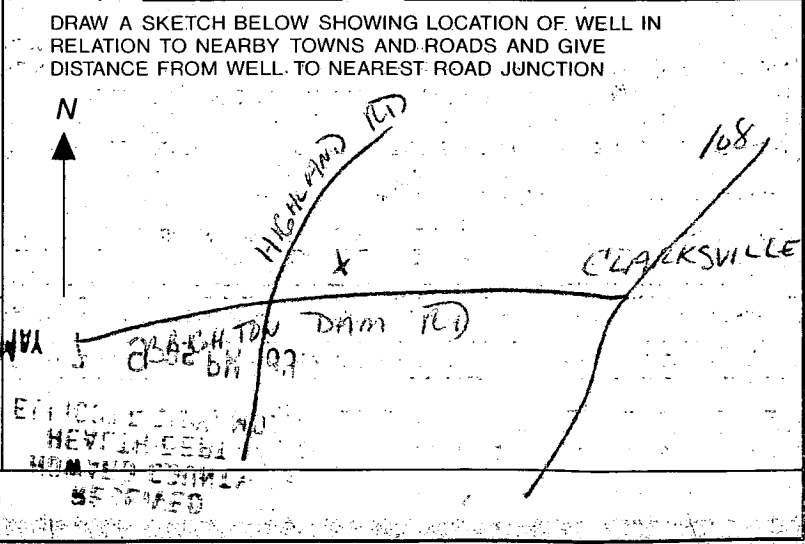
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A37062 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **062789** **Chris Wilton** 12/27/89
 NORTH GRID **498000** EAST GRID **0807000**

APPROXIMATE DEPTH OF WELL **300** 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 _____

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 **8007**
 N **4908**

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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **HEV111**



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **0-40-1-03**
 FORCE **HEV111** PERMIT No. **03-03**
 SPECIAL CONDITIONS

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 # — 0 —
Date 3/11/93

Name of Installer Walter W. King Plbg. & Htg. Contr.

Telephone 1-301-662-6990

License Number Md. 2217

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Brad Maunz

Telephone 301-874-5151

Subdivision Highland meadows Lot # 3

Well Tag # HO -88 -0786

Site Address 13316 Long Leaf Dr.

Clarksville, Md. -21044

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible

Motor

- Horsepower 3/4
- RPM 3500
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Martinson
- Model # BP-10K
- Depth 42" min.
60" Max.

2. Make Goulds

3. Model # 5 FS 07422

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 _____

Tank

- Capacity 82
- Pressure relief valve? yes

Piping

- Type plastic 160#
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42" min.
60" max.

Well data

- Depth 300 ft.
- Yield 10 GPM
- Static water level 41 ft.
- 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: Walter W. King

Date: March 9, 1993

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

5/17/93
HD-215

OK WPI Pressure Tank not installed

[Handwritten signature]



HOWARD COUNTY HEALTH DEPARTMENT

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

Reply to: Charles B. Streaker
313-2640 or 313-2641

August 17 1993

Mr. R. Mauney
10368 College Square
Columbia, Maryland
21044

RE: LOT #3 - Highland Meadows
13316 Long Leaf Drive
Well Tag # HO-98-0786

Dear Mr. B. Mauney:

This is to advise you that the septic system was installed, inspected and approved on May 19, 1993.

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.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-98-0786. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

August 16 1993
Date of Water Sample

July 7, 1989
Date Well Approved

Charles B. Streaker R.S.
Approving Authority
Charles B. Streaker, R.S.
Water and Sewerage Program

CBS:hs

Fax 301-473-7875 * Fax to Co. * Fed X results

INVOICE NO. T. 6401

CERTIFICATE OF ANALYSIS
WATER TESTING LABORATORIES OF MARYLAND, INC.

LABORATORY RECORD

FIELD RECORD

Sample Source: Kitchen
13316 Long Leaf Dr.
Clarksville
Judy Maunz
997-7349/854-0848
Well No. HD-44-0746

community
non-community
private
Date 8/16/93
Time 7:36
Iced yes no
pH 5.5

BACTERIOLOGICAL METHOD: Membrane Filter Presence - Absence
 Multiple - Tube MMO-MUG

Results	Nitrates (mg/l)	Sand	Turbidity (NTU)	(mg/l)	Coliforms/100ml.	
					Fecal	Total
	<u>3.48</u>	<u>NONE</u>	<u><1</u>			<u>—</u>
Method	<u>MEMBRANE FILTER</u>	<u>VISUAL</u>	<u>1801</u>			<u>SEE ABOVE</u>
Analyst	<u>JF</u>					<u>JV</u>
Date	<u>8/16</u>					<u>8/16</u>

This sample was taken from a tap on the property by Water Testing Laboratories of Maryland, Inc.

Well Construction: Satisfactory
 Unsatisfactory
 Not Determined
Bact. Chem.
Chem. Pres.

Total Cl. 0
County How

Collector Kathy Ashley 91-746

Comments: _____
Date Time
Received: 8-16-93 2:30
Reported: 8-17-93 2:30 Reported by J. Ventura 108 Lab # _____

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Thiosulfate Present
Absent

PLEASE DETACH THIS PART AND MAIL WITH REMITTANCE TO:

INVOICE NO. T 6401

Water Testing Labs

- P. O. Box 712, Stevensville, MD 21666
- P. O. Box 463, Timonium, MD 21093
- P. O. Box 846, Severna Park, MD 21146
- 1655 Elkton Road, Elkton, MD 21921
- 15 Churchville Rd., Ste. 113-102, Belair, MD 21014
- JCK Center, Ste. 6-182, Westminster, MD 21157
- P. O. Box 1904, Easton, MD 21601
- P. O. Box 4547, Salisbury, MD 21803

Annapolis (410) 269-7755 Salisbury (410) 546-1318
Belair (410) 838-8411 Severna Park (410) 647-7737
Chestertown (410) 778-3613 Stevensville (410) 643-7711
Easton (410) 820-8485 Timonium (410) 560-9052
Elkton (410) 398-2413 Waldorf (301) 645-1559
Prince Frederick (410) 535-2665 Westminster (410) 876-2035

DATE: 8/16/93

	AMOUNT
For analytical work reported above	
Chem + Bact	<u>\$55.00</u>
TOTAL DUE	<u>0</u>
Mastercard	

Judy Maunz
10368 College Sq
Columbia, Md 21044