

9981 SEQUENCE NO. (DENV 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 39581**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
07-15-89

Depth of Well
240
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-88-0809

OWNER **GODFREY LUMBER CO.**
 STREET OR RFD last name **REAR DR** first name TOWN **GREENE**
 SUBDIVISION **Crossing Clear** SECTION LOT **23**

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	7	
Sand	7	15	
Silt	15	70	
Clay	80	85	
GRAVEL	85	120	
Sand silt	120	135	✓
Clay	135	155	
Sand stone	155	250	
Gray Mica	250	255	✓
Mica Flint	255	340	
Mixed			
Gray Mica			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **246** NO. OF POUNDS **350**
 GALLONS OF WATER **140**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **100** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **130**

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

C2
 DEPTH (nearest ft.)
 1 **H0** 128 240
 2
 3

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **15**
 WHEN PUMPING **20**
 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 YES **NO**
 (CIRCLE) (YES or 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) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above **2** (nearest foot)
- 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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.

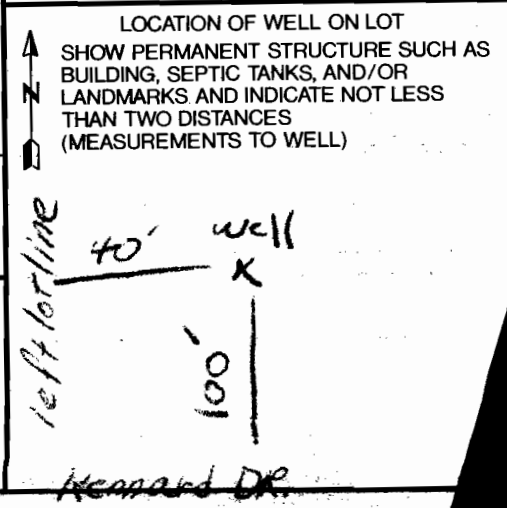
DRILLERS IDENT. NO. **440**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles P. Williams

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

GRAVEL PACK 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



B 1 9179

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-44-0809 fill in this form completely

Date Received (APA)

052084

OWNER INFORMATION

GOSHEN LAND CO 21006 BRINK CT GAITHERSBURG MD 20877

B 3

LOCATION OF WELL 24409

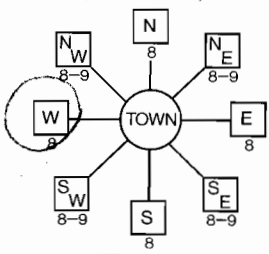
HOWARD COUNTY CRYSTAL LEAN SECTION 44 LOT 23 52 NEAREST TOWN MILES FROM TOWN 1 MI

DRILLER INFORMATION

George F. Easterday Driller Name Franklin Easterday, Inc. License No. 40 5205 Brown Church Rd., Mt. Airy, Md. 21771

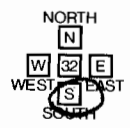
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13865 KENNARD DR NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1000 DISTANCE FROM ROAD

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING... I INDUSTRIAL... P APPROPRIATION PERMIT... T TEST, OBSERVATION...

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A 39581 COUNTY NO. STATE SIGNATURE DATE ISSUED 070389 CO SIGNATURE Craig Williams 1/3/89 EXP. DATE NORTH GRID 53000 EAST GRID 0900000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary AIR-PERcussion CABLE JETTED Jetted & DRIVEN ROTARY (Hydraulic Rotary) REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL

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

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

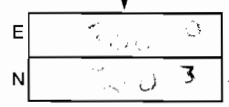
APPROP. PERMIT NUMBER GAP

FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-44-0809

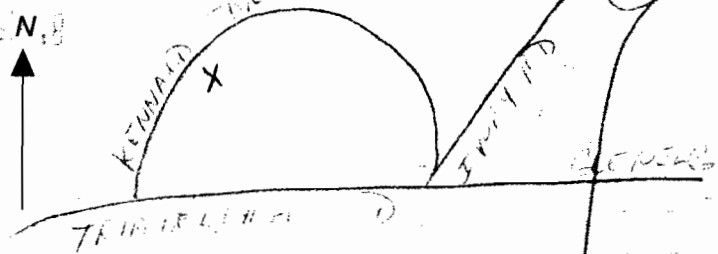
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

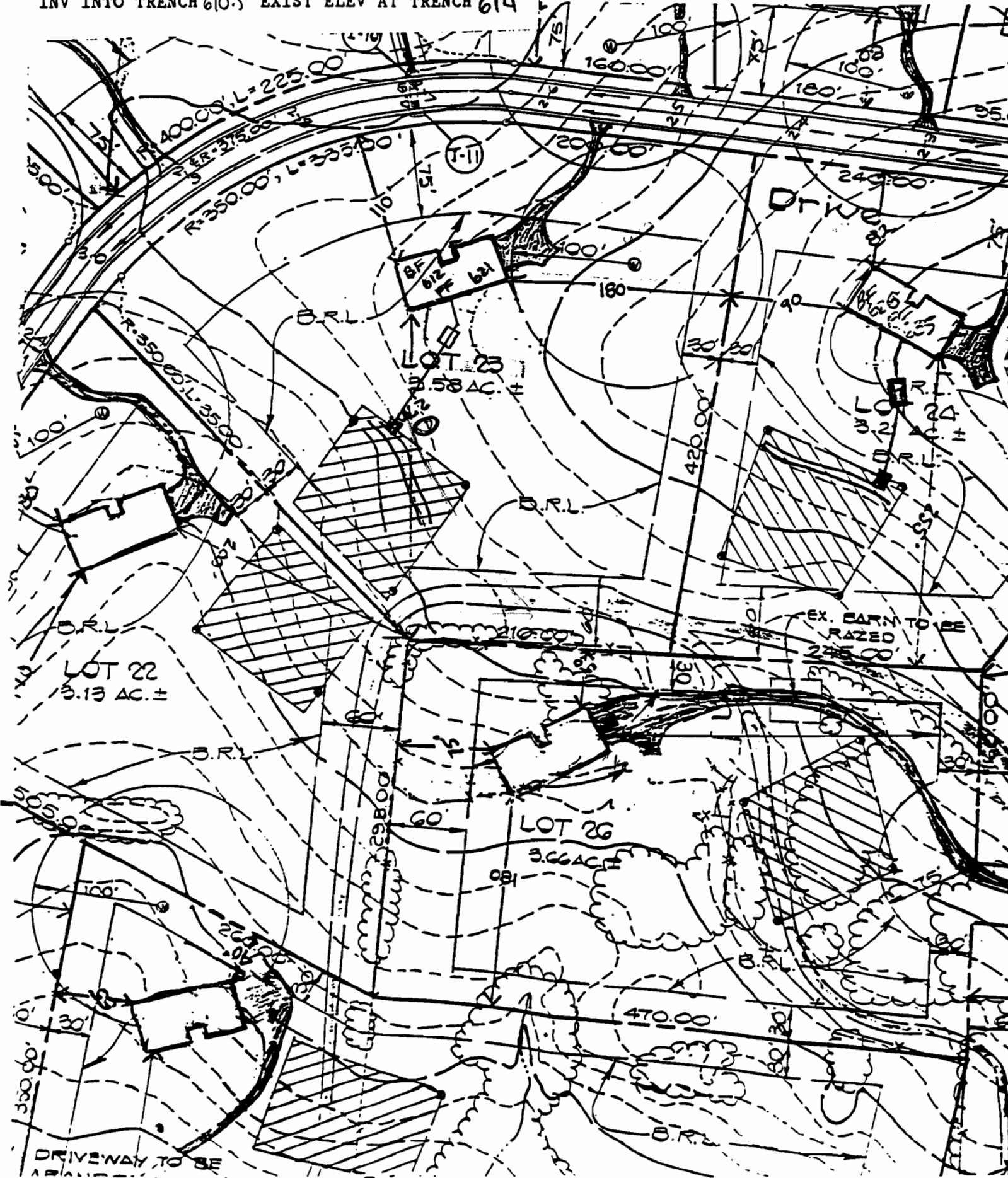


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



LOT 23

- INV FROM HOUSE 613 EXIST ELEV AT HOUSE 618
- INV INTO TANK 612.3 EXIST ELEV AT TANK 618
- INV FROM TANK 612 EXIST WELL ELEV 620
- INV INTO BOX 611 EXIST ELEV AT BOX 614
- INV INTO TRENCH 610.5 EXIST ELEV AT TRENCH 614



CRYSTAL CLEAR
KENNARD DRIVE

A 39581

SUBDIVISION:

LOT NUMBER: 23

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

_____ 180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 7 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 250' FROM
THE FRONT LOT LINE AND 130' FROM THE RIGHT LOT LINE,
RUN TRENCHES ALONG CONTOUR TOWARD REAR OF LOT,

7/6/89 CWilber

Maryland Department of Assessments and Taxation
Real Property Data Search (vw6.2A)
HOWARD COUNTY

[Go Back](#)
[View Map](#)
[New Search](#)
[GroundRent](#)
[Redemption](#)
[GroundRent](#)
[Registration](#)

Account Identifier: District - 03 Account Number - 314553

Owner Information

Owner Name: DOMBROSKI MICHAEL A **Use:** RESIDENTIAL
Mailing Address: 11872 NEW COUNTRY LN **Principal Residence:** NO
COLUMBIA MD 21044-4406 **Deed Reference:** 1) /02542/ 00301
2)

Location & Structure Information

Premises Address **Legal Description**
SE KENNARD DR LOT 23 3.363 A
GLENELG 21737-0000 KENNARD DR
CRYSTAL CLEAR

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	8444
0022	0007	0533		0000			23	1	Plat Ref:	

Special Tax Areas **Town** NONE
Ad Valorem 100
Tax Class

Primary Structure Built **Enclosed Area** **Property Land Area** **County Use**
3.3600 AC

Stories **Basement** **Type** **Exterior**

Value Information

	Base Value	Value		
		As Of	Phase-in Assessments	As Of
		01/01/2010	As Of	07/01/2012
Land	425,200	232,700	07/01/2011	
Improvements:	0	0		
Total:	425,200	232,700	232,700	232,700
Preferential Land:	0			0

Transfer Information

Seller: CRYSTAL CLEAR GENERAL PARTNERSHIP **Date:** 05/08/1992 **Price:** \$119,000
Type: ARMS LENGTH IMPROVED **Deed1:** /02542/ 00301 **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

Partial Exempt Assessments	Class	07/01/2011	07/01/2012
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: No Application