

C1 90970

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-33537

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER (last name, first name), STREET OR RFD, TOWN, SUBDIVISION, SECTION, AREA, 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, TO), Check if water bearing.

A CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO., DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD: WELL HAS BEEN GROUTED (Circle Appropriate Box), TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing (nearest inch), Total depth of main casing (nearest foot)

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole insert appropriate code below, DEPTH (nearest ft.)

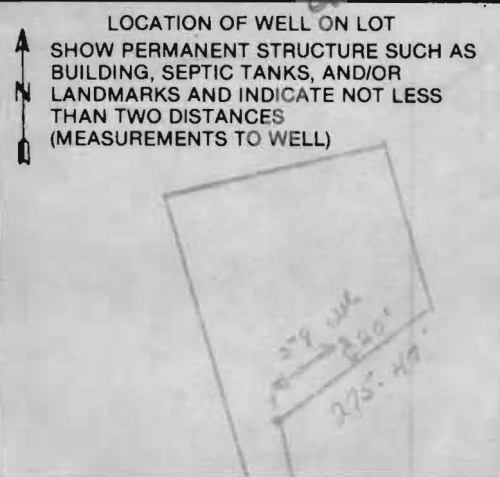
SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH), GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour), PUMPING RATE (gal. per min. to nearest gal.), METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (for test)

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), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 **3971** 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

80-81-1334
 fill in this form completely

Date Received

02 23 86

OWNER INFORMATION

SHORR Owner Last Name
NORMAN First Name
14225 CLARKSVILLE DR Street or RFD
HIGHLAND Town
20797 Zip
MD State

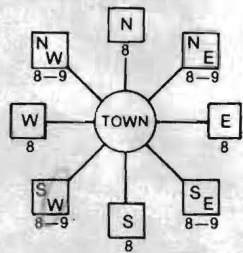
LOCATION OF WELL

HOWARD COUNTY
APPLICATION PINES SUBDIVISION
2 SECTION **18** LOT **AREA II**
DAYTON NEAREST TOWN
2 3/4 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Mayne Driller's Name
238 License No.
Joseph L. Mayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy Md 21771 Address
Joseph L. Mayne Signature
2/3/86 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

Federico Drive
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
470 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

WELL INFORMATION

5 APPROX. PUMPING RATE (GAL. PER MIN.)
520 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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-33537 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S
020486 DATE ISSUED **B. Nixon** CO SIGNATURE **08/04/86** EXP. DATE
 NORTH GRID **501000** EAST GRID **0801000**

260 APPROXIMATE DEPTH OF WELL FEET

6 APPROXIMATE DIAMETER OF WELL INCH

METHOD OF DRILLING (circle one)

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

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

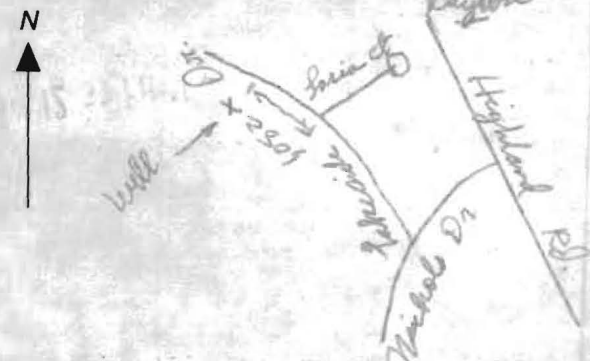
8091
5091

Location OK
 66' - casing
 2' - above r.
 50' - open
 14' - wrap cement
 4-4-86
JL

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)

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



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

APPROP. PERMIT NUMBER **G A P**

FORCE **SN** WRITE INITIALS IN BOX PERMIT No. **80-81-1334**

SPECIAL CONDITIONS

Page _____ of _____
 Date 4/4/86

Review OK'D BN 4/23/86

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1334
 Location of property (road) LAKESIDE DR
 Subdivision BRIGHTON PINES Lot 18 Block _____ Plat _____ Sec. 1 AREA 2
 Well Driller JOSEPH MAYNE Owner SHORB, NORMAN

Depth of well 385'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 41'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00' Pumping rate 9
 Total time 1 Hour to reach pumping water level 324 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 \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	140	5 sec		12
8:30	230	5		12
8:45	273	6		10
9:00	324	7		9
9:15	324	22		24
9:30	324	22		24
9:45	324	22		24
10:00	319	22		24
10:15	319	20		3
10:30	322	20		3
10:45	322	20		3
11:00	322	20		3
11:15	322	20		3
11:30	322	20		3
11:45	322	20		3
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1:30	322	20		3
1:45	322	20		3
2:00	322	20		3
2:15	322	20		3
2:30	322	20		3

1/12/87 - Noon

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

1/12/87
WPT - OK
(initials)

New Installation Replacement Receipt # _____ Date _____

Name of Installer George Easterday Telephone _____

License number _____ Certified Well Pump Installer Well Driller MWB 307 Registered Plumber _____

Name of Property Owner Norman Sharp Telephone _____
Subdivision Brighton Place Lot # 1A Well tag # 40-81-1339
Site Address 13821 Lakeside Drive

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4 hp</u>	1. Make <u>MARTINSON</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>AP10X</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>GOULDS</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 _____		

→ Together in - OK
ground wire in

Tank	Piping	Well data
1. Capacity _____	1. Type <u>RANGEBURG</u>	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? _____

1/12/87
left pump
to be
installed

well x thro
wx 203

power +
pump line in - OK

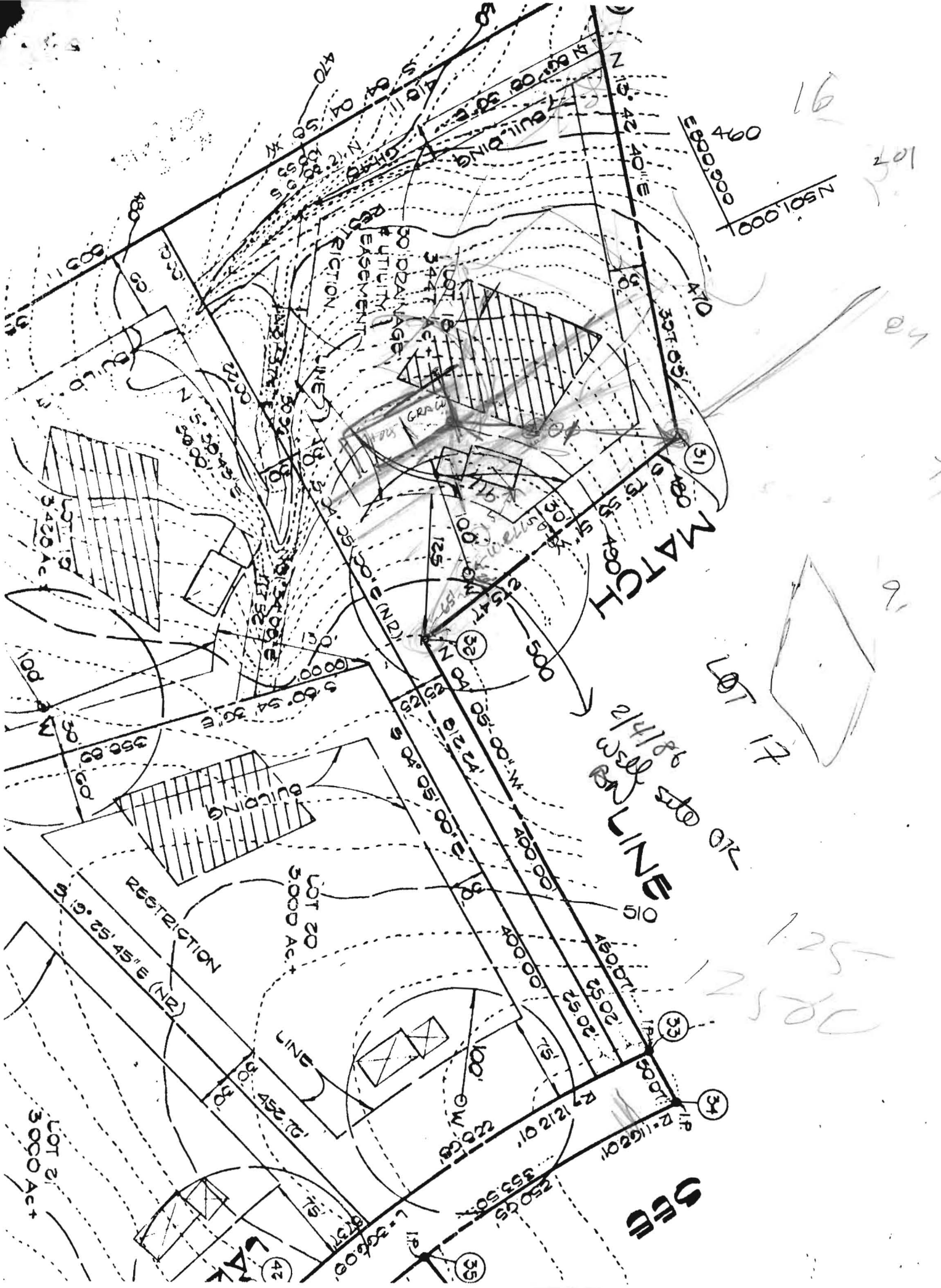
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: _____

Date: _____

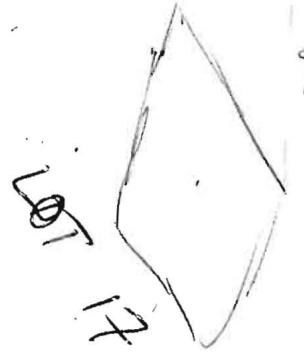
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



16
201

04

9



51
MATCH

214186
Well sub 012
BFL LINE

125
2500

500

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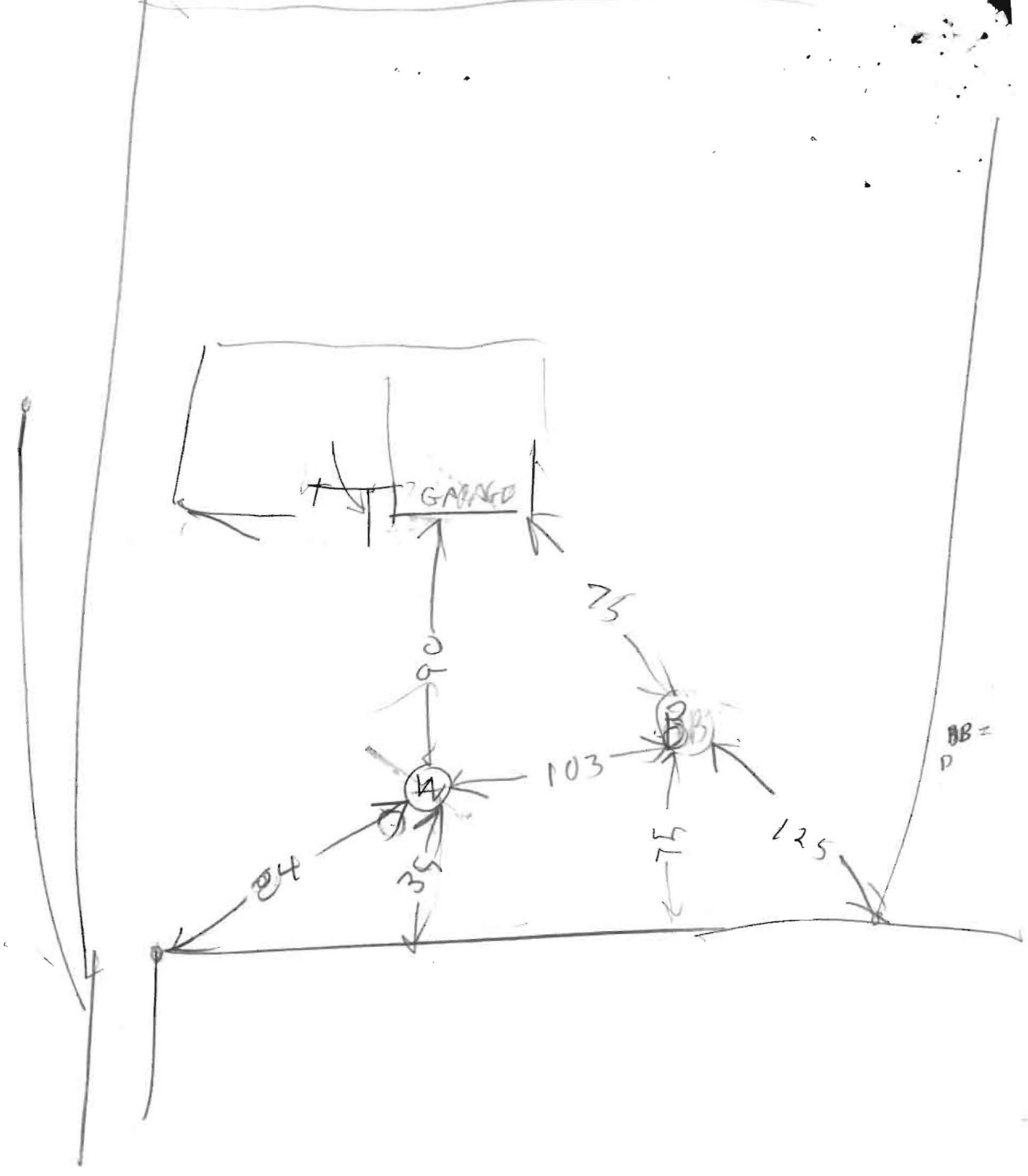
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RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 FEB 3 12 33 PM '81
 DIVISION OF
 ENVIRONMENTAL
 HEALTH