

C1 5907 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 33535

DATE Received

DATE WELL COMPLETED 090989

Depth of Well 105 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-81-2106

OWNER PAGE GARY STREET OR RFD BARKSIDE DR TOWN DAYTON SUBDIVISION BRIGHTON PINES SECTION 1 AREA 1 LOT 21

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY Mica Rock, 0 73, 73 105.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 140 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE (SA) Nominal diameter (nearest inch) 4 (60-61) Total depth of main casing (nearest foot) 80 (66-70)

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT) DEPTH (nearest ft.) 10 (8-9), 19 (11-15), 105 (17-21)

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

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 OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE surface WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 53 TYPE OF PUMP USED (for test) S submersible

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) LAND SURFACE 2 (nearest foot)

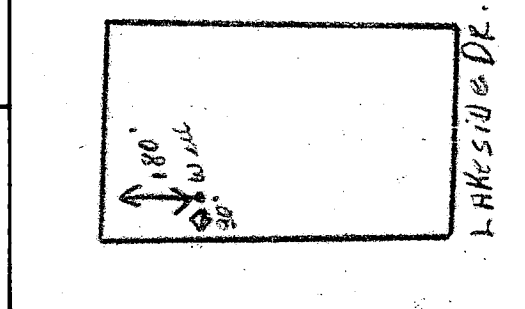
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238 DRILLERS/SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



B 1 **8259** SEQUENCE NO. (OEP USE ONLY)  
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

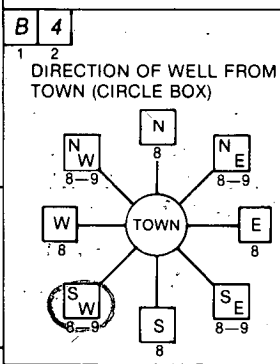
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**HO-81-2106**  
 fill in this form completely

Date Received  
 OWNER INFORMATION  
**PAGE** Last Name  
**R** Owner  
**GARY** First Name  
**1749 PYRAMID WAY** Street or RFD  
**COLUMBIA** Town **MD 21044** State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**BRIGHTON PINES** SUBDIVISION  
 SECTION **T** LOT **21** AREA **1**  
**DAYTON** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2.5** MI

DRILLER INFORMATION  
**Joseph L. Mayne** License No. **238**  
**Joseph L. MAYNE Well DRILLING** Firm Name  
**5512 Lince RD. Mt. Airy 21771** Address  
**Joseph L. Mayne** Signature **4/27/87** Date



**13713 Lakeside DR.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**420** 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)  
 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 33535** COUNTY NO.  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S   
 DATE ISSUED **06.04.87**  
 CO SIGNATURE **J. Stapp** EXP. DATE **12/4/87**  
 NORTH GRID **500000** EAST GRID **0802000**

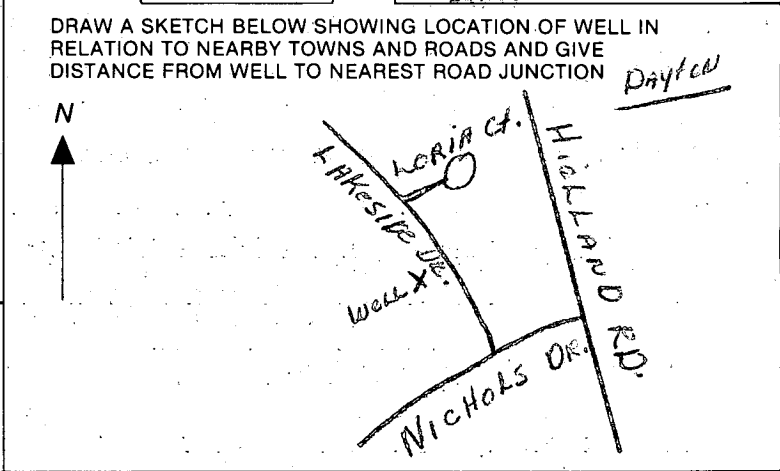
APPROXIMATE DEPTH OF WELL **300** FEET

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  
 N **9002**  
 E **500**

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 **SS** WRITE INITIALS IN BOX PERMIT NO. **HO-81-2106**

SPECIAL CONDITIONS



410-313-2648

sent on 11-11-98

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 # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer CLARKE P & H INC Telephone 410-489-4029

License Number 3808  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber 3808

Name of Property Owner DENNIS MATHEW Telephone 301-956-0504  
Subdivision Bright Pines Lot # 21 Well Tag # \_\_\_\_\_  
Site Address 13713 Lakeside Dr.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>PT 800</u>
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity _____ 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 <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>42</u>	1. Type <u>Plastic</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>75/16</u>	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? <u>NO</u>

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: Bennett C. Clarke

Date: 11-11-98

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

① LOCATION OILS. OK

② OVER 57 FT with Weighted String

③ Had to leave at 1200 9 logs  
used so far John will  
let us know how many used  
total

*Cary Page*

997-5343 (H)

531-6712 (W)

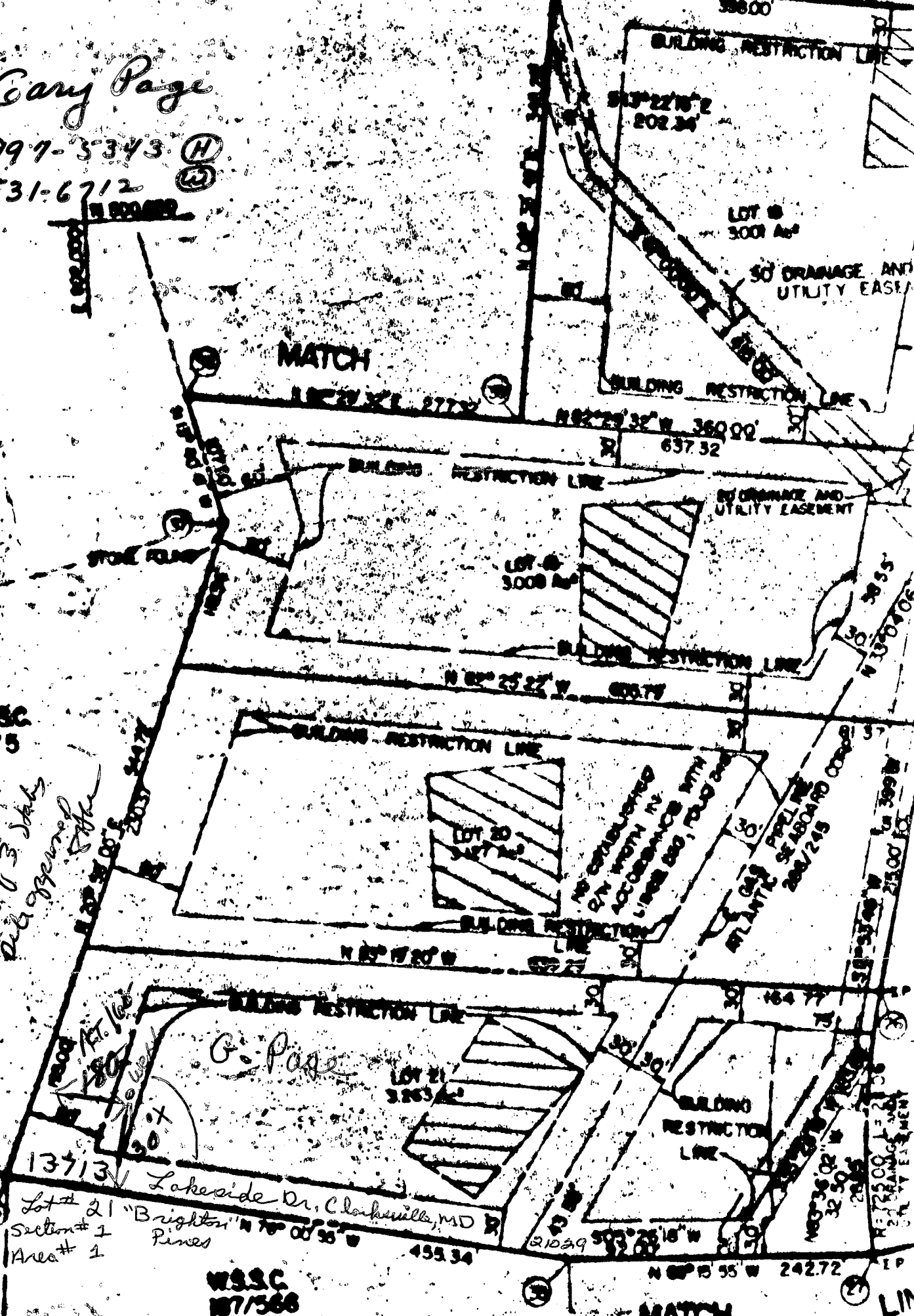


WSSC  
07/415

WSSC  
1735

*1/18/87  
need indicated  
by sign of 3 stabs  
air registers  
to be*

LSC  
VS



Lot # 21 "Brighton" Lakeside Dr, Clarksville, MD  
Section # 1  
Area # 1  
Pines

WSSC  
187/566

MATCH

LINE