

C1 **2489**  
 (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

DATE RECEIVED: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: **11 0 4 8 9**  
 DEPTH OF WELL (TO NEAREST FOOT): **22 2 4 9 2 6**  
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-81-1227**

OWNER: **MAISEL LOIS**  
 STREET OR RFD: **FOLLY QUANTER RD** TOWN: **GREENSB**  
 SUBDIVISION: **GREENSB MAJOR II** SECTION: \_\_\_\_\_ LOT: **24C**

**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	
Sandy	2	30	
Sand Stone	30	40	
Micka	40	50	
Sand Stone	50	55	<input checked="" type="checkbox"/>
Micka	55	220	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS **1180**  
 GALLONS OF WATER \_\_\_\_\_  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from [ ] [ ] [ ] [ ] ft. to [ ] [ ] [ ] [ ] ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **PL** Nominal diameter top (main casing) (nearest inch) **4** Total depth of main casing (nearest foot) **99**

**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**  
 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN: **1 7 0 9 3 2 2 0**  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN [ ] [ ] [ ] [ ] (NEAREST INCH) [ ] [ ] [ ] [ ]

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 [ ] [ ] [ ] [ ] [ ] [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

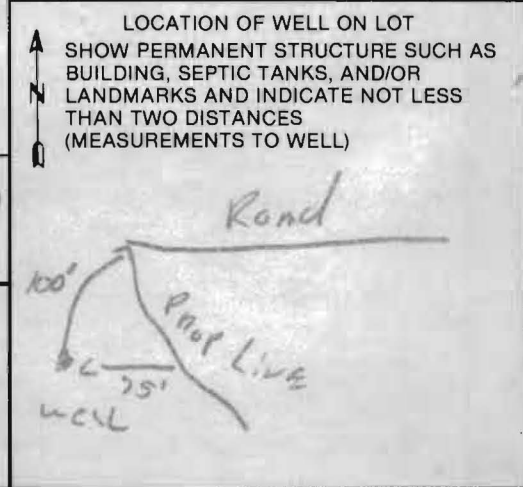
**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **0** [ ] [ ] [ ] [ ]  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **59**  
 WHEN PUMPING **59**  
 TYPE OF PUMP USED (for test)  
**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: **29**  
 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)  
 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 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. **273**  
**Rafael Mayne**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Rafael E. Mayne**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1327

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

please print or type

fill in this form completely

Date Received

11/6/85

OWNER INFORMATION

MAISEL LOIS, FOLLEY QUARTER, ELLIOTT CITY, MD 21043

B 3

LOCATION OF WELL

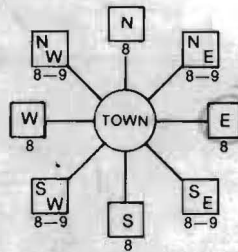
4 HOWARD, GLENELG MANOR, SECTION 44, LOT 24C, GLENELG, MILES FROM TOWN 1 MI

DRILLER INFORMATION

Ralph Mayne, 273, Ralph Mayne (Well Drilling), 9120 Browne Church Rd. Mt. Airy, Ralph Mayne, Sept 20, 1985

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folley Quarter Rd., NEAR WHAT ROAD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 300 FT

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

County Name Howard, County No. A 30742, State Health Insert S, Date Issued 4/20/85, CO Signature, North Grid 515000, East Grid 081000

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-PerCussion, Rotary (Hydraulic Rotary), Cable, Reverse-Rotary, Drive-Point

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 deepen an existing well, Permit number of well to be replaced or deepened (if available)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

Box numbers 810 and 510

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

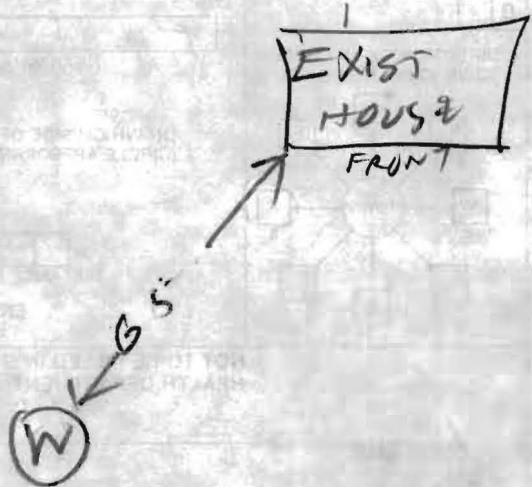


Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP, FORCE INITIALS IN BOX, PERMIT No. 40-81-1327

SPECIAL CONDITIONS

SEPTIC  
SYSTEM  
ON OPPOSITE SIDE  
OF HOUSE FROM  
WELL



- ① 45 FT CASING 3 FT OUT OF GROUND
- ② 40 FT OPEN HOLE MEASURED WITH A STRING
- ③ LOCATION OK
- ④ 11 BAGS USED
- ⑤ WELL OK

111 6185  
B. Hodge

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 81-1227  
Site Address: 4349 Maisel Farm Lane

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 3" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

6/22/2011 **BB**

**Conduit Not Glued**

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

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Company Name: CONFER'S PLUMBING & HEATING Telephone #: 410-969-3980  
Address: 908 Evergreen Rd.  
Green Rd 21144

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): GARY R CONFER License# 8263

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-81-1227  
Site Address: 12789 Folly Queen Rd  
4349 Maisel Farm Lane

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>MYER'S</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: _____
Model #: <u>YHRP</u>	Model #: <u>B10X</u>	Screened, vented well cap: _____
Pump Capacity <u>8</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>PLASTIC</u>	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_

Two piece cap installed and attached to casing securely \_\_\_\_\_

Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_

Safety rope installed inside of well casing \_\_\_\_\_

Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_

Water supply line sleeved adequately at house connection \_\_\_\_\_

Adequate grout observed below pitless adapter \_\_\_\_\_

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

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Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-81-1227

Site Address: 12789 Folly Road P.B.  
4349 Maisel Farm Lane

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 4/17/07      Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade/attached to cap properly  
Safety rope installed inside of well casing  
Correct well tag attached properly and casing 8" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate grout observed below pitless adapter

4/17/07  
No - Only 2' Below Cap  
No - One Piece  
No - No Conduit  
Not Finished  
No - At Grade  
No - Only 3 1/2'  
✓  
**BB**

*2 piece cap*

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 81-1227?

Site Address: 12789 Folly Quarter Rd. P.B.  
4349 Maisel Farm Lane

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 4/17/07 Date Insp. Approved: \_\_\_\_\_

Inspection Data: Pitless adapter and water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade/attached to cap properly  
Safety rope installed inside of well casing  
Correct well tag attached properly and casing 8" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate grout observed below pitless adapter

4/17/07  
No - Only 2' Below Cap  
No - One Piece  
No - No Conduit  
Not Finished  
No - At Grade  
No - Only 3 1/2'  
✓  
BB

B 1 5431 SEQUENCE NO. WRA USE ONLY  
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER  
HO-73-3855  
fill in this form completely

DATE RECEIVED 3/26/81  
4/29/81 1:30  
8 (WRA USE ONLY) 13  
OWNER INFORMATION  
Maurice Z. Dale  
LAST NAME 15 OWNER FIRST NAME 34  
12789 Holly Quarter Rd.  
36 STREET OR RFD 55  
Ellicott City, Md.  
TOWN 57 STATE 76 ZIP

B 3 LOCATION OF WELL  
1 2 3 6  
COUNTY 8 Howard 21  
SUBDIVISION 23 42  
SECTION 44 46 48 50  
NEAREST TOWN 52 M Landry 71  
MILES FROM TOWN (enter 0 if in town) 73 2 1/2 76 77 78 MI

B 1 CONTINUED DRILLER INFORMATION  
Joseph H. Mayne 238  
DRILLER'S NAME 77 LICENSE NO. 80  
Joseph H. Mayne Mar 30, 81  
SIGNATURE DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
N W N E  
8-9 8-9  
W TOWN E  
8 8  
S W S E  
8-9 8-9  
11 FOLLY QUARTER RD. 30  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST  
SOUTH  
34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 37 38 39

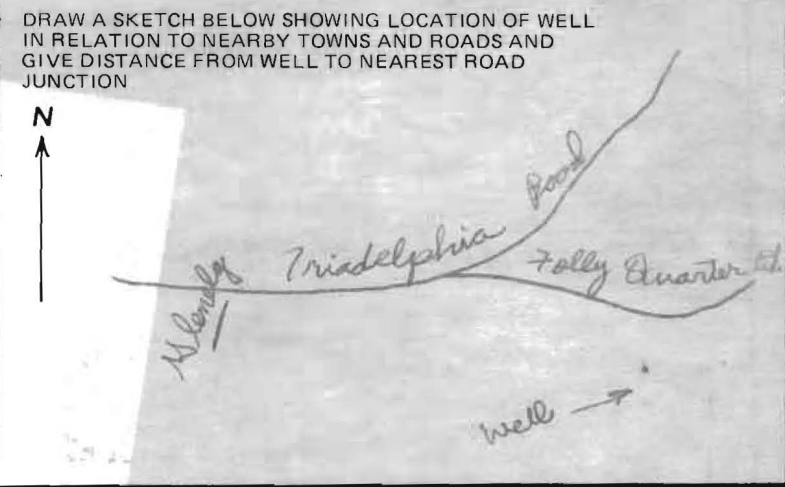
B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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)

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 800 9  
N 510 6  
53' casing 2' above grade  
12 Bags Cement  
50' open  
location OK  
JK 4-29-81

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)  
CABLE REVERSE ROTARY DRIVE POINT ROTARY  
other



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) 41 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A30742  
COUNTY NAME COUNTY NO.  
EHA SIGNATURE STATE HEALTH SIGNIFICANT [S] 41  
MO DAY YR Frank Skinner, Sanitarian  
43 48 CO SIGNATURE DATE  
NORTH 516 000 EAST 0809 000 ELEV. (FT.)  
GRID 50 55 GRID 57 63 65 68

Not to be filled in by driller (WRA USE ONLY)  
APPROX. PERMIT NUMBER 54 GAP 63  
FORCE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)  
1 2 3 6

→ Donize Spatzbausch  
(410) 837-3784  
Sandy Regart  
12789 Folly Quarter  
lot 2  
well HO-73-3855

C1 8226 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

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

COUNTY NUMBER A30742

Date Received (WRA use only) 2/29/1981 DATE WELL COMPLETED

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-73-3835

OWNER Maisel Date Z. STREET OR RFD 12789 Folly Quarter Rd. TOWN Glenelg SUBDIVISION SECTION LOT

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. Rows include Brown Shale, Sand Stone, and Gray granite.

WELL HAS BEEN GROUTED (Circle Y for Yes, N for No) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 76 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD Casing types: ST (Steel), CO (Concrete), PL (Plastic), OT (Other). MAIN CASING TYPE: ST Nominal diameter: 6 Total depth: 53

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

SCREEN RECORD screen type or open hole: ST (Steel), BR (Brass), HO (Open Hole), PL (Plastic), OT (Other). SLOT SIZE 1 2 3

DEPTH (nearest ft.) 51 245 DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

PUMPING TEST C 3 (seq no) 6 HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE air WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 185 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED YES NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 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 LAND SURFACE - below 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)

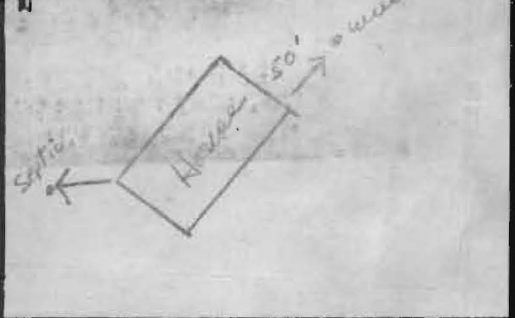
CIRCLE APPROPRIATE BOX A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

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)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA



EH - 24

**HOWARD COUNTY HEALTH DEPARTMENT**  
**Bureau of Environmental Health**  
**Ellicott City, Maryland 21043**  
**Phone: 992-2330**

To: File +/or F. Skinner

New Water Well location is ok  
in reference to other  
<sup>existing</sup> water wells + septic  
systems + in proximity  
to this <sup>new</sup> home's  
new septic system + well,  
as per your request to check.  
See back of C.O. for proposed  
location.

From:

C. B. Tucker

Date:

4/1/81





SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

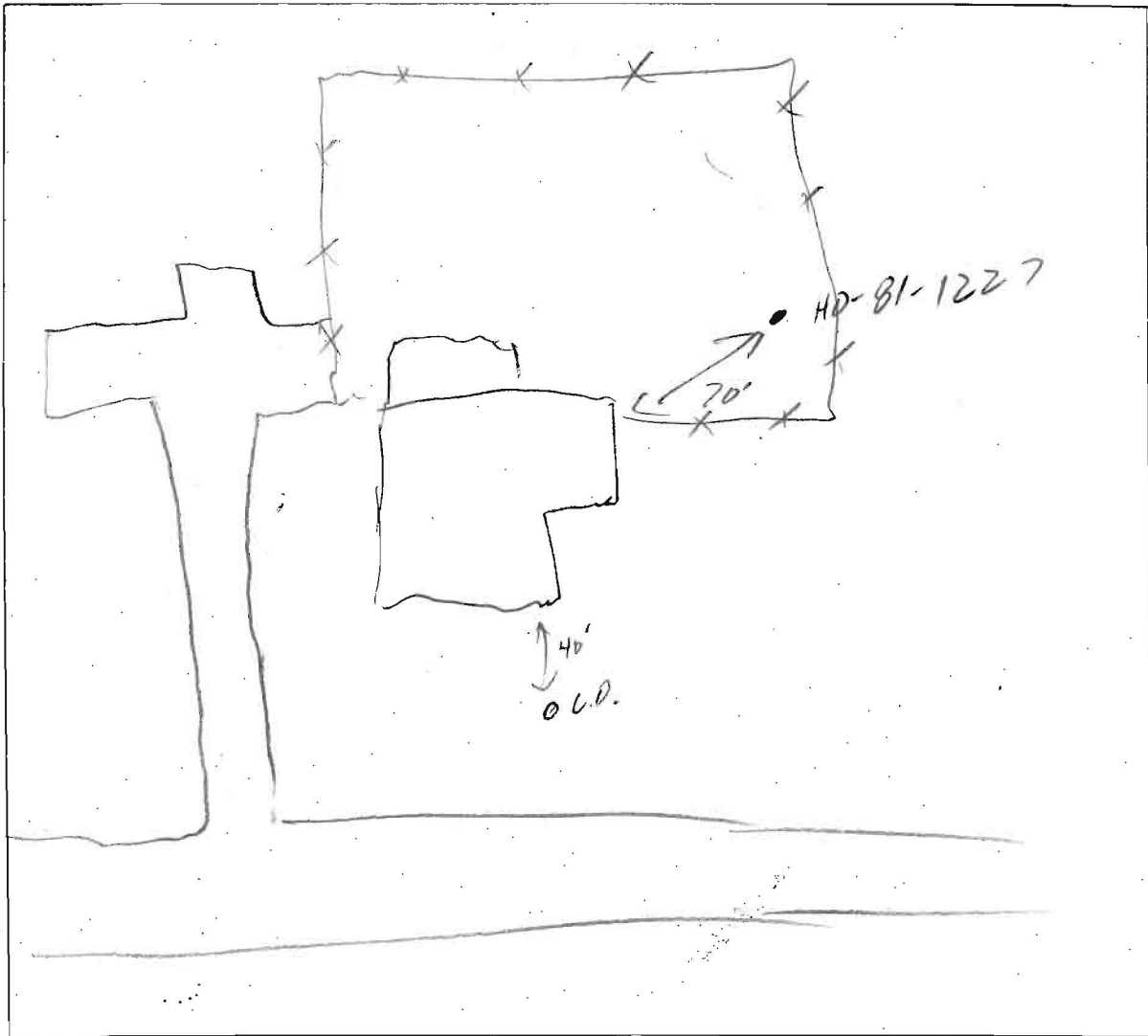
ADDRESS: 12789 Folly Dr Rd CONTRACTOR: \_\_\_\_\_

4349 Maisel Farm Lane WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

\_\_\_\_\_

DATE: 3/18/03 INSPECTOR: SD

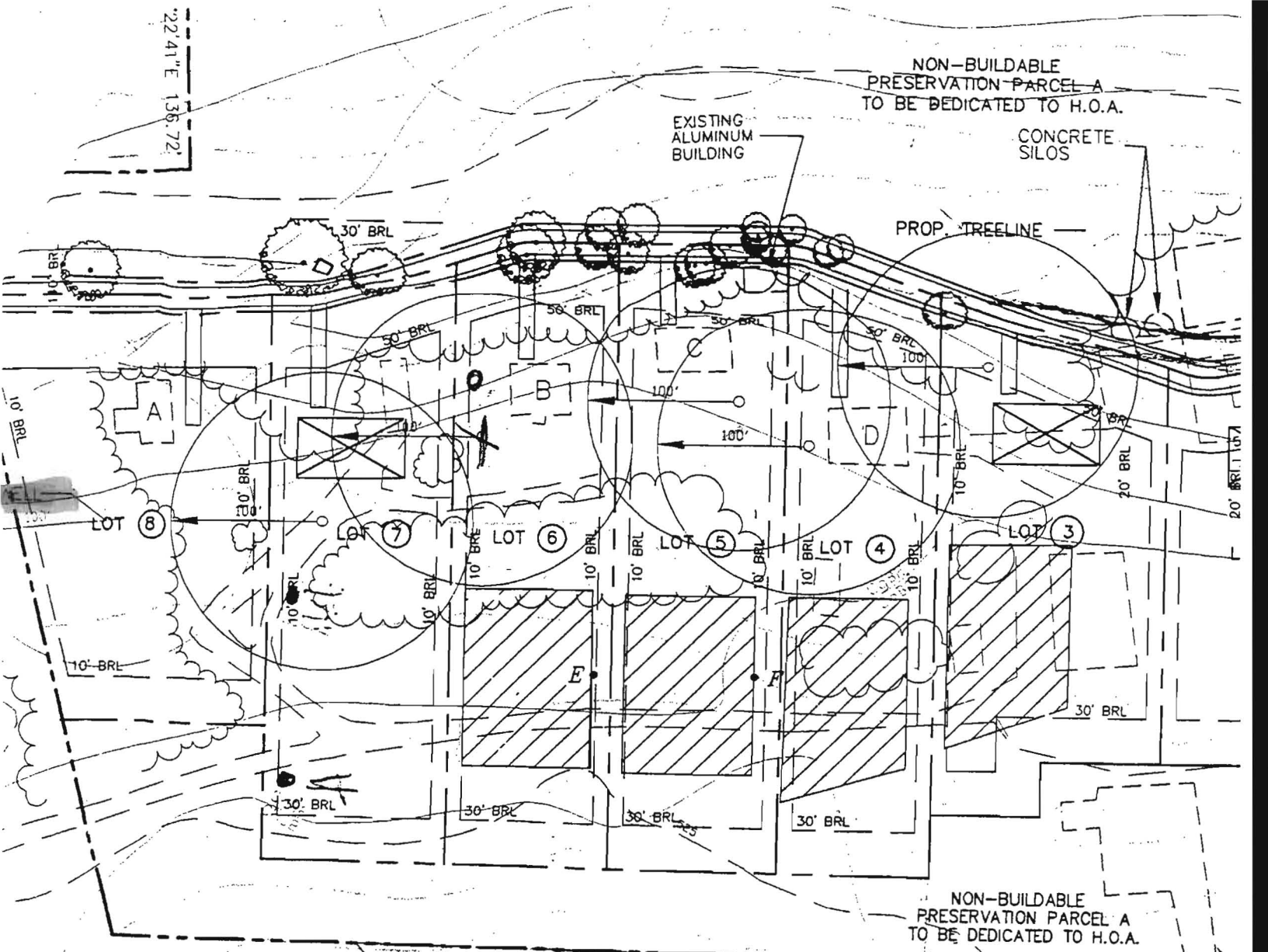
22'41"E 136.72'

NON-BUILDABLE  
PRESERVATION PARCEL A  
TO BE DEDICATED TO H.O.A.

EXISTING  
ALUMINUM  
BUILDING

CONCRETE  
SILOS

PROP. TREELINE



NON-BUILDABLE  
PRESERVATION PARCEL A  
TO BE DEDICATED TO H.O.A.

N37°06'44"E

675.63'

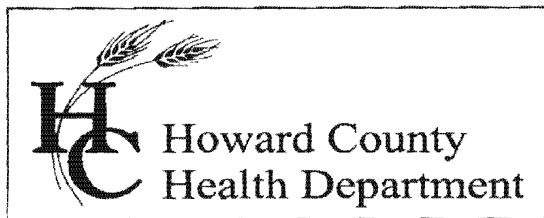
EX. HOUSE

3/17/98  
well site OK  
as stated  
A

CH22  
CH23

CH22  
CH23

500



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**

Expiration Date – DECEMBER 1, 2013

5/31/2013

Brian Dick  
4349 Maisel Farm Lane  
Ellicott City, MD 21042

**RE: Gleelg Manor Farms, Parcel 'B'**  
**4349 Maisel Farm Lane**  
**Building Permit: B06003684**  
**Well Permit: HO-81-1227**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/8/2007**. Final approval of the well line connection to the dwelling was granted on **6/22/2011**. The well construction was completed on **11/06/1985**. Water samples were collected on **4/16/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

The untreated water sample collected on **4/16/2013** indicated a nitrate level of **12.9 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **5/29/2013** and indicated a nitrate level of **'ND' mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

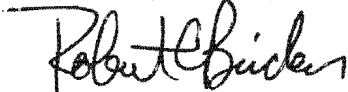
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-81-1227. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Bricker, REHS/R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Brian Dick  
13105 Fox Path Lane  
West Friendship, MD 21794

Reporting Date: 5/30/2013  
Report #: K9608

Submitted Sample Address: 4349 Maisel Farm Lane  
Ellicott City, MD ✓  
Submitted Sample Source: Reverse Osmosis System at Kitchen Sink  
Date / Time Collected: 5/29/2013 8:01 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: N/A

OK rcb  
5/31/13

## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Nitrates + Nitrites	ND	mg/L	1.0	10	EPA 353.2

### Notes:

- Bacteriological analysis of this sample indicates this water is  safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

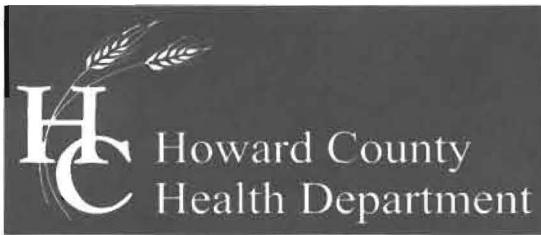
Reported by,



C. Rodgers, Customer Service Representative

Reviewed by:





Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

1711

Maura J. Rossman, M.D., Health Officer

REQUEST FOR PERMANENT DEVIATION TO NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: \_\_\_\_\_ WELL PERMIT #: HO - 81 - 1227

PROPERTY OWNER: Pacific Development, LLC

SUBDIVISION & LOT #: Maisel Property Parcel B

PROPERTY ADDRESS: 4349 Maisel Farm Lane

CONDITIONS:

- 1) The well installed under permit # HO - 81 - 1227 has been documented to have a nitrate level of 12.9 ppm, which exceeds the MCL of 10 ppm.
2) After installation and operation of a nitrate filtration system, water samples collected on 5/30/13 indicated that the nitrate contamination has been reduced to 0 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO 81 - 1227 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Bruc Dick

Prospective Owner's Day Time Phone Number(s)

443-744-9607

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Brian Dick  
13105 Fox Path Lane  
West Friendship, MD 21794

Reporting Date: 4/22/2013  
Report #: K9440

Submitted Sample Address: 4349 Maisel Farm Lane  
Ellicott City, MD  
Submitted Sample Source: Holding tank  
Date / Time Collected: 4/16/2013 8:05 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: No tag  
Permit #: B 060 03 684

## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	12.9	mg/l.	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.6	NTU	0.5	10	SM 2130B
pH	5.5	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H <sup>+</sup> B

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,

*Christen Rodgers*

C. Rodgers, Customer Service Representative

*Nitrates FAIL*

*others 'OK'  
rec 4/23/13*

Reviewed by: *gub*

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

Luis M. Maisel

(Name)

12789 Folly Quarter Rd.

Ellicott City, Md. 21043

(Address)

H6-81-1227

(OEP Well Permit Number)

9-16-85

(Date)

Lot 24-C Gherely

June 24, 2011

To Whom It May Concern:

Confer's Plumbing & Heating (Gary), paid for a well permit for property (12789 Folly Quarter Rd) on 6/16/2011, in the amount of \$160.00 (check #3629); The payee only needs a well line inspection and not a well permit and needs a refund for - receipt #35259 in the amount of \$160.00. Confer's Plumbing & Heating (Attn: Gary) need a refund in the amount of \$160.00.

#35259 6/16/2011 written by Curtis Hughes

#84637 6/20/2011 written by Willie Sims

Mail Refund To:

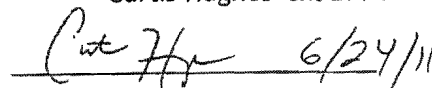
Confer's Plumbing & Heating (Attn: Gary)

908 Evergreen Rd

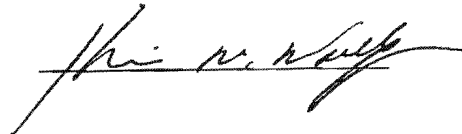
Severn, MD 21144

Thanks in advance

Curtis Hughes ext 1774

 6/24/11

Kevin Wolf ext. 2645



cc: Willie Sims

Marla Kegel

W&S Property File

sources of contamination. If high water table conditions may submerge the suction pipe during any portion of the year, the suction pipe shall be at least 50 feet from all identifiable sources of contamination.

(d) Any pressure water supply line shall be at least 10 feet removed from any subsurface disposal area.

(e) All wells shall be located so as to be accessible for cleaning, treatment, repair, testing, inspection, and such other attention as may be necessary.

(f) All water supplies shall be protected from surface wash or flooding.

(g) The location of a domestic water supply well shall be in accordance with any conditions on well spacing that may be imposed by the Department through an appropriation or use permit.

(h) Notwithstanding satisfaction of the above criteria, the Approving Authority shall determine the acceptability of the proposed location with regard to all identifiable sources of contamination, topography, surface drainage, and ground water conditions.

(3) Upon written request, deviation from the distance criteria may be permitted by the Approving Authority for a domestic well constructed on an individual lot in those cases where the property owner has initiated or completed construction of the residential dwelling for that lot in compliance with all other applicable State, county, or municipal laws and regulations. The request shall describe the need for a deviation and shall contain a statement signed by the owner confirming the basis for a deviation.

C. Relocation During Construction. If it is necessary to relocate a newly drilled domestic well in order to obtain sufficient yield or potable water or because of a well construction problem, the well driller may relocate the well construction site under authority of the original permit provided that:

(1) Any new site meets the requirements of the Approving Authority, when applicable; and

(2) The distance between the unsuccessful well and the new well site is at least 10 feet.

- Need Deviation Request to Have Well 28' From House instead of Normal 30' Minimum
- Need to Have Well Location Surveyed (Supposed to Have Been on the House Location Drawing)
- Need 2 Steel Posts on Either Side of Well Protecting it From Vehicles, Should be Set in Concrete 3' Deep
- Driveway Cannot Extend Past Steel Posts

2+ acre lot

**WELL LOG** (NOT REQUIRED FOR DRIVEN WELLS)

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

DESCRIPTION (Use sectional sheets if needed)	FEET		Depth of Well (TO NEAREST FOOT)
	FROM	TO	
Top Soil	0	2	220
Sandy	2	30	
Sand Stone	30	40	
Micka	40	50	
Sand Stone	50	55	
Micka	55	220	

**GROUNDING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL:  
CEMENT  BENTONITE CLAY   
NO. OF BAGS 11 NO. OF POUNDS 1100  
GALLONS OF WATER 62  
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 40 ft.

**CASING RECORD**  
casing types insert appropriate code below  
ST CO STEEL CONCRETE  
PL OT PLASTIC OTHER  
MAIN CASING TYPE (nearest inch) 4 4.5  
Nominal diameter of main casing (nearest inch) 4.5  
Total depth of main casing (nearest foot) 4.5

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
ST BR HO STEEL BRASS HOLE  
PL OT PLASTIC OTHER

**DEPTH RECORD**  
DEPTH (nearest ft.)  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 5  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface) BEFORE PUMPING 5  
WHEN PUMPING 2.5

**PUMP INSTALLER**  
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 (10 nearest gallon) 31 35  
PUMP HORSE POWER 27 41  
PUMP COLUMN LENGTH (nearest ft.) 43  
CASING HEIGHT (circle appropriate box and enter casing height) (+) above } LAND SURFACE (2) (nearest foot) (-) below }

**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)

**DRILLER'S IDENT. NO.** 233  
**Driller's Signature** Robt E. Mayne  
**WDE SUPERVISOR** (sign. of driller or journeyman responsible for all work if different from permittee)

**GRAVEL PACK**  
IF WELL DRILLED WAS FLOWING WELL INSERT # IN BOX 68

**TELESCOPE CASING**  **LOG INDICATOR**  **OTHER DATA** W O 74 75 76

**ORIGINAL**

Glendy Moore  
2.2 Acre