

C1 3786 SEQUENCE NO. (OEP 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 A 33498  
 NUMBER

DATE Received  
 [ ] [ ] [ ] [ ] [ ] [ ]

DATE WELL COMPLETED  
 03 03 87

Depth of Well  
 22 220 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 40-81-1841

OWNER DEVELOPMENT HIGHLAND  
 STREET OR RFD last name BARKSIDE DR first name TOWN DAYTON  
 SUBDIVISION BRIGHTON PINES SECTION 1 AREA 1 LOT 10

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	
Yellow clay	0	10	
Sand	10	150	
Yellow clay	150	200	
Coarse sand	200	240	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 28 NO. OF POUNDS 160  
 GALLONS OF WATER 160  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 50 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 2 1/0

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

DEPTH (nearest ft.)

EACH SCREEN	DEPTH (nearest ft.)	
	FROM	TO
1	11	20
2	23	30
3	38	45

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

C 3  
 PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 12  
 METHOD USED TO MEASURE PUMPING RATE  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 38  
 WHEN PUMPING 53  
 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   
 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)  
 + above } LAND SURFACE (nearest foot)  
 - below } 2

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.

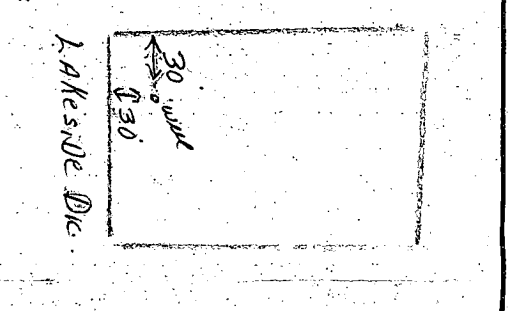
DRILLERS IDENT. NO. 238  
 Joseph E. Maigre  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

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)



B 7 1554

SEQUENCE NO. 2/24/87  
(OEP USE ONLY)  
IPM  
Groot

STATE OF MARYLAND  
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HC-81-1841  
fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name: HIGHAMND  
Owner: DEVELOPMENT  
First Name: 34  
Street or RFD: 36 LAKESIDE DRIVE  
Town: 57 CLARKSVILLE State: 70 MD Zip: 76 21029

B 3

LOCATION OF WELL

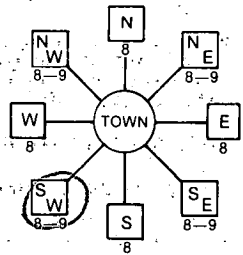
1 2  
8 COUNTY: HOWARD 21  
23 SUBDIVISION: ARLINGTON PINES 42  
SECTION: 44 1 46 LOT: 48 10 50 AREA 2  
52 NEAREST TOWN: 71 DAYTON  
MILES FROM TOWN (enter 0 if in town): 73 2 76 77 78 MI

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne License No. 80 338  
Firm Name: Joseph L. Mayne Well Drilling  
Address: 5512 RIDGE RD. MT. AIRY 21771  
Signature: Joseph L. Mayne Date: 12/12/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: 30 LAKESIDE DR.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH [ ] WEST [ ] EAST [ ] SOUTH [ ]

34 37 DISTANCE FROM ROAD: 38 39 ENTER FT or MI: FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 14 500 20

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 33498  
OEP SIGNATURE: [ ] STATE HEALTH INSERT S [ ]  
DATE ISSUED: 010287 J. Starnes 7/2/87  
NORTH GRID: 50 01000 EAST GRID: 57 0802000

APPROXIMATE DEPTH OF WELL: 24 100 28 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

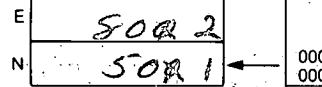
METHOD OF DRILLING (circle one)

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

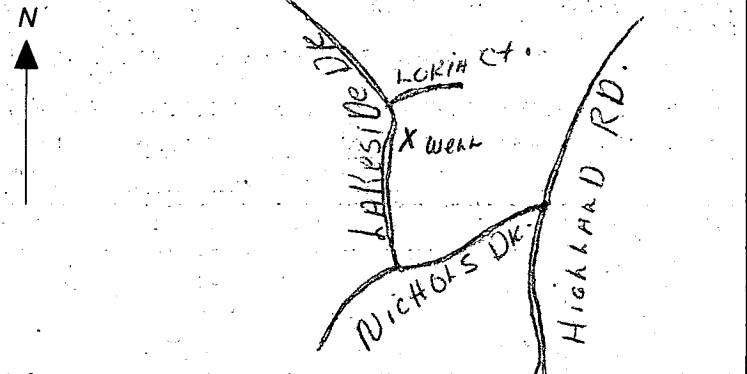
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER:  
1. well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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

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

APPROP. PERMIT NUMBER: 54 GAP 63

FORCE: 67 68 INITIALS IN BOX: 69 70 71 72 73 74 75 76 77 78 79

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 # \_\_\_\_\_  
Date 8-3-99

Name of Installer C. MAYES P+H

Telephone 410 923 0510

License Number 3276

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner MARSHA SHADDEN

Telephone \_\_\_\_\_

Subdivision BRIGHTON PLAINS Lot # 10

Well Tag # HO-81-1841

Site Address 13756 LAKESIDE DR.

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible MYERS.
- Make MYERS
- Model # 25748-8
- Capacity 8 GPM

Motor

- Horsepower 1/4
- RPM 2400
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220 \_\_\_\_\_

Pitless Adapter

- Make CAMPBELL
- Model # B-10
- Depth 42"

- Pump exceeds well capacity Yes \_\_\_\_\_ No
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other \_\_\_\_\_

Tank

- Capacity HOGAL AMTROL.
- Pressure relief valve? YES.

Piping

- Type POLY
- Size 1"
- NSF and/or BOCA Code approved 160PSI
- Depth of supply line 200 ft.

Well data

- Depth 220 ft.
- Yield 12 GPM
- Static water level 56 ft.
- Will water supply be disinfected by installer? NO

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: Charles Mayes

Date: 8-3-99

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

