

C1 3795 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 NUMBER **A 33515**

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
07 22 77

DEPTH OF WELL
365
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-21-1850

OWNER **HIGHLAND DEVELOPMENT**
 STREET OR RFD last name **LAKEVIEW DRIVE** first name
 TOWN **DAYTON**
 SUBDIVISION **BRIGHTON PINE** SECTION **ONE, AREA (C) (D)** LOT **16**

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	
SAND	0	62	
CRAYMICA Rock	62	385	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **18** NO. OF POUNDS **1172**
 GALLONS OF WATER **108**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter (nearest inch) **7** Total depth of main casing (nearest foot) **67**

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

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

C2

EACH SCREEN NUMBER	DEPTH (nearest ft.)	
	1	2
1	7	365
2		
3		

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **1**
 METHOD USED TO MEASURE PUMPING RATE **direct**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **38**
 WHEN PUMPING **29**
 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 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 }

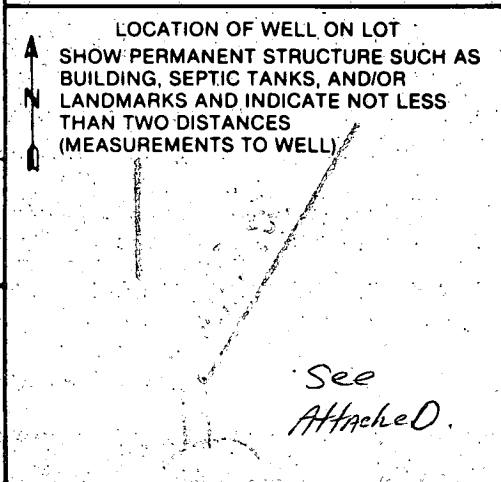
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. _____
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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



B 1 1559 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

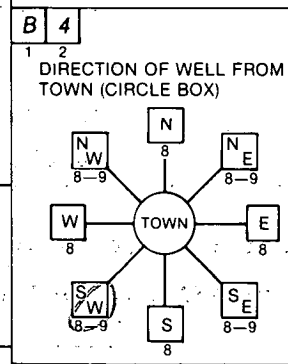
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
70 10-91-1850 79
fill in this form completely

Date Received 12/17/86
OWNER INFORMATION
15 Last Name: HIGGINS
Owner: DEWEI
First Name: CHMUNT
34
36 Street or RFD: 13707 WINDSIDE DRIVE
55
57 Town: CLARKSVILLE 70 State 72: MD Zip 76: 21029

B 3 LOCATION OF WELL
1 2
8 COUNTY: HOWARD 21
23 SUBDIVISION: REPLICATION PINES 42
SECTION 44: 46 LOT 48: 50 AREA 2
52 NEAREST TOWN: DAVEN
71
MILES FROM TOWN (enter 0 if in town) 73: 2 1/2 76: MI 77: 78

DRILLER INFORMATION
Driller's Name: Joseph L. Mayne 238
77 License No. 80
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy Md. 21771
Signature: Joseph L. Mayne Date: 12/12/86



11 Takeaside Drive 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 325 37
DISTANCE FROM ROAD
ENTER FT or MI 38 39: FT

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.): 5 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)
22 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.: A33515
OEP SIGNATURE: Raymond Hodges 41
DATE ISSUED: 010889 43 CO SIGNATURE: EXP. DATE: 1/8/89 48
NORTH GRID 50: 541000 55 EAST GRID 57: 0901000 63

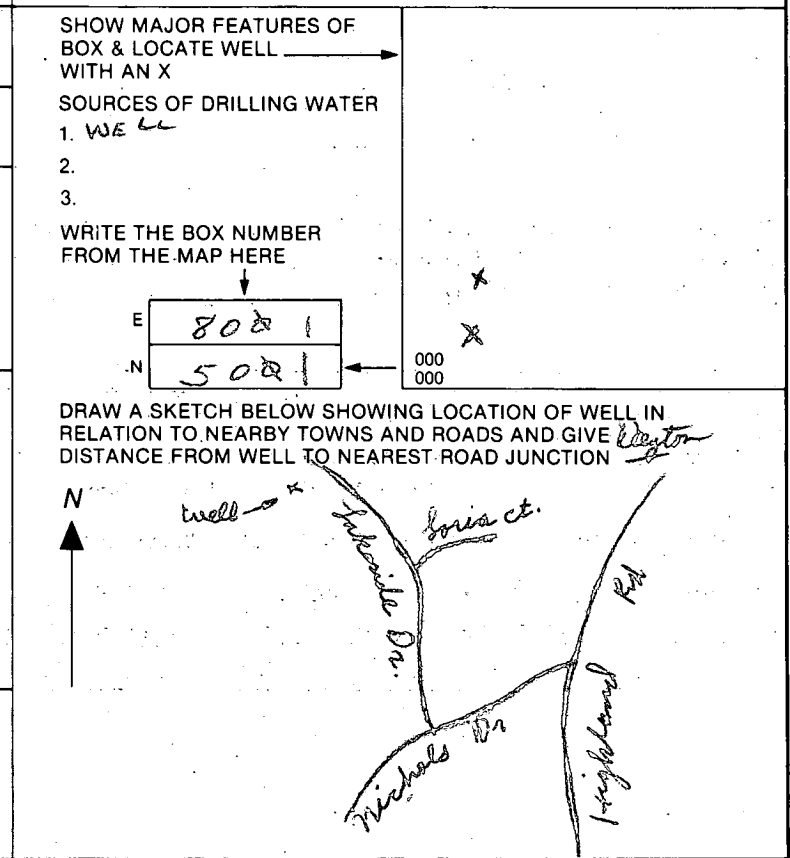
APPROXIMATE DEPTH OF WELL 24: 300 28: FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROtary Drive-POINT
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
39 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: 42

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 54: GAP 63
FORCE 67: AA WRITE INITIALS IN BOX 68 PERMIT No. 70: 10-91-1850 79



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1850
 Location of property (road) LAKE SIDE DRIVE AREA TWO
 Subdivision BRIGHTON PINES Lot 16 Block Plat Sec. ONE
 Well Driller JOSEPH MAYNIE Owner HIGHLAND DEVELOPMENT

Depth of well 385'
 Distance of measuring point (M.P.) above ground 2 ft.
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 gal.
 Total time 60 min. to reach pumping water level 291 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	75	5		12
8:45	190	5	60	12
9:00	255	5	120	12
9:15	291	5	379.5	12
9:30	291	60	291	1
9:45	291	60	38	1
10:00	291	60	253	1
10:15	291	60	1.5	1
10:30	291	60	379.5	1
10:45	291	60		1
11:00	291	60		1
11:15	291	60		1
11:30	291	60		1
11:45	291	60		1
12:00	291	60		1
12:15	291	60		1
12:30	291	60		1
12:45	291	60		1
1:00	290	60		1
1:15	290	60		1
1:30	290	60		1
1:45	290	60		1
2:00	290	60		1
2:15	290	60		1

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

4/13/90
Final
C.B.S.

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION

PITLESS ADAPTER COVERED - MUD
WELL LINE 40"

New Installation X
Replacement _____

Receipt # 45756
Date 3-29-90

Name of Installer John M. Gaske III

Telephone 247-6963

License Number #3189

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Joseph + Rochelle Long

Telephone _____

Subdivision Brighton Pines Lot # 16

Well Tag # HO - 81 - 1850

Site Address 13833 LAKESIDE DR.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible X
- Make myers or equal
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No X
- 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 _____

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220 X

Pitless Adapter

- Make HOWARD
- Model # PT 200
- Depth _____

Tank

- Capacity 80
- Pressure relief valve? yes

Piping

- Type Big Blue
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line _____

Well data

- Depth 385' ft.
- Yield 1 GPM
- Static water level 38' ft.
- Will water supply be disinfected by installer? no

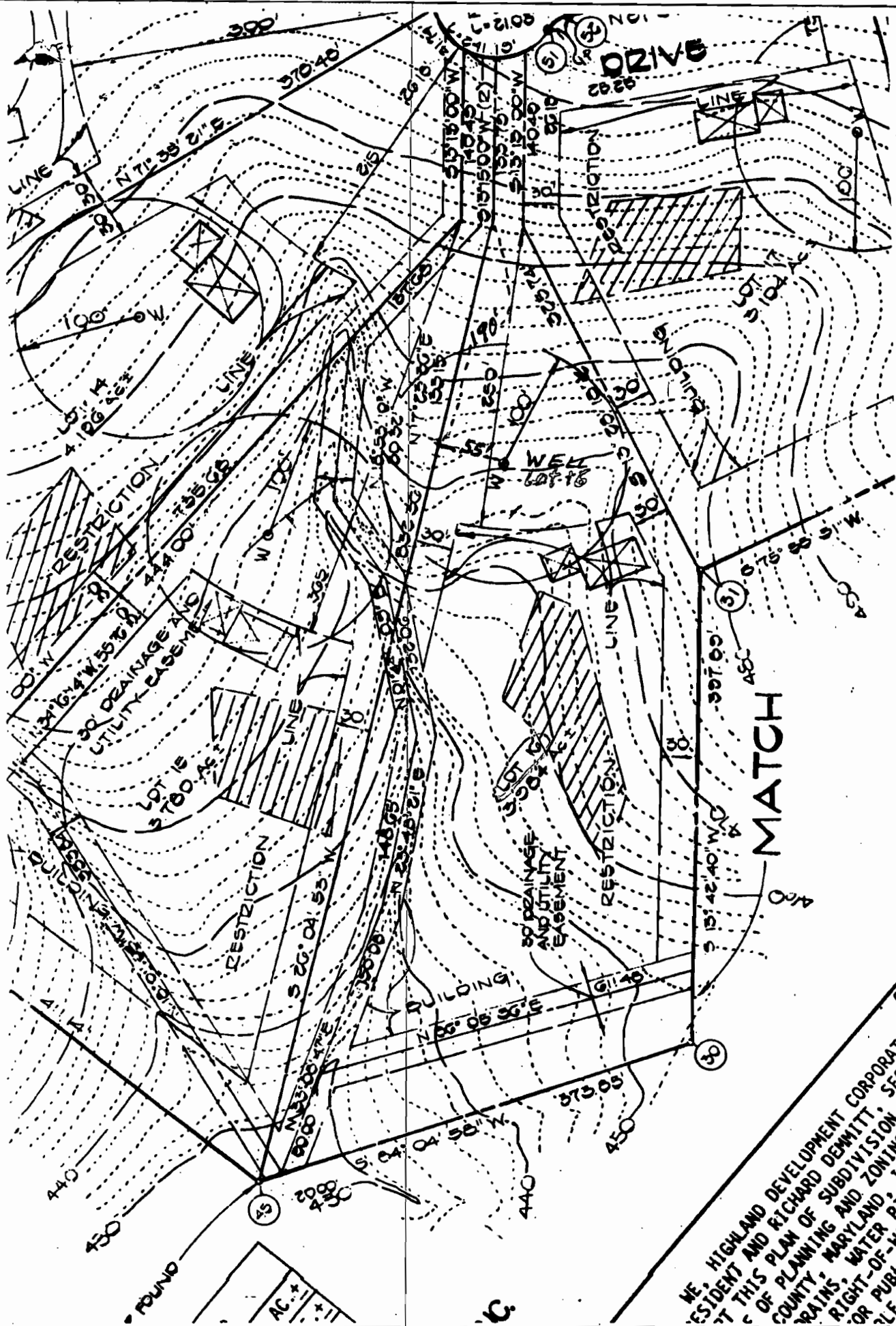
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: John Gaske

Date: 3-29-90

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



WE, HIGHLAND DEVELOPMENT CORPORATION,
 PRESIDENT AND RICHARD DENWITT, SECRETARY,
 OF THIS PLAN OF SUBDIVISION, SECTION
 OF PLANNING AND ZONING, COUNTY, MARYLAND,
 TRAINS, WATER PLANT, OR PUBLIC UTILITY,
 OR PUBLIC