

C1 2393 SEQUENCE NO. (OEP USE ONLY)  
1 2 3 4 5 6  
(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 37983

DATE RECEIVED [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED 052287  
DEPTH OF WELL 305 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2047

OWNER DEVELOPMENT CROSSEN  
STREET OR RFD LINTHICUM ROAD first name TOWN DAYTON  
SUBDIVISION MAP 22 Q13 P.358 SECTION LOT 1

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	60	
Gray mica rock	60	305	✓

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N  
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 15 NO. OF POUNDS 1410  
GALLONS OF WATER 90  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD  
casing types insert appropriate code below  
ST CO STEEL CONCRETE  
PL OT PLASTIC OTHER  
MAIN CASING TYPE ST Nominal diameter 6 Total depth of main casing 67

OTHER CASING (if used)  
EACH CASING diameter 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.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21								
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

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. 238  
DRILLERS SIGNATURE [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

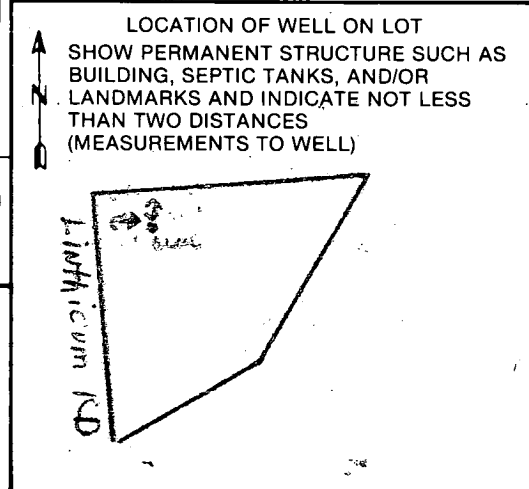
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3  
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  
70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]  
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min. to nearest gal.) 204  
METHOD USED TO MEASURE PUMPING RATE [Signature]  
WATER LEVEL (distance from land surface) BEFORE PUMPING 10 WHEN PUMPING 203  
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 - below LAND SURFACE [ ] (nearest foot)



B 1 7248

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2041

fill in this form completely

Date Received

Empty date grid

OWNER INFORMATION

CROSEN Development Co

2775 SHADY Lane

Glenwood MD 21738

B 3

LOCATION OF WELL

HOWARD

CLYDE T SEIBERT (MAP 22)

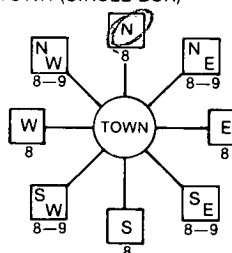
SECTION 44 46 LOT 1 50 P.358

DAYTON

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Linthicum Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT or MI 30 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
A37983 COUNTY NO.
DATE ISSUED 04/20/87
CO SIGNATURE B Nelson
EXP. DATE 10/20/87
NORTH GRID 518000 EAST GRID 0801000

APPROXIMATE DEPTH OF WELL 240 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

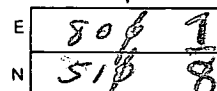
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

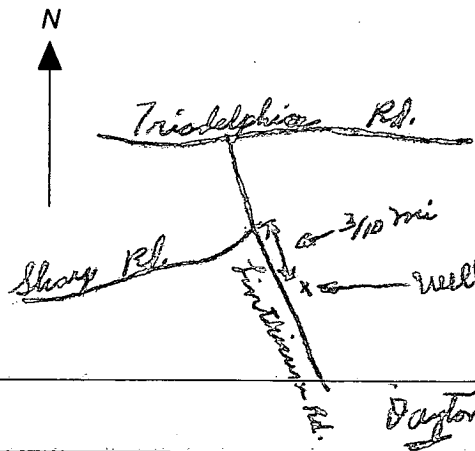
FORCE INITIALS PERMIT No. 40-81-2041

SPECIAL CONDITIONS

- 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



Location of well
67' casing
1' above
50+ open
15 bags cement
5/22/87

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2041  
 Location of property (road) Linthicum RD  
 Subdivision Clyde Seibert Prop. Lot I Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Crosen Development Co.

Depth of well 305'  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 10'

I. High rate pumping -- reservoir drawdown  
 Time pump started 7:30 Pumping rate 12 gal.  
 Total time 45 min. to reach pumping water level 203 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	88	5		12
8:00	122	5		12
8:15	203	5		12
8:30	203	25		2 $\frac{4}{10}$
8:45	203	25		2 $\frac{4}{10}$
9:00	203	25		2 $\frac{4}{10}$
9:15	203	25		2 $\frac{4}{10}$
9:30	203	25		2 $\frac{4}{10}$
9:45	203	25		2 $\frac{4}{10}$
10:00	203	25		2 $\frac{4}{10}$
10:15	203	25		2 $\frac{4}{10}$
10:30	203	25		2 $\frac{4}{10}$
10:45	203	25		2 $\frac{4}{10}$
11:00	203	25		2 $\frac{4}{10}$
11:15	203	25		2 $\frac{4}{10}$
11:30	203	25		2 $\frac{4}{10}$
11:45	203	25		2 $\frac{4}{10}$
12:00	203	25		2 $\frac{4}{10}$
12:15	203	25		2 $\frac{4}{10}$
12:30	203	25		2 $\frac{4}{10}$
12:45	203	25		2 $\frac{4}{10}$
1:00	203	25		2 $\frac{4}{10}$
1:15	203	25		2 $\frac{4}{10}$
1:30	203	25		2 $\frac{4}{10}$
1:45	203	25		2 $\frac{4}{10}$
2:00	203	25		2 $\frac{4}{10}$

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. 21045  
 461-9933

11/6/87  
 AM

10.00

New Installation   
 Replacement

Receipt # 40260  
 Date 10-13-87

Name of Installer MARINO P & H INC.

Telephone 747-5615

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

Name of Property Owner DON CROSEN Telephone 854-6655  
 Subdivision \_\_\_\_\_ Lot # 1 Well tag # HU-01-2041  
 Site Address 4225 LINTHICUM RD.  
Dayton md. 21036

Pump

1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible

- Motor  
 1. Horsepower 3/4  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

- Pitless Adapter  
 1. Make BRASS 1"  
 2. Model # 1"  
 3. Depth 42"

2. Make Goulds  
 3. Model # 5FS07412  
 4. Capacity 2-4/10 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  Other \_\_\_\_\_

Tank

1. Capacity WX  
 2. Pressure relief valve? YES

- Piping  
 1. Type 1" 160lb. Quest  
 2. Size 1"  
 3. NSF and/or BOCA Code approved YES  
 4. Depth of supply line 42"

- Well data  
 1. Depth 305 ft.  
 2. Yield 24 GPM  
 3. Static water level 35 ft.  
 4. Will water supply be disinfected by installer? NO

By Builder

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).

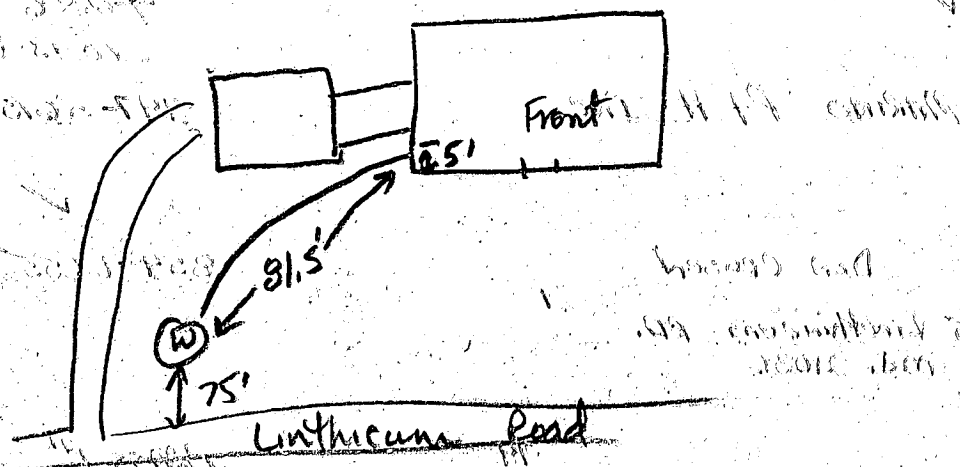
All information given above is true to the best of my knowledge.

Signature of Applicant: Joyl D. Mans

Date: 10-9-87

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

0.8500  
S. 2000



11-6-87. Pitless adaptor at 48 inches. Ground line on casing. House connection ok. JENodeau

San  
Pa  
100  
on  
Subst  
11-28  
11-28  
11-28

11-28-01