

C1 00567

SEQUENCE NO. (OEP USE ONLY)

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-35257

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

DATE RECEIVED

DATE WELL COMPLETED 070386

DEPTH OF WELL 2200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1512

OWNER BROTHERS TAC BACH last name first name TOWN GLEN ELG STREET OR RFD LINTHICUM RD SUBDIVISION PHASANT LANDING SECTION LOT 20

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: OVERBURDEN 0 55, GRAY ROCK 55 200 X.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 55 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) ST 6 55

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.) 140 55 200 E A C H S C R E E N 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

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.

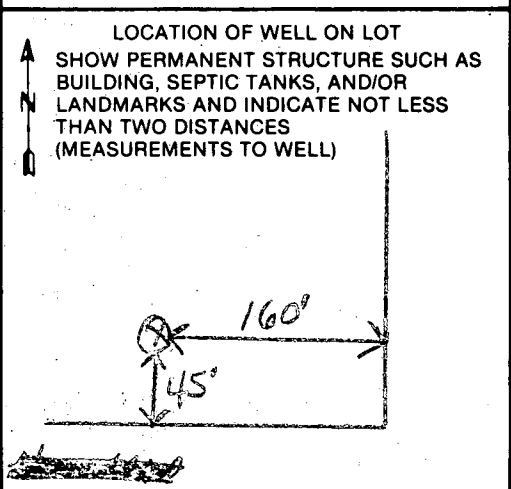
DRILLERS IDENT. NO. 180 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 666 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 219" WHEN PUMPING 7351" 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 2753 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  
NO-81-1512  
fill in this form completely

Date Received 7/2/86 1:30 PM  
OWNER INFORMATION  
BACH PROS INC  
2 WINTERS LALE  
CATOWVILLE MD 21028

LOCATION OF WELL  
HAWARD COUNTY  
PHEASANT LANDING  
SECTION 44 46 LOT 48 50  
ELENEGG  
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION  
Stanley P. Cochran 120  
EDGAR HARR SONS CORP.  
1047 FALLS RD COCKEYSVILLE MD 21030  
4-30-86

LITHICUM RD.  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
TOWN  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 800 FT  
ENTER FT or MI 800 FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
HOWARD COUNTY NAME  
A-35257 COUNTY NO.  
OEP SIGNATURE B. Nixon  
DATE ISSUED 12/05/86  
NORTH GRID 515000 EAST GRID 080000

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 500 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
WRITE THE BOX NUMBER FROM THE MAP HERE  
803 E 515 N

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)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
N  
LITHICUM RD  
7/2/86  
WBLD  
OR  
SBO OF HOWARD RD  
RBD

Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER GAP  
FORCE INITIALS PERMIT NO. NO-81-1512

SPECIAL CONDITIONS





Re 12/31/86  
#38337  
10/00  
cash  
BW

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. 21043  
461-9933

New Installation  Replacement \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date 12/31/86  
Name of Installer Victor Lytle Telephone 833-7483  
License number 6581  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
Name of Property Owner Ed Simpson Telephone \_\_\_\_\_  
Subdivision Pleasant Landing Lot # 20 Well tag # HO-81-1512  
Site Address 4505 Linthicum Rd

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Miyota  
3. Model # \_\_\_\_\_  
4. Capacity 8 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 \_\_\_\_\_

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

Pitless Adapter  
1. Make HARVARD  
2. Model # P.T. 860  
3. Depth \_\_\_\_\_

Tank  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

Piping  
1. Type Blue Blue  
2. Size 1"  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line \_\_\_\_\_

Well data  
1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

PITLESS & SUPPLY LINE OK. GROUNDWIRE IS BOLTED BELOW GRADE - MUST BE WELDED. CW.  
(MESSAGE LEFT 1/2/86)

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: Victor L. Lytle  
Date: 12/31/86

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