

C1 02948

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 502 26 (TO NEAREST FOOT)

MAY 21 PERM-211

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 88 1704

OWNER Cat Tail Creek Country Club STREET OR RFD 3600 Cat Tail Creek Drive TOWN SECTION LOT PAR B

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries like 'med hard gray rock' and 'hard green rock'.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL ST, CONCRETE CO, PLASTIC PL, OTHER OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter (inch) and depth (feet).

SCREEN RECORD form with fields for screen type (STEEL ST, BRASS BR, BRONZE BR, PLASTIC PL, OPEN HOLE HO, OTHER OT) and DEPTH (nearest ft.).

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MW D 304 DRILLERS SIGNATURE David Kelley

LIC. NO. MW D 509 DRILLERS SIGNATURE Harvey W Knopp

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

DEPTH (nearest ft.) table with columns for casing height and depth.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LOCATION OF WELL ON LOT form with fields for SHOW PERMANENT STRUCTURE, LANDMARKS, and a diagram area.

C1 7667

SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

A 47782

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED: 050393

Depth of Well: 128 (TO NEAREST FOOT)

PERMIT NO.: HC-72-0306

OWNER: Cathart Creek Golf Course last name first name TOWN: Glenwood SUBDIVISION: Cathart Creek Country Club SECTION: 218 FROM (W/4 R 7) 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, FEET (FROM, TO), Check if water bearing. Rows include Dirt, Soft Br. Mica, Blue & Br. Schist, Br. Mica, Blue Schist, Br. Mica Schist, Blue Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES NO

TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC

NO. OF BAGS: 25 NO. OF POUNDS: 2350

GALLONS OF WATER: 150 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 56 ft. (enter 0 if from surface)

CASING RECORD

ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE: S T Nominal diameter: 6 Total depth: 58

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

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen section.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min. to nearest gal.): 10

METHOD USED TO MEASURE PUMPING RATE: submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 58

WHEN PUMPING: 58

TYPE OF PUMP USED (for test)

- A air, P piston, T turbine, C centrifugal, R rotary, O other, 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

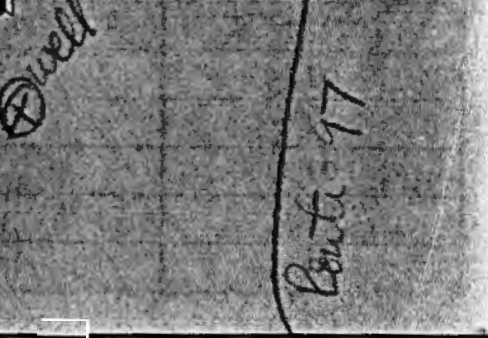
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot): 2

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)



- 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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 256 DANA KYKER JR. II

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)

TELESCOPE CASING LOG INDICATOR OTHER DATA

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

Building Address 3538 Church Rd  
Ellicott City Md.  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 602800 Subdivision N.A.  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 25 Parcel 13 Grid 1  
 Zoning RED Map Coordinates \_\_\_\_\_ Lot size 8.5Ac

Property Owner's Name Charles T. Lacey Sr.  
 Address 3538 Church Rd  
 City Ellicott City State MD Zip Code 21043  
 Home Phone 410-461-1593 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
SAME  
 Phone SAME Fax \_\_\_\_\_

Existing Use Farm Use - Single FAM.  
 Proposed Use Farm Use Home  
 Estimated Construction Cost \$ 2000.00  
 Description of Work Demolition of two  
Farm Type Structures  
Damaged by Storm - 25 yrs old

Contractor Company TBD - SELF  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant C.T. LACEY SR.  
 Contact Name \_\_\_\_\_  
 Address 3538 Church Rd  
 City Ellicott City State MD Zip Code 21043  
 Phone 410-461-1593 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>Carport - Shed</u> Dimensions: <u>22 x 24 &amp; 10 x 20</u> Footings: <u>NA</u> Roof: <u>Shingle</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Charles T. Lacey Sr.  
 Applicant's Signature  
SELF  
 Title/Company \_\_\_\_\_

Charles T. Lacey Sr.  
 Print Name  
4/8/03  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>4/8/03</u>	<u>Mark [Signature]</u>
Health		
Fire Protection		

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** \_\_\_\_\_

Filing fee \$ \_\_\_\_\_  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Add'l per. fee \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Validation # \_\_\_\_\_


Accepted by \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Click here for a plain text ADA compliant screen.

 <b>Maryland Department of Assessments and Taxation</b> <b>HOWARD COUNTY</b> <b>Real Property Data Search</b>	<a href="#">Go Back</a> <a href="#">View Map</a> <a href="#">New Search</a>
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**Account Identifier:** District - 02 Account Number - 213591

<b>Owner Information</b>
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<b>Owner Name:</b> LACEY CHARLES & KARLOS ETAL	<b>Use:</b> RESIDENTIAL
<b>Mailing Address:</b> 3538 CHURCH RD ELLICOTT CITY MD 21043-4402	<b>Principal Residence:</b> YES
	<b>Deed Reference:</b> 1) / 869/ 113 2)

<b>Location &amp; Structure Information</b>
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<b>Premises Address</b> 3538 CHURCH ROAD ELLICOTT CITY 21043	<b>Zoning</b> RED	<b>Legal Description</b> 8.5 ACRES 3538 CHURCH ROAD
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Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No: Plat Ref:
25	1	13						82	

<b>Special Tax Areas</b>	<b>Town Ad Valorem Tax Class</b>	A/V, METRO FIRE TAX
--------------------------	----------------------------------	---------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1937	2,360 SF	8.50 AC	

Stories	Basement	Type	Exterior
1	YES	STANDARD UNIT	BRICK

<b>Value Information</b>
--------------------------

	Base Value	Phase-in Assessments		
		Value As Of	As Of	As Of
Land:	306,000	01/01/2003 612,000	07/01/2002	07/01/2003
Improvements:	200,240	219,840		
<b>Total:</b>	<b>506,240</b>	<b>831,840</b>	<b>506,240</b>	<b>614,773</b>
Preferential Land:	0	0	0	0

<b>Transfer Information</b>
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<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>
<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>
<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>

<b>Exemption Information</b>
------------------------------

<b>Partial Exempt Assessments</b>	<b>Class</b>	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

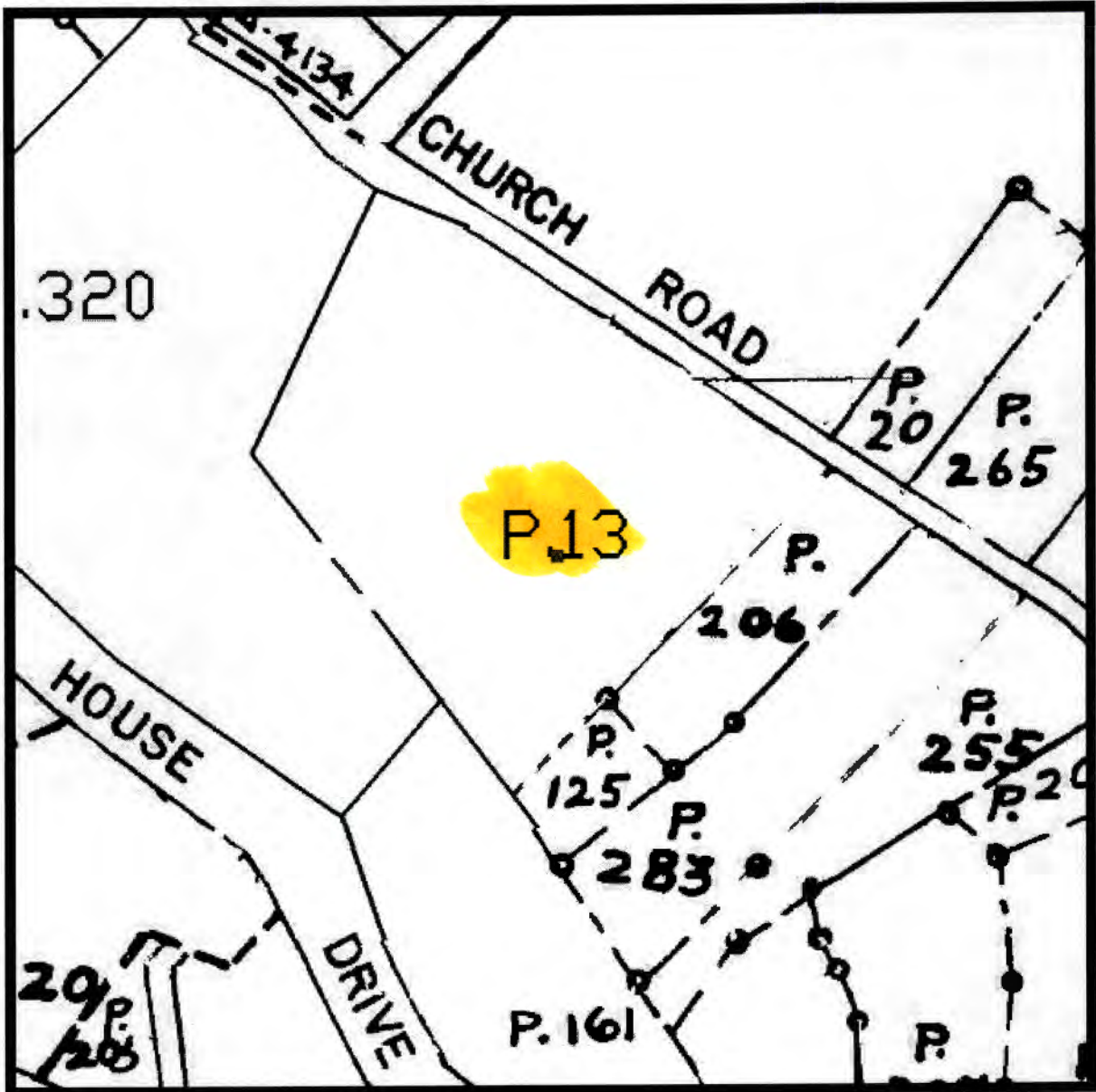
**Tax Exempt:** NO **Special Tax Recapture:**  
**Exempt Class:** \* NONE \*



Maryland Department of Assessments and Taxation  
HOWARD COUNTY  
Real Property Data Search

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District - 02 Account Number - 213591



Property maps provided courtesy of the Maryland Department of Planning ©2001.  
For more information on electronic mapping applications, visit the Maryland Department of Planning  
web site at [www.mdp.state.md.us](http://www.mdp.state.md.us)

STATE OF MARYLAND  
DEPT. OF HEALTH AND MENTAL HYGIENE

Date 3/1/84

To Frank Skinner

From Denise Swartzbaugh

- |  |   |
|--|---|
| <input type="checkbox"/> Please Note & File                            | <input type="checkbox"/> To be Signed   |
| <input type="checkbox"/> For Your Information                          | <input type="checkbox"/> Please Comment |
| <input type="checkbox"/> Please Note & Return                          | <input type="checkbox"/> Please See Me  |
| <input type="checkbox"/> Please Handle                                 |   |
| <input type="checkbox"/> Please answer, Sending me Copy of your letter |   |
| <input type="checkbox"/> Please Prepare reply for my Signature         |   |

Remarks: *This is copy of completed report. Please Note Red ✓. Diller has filled in information can be added to your files*

1 2 3 (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED  
COUNTY NUMBER **A28436**

DATE Received  
**FEB 15 1984**

DATE WELL COMPLETED  
**2 28 84**

Depth of Well **P31703**  
**400**  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
**H0-81-0379**

OWNER **Feldman Alexander**  
last name first name  
STREET OR RFD **McKendree Road**  
TOWN **Cooksville**  
SUBDIVISION **Richard Hough property** SECTION **1** 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	
Dirt	0	2	
Soap Stone	2	73	
Slate	73	400	✓

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **36** NO. OF POUNDS **3600**  
GALLONS OF WATER **216**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **86** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **88**

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

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>H0</b>	<b>86</b>
2		
3		

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. **144**  
**Austin Gower**  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Austin Gower**  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

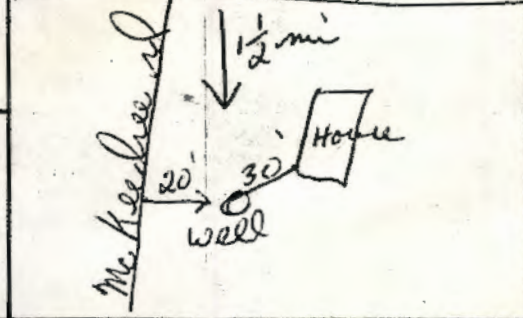
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) **WO**  
70 **72** **74 75 76**  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

**C3**  
PUMPING TEST  
HOURS PUMPED (nearest hour) **6**  
PUMPING RATE (gal. per min. to nearest gal.) **2**  
METHOD USED TO MEASURE PUMPING RATE **Submersible**  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING **25**  
WHEN PUMPING **95**  
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) **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 } **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)



C 1 4573

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 050996

Depth of Well 5095/ 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0776

OWNER Howard County Schools STREET OR RFD 11600 Route 216 TOWN Fulton 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. Includes entries like micaceous clay, Br. mica, Tan mica, Gray mica, Fractured zone, Gravel/sandstone, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

PUMPING TEST

HOURS PUMPED, PUMPING RATE (gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, jet, submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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), LAND SURFACE (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y/N)

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 26.04.04 "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.

TYPE: MWD/MSD/MGD 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) George F. Esterday

LIC. NO. 386

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

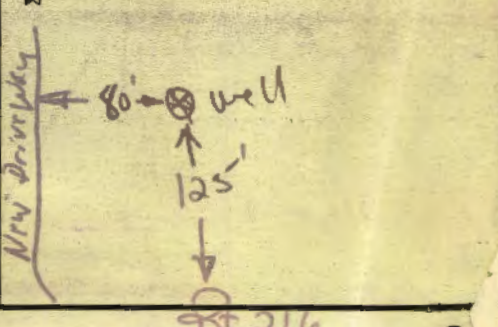
DEPTH (nearest ft.)

Table with columns for depth intervals (8-9, 11-15, 17-21, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51) and slot size diameter of screen (56, 60)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE 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

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)





C1 1919 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 40209-W

DATE RECEIVED DATE WELL COMPLETED

Depth of Well 190 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-2320

OWNER ANDEX DEPARTMENT PUBLIC WORKS STREET OR RFD 11226 RTE 216 TOWN SCAGGSVILLE SUBDIVISION MAP 46 P. 288 SECTION COST LOT WELL #8

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 Topsoil, Br. Mica, Tan mica, Gray Mica, Tan Mica, Gray Mica, Flint, Gray Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 40 NO. OF POUNDS 4000

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE (ST) Nominal diameter (6) Total depth (110)

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)

Table for SCREEN DEPTH (nearest ft.) with columns 1-51 and rows 1-3.

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. 40

DRILLERS 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 60 WHEN PUMPING 140 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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) LAND SURFACE (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)

Click here for a plain text ADA compliant screen.

	<b>Maryland Department of Assessments and Taxation</b> <b>HOWARD COUNTY</b> <b>Real Property Data Search</b>	<a href="#">Go Back</a> <a href="#">View Map</a> <a href="#">New Search</a>
---	--	---

STR

**Account Identifier:** District - 06 **Account Number -** 391095

**Owner Information**

<b>Owner Name:</b>	ARNOLD JANET A ARNOLD CORRINNE A J/T	<b>Use:</b>	RESIDENTIAL
		<b>Principal Residence:</b>	YES
<b>Mailing Address:</b>	PO BOX 10 SAVAGE MD 20763-0010	<b>Deed Reference:</b>	1) / 6330/ 388 2)

**Location & Structure Information**

<b>Premises Address</b> 9245 VOLLMERHAUSEN RD SAVAGE 20763	<b>Zoning</b> R20	<b>Legal Description</b> 1.086 A 9245 VOLLMERHAUSEN RD SAVAGE
--	----------------------	--

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No: Plat Ref:
47	4	640						81	

<b>Special Tax Areas</b>	<b>Town Ad Valorem Tax Class</b>	NO A/V, NO M/P, METRO FIRE TAX
--------------------------	----------------------------------	--------------------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1952	2,512 SF	1.08 AC	
<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>
2	NO	STANDARD UNIT	FRAME

**Value Information**

	Base Value	Phase-in Assessments		
		Value As Of 01/01/2002	As Of 07/01/2002	As Of 07/01/2003
<b>Land:</b>	84,390	90,390		
<b>Improvements:</b>	66,990	69,690		
<b>Total:</b>	151,380	160,080	153,080	157,180
<b>Preferential Land:</b>	0	0	0	0

**Transfer Information**

<b>Seller:</b> ARNOLD CARLETON E & WF	<b>Date:</b> 08/07/2002	<b>Price:</b> \$0
<b>Type:</b> NOT ARMS-LENGTH	<b>Deed1:</b> / 6330/ 388	<b>Deed2:</b>
<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>
<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>

**Exemption Information**

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

**Tax Exempt:** NO  
**Exempt Class:**

**Special Tax Recapture:**  
HOMEOWNERS TAX CREDIT

7/11/83.  
9 30

FILE Replacement Well Site Check DATE REPORTED 7/8/83

PROPERTY OWNER Mr. Arnold 725-4959

P. O. ADDRESS 9245 Vollmerhausen Rd. P.O. box 10 Savage Md.

DIRECTIONS TO PROPERTY @ Patuxent River near Vollmerhausen Rd.

CALL FIRST drive

INFORMANT Mr. Arnold thru Mr. Mayne Arnold Rock Pile  
at Bridge Bridge on Vollmerhausen Rd.

CONDITION FOUND: 7/11/83 - talked to Mr Arnold  
He wants to put well at WS 1 which is only 15 ft from the house & 10 ft from the property line  
I suggested WS 2 which is 30 ft from the house & 10 ft

ACTION TAKEN: from the property line  
He wants to put it close to the house because of difficulty in digging ditch from well to house because of rock. Old well gets flooded during rain R/H

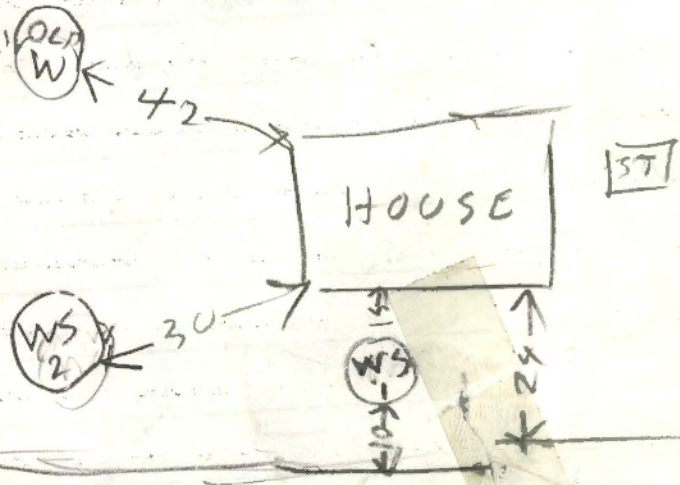
7/12/83 Talked to Mr Arnold He changed his mind & decided to drill well 30 ft from house (WS #2) on reverse side R/H

HD - 76

7/15/83 Tag given to Mrs Joseph Mayne ES.

8/2/83 Well Complete ES.

RIVER → →



R W



RIVER

Ullmann

B 1 **6748**

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

**HO-81-0200**

fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

Date Received

**07/18/83**

OWNER INFORMATION

**ARNOLD CARLETON TUBSON**

**9245 VOLLMERHAUSEN RD.**

**SAVAGE MD 20763**

B 3

LOCATION OF WELL

**HOWARD**

**Taxmap 47 parcel 640**

**SAVAGE**

**1 1/2 MI**

**9245 VOLLMERHAUSEN**

**NEAR WHAT ROAD**

**600 FT**

DRILLER INFORMATION

**Joseph L. Mayne** **238**

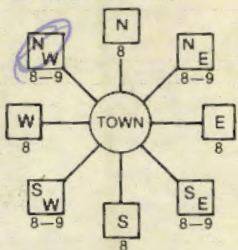
**Joseph L. Mayne**

**5512 Ridge Rd. Mt. Airy Md.**

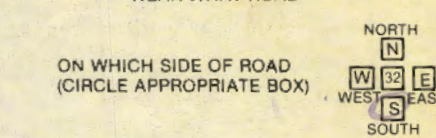
**Joseph L. Mayne July 18, 83**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**9245 VOLLMERHAUSEN**



**600**

**ENTER FT or MI** **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 COUNTY NO.

OEP SIGNATURE STATE HEALTH SIGNATURE

DATE ISSUED **07/18/83** **Frank Skinnis** **1/18/84**

CO SIGNATURE EXP. DATE

NORTH GRID **478 0 0 0** EAST GRID **0847 0 0 0**

APPROXIMATE DEPTH OF WELL **140** 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) **HO-81-0200**

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

APPROX. PERMIT NUMBER **G A P**

FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0200**

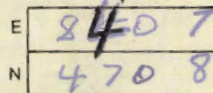
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

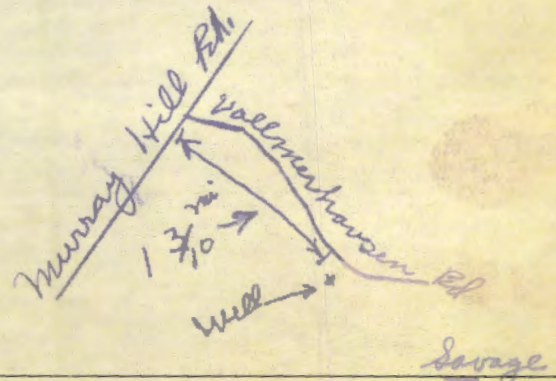
SOURCES OF DRILLING WATER

- 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





1 2 3 4 5 6 7 8  
6748  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

8/2/83

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

OEP PERMIT NUMBER  
HO-81-0200  
fill in this form completely

Date Received 10:00 A.M.  
OWNER INFORMATION  
ARNOLD Cate tonton  
9245 VOLLMERHAUSE RD.  
SAVAGE MD 20763

DRILLER INFORMATION  
Joseph L. Mayne  
5512 Ridge Rd. Mt. Airy Md  
July 19, 83

WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 140 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

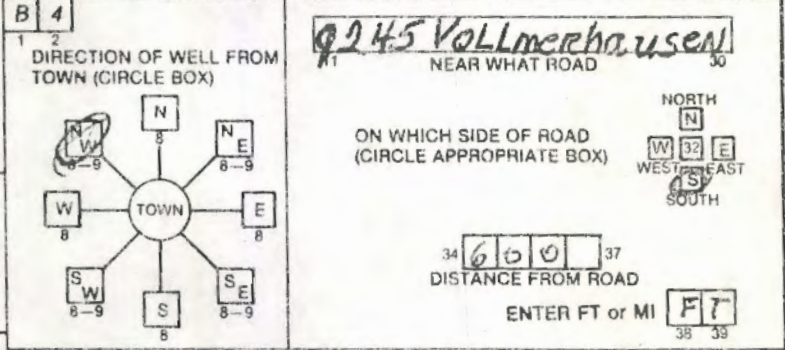
METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVERSE-ROTARY Drive-POINT  
other

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)

Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER GAP  
FORCE FS WRITE INITIALS IN BOX PERMIT No. HO-81-0200

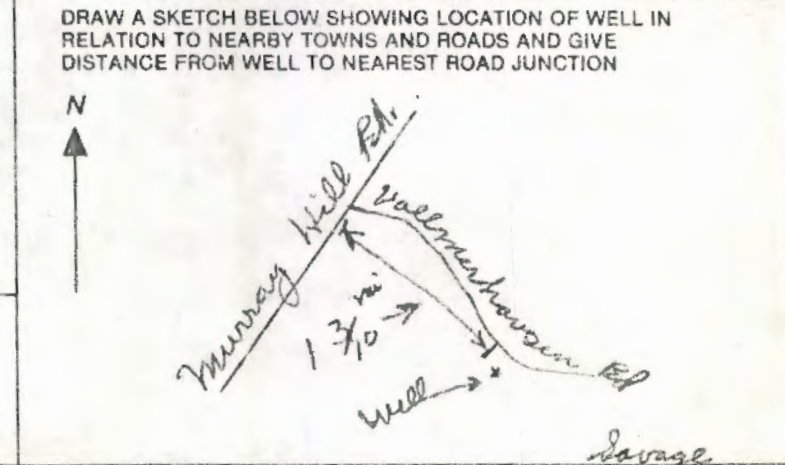
SPECIAL CONDITIONS

LOCATION OF WELL  
HOWARD COUNTY  
SAVAGE NEAREST TOWN  
MILES FROM TOWN 1 3/4 MI



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
HOWARD COUNTY NAME  
OEP SIGNATURE Frank Skumie 1/18/84  
DATE ISSUED 07/18/83  
NORTH GRID 000 EAST GRID 000

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  
E 850  
N 470



Savage



**B 1** **6856** SEQUENCE NO. (WRA USE ONLY)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

WRA PERMIT NUMBER ✓

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
*6/20/74*  
*1:30*

OWNER: Robey Methodist Church  
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: Washington Blvd  
 COL 36 COL. 55

POST OFFICE: Jessup MD 20794  
 COL 57 COL. 76

**B 1** CONTINUED **DRILLER INFORMATION**

DATE: May 22 74 LICENSE NUMBER: 42  
 COL 1 COL. 6 COL. 77 COL. 80

FIRST NAME: L. F. Easterday DRILLER LAST NAME

SIGNATURE: L. F. Easterday

**B 3** **LOCATION OF WELL**

COUNTY: Hannock COL. 21  
 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION: 23 COL. 42

SECTION: 44 LOT: 46 COL. 48 COL. 50

NEAREST TOWN: Robey COL. 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 73 COL. 76 COL. 77 COL. 78

**B 2** **WELL INFORMATION**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 COL. 8 COL. 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 COL. 14 COL. 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

**B 4** **DIRECTION FROM TOWN**  
 (CIRCLE APPROPRIATE BOX)

NORTH  EAST  NE NORTHEAST  SE SOUTHEAST

SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST

NEAR ROAD WHAT: Rt 32

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 100 COL. 34 COL. 37 COL. 38 COL. 39

APPROXIMATE DEPTH OF WELL: 150 FEET COL. 24 COL. 26

APPROXIMATE DIAMETER OF WELL: 6 in (NEAREST INCH)

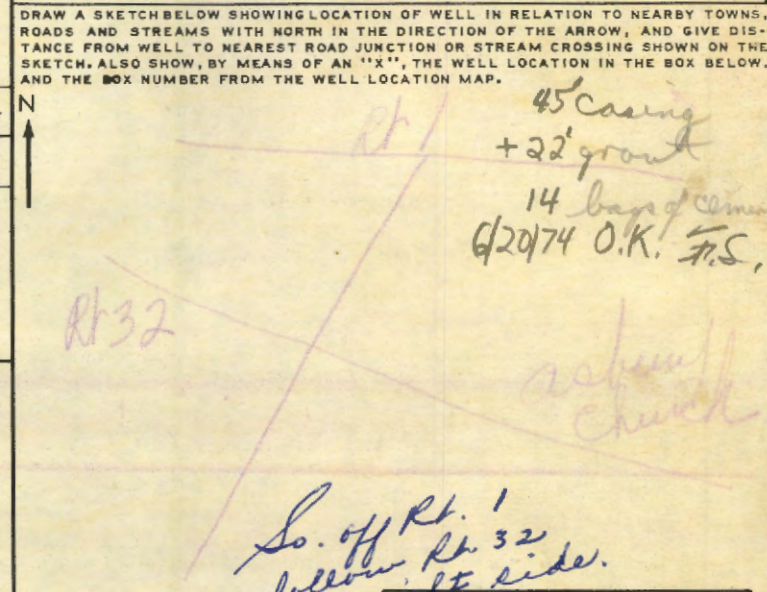
**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE):



**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 (WRA USE ONLY)**

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 65

FORCE: 67 WRITE INITIALS IN BOX: 68

CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: 850 (E) 470 (N)

NORTH COORDINATE: 50 51 52 53 54 55

EAST COORDINATE: 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET): 65 66 67 68

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

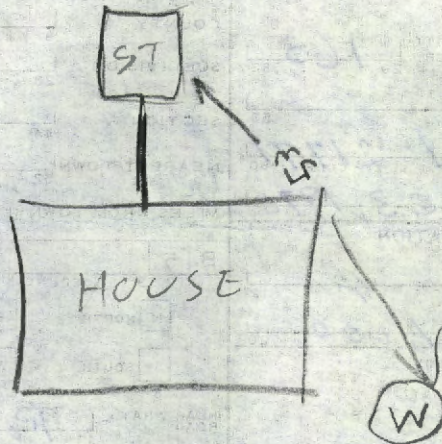
STATE HEALTH (CIRCLE BOX): 3

COUNTY NAME: Hannock COUNTY NO.: 220041

DATE: 5/21/74 APPROVED BY: Donald Konasban, Sanitarian

**B 5** SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6



- ① Only 13 FT to be grouted today but about 7 to 8 FT of soil to be filled above existing grade. Then another piece of casing to be added
- ② This well has 3 FT casing
- ③ Well about 76 FT deep
- ④ Water comes to within 30 FT of top of grade as it is now will be 37 FT after lot is filled
- ⑤ 3 bags used One more to be added

C 1 **4957** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

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

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

**FILL IN THIS FORM COMPLETELY**

COUNTY NUMBER 13

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_

DATE WELL COMPLETED July 17-74 DEPTH OF WELL 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" \_\_\_\_\_

DRILLERS IDENTIFICATION NO. 42

OWNER Asberg Meth. Church FIRST NAME \_\_\_\_\_

STREET OR RFD 8790 Union Ad. POST OFFICE Jessup Md

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Top soil</u>			
<u>loam &amp; sand</u>	<u>0</u>	<u>4</u>	
<u>gravel</u>	<u>4</u>	<u>300</u>	<input checked="" type="checkbox"/>

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT  C  M BENTONITE CLAY  B  C

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 20 FT.

**CASING RECORD**

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T STEEL  C O CONCRETE

P L PLASTIC  O T OTHER

MAIN CASING TYPE  S  T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 30

**OTHER CASING (IF USED)**

EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T STEEL  B R BRASS OR BRONZE  H O OPEN HOLE

P L PLASTIC  O T OTHER

**SCREEN**

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
<u>140</u>	<u>300</u>
<u>8</u>	<u>11</u>
<u>9</u>	<u>15</u>
<u>17</u>	<u>21</u>
<u>23</u>	<u>24</u>
<u>26</u>	<u>30</u>
<u>32</u>	<u>36</u>
<u>38</u>	<u>41</u>
<u>45</u>	<u>47</u>
<u>51</u>	

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)  F  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING  T  W  Q

LOG INDICATOR  70  72  74  75  76

OTHER DATA AVAILABLE \_\_\_\_\_

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE bucket

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR  P PISTON  T TURBINE

C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)

J JET  S SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, D) \_\_\_\_\_

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

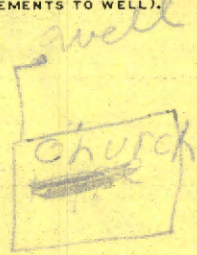
**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

ABOVE } LAND SURFACE

BELOW } \_\_\_\_\_ (NEAREST FOOT)

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



**CIRCLE APPROPRIATE BOXES**

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 NAME

(PLEASE PRINT) L F Easterday

SIGNATURE S F Easterday

WR-W  
 B 1 **0421** SEQUENCE NO. (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

STATE OF MARYLAND  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
 APPLICATION FOR PERMIT TO DRILL WELL

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) **7/2/70 3 PM**  
 OWNER Barnes COL 15 LAST NAME  
 STREET OR RFD \_\_\_\_\_ COL 36  
 POST OFFICE Laurel Maryland COL 57

**Frank R.** COL 34 FIRST NAME  
**HO-70-0179** COL 55  
 COL 80

B 2 DRILLER INFORMATION  
 1 2 3 (SEQ. NO.) 6  
Dewey Brown COL 8 FIRST NAME COL 27 LAST NAME  
 IDENTITY NUMBER 163 COL 29 COL 32  
Route 3 COL 34 STREET OR RFD COL 53  
Mt. Airy, Maryland 21774 COL 55 POST OFFICE COL 80 ZIP CODE  
 DATE OF APPLICATION June 3, 1970

B 4 LOCATION OF WELL  
 1 2 3 (SEQ. NO.) 6  
Howard COL 1 COUNTY COL 21 (DO NOT ABBREVIATE COUNTY NAME)  
 SUBDIVISION \_\_\_\_\_ COL 23 COL 42  
 SECTION \_\_\_\_\_ COL 44 COL 46 LOT \_\_\_\_\_ COL 48 COL 50  
Seaggsville COL 52 NEAREST TOWN COL 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 COL 73 COL 76 COL 77 COL 78

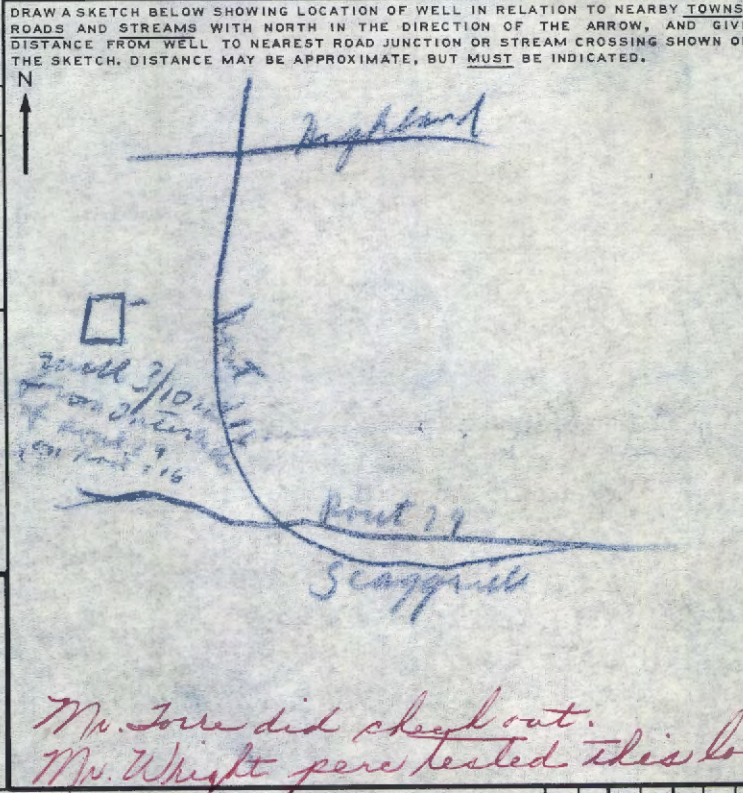
B 3 WELL INFORMATION  
 1 2 3 (SEQ. NO.) 6  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) \_\_\_\_\_ COL 8 COL 12  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14,000 COL 14 COL 20  
 USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 PRIVATE WATER COMPANY }  
 TEST

B 5 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)  
 1 2 3 (SEQ. NO.) 6  
 NORTH  EAST  NE NORTHEAST  SE SOUTHEAST  
 SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST  
 NEAR WHAT ROAD Route 216 COL 11 COL 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NORTH  SOUTH  EAST  WEST  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) \_\_\_\_\_ COL 34 COL 37 COL 38 COL 39

APPROXIMATE DEPTH OF WELL \_\_\_\_\_ COL 24 COL 28 FEET  
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
 BORED (OR AUGERED) JETTED DRIVEN  
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
 CABLE REVERSE ROTARY  
 OTHER (DESCRIBE) \_\_\_\_\_

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)  
 \_\_\_\_\_ COL 41 COL 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)  
 APPROPRIATION PERMIT NUMBER \_\_\_\_\_ COL 54 COL 63  
 ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX)  FORCE  WRITE INITIALS IN BOX  
 \_\_\_\_\_ COL 65 COL 67 COL 68  
 CONDITIONS \_\_\_\_\_ COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79




*Mr. Jone did check out.  
 Mr. Wright perc tested this lot.*

B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER)  
 1 2 3 (SEQ. NO.) 6  
 STATE DEPARTMENT OF HEALTH Howard COUNTY DEPT. OF HEALTH  
 (CIRCLE BOX IF STATE HEALTH)  
 DATE 6 4 70 APPROVED BY [Signature] TITLE Director,  
 ELEVATION AT WELL HEAD (FEET) 0440 COL 85 COL 86 COL 87 COL 88

B 6 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6

Click here for a plain text ADA compliant screen.

 <b>Maryland Department of Assessments and Taxation</b> <b>HOWARD COUNTY</b> <b>Real Property Data Search</b>	<a href="#">Go Back</a> <a href="#">View Map</a> <a href="#">New Search</a>
--	---

**Account Identifier:** District - 03 Account Number - 281884

**Owner Information**

<b>Owner Name:</b>	SMITH MATTHEW A KNAPP REBECCA D ETAL T/C	<b>Use:</b>	RESIDENTIAL
		<b>Principal Residence:</b>	YES
<b>Mailing Address:</b>	3625 10 OAKS RD GLENELG MD 21737-9705	<b>Deed Reference:</b>	1) / 3285/ 503 2)

**Location & Structure Information**

<b>Premises Address</b> 3625 TEN OAKS RD GLENELG 21737	<b>Zoning</b> RRDEO	<b>Legal Description</b> 1.96 ACRES 3625 TEN OAKS RD
--	------------------------	--

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No:
22	8	4						80	Plat Ref:

<b>Special Tax Areas</b>	<b>Town Ad Valorem Tax Class</b>	NO A/V, NO M/P, RURAL FIRE TAX
--------------------------	----------------------------------	--------------------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1940	854 SF	1.96 AC	

Stories	Basement	Type	Exterior
1	YES	STANDARD UNIT	SIDING

**Value Information**

	Base Value	Phase-in Assessments		
		Value As Of	As Of	As Of
		01/01/2001	07/01/2002	07/01/2003
<b>Land:</b>	89,600	104,600		
<b>Improvements:</b>	66,460	73,050		
<b>Total:</b>	156,060	177,650	170,452	177,650
<b>Preferential Land:</b>	0	0	0	0

**Transfer Information**

<b>Seller:</b> CARTER GEORGE ISAAC BOAZ	<b>Date:</b> 06/22/1994	<b>Price:</b> \$152,500
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 3285/ 503	<b>Deed2:</b>
<b>Seller:</b> CARTER GEORGE ISAAC BOAZ	<b>Date:</b> 02/15/1994	<b>Price:</b> \$0
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 3159/ 245	<b>Deed2:</b>
<b>Seller:</b> CAVEY ELMER L & WF	<b>Date:</b> 10/26/1983	<b>Price:</b> \$71,500
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 1204/ 442	<b>Deed2:</b>

**Exemption Information**

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

**Tax Exempt:** NO  
**Exempt Class:**

**Special Tax Recapture:**

\* NONE \*

**B 1** 4735 SEQUENCE NO. (WRA USE ONLY)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

**WRA PERMIT NUMBER**  
HO-73-1622

**FILL IN THIS FORM COMPLETELY**

**DATE RECEIVED (WRA USE ONLY)**  
10/15/76  
9:30 A.M.

**OWNER** Carney Robert  
 COL 15 LAST NAME FIRST NAME COL. 34

**STREET OR RFD** 3625 Ten Oaks Rd.  
 COL 36 COL. 55

**POST OFFICE** West Friendship Md.  
 COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**

**DATE** 8-23-76 **LICENSE NUMBER** 42  
 COL 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**FIRST NAME** L. F. Eastbury **DRILLER** L. F. Eastbury **LAST NAME** Eastbury

**SIGNATURE** L. F. Eastbury

**B 3 LOCATION OF WELL**

**COUNTY** Howard (DO NOT ABBREVIATE COUNTY NAME) COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**SUBDIVISION** 23 COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**SECTION** 44 **LOT** 46 COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**NEAREST TOWN** Elkton COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**MILES FROM TOWN (ENTER 0 IF IN TOWN)** 1 COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**B 2 WELL INFORMATION**

**MAXIMUM PUMPING RATE (GALLONS PER MINUTE)** 5 COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)** 500 COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

**B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**

NORTH  EAST  NORTHWEST  SOUTHWEST

SOUTH  WEST  SOUTHWEST

**NEAR WHAT ROAD** Ten Oaks

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

**DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)** 100 COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**APPROXIMATE DEPTH OF WELL** 150 FEET

**APPROXIMATE DIAMETER OF WELL** 6" (NEAREST INCH)

**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN

AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

**OTHER (DESCRIBE)**

**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 (WRA USE ONLY)**

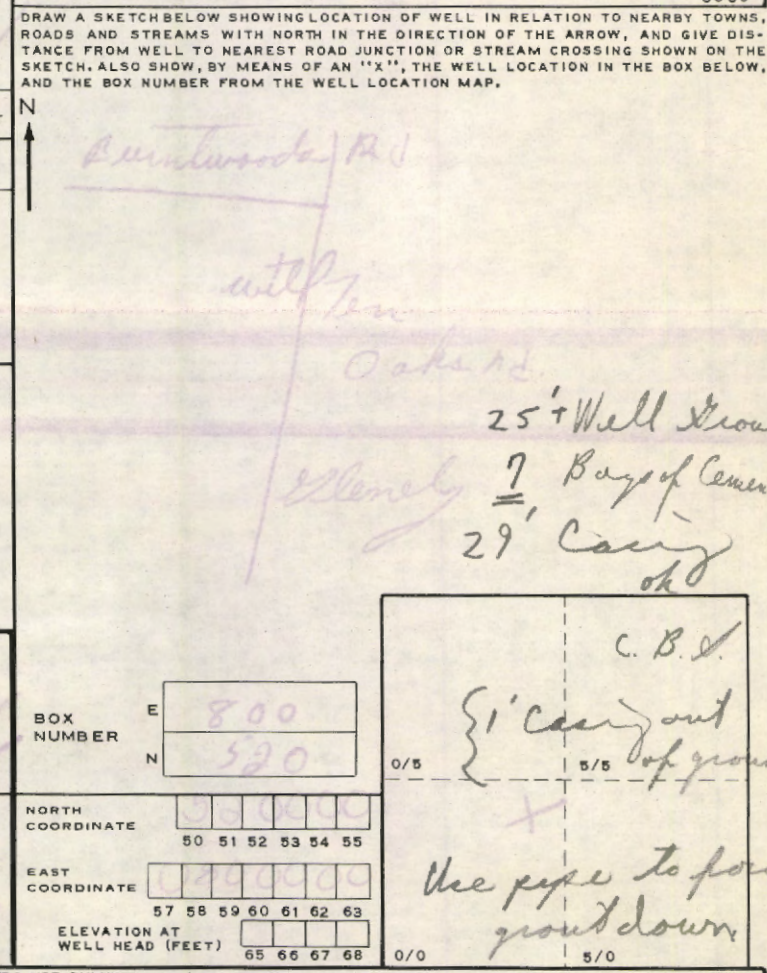
**APPROPRIATION PERMIT NUMBER** 54 **ENGINEER REVIEW DISTRICT NO.** 63

**FORCE** 67 **WRITE INITIALS IN BOX** 68 **CONDITIONS** 70 **A E N S G W Q C L U** 71 72 73 74 75 76 77 78 79

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**

**STATE HEALTH (CIRCLE BOX)**  **COUNTY NAME** HOWARD **COUNTY NO.** W23780

**DATE** 8-25-76 **APPROVED BY** Donald Monahan, Sanitarian



**B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)**

1 2 3 (SEQ. NO.) 6

C 1 **7485** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

**FILL IN THIS FORM COMPLETELY**

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) Oct 13 '76 DEPTH OF WELL 80' PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-118-11658

DATE WELL COMPLETED 15 20 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 42

OWNER Cover Robert LAST NAME FIRST NAME West Friendship

STREET OR RFD 3625 Ten Oaks Rd. POST OFFICE

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>Shale</u>	<u>2</u>	<u>10</u>	
<u>SAND stone</u>	<u>10</u>	<u>40</u>	<input checked="" type="checkbox"/>
<u>MICA</u>	<u>40</u>	<u>80</u>	<input checked="" type="checkbox"/>

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  C  M BENTONITE CLAY  B  C

NO. OF BAGS 7 NO. OF POUNDS 700

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 25 FT.

**CASING RECORD**

CASING TYPES:  S T STEEL  C O CONCRETE  
 P L PLASTIC  O T OTHER

MAIN CASING TYPE  S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 29

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
<input type="checkbox"/>			
<input type="checkbox"/>			

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE:  S T STEEL  B R BRASS OR BRONZE  H O OPEN HOLE  
 P L PLASTIC  O T OTHER

C 2 (SEQ. NO.)

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	<u>8</u>	<u>9</u>
2	<u>23</u>	<u>24</u>
3	<u>38</u>	<u>39</u>

SLOT SIZE 1.     2.     3.    

DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO

GRAVEL PACK        

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.D.S.)

T  W Q

70  72  74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 15 (NEAREST FOOT) 20  
 WHEN PUMPING 80 (NEAREST FOOT) 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 A AIR  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S SUBMERSIBLE

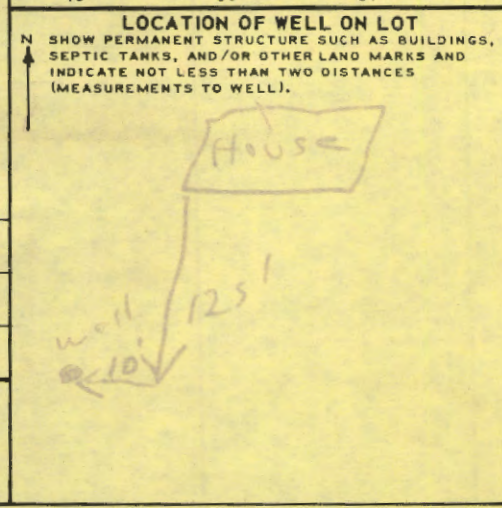
**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 ABOVE } LAND SURFACE (NEAREST FOOT)  
 BELOW } 50 51



**CIRCLE APPROPRIATE BOXES**

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 NAME L. F. Postorby

(PLEASE PRINT) L. F. Postorby

SIGNATURE

Click here for a plain text ADA compliant screen.

 <b>Maryland Department of Assessments and Taxation</b> <b>HOWARD COUNTY</b> <b>Real Property Data Search</b>	<a href="#">Go Back</a> <a href="#">View Map</a> <a href="#">New Search</a>
---	---

**Account Identifier:** District - 03 Account Number - 281930

Owner Information
-------------------

<b>Owner Name:</b>	BAGHERI AHMAD C/O JACOB HIKMAT P.E.	<b>Use:</b>	RESIDENTIAL
<b>Mailing Address:</b>	5072 DORSEY HALL DR STE 202 ELLCOTT CITY MD 21042-7846	<b>Principal Residence:</b>	NO
		<b>Deed Reference:</b>	1) / 2999/ 65 2)

Location & Structure Information
----------------------------------

<b>Premises Address</b>	<b>Zoning</b>	<b>Legal Description</b>
11036 FREDERICK RD ELLCOTT CITY 21042	RCDEO	13.820 A. 11036 FREDERICK RD

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No:
16	22	99						80	Plat Ref:

<b>Special Tax Areas</b>	<b>Town Ad Valorem Tax Class</b>	A/V, METRO FIRE TAX
--------------------------	----------------------------------	---------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
0000		13.82 AC	
<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>

Value Information
-------------------

	Base Value	Value			Phase-in Assessments		
		As Of 01/01/2001	As Of 07/01/2002	As Of 07/01/2003	As Of 01/01/2001	As Of 07/01/2002	As Of 07/01/2003
<b>Land:</b>	103,650	175,150					
<b>Improvements:</b>	4,460	4,790					
<b>Total:</b>	108,110	179,940	155,996	179,940			
<b>Preferential Land:</b>	0	0	0	0			

Transfer Information
----------------------

<b>Seller:</b> MADISON PARK LIMITED PARTNERSHIP	<b>Date:</b> 09/30/1993	<b>Price:</b> \$142,000
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 2999/ 65	<b>Deed2:</b>
<b>Seller:</b> S L LIMITED PARTNERSHIP	<b>Date:</b> 05/05/1993	<b>Price:</b> \$400,000
<b>Type:</b> UNKNOWN	<b>Deed1:</b> / 2847/ 520	<b>Deed2:</b>
<b>Seller:</b> CAVEY SADIE M	<b>Date:</b> 01/10/1989	<b>Price:</b> \$360,000
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 1942/ 405	<b>Deed2:</b>

Exemption Information
-----------------------

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

**Tax Exempt:** NO  
**Exempt Class:**

**Special Tax Recapture:**

\* NONE \*

5/9/79  
9:30 - A.M. 1st

FILE Emergency Well Permit DATE REPORTED 5/7/79

PROPERTY OWNER Mrs. Dan Cavey (Tenant - Mrs. Jeannie Graves)

P.O. ADDRESS 12745 Frederick Road, ~~Ellicott City, Md~~ TELEPHONE \_\_\_\_\_

DIRECTIONS TO PROPERTY West Friendship, Md.

Route 144 and Route 32

INFORMANT New septic system was put in near old hand dug well. All water is now being carried.

*Easterday - Driller  
HO 79-E-8*

CONDITION FOUND *Easterday still drilling*

ACTION TAKEN 30' - CASING  
2' - ABOVE GR  
6' - OPEN HOLE  
25' - JET (SOLID) - Driller says casing is 2 ft in rock  
9 - BAGS CEMENT

FINAL DISPOSITION *Well grouted 5/9/79 JS*

**B 1** **5645** SEQUENCE NO. (WRA USE ONLY)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

**DATE RECEIVED (WRA USE ONLY)**

**OWNER** (Cavey, Mrs Dan)  
 COL 15 LAST NAME FIRST NAME COL. 34

**STREET OR RFD**  
 COL 36 COL. 55

**POST OFFICE**  
 COL 57 COL. 76

**B 1** CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE 6/8/77 LICENSE NUMBER 77 80

FIRST NAME DRILLER LAST NAME

SIGNATURE

**B 3** **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 48 50

NEAREST TOWN 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 M I 76 77 78

**B 2** **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

**B 4** **DIRECTION FROM TOWN**  
(CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH  EAST  N E NORTHEAST  S E SOUTHEAST

SOUTH  WEST  N W NORTHWEST  S W SOUTHWEST

NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 M I 38 39

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

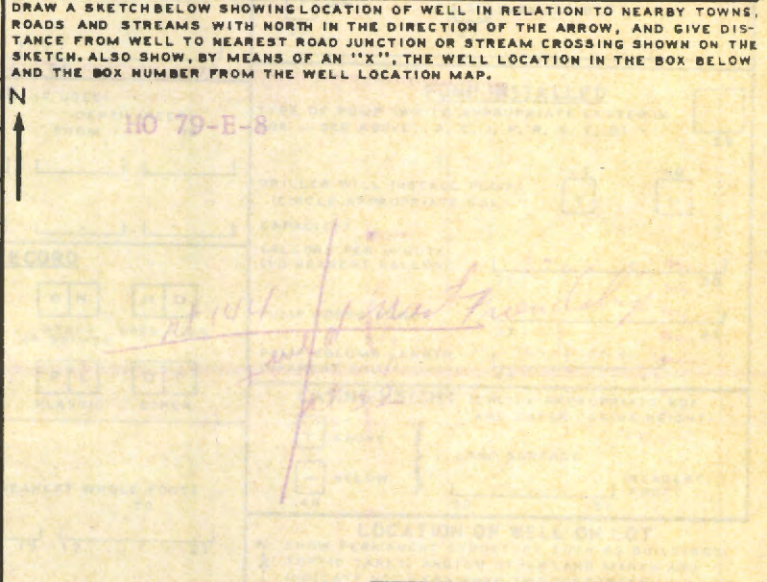
**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE)



**REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

41 52

**NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)**

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65

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

BOX NUMBER E 810 N 830

0/8 5/5

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41  STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.

DATE MO. DAY YR. APPROVED BY

**B 5** SPECIAL CONDITIONS B-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 **8758** SEQUENCE NO. (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE WITHIN 30 DAYS AFTER COMPLETION OF THE WELL  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)  
 DATE WELL COMPLETED July 2, 1970  
 8-13 15 20

DEPTH OF WELL 79  
 22 (TO NEAREST FOOT) 28

PERMIT NO. FROM PERMIT TO DRILL WELL  
40-70-0179  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 163

OWNER Barnes LAST NAME Frank T. FIRST NAME  
 STREET OR RFD \_\_\_\_\_ POST OFFICE Laurel, Maryland

**WELL LOG**  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Top soil</u>	<u>0</u>	<u>2</u>	
<u>clay</u>	<u>2</u>	<u>10</u>	
<u>Impure sand</u>	<u>10</u>	<u>79</u>	
<u>1 stream water</u>	<u>50</u>		
<u>Depth of well</u>	<u>79</u>		

Drilled 10 30 min  
2 1/2 ft Gravel  
2 1/2 ft 6 bags cement

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  
 YES  Y NO  N  
 46 46

**DEPTH OF GROUT SEAL** (TO NEAREST FOOT)  
 FROM 0 FT. TO 14 FT.  
 48 52 54 58  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 CASING TYPES  
 INSERT APPROPRIATE CODE BELOW  
 S STEEL  C CONCRETE  
 P PLASTIC  O OTHER

MAIN CASING TYPE S NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 30  
 60 61 68 64 66 70

**OTHER CASING (IF USED)**  
 DIAMETER (INCH) DEPTH (FEET) FROM TO  
 EACH CASING

**SCREEN RECORD**  
 SCREEN TYPE OR OPEN HOLE  
 INSERT APPROPRIATE CODE BELOW  
 S STEEL  B BRASS OR BRONZE  H OPEN HOLE  
 P PLASTIC  O OTHER

C 2  
 1 2 3 (SEQ. NO.) 6  
**DEPTH (NEAREST WHOLE FOOT)**

E	1	8	9	11	15	17	21
H	2						
S	3	23	24	26	30	32	36
E	4	38	39	41	45	47	51
E		53	54	56	60	62	66

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_ 4, \_\_\_\_\_  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING  LOG INDICATOR  
 70 72  
 W O OTHER DATA AVAILABLE  
 74 75 76

C 3  
 1 2 3 (SEQ. NO.) 6  
**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 1  
 8 9  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8  
 11 15

METHOD USED TO MEASURE PUMPING RATE Bailer  
**WATER LEVEL:** (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 45 (NEAREST FOOT) 17 20  
 WHEN PUMPING 50 (NEAREST FOOT) 22 25

**TYPE OF PUMP USED** (CIRCLE APPROPRIATE BOX)  
 A AIR  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S SUBMERSIBLE  
Bailer

**PUMP INSTALLED**  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)  
 29

**CAPACITY:**  
 GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_ 31 35  
 PUMP HORSE POWER \_\_\_\_\_ 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_ 43 47

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 + ABOVE } LAND SURFACE (NEAREST FOOT)  
 - BELOW } 2 (NEAREST FOOT)  
 49 50 51

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NO. LESS THAN 100 DISTANCES (MEASUREMENTS TO WELL):



**CIRCLE APPROPRIATE BOXES**  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 C COPY OF ELECTRIC LOG ATTACHED

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 NAME  
 (PLEASE PRINT) Dewey Brown  
 SIGNATURE Dewey Brown

C 1 8550

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED

22 (TO NEAREST FOOT) 26

28 29 30 31 32 33 34 35 36 37

8-13

15 20

DRILLERS IDENTIFICATION NO. 7

OWNER: CHIEF (LAST NAME) FIRST NAME STREET OR RFD POST OFFICE

WELL DESCRIPTION

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

Table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries for soil types and depths.

GROUTING RECORD

WELL HAS BEEN GROUTED (YES/NO), TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED, PUMPING RATE (GALLONS PER MINUTE), METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING, WHEN PUMPING

TYPE OF PUMP USED (FOR PUMPING TEST)

CASING RECORD

CASING TYPES (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, NOMINAL DIAMETER TOP (MAIN) CASING, TOTAL DEPTH OF MAIN CASING

OTHER CASING (IF USED)

DIAMETER (INCH), DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (STEEL, BRASS OR BRONZE, OPEN HOLE, PLASTIC, OTHER), DEPTH (NEAREST WHOLE FOOT)

PUMP INSTALLED

TYPE OF PUMP, DRILLER WILL INSTALL PUMP, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH

CASING HEIGHT

ABOVE/BELOW LAND SURFACE, (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

- 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 NAME, SIGNATURE

DEPTH (NEAREST WHOLE FOOT) FROM TO, SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL: CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA AVAILABLE

DATE RECEIVED (DWR USE ONLY)  
 8/15/73 P.M.  
 1:30

**SEQUENCE NO. (DWR USE ONLY)** 8573  
**DWR PERMIT NUMBER** Ho 73-1341  
**FILL IN THIS FORM COMPLETELY**

**OWNER** CERVERO SALVADOR  
 COL 15 LAST NAME FIRST NAME

**STREET OR RFD** 11988 SCAGGSVILLE ROAD  
 COL 36 COL. 55

**POST OFFICE** FULTON MD. 20759  
 COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6  
 DATE 7-11-73 LICENSE NUMBER 201  
 COL 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

**FIRST NAME** JOHN A **DRILLER** GREENE **LAST NAME**  
**SIGNATURE** John A Greene

**B 3 LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6  
 COUNTY Howard  
 SUBDIVISION Sides 431 East 890  
 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

**SECTION** Fulton **LOT** 48  
**NEAREST TOWN** ~~Scaggsville Rd~~  
**MILES FROM TOWN** 0 **M I** 76 77 78

**B 2 WELL INFORMATION**

1 2 3 (SEQ. NO.) 6  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 10  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 MUNICIPAL WATER SUPPLY  
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 TEST

**B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**

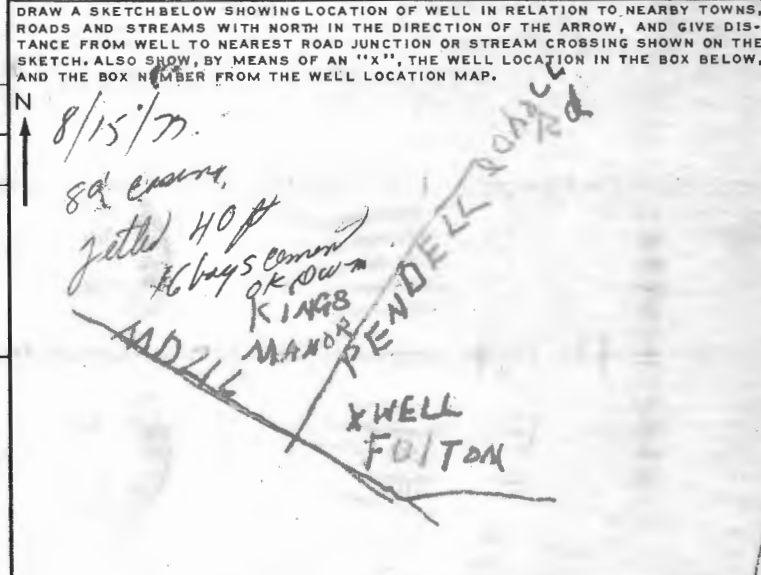
1 2 3 (SEQ. NO.) 6  
 NEAR WHAT ROAD MD 211  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 60 **M I** 38 39

**APPROXIMATE DEPTH OF WELL** 24 FEET  
**APPROXIMATE DIAMETER OF WELL** (NEAREST INCH)

**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN  
 AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE)



**REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

**NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)**

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63  
 FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U  
 67 68 70 71 72 73 74 75 76 77 78 79

**BOX NUMBER** E 820 N 480  
 NORTH COORDINATE 50 51 52 53 54 55  
 EAST COORDINATE 0130000  
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6  
 STATE HEALTH COUNTY NAME Howard COUNTY NO. 3319  
 DATE 071373 APPROVED [Signature]  
 43 48

**B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)**

1 2 3 (SEQ. NO.) 6

C L 2541

SEQUENCE NO. (DWR USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (DWR USE ONLY)

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED

22 (TO NEAREST FOOT)

40-73-1301

28 29 30 31 32 33 34 35 36 37

8-13

18 20

DRILLERS IDENTIFICATION NO. 151

OWNER: LAST NAME, FIRST NAME, STREET OR RFD, POST OFFICE

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING

Handwritten well log entries: Sand 0 78, Gray marl 78 300

GROUTING RECORD

WELL HAS BEEN GROUTED (YES/NO), TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

CASING TYPES (STEEL/CONCRETE/PLASTIC/OTHER), MAIN CASING TYPE, NOMINAL DIAMETER, TOTAL DEPTH

OTHER CASING (IF USED)

DIAMETER (INCH), DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (STEEL/BRASS/OPEN HOLE/PLASTIC/OTHER)

DEPTH (NEAREST WHOLE FOOT) FROM TO

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED, PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING, WHEN PUMPING

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR, PISTON, TURBINE, CENTRIFUGAL, ROTARY, OTHER, JET, SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT

ABOVE/BELAND SURFACE (NEAREST FOOT)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS



CIRCLE APPROPRIATE BOXES: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, 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"

DRILLERS NAME: JOYANDA GREENE, SIGNATURE

SITE INSPECTION SHEET

OWNER: Skip Conrey

DATE REQUESTED: 12/22/99 10:00

ADDRESS: 1575 Mariottsville Rd

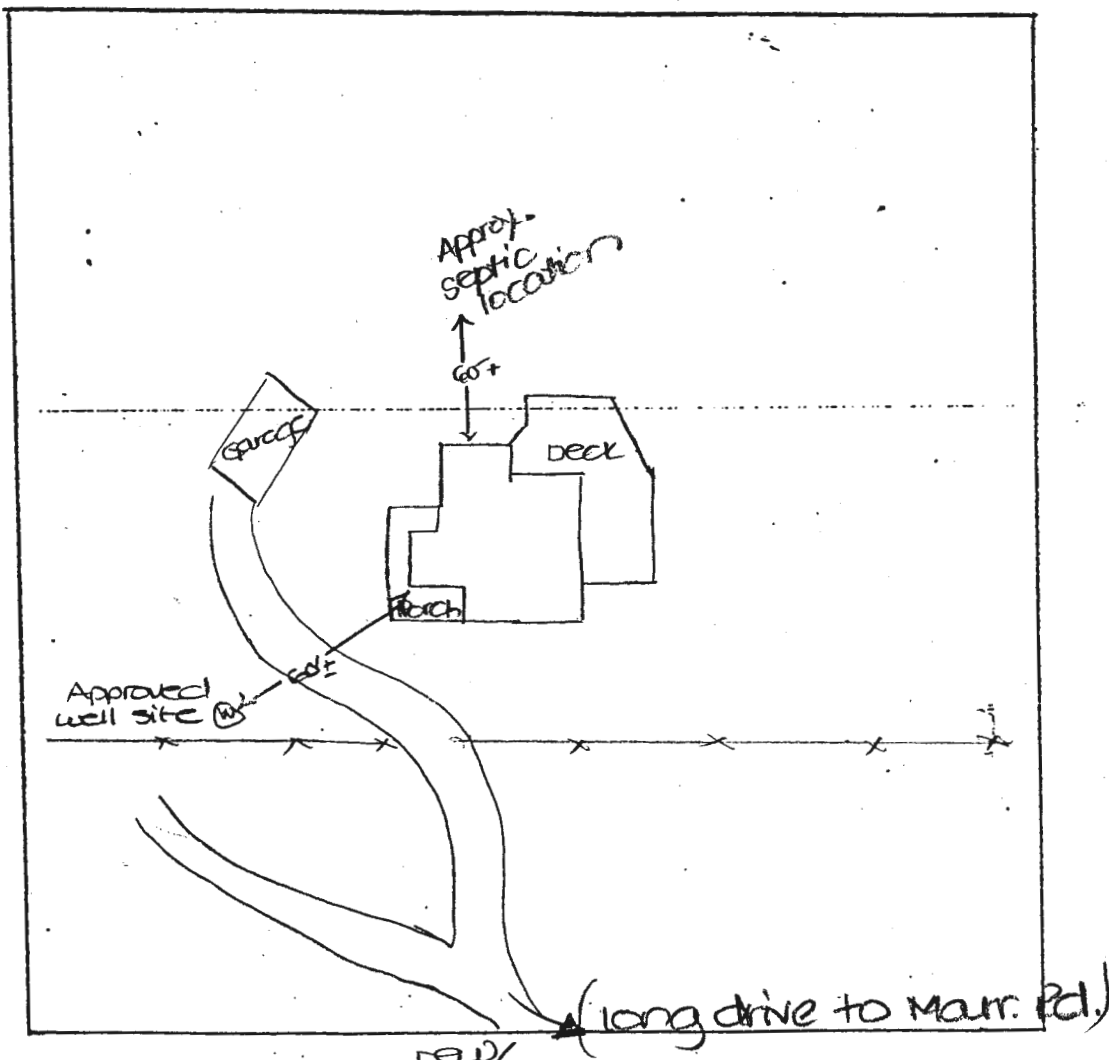
DRILLER: G. Easterday

WELL TAG # \_\_\_\_\_

COUNTY # \_\_\_\_\_

PROPOSAL: Inspection of well site for <sup>new</sup> repl well - ex. house  
currently shares well with the main house

LOCATION DIAGRAM



COMMENTS: Well site for repl. well approved as staked.  
location of ex septic system confirmed by owner -  
no sign of problem w/system.

DATE: 12/22/99

INSPECTOR: (DKS)

B 1 09602

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

110-94-25260 fill in this form completely

Date Received (APA) 12/23/99

OWNER INFORMATION RN 8125

B 3

LOCATION OF WELL

Howard

CC#

Conroy Skip 15 Last Name Owner First Name 34 1575 Marriottsville Rd. 36 Street or RFD 55 Marriottsville, Md. 21104 57 Town 70 State 72 Zip 76

8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Marriottsville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

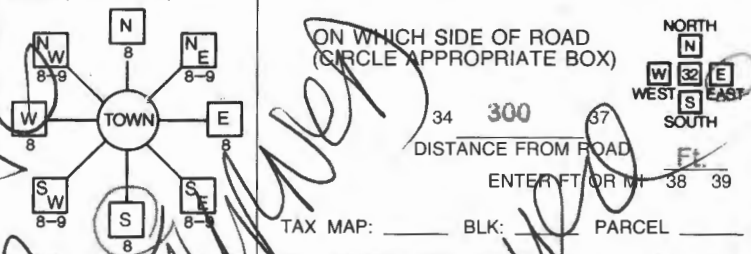
George F. Easterday M WD 040 76 Driller's Name License No. 81 Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airv. Md. 21771 12/23/1999

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1575 Marriottsville Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

COUNTY NAME STATE SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID 543 000 EAST GRID 0830 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

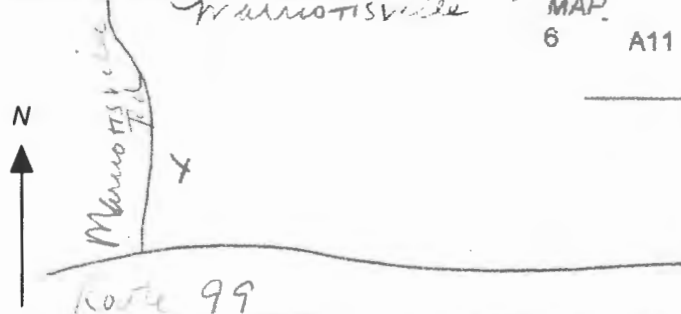
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 540

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



RECEIVED L. FRANKLIN EASTERDAY INC. Ticket 48475 entire prop flip, paid call 11/03/2009

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 PERMIT No. 10-94-25260

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Monta Gordon

DATE REQUESTED: 8/20/01 1:00

ADDRESS: 7408 Flamewood Drive

DRILLER/CONTRACTOR: Easterday

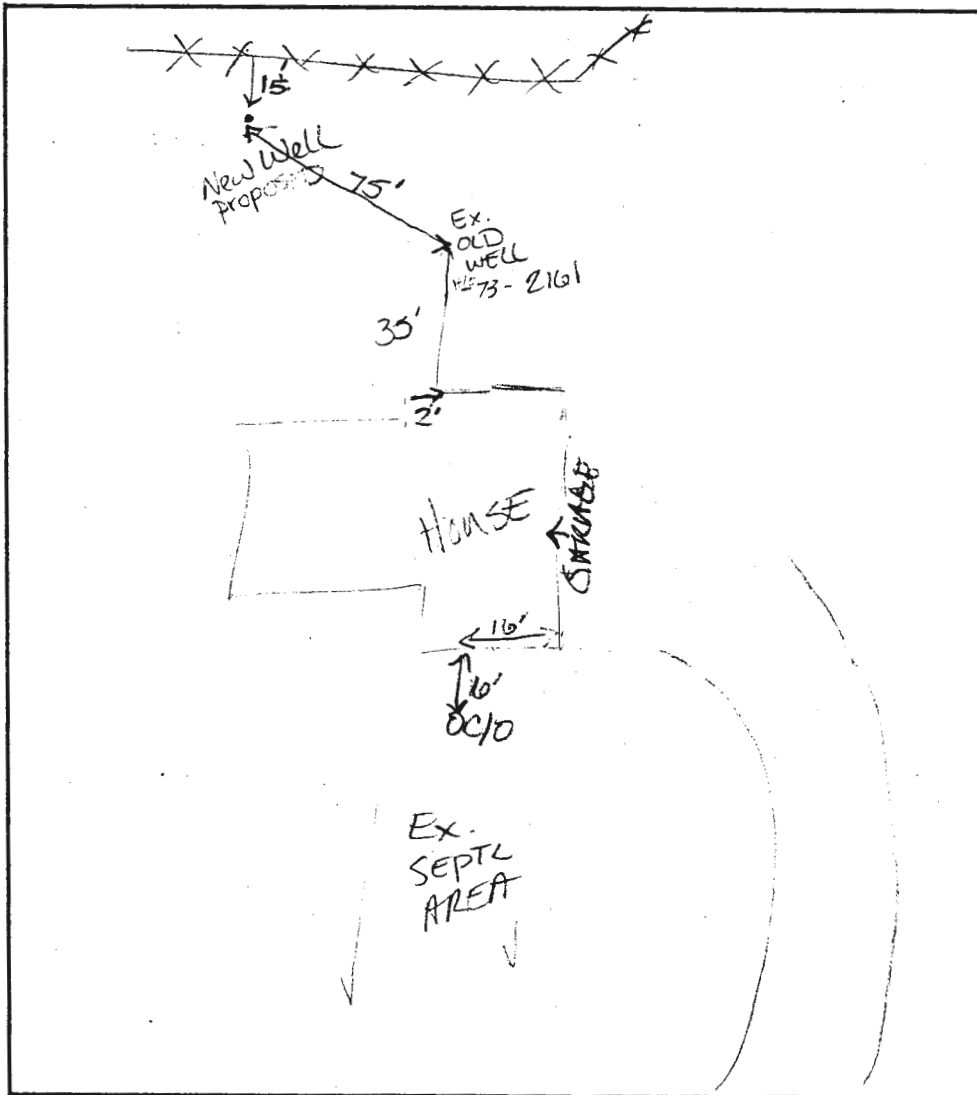
WELL TAG NUMBER: \_\_\_\_\_

TAX & PARCEL: \_\_\_\_\_

COUNTY: Howard

PROPOSAL: Ex. well has gone dry per driller.

LOCATION DIAGRAM



Flamewood Drive

COMMENTS: Owner said septic sys. was replaced w/o permit by previous owner. Plans on keeping Ex. well for gardening

DATE: 8-20-01

INSPECTOR: Goedely

B 1 5054  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

HD -94-3221

fill in this form completely

Date Received (APA)

8736

B 3

Howard

LOCATION OF WELL

CC#

08/20/01  
8 MM DD YY 13

OWNER INFORMATION

GORDON MONTA

15 Last Name Owner First Name 34  
7408 FLAMEWOOD DRIVE

36 Street or RFD 85  
CLARKSVILLE, MD 21029

57 Town 70 State 72 Zip 76

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50  
Fulton

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I I  
73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name  
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 8/20/2001

7408 Flamewood Drive

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BEK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5  
8 500 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO. 13

STATE SIGNATURE INSERT S 41

DATE ISSUED 08/20/01

CO SIGNATURE EXP. DATE 11/9/02

NORTH GRID 485 000 EAST GRID 0829 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - 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 (MDE OR COUNTY USE ONLY)

APPRDP. PERMIT NUMBER G  
PERMIT No. 110-94-3221  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

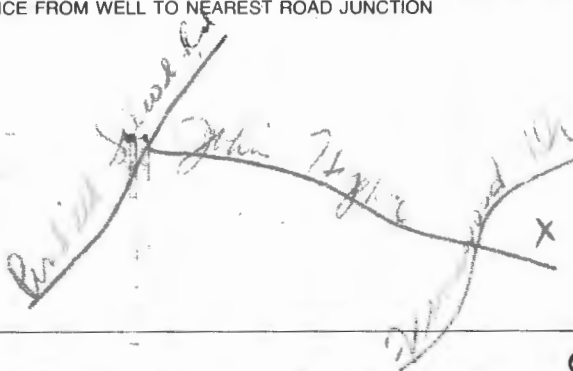
- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8209  
4805  
N 000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 18 K 2


N



716777

RECEIVED  
AUG 23 2001  
FRANKLIN EASTERDAY INC.

Click here for a plain text ADA compliant screen.

 <b>Maryland Department of Assessments and Taxation</b> <b>HOWARD COUNTY</b> <b>Real Property Data Search</b>	<a href="#">Go Back</a> <a href="#">View Map</a> <a href="#">New Search</a>
--	---

**Account Identifier:** District - 02 **Account Number -** 276917

**Owner Information**

<b>Owner Name:</b>	BRUN JOHN C BRUN SHERRIE W	<b>Use:</b>	RESIDENTIAL
<b>Mailing Address:</b>	2628 ROGERS AVE ELLCOTT CITY MD 21043-1930	<b>Principal Residence:</b>	YES
		<b>Deed Reference:</b>	1) / 1888/ 362 2)

**Location & Structure Information**

<b>Premises Address</b>	<b>Zoning</b>	<b>Legal Description</b>
2628 ROGERS AVE ELLCOTT CITY 21043	R20	.5142 A 2628 ROGERS AVE ELLCOTT CITY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No:
17	18	486						80	Plat Ref:

<b>Special Tax Areas</b>	<b>Town Ad Valorem Tax Class</b>	A/V, METRO FIRE TAX
--------------------------	----------------------------------	---------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1900	2,599 SF	22,389.00 SF	

Stories	Basement	Type	Exterior
1	NO	STANDARD UNIT	FRAME

**Value Information**

	Base Value	Value As Of 01/01/2001	Phase-in Assessments As Of 07/01/2002	As Of 07/01/2003
<b>Land:</b>	71,860	85,000		
<b>Improvements:</b>	77,580	75,400		
<b>Total:</b>	149,440	160,400	156,746	160,400
<b>Preferential Land:</b>	0	0	0	0

**Transfer Information**

<b>Seller:</b> PETERS TILLMAN M	<b>Date:</b> 09/21/1988	<b>Price:</b> \$164,000
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 1888/ 362	<b>Deed2:</b>
<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>
<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>

**Exemption Information**

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

<b>Tax Exempt:</b> NO	<b>Special Tax Recapture:</b>
<b>Exempt Class:</b>	* NONE *



MAR 17 9 0 18 PAR 486

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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

July 8, 1992

*Reply to:*

Mr. and Mrs. Brun  
2628 North Rogers Avenue  
Ellicott City, Maryland 21043

RE: Well Abandonment  
2628 North Rogers Avenue

Dear Mr. and Mrs. Brun:

During a building permit inspection at the above referenced property, a non-operational well was observed to be on the property. According to the Code of Maryland Regulations, 26.04.04.11 "Any well ... [which] has been permanently disconnected from any water supply system ... shall be filled and sealed ...".

This abandonment can be done one of two ways: by a licensed well driller, or by any other party under the direct supervision of one of the sanitarians from this office. Proper well abandonment prevents contamination of the ground water and eliminates the well from becoming a potential health hazard.

For details on the abandonment process, or if you have any questions relative to this matter, please call me at 313-2640.

Very truly yours,

Mark Rifkin, R. S.  
Water and Sewerage Program

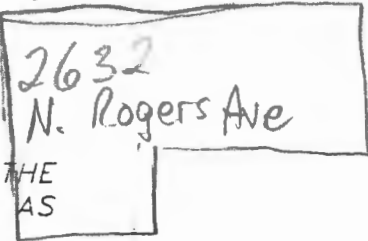
MR: jr



6/25/92 MR  
 BP PROPOSAL HAS  
 NO IMPACT ON  
 SEPTIC; EX. NON-  
 OPERATIONAL WELL  
 MUST BE ABANDONED;  
 REC. BP APPROVAL  
 W/AGREEMENT TO  
 ABANDON WELL @  
 GARAGE CONSTRUCTION  
 HOMEOWNER AWARE  
 W/LETTER TO FOLLOW



EX. SEPTIC  
 AREA  
 FOR THIS  
 HOUSE



I HEREBY CERTIFY THAT I HAVE LOCATED THE  
 IMPROVEMENTS ON THE PROPERTY KNOWN AS  
 2628 NORTH ROGERS AVENUE  
 HOWARD COUNTY, MARYLAND  
 AND THE IMPROVEMENTS ARE LOCATED AS SHOWN.  
 THIS PLAT IS NOT TO BE USED FOR THE  
 PURPOSE OF ESTABLISHING PROPERTY LINES.

*Lorne J. Hastings* 10/24/91

DRAIN  
 FIELD  
 VICINITY

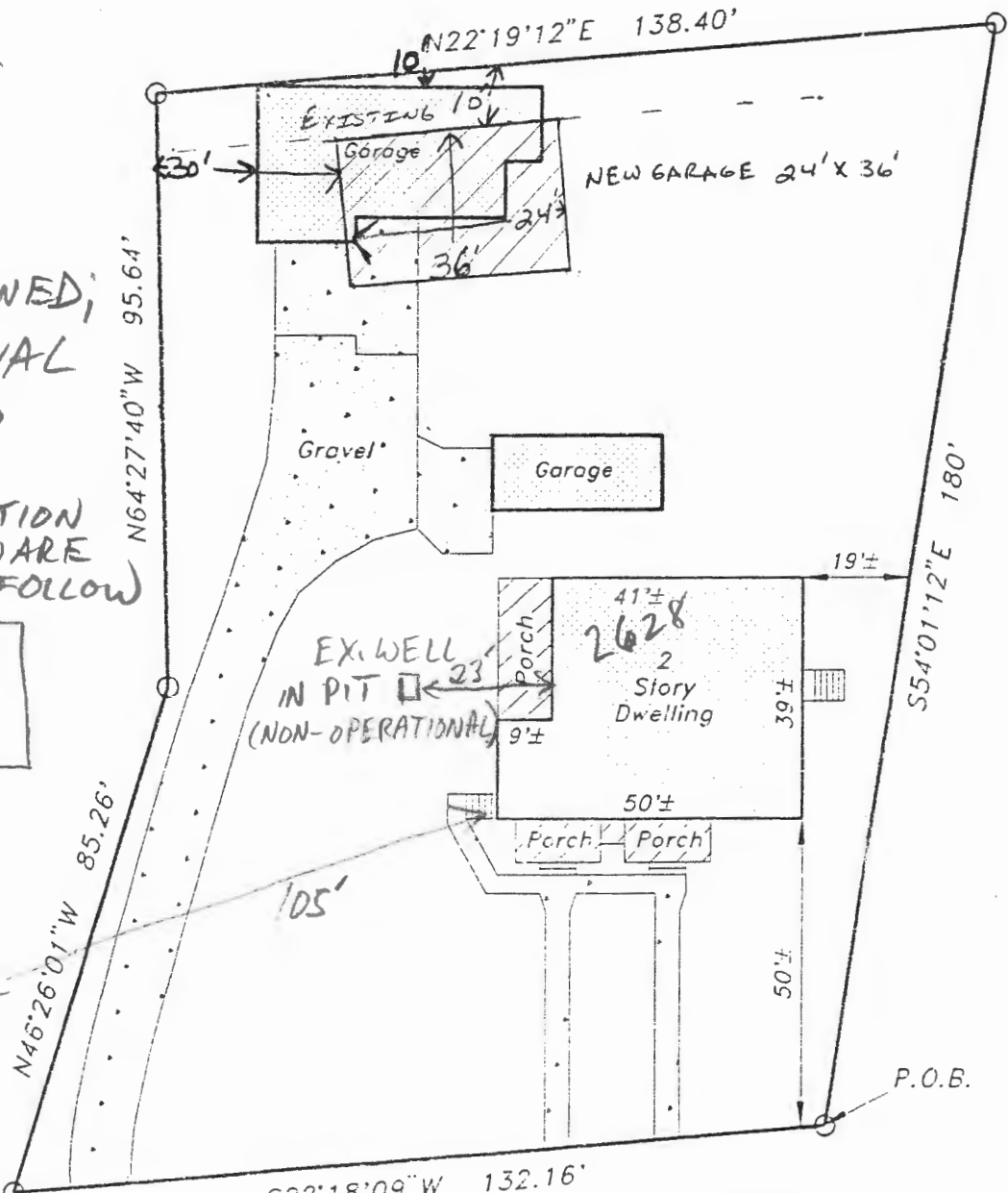
EX. D.  
 S.T.  
 C/O  
 FOR  
 2628

TEMPLAR ENGINEERING  
 8235 RUXTON CROSSING COURT  
 RUXTON, MARYLAND 21204  
 (301) 823-3567

SCALE: 1" = 30'

F-27395

NORTH ROGERS AVENUE



Property Lies in  
 Flood Zone C

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

43975

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
2628 NORTH ROGERS AVE  
ELLICOTT CITY MD 21043

GRADING/SEDIMENT CONTROL  YES  NO SDP #

DESCRIPTION OF WORK AUTHORIZED  
REMOVING EXISTING GARAGE  
AND REPLACING WITH A NEW  
24' X 36' GARAGE  
36x24'

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	

OWNER NAME AND ADDRESS  
MR. & MRS. BRUN  
2628 NORTH ROGERS AVE  
ELLICOTT CITY MD 21043  
PHONE NO. 750-8024

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS  
SAME AS OWNER  
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
N/A  
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS  
CRAFT BUILDERS INC.  
P.O. Box 1173  
COLUMBIA MD 21043  
PHONE NO. 410-958-9125

UTILITIES				
WATER	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE  
SINGLE FAMILY DWELLING  
PROPOSED USE  
SINGLE WITH GARAGE

SIGNATURE  
DATE 6/26/92

EST. CONSTRUCTION COST  
LICENSE NUMBER 35289  
PERMIT FEE

### FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE  
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)  
TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET  
BACK (CORNER LOT ONLY)  
SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	6/26/92	Mark E. Riffin
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

C1 14216

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE Geothermal

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED 11 06 02

8 15 02

22 300 26 (TO NEAREST FOOT)

HO-94-3468

OWNER Johnston Donald H.

STREET OR RFD 9358 Gentle Way

TOWN Columbia

SUBDIVISION

SECTION

LOT

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 FROM TO check if water bearing

Red clay mixed with sand 0 25
Rock 25 300

Geothermal loop

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES NO Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 750

GALLONS OF WATER 360

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 300 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 25 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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 - below LAND SURFACE (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 WELLS)



NUMBER OF UNSUCCESSFUL WELLS: none

WELL HYDROFRACTURED Y N

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 26.04.04 "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.

DRILLER LIC. NO. 336 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 **5720**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HO-94-3468**  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
**Johnston Donald H.**  
15 Last Name Owner First Name 34  
**9358 Gentle Way**  
36 Street or RFD 55  
**Columbia - Md 21045**  
57 Town 70 State 72 Zip 76

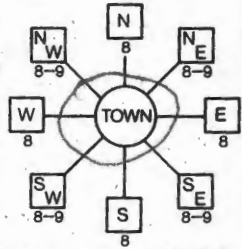
B 3 LOCATION OF WELL

8 COUNTY **Howard** 21  
23 SUBDIVISION **17123** 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **0** 73 76 77 78

DRILLER INFORMATION

**Michael W. Huber MWD 336**  
Driller's Name 76 License No. 81  
**Chesapeake Geosystems, Inc**  
Firm Name  
**6720 Ft. Smallwood Road Baltimore**  
Address  
**8-14-02**  
Signature Date

B 4 1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**9358 Gentle Way**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 **95** 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: **33** BLK: **22** PARCEL **387**

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
  - F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
  - I INDUSTRIAL, COMMERCIAL, DEWATERING
  - P PUBLIC WATER SUPPLY WELL
  - T TEST, OBSERVATION, MONITORING
  - G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S →  
DATE ISSUED **8/7/02 Kacie Kover 8/7/02** 41  
43 MM DD YY 49 CO SIGNATURE EXP. DATE  
NORTH GRID **494 000** EAST GRID **846 000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL \_\_\_\_\_ FEET  
24 28  
APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ INCH  
NEAREST

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 DEEPEINED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
54 63  
PERMIT No. **HO-94-3468**  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1.  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **846**  
N **494**

000  
000

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

**SEE ATTACHED VOIDED APPLICATION.**

N ↑



B 1	<b>6586</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> <i>W51730</i> (please print or type)	STATE PERMIT NUMBER <b>HO-94-3461</b> <small>fill in this form completely</small>
Date Received (APA) <b>071802</b> <small>8 MM DD YY 13</small>		<b>OWNER INFORMATION</b>		
Last Name: <b>Johnston</b>		Owner First Name: <b>Donald H</b>		
Street or RFD: <b>9358 Gentle Way</b>		SECTION: <b>44</b> LOT: <b>48</b>		
Town: <b>Columbia, MD 21045</b>		NEAREST TOWN: <b>Columbia</b>		
<b>DRILLER INFORMATION</b>		MILES FROM TOWN (enter 0 if in town) <b>0</b> M I		
Driller's Name: <b>Michael W. Huber</b>		License No.: <b>M W D 336</b>		
Firm Name: <b>CHESAPEAKE GEOSYSTEMS, INC.</b>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Address: <b>6720 Ft. Smallwood Road Balto., MD 21226</b>				
Signature: <i>Michael W. Huber</i> Date: <b>7/16</b>				
<b>WELL INFORMATION</b>		<b>9358 Gentle Way</b> NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH DISTANCE FROM ROAD <b>95</b> FT ENTER FT OR MI TAX MAP: <b>33</b> BLK: <b>22</b> PARCEL: <b>387</b>		
APPROX. PUMPING RATE (GAL. PER MIN.) <b>NA</b>		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input checked="" type="checkbox"/> GEO-THERMAL		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>NA</b>				
APPROXIMATE DEPTH OF WELL <b>300</b> FEET		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME: <b>Howard</b> COUNTY NO.: _____ STATE SIGNATURE: _____ INSERT S _____ DATE ISSUED: <b>8/7/02</b> <i>Kasee Noonan</i> EXP. DATE: <b>8/7/03</b> NORTH GRID: <b>494</b> EAST GRID: <b>846</b> SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <b>846</b> 000 N <b>494</b> 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
APPROXIMATE DIAMETER OF WELL <b>1</b> INCH				
<b>METHOD OF DRILLING (circle one)</b>		<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____		
<input type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERcussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRive-POINT other _____				
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ PERMIT No. <b>HO-94-3461</b>		<b>SPECIAL CONDITIONS</b> <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>		

*Driller claimed to not have received the permit*

**CHESAPEAKE GEOSYSTEMS, INC.**

6720 Ft. Smallwood Road  
BALTIMORE, MARYLAND 21226

**LETTER OF TRANSMITTAL**

(410) 789-5020  
FAX (410) 789-5029

TO Howard Co. Health Dept  
Env. Health

DATE	7/16/02	JOB NO.
ATTENTION		
RE:		
	Release	
	Public Utilities	

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_

Shop drawings  Prints  Plans  
 Copy of letter  Change order  \_\_\_\_\_

*We would not have a file.*

COPIES	DATE	NO.	
1			Well Permit Site Map Check
			Kovic - this is for geo thermal well in Village of Owen Brown.

NOT SURE  
IF site insp. needed?

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE \_\_\_\_\_
- Approved as submitted
- Approved as noted
- Returned for corrections
- \_\_\_\_\_
- Resubmit \_\_\_\_\_ copies for approval
- Submit \_\_\_\_\_ copies for distribution
- Return \_\_\_\_\_ corrected prints
- PRINTS RETURNED AFTER LOAN TO US

REMARKS \_\_\_\_\_

*Please feel free to call if you have any questions or need additional information.*

*Thank you*

COPY TO \_\_\_\_\_

SIGNED: S. Potter

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/30/99 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Haffield's

\* OWNER'S NAME: Winchester Homes

\* WELL LOCATION: 12149 Simpson Rd

COUNTY: Howard  
 NEAREST TOWN: \_\_\_\_\_  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Ashleigh Knolls  
 SECTION: \_\_\_\_\_ LOT: 6

MARYLAND GRID COORDINATES

BOX NUMBER E \_\_\_\_\_  
 N \_\_\_\_\_

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 70± FEET DEEP

\* WAS ANY CASING REMOVED? YES  NO   
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? YES  NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Mark E. Ripkin

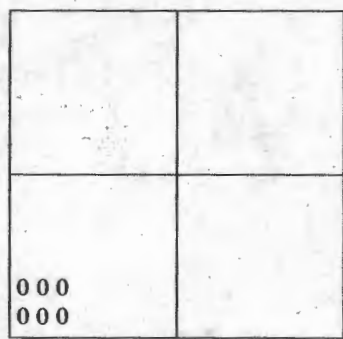
LICENSE # 989

MWD/MSD/MGD  
 CIRCLE ONE

DATE 8/30/99



WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_  
 CIRCLE: MWD/MSD/MGD



SHOW WELL LOCATION BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
6 Bag Concrete Mix	70	3
Backfill	3	0

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/30/99 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Hartfield's

\* OWNER'S NAME: Winchester Homes

\* WELL LOCATION: 12149 Simpson Rd

COUNTY: Howard  
 NEAREST TOWN: \_\_\_\_\_  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Ashleigh Knolls  
 SECTION: \_\_\_\_\_ LOT: 6

MARYLAND GRID COORDINATES

BOX NUMBER E \_\_\_\_\_  
 N \_\_\_\_\_

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 70± FEET DEEP

\* WAS ANY CASING REMOVED? YES  NO   
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? YES  NO

SIGNATURE - Mark E. Kiffin MASTER WELL DRILLER OR SUPERVISING SANTARIAN

LICENSE # 989

MWD/MSD/MGD  
 CIRCLE ONE

DATE 8/30/99

--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_  
 CIRCLE: MWD/MSD/MGD

000	000

SHOW WELL LOCATION BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
6 Bag Concrete Mix	70	3
Backfill	3	0

SITE INSPECTION SHEET

OWNER: Winchester Homes (office)

DATE REQUESTED: 8/25/99 11:00

ADDRESS: 12149 Simpson Road

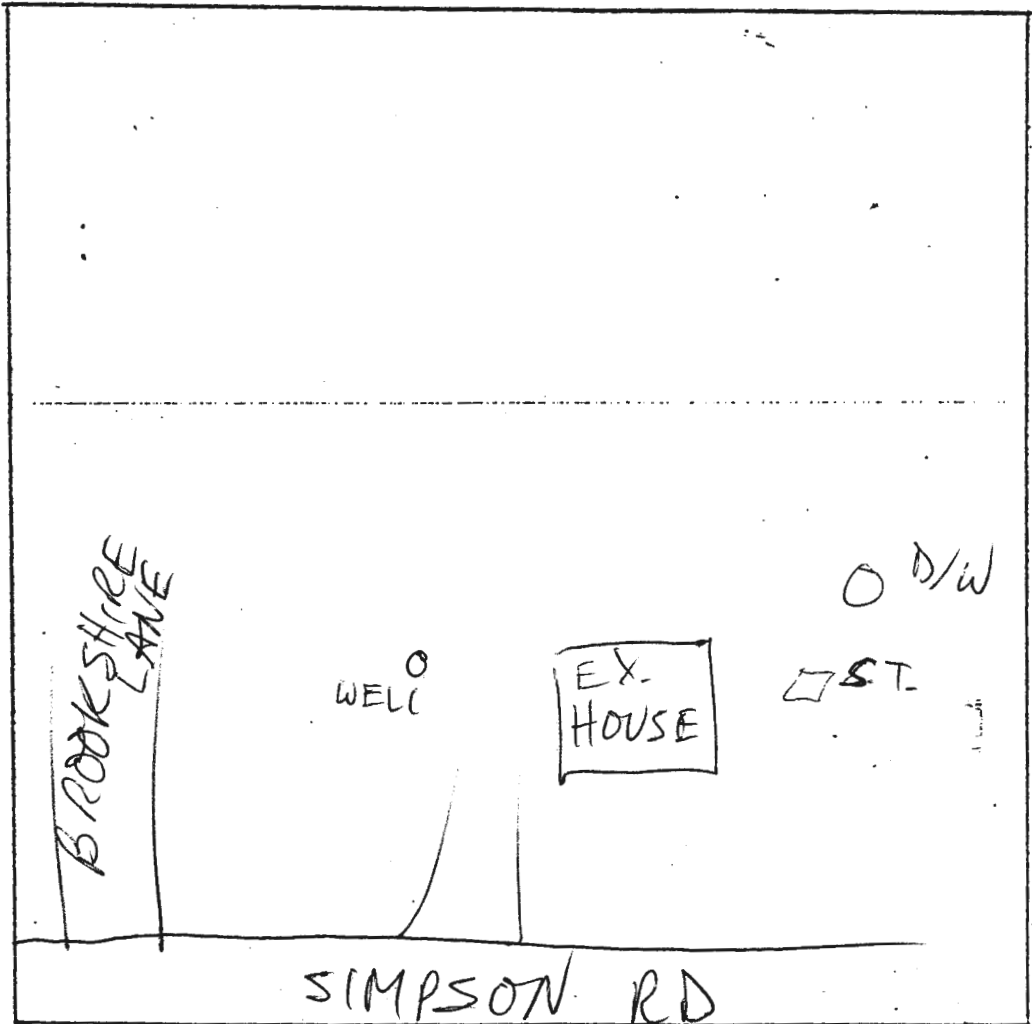
CONTRACTOR  
DRILLER: Hatfield's Eq.

WELL TAG # \_\_\_\_\_

COUNTY # \_\_\_\_\_

PROPOSAL: abandonment of ex well and septic @ orig. house @ Ashleigh Knolls

LOCATION DIAGRAM



COMMENTS: 8/30/99 WELL & SEPTIC AB. OK (MR)

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

OK  
 SRK  
 3/7/03

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/23/02 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

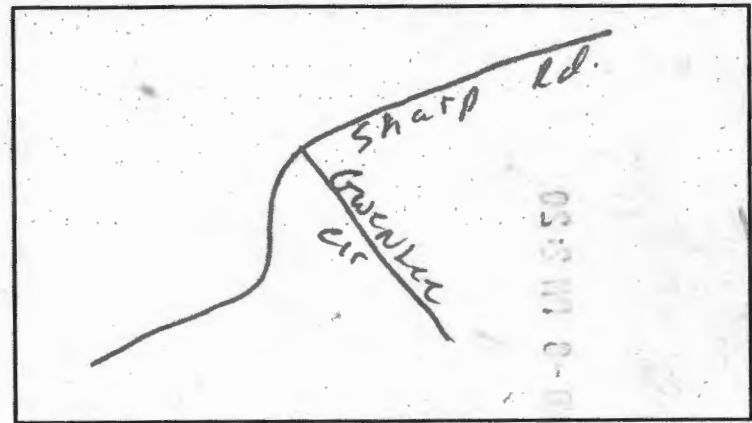
\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Allen Compton WELL DRILLERS LICENSE NUMBER: 609

\* OWNER'S NAME: Ray Juan CIRCLE: MWD MSD MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Glenwood  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: Gwen Lee Circle  
3281 Gwen Lee Circle  
Lot 1 - Gwen Lee Estates

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_  
 \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG \_\_\_\_\_  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>40</u>
<u>CAVE IN</u>	<u>40</u>	
VOLUME OF MATERIAL USED		
<u>10 bags</u>		

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 140 FEET DEEP

\* WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 if yes, length removed, in feet: 2'

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN \_\_\_\_\_ LICENSE # 609 MWD MSD / MGD CIRCLE ONE DATE 10-28-02

SITE INSPECTION SHEET

OWNER: Mrs. Petro

DATE REQUESTED: 12/10/01

PHONE #: 301-490-6920

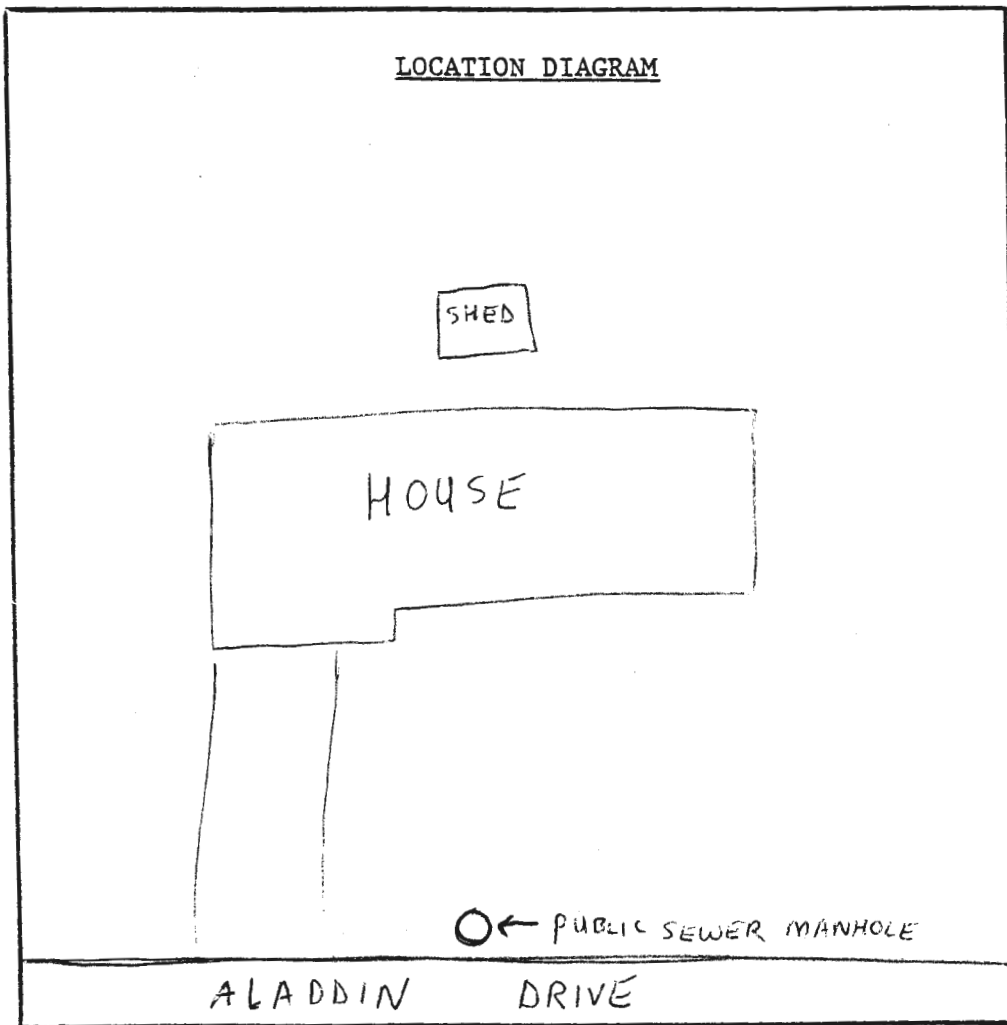
CONTRACTOR: \_\_\_\_\_

ADDRESS: 8020 Aladdin Drive

WELL TAG #: \_\_\_\_\_

COUNTY #: \_\_\_\_\_

PROPOSAL: Owner complains front yard is collapsing which is where well is located. Septic reportedly in the rear. Would like to hook up to public H<sub>2</sub>O & sewer if necessary.



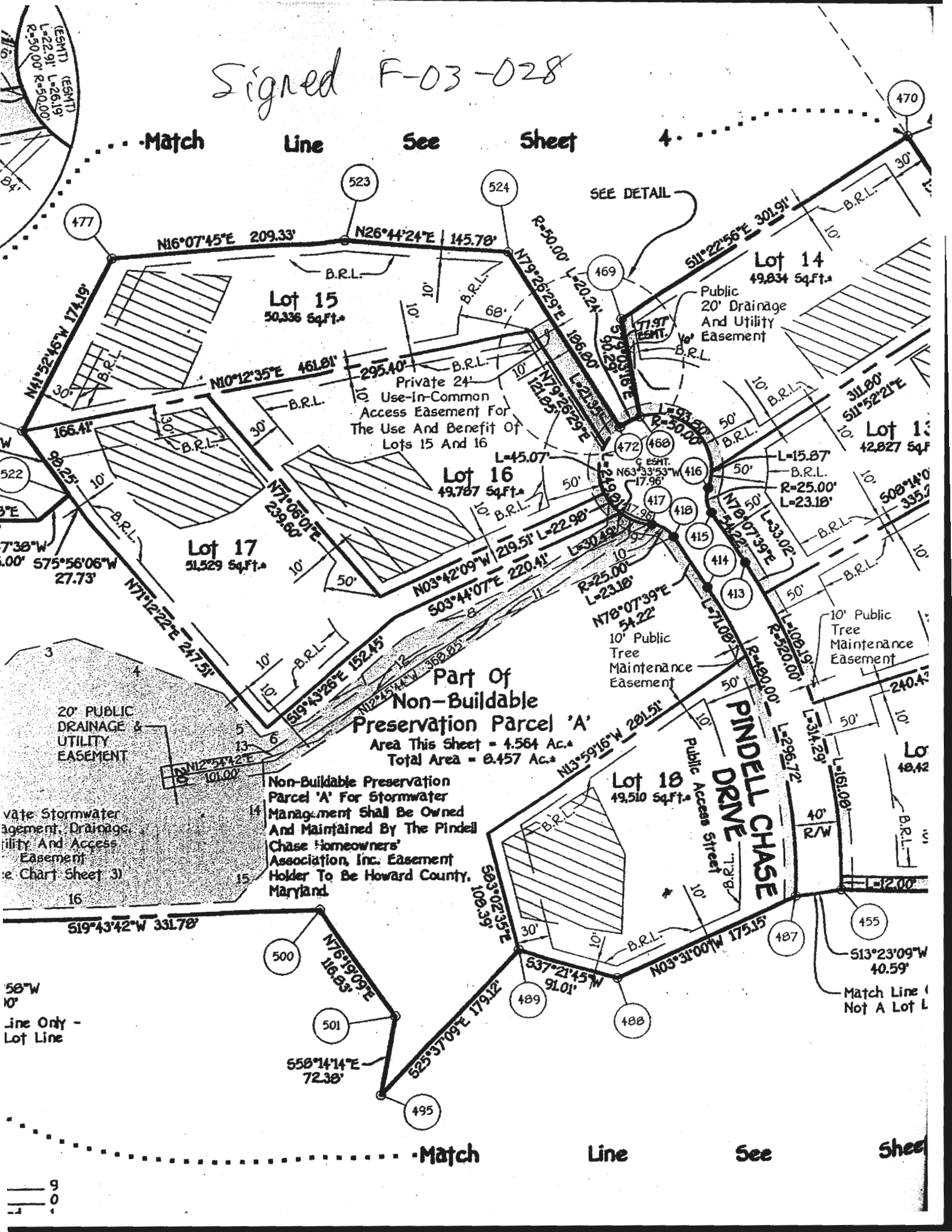
COMMENTS: No records found. 12/10/01 - Ground has some slight depressions in front yard but nothing major. No obvious sign of well or septic system in front yard or in back yard. Sewer manhole observed in front yard adjacent to street. Will follow up w/ homeowner.

DATE: 12/10/01

INSPECTOR: Steven R. Krieg

Signed F-03-028

Match Line See Sheet 4



Match Line See Sheet

Click here for a plain text ADA compliant screen.

	<b>Maryland Department of Assessments and Taxation</b> <b>HOWARD COUNTY</b> <b>Real Property Data Search</b>	<a href="#">Go Back</a> <a href="#">View Map</a> <a href="#">New Search</a>
---	--	---

**Account Identifier:** District - 04 Account Number - 317270

**Owner Information**

<b>Owner Name:</b>	VON NEUMANN COSEL FELICITAS	<b>Use:</b>	RESIDENTIAL
		<b>Principal Residence:</b>	YES
<b>Mailing Address:</b>	1676 WOODBINE RD WOODBINE MD 21797-8508	<b>Deed Reference:</b>	1) / 2338/ 402 2)

**Location & Structure Information**

<b>Premises Address</b>	<b>Zoning</b>	<b>Legal Description</b>
1676 WOODBINE RD WOODBINE 21797	RCDEO	1.465 A 1676 WOODBINE RD WOODBINE

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No:
7	17	125						81	Plat Ref:

<b>Special Tax Areas</b>	<b>Town Ad Valorem Tax Class</b>	NO A/V, NO M/P, RURAL FIRE TAX
--------------------------	----------------------------------	--------------------------------

<b>Primary Structure Built</b>	<b>Enclosed Area</b>	<b>Property Land Area</b>	<b>County Use</b>
1948	1,609 SF	1.46 AC	

<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>
1 1/2	NO	STANDARD UNIT	STUCCO

**Value Information**

	Base Value	Value			Phase-in Assessments		
		As Of	As Of	As Of	As Of	As Of	As Of
		01/01/2002	07/01/2002	07/01/2003			
<b>Land:</b>	74,600	94,600					
<b>Improvements:</b>	54,770	73,140					
<b>Total:</b>	129,370	167,740	142,160	154,950			
<b>Preferential Land:</b>	0	0	0	0			

**Transfer Information**

<b>Seller:</b> ROHDE LINDA L	<b>Date:</b> 06/11/1991	<b>Price:</b> \$137,500
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 2338/ 402	<b>Deed2:</b>
<b>Seller:</b> CARMICK ROBERT C	<b>Date:</b> 01/30/1987	<b>Price:</b> \$78,100
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 1596/ 418	<b>Deed2:</b>
<b>Seller:</b> HAWKINS MARY E	<b>Date:</b> 04/15/1981	<b>Price:</b> \$60,000
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 1049/ 423	<b>Deed2:</b>

**Exemption Information**

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

<b>Tax Exempt:</b> NO	<b>Special Tax Recapture:</b>
<b>Exempt Class:</b>	* NONE *

C1 8198

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 IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

COUNTY NUMBER A31645

Date Received (WRA use only) Oct 2, 1981 DATE WELL COMPLETED

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-1017

OWNER Carmick last name Robert first name STREET OR RFD 1676 Md Rt. 94 TOWN Lisbon

SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, Micka, Sandstone, Micka.

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

CASING RECORD casing types insert appropriate code below STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top(main)casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) HO 28 205

CIRCLE APPROPRIATE BOX A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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"

DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE

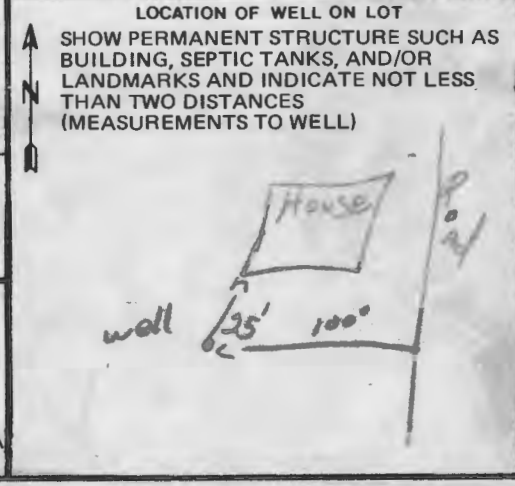
SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED 4 PUMPING RATE 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL 50 BEFORE PUMPING 205 WHEN PUMPING TYPE OF PUMP USED

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE



B 1 2 3 8072

SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

HO-73-4014

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

please print or type

fill in this form completely

DATE RECEIVED 9/30/81

8 (WRA USE ONLY) 13  
OWNER INFORMATION 854-6928  
work 7796-9300

Cornick Robert  
LAST NAME OWNER FIRST NAME

476 Rt 94  
STREET OR RFD

Woodbine Md 21797  
TOWN STATE ZIP

B 3 LOCATION OF WELL

COUNTY Howard

SUBDIVISION NONE

SECTION NONE LOT NONE

NEAREST TOWN Lisbon

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

B 1 CONTINUED DRILLER INFORMATION

Ralph MAYNE 273  
DRILLER'S NAME LICENSE NO.

Ralph Mayne 9/29/81  
SIGNATURE DATE

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Rt 94

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

50  
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)

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)

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

WRITE THE BOX NUMBER FROM THE MAP HERE

E 970  
N 540

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)

CABLE  REVERSE ROTARY  DRIVE-POINT  ROTARY

other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (Circle Appropriate Box)

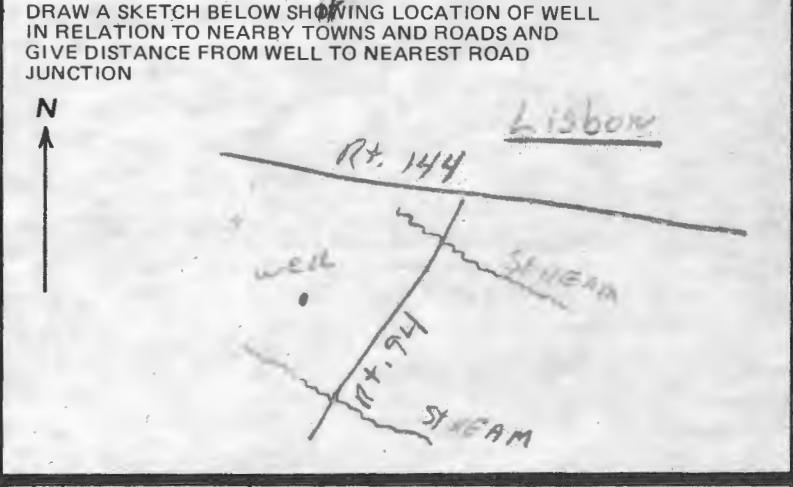
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) \_\_\_\_\_



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

APPROX. PERMIT NUMBER G A P I

FORCE 15 INITIALS 40-73-4014 CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD R311415  
COUNTY NAME COUNTY NO.

EHA SIGNATURE Frank Shinn STATE HEALTH CIRCLE BOX S

MO. DAY YR 09 30 81 CO. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NORTH 54 EAST 0778 ELEV. (FT.) \_\_\_\_\_

GRID 50 55 GRID 57 63 65 68

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

9/30/81 p.m.  
1:00

FILE Emergency Well

DATE REPORTED September 30, 1981

PROPERTY OWNER Mr. Robert Carmick

P.O. ADDRESS 1676 Route 94, Woodbine, Md. 21797

TELEPHONE Work: 796-9300 - Home: 854-6428

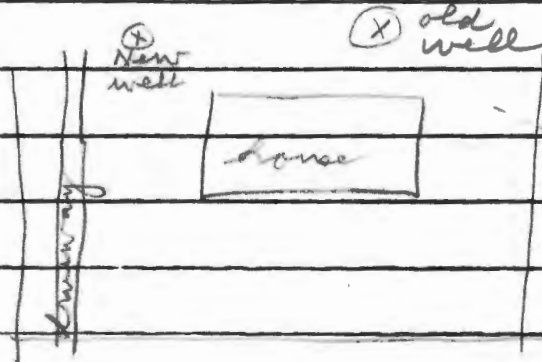
DIRECTIONS TO PROPERTY south on 94 towards Montgomery County - name on mailbox

INFORMANT Ralph Mayne - Driller

To meet Mr. Carmick and Mr. Mayne at site to verify well is dry.

CONDITION FOUND 9/30/81 present well 60ft deep - dry.

ACTION TAKEN Location of new well - left side of property, 75 ft from septic tank.



HO-73-4014


Rt 94

FINAL DISPOSITION 10/2/81 - Well grouted

30' casing  
2' above ground  
27' open  
7-bags cement

~~Robert Carmick~~  
10/2/81

Click here for a plain text ADA compliant screen.

	<b>Maryland Department of Assessments and Taxation</b> <b>HOWARD COUNTY</b> <b>Real Property Data Search</b>	<a href="#">Go Back</a> <a href="#">View Map</a> <a href="#">New Search</a>
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STR

**Account Identifier:** District - 04 Account Number - 310993

Owner Information
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<b>Owner Name:</b> AVERY JOHN R AVERY AUDREY L  <b>Mailing Address:</b> 14331 FREDERICK RD COOKSVILLE MD 21723-9513	<b>Use:</b> AGRICULTURAL  <b>Principal Residence:</b> YES  <b>Deed Reference:</b> 1) / 1465/ 246 2)
---	--

Location & Structure Information
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<b>Premises Address</b> 14331 FREDERICK RD WOODBINE 21797	<b>Zoning</b> RCDEO	<b>Legal Description</b> LOT 3 32.01 A 14331 FREDERICK RD AVERY PROPERTY
---	------------------------	---

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No:	14286
8	23	97					3	81	Plat Ref:	

<b>Special Tax Areas</b>	<b>Town Ad Valorem Tax Class</b>	NO A/V, NO M/P, RURAL FIRE TAX
--------------------------	----------------------------------	--------------------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1988	3,209 SF	32.01 AC	
Stories	Basement	Type	Exterior
2	YES	STANDARD UNIT	BRICK

Value Information
-------------------

	Base Value	Value As Of	Phase-in Assessments		PREFERENTIAL LAND VALUE INCLUDED IN LAND VALUE
			As Of	As Of	
		01/01/2002	07/01/2002	07/01/2003	
<b>Land:</b>	91,420	121,430			
<b>Improvements:</b>	227,530	282,180			
<b>Total:</b>	318,950	403,610	347,170	375,390	
<b>Preferential Land:</b>	11,430	11,430	11,430	11,430	

Transfer Information
----------------------

<b>Seller:</b> CAMPBELL FRANCES LEVERETT	<b>Date:</b> 04/28/1986	<b>Price:</b> \$125,000
<b>Type:</b> IMPROVED ARMS-LENGTH	<b>Deed1:</b> / 1465/ 246	<b>Deed2:</b>
<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>
<b>Seller:</b>	<b>Date:</b>	<b>Price:</b>
<b>Type:</b>	<b>Deed1:</b>	<b>Deed2:</b>

Exemption Information
-----------------------

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

<b>Tax Exempt:</b> NO <b>Exempt Class:</b>	<b>Special Tax Recapture:</b> AGRICULTURAL TRANSFER TAX
---	--

C1 4650 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED  
30 DAYS AFTER WELL IS COMPLETED  
COUNTY NUMBER A30876

Date Received (WRA use only) 9/5/80  
DATE WELL COMPLETED

Depth of Well 80  
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL"  
10-73-32

OWNER Campbell last name FRANCES first name  
STREET OR RFD 14331 FREDERICK ROAD TOWN COURSVILLE MD 21723  
SUBDIVISION EMERGENCY DRILLED SECTION \_\_\_\_\_ LOT \_\_\_\_\_

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	3	
Shaley	3	8	
SAND Stone	8	25	
MICA	25	34	
SAND Stone	34	38	
MICA	38	49	
SAND Stone	49	53	
MICA	53	80	

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO

TYPE OF GROUTING MATERIAL  
CEMENT  BENTONITE CLAY

NO. OF BAGS 5 NO. OF POUNDS 250  
GALLONS OF WATER 25  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 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  ST 6 21  
Nominal diameter top(main) casing (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD  
screen type or openhole insert appropriate code below

ST STEEL  BR BRASS, BRONZE  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

DEPTH (nearest ft.)

EACH SCREEN HO 19 80

CIRCLE APPROPRIATE BOX  
 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. 40  
DRILLERS SIGNATURE Darryl G. Laster  
(MUST MATCH SIGNATURE ON APPLICATION)  
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) Blaine Melton

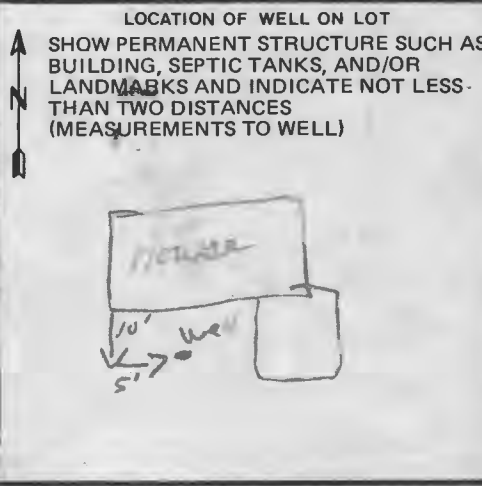
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN (NEAREST INCH) \_\_\_\_\_  
GRAVEL PACK \_\_\_\_\_  
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

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

C 3 (seq. no.)

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 3  
METHOD USED TO MEASURE PUMPING RATE direct  
WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 80  
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 YES  NO   
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)    
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) \_\_\_\_\_  
PUMP HORSE POWER \_\_\_\_\_  
PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
CASING HEIGHT (circle appropriate box and enter casing height)  above  below 2 (nearest foot)



B 1 7577

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER 40-73-3680 FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

OWNER COL 18 LAST NAME COL 19 FIRST NAME COL 20 COL 21 COL 22 COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30 COL 31 COL 32 COL 33 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40 COL 41 COL 42 COL 43 COL 44 COL 45 COL 46 COL 47 COL 48 COL 49 COL 50 COL 51 COL 52 COL 53 COL 54 COL 55 COL 56 COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63 COL 64 COL 65 COL 66 COL 67 COL 68 COL 69 COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79 COL 80 COL 81 COL 82 COL 83 COL 84 COL 85 COL 86 COL 87 COL 88 COL 89 COL 90 COL 91 COL 92 COL 93 COL 94 COL 95 COL 96 COL 97 COL 98 COL 99 COL 100

B 1 CONTINUED DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE 7-7-80 LICENSE NUMBER 77 80 FIRST NAME E. J. Dusteron DRILLER LAST NAME SIGNATURE

B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY Howard COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 23 42 SECTION 44 46 LOT 48 50 NEAREST TOWN 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) 79 76 77 78

B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 3 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR ROAD WHAT 11 NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 32 32 32 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 130 37 38 39

APPROXIMATE DEPTH OF WELL 24 150 28 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)

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)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65 FORCE WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO. DATE 12 5 1980 APPROVED BY

Diagram showing well location in relation to nearby towns, roads, and streams. Includes a north arrow and a grid for well location mapping. Box numbers 79 and 80 are marked. A dashed line indicates a road crossing.

5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) 3 (SEQ. NO.) 6

FILE Emergency Well

DATE REPORTED 9/3/80

PROPERTY OWNER Mrs. Campbell

P.O. ADDRESS 143 1/2(?) Frederick Road, Cooksville, Md. TELEPHONE \_\_\_\_\_

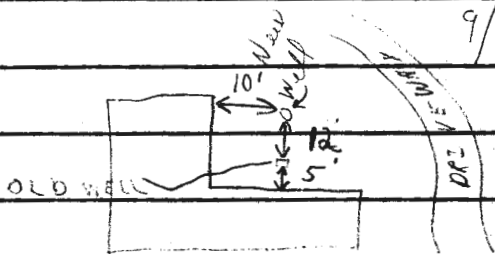
DIRECTIONS TO PROPERTY across from 1430 South side white farm house ✓

INFORMANT Easterday - Well Driller

*Spike visited site and verified that well is dry.*

*HO-73-36-80*

CONDITION FOUND



*9/5/80 5 BAGS OF CEMENT*

*21' WELL CASING P.W.D.*

*19 1/2' WELL CASING P.W.D.*

*1 1/2' CASING OUT OF GROUND*

*ok*

WEST  
FREDERICK ←

*Rd 144*

→ *COOKSVILLE*

ACTION TAKEN

FINAL DISPOSITION

Click here for a plain text ADA compliant screen.



Maryland Department of Assessments and Taxation  
**HOWARD COUNTY**  
 Real Property Data Search

[Go Back](#)  
[View Map](#)  
[New Search](#)

**Account Identifier:** District - 03 Account Number - 281884

**Owner Information**

**Owner Name:** SMITH MATTHEW A  
 KNAPP REBECCA D ETAL T/C  
**Use:** RESIDENTIAL  
**Principal Residence:** YES  
**Mailing Address:** 3625 10 OAKS RD  
 GLENELG MD 21737-9705  
**Deed Reference:** 1) / 3285/ 503  
 2)

**Location & Structure Information**

**Premises Address** 3625 TEN OAKS RD  
 GLENELG 21737  
**Zoning** RRDEO  
**Legal Description** 1.96 ACRES  
 3625 TEN OAKS RD

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No: Plat Ref:
22	8	4						80	

**Special Tax Areas** Town Ad Valorem Tax Class NO A/V, NO M/P, RURAL FIRE TAX

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1940	854 SF	1.96 AC	

Stories	Basement	Type	Exterior
1	YES	STANDARD UNIT	SIDING

**Value Information**

	Base Value	Phase-in Assessments		
		Value As Of 01/01/2001	Value As Of 07/01/2002	Value As Of 07/01/2003
Land:	89,600	104,600		
Improvements:	66,460	73,050		
<b>Total:</b>	<b>156,060</b>	<b>177,650</b>	<b>170,452</b>	<b>177,650</b>
Preferential Land:	0	0	0	0

**Transfer Information**

**Seller:** CARTER GEORGE ISAAC BOAZ  
**Type:** IMPROVED ARMS-LENGTH  
**Date:** 06/22/1994  
**Deed1:** / 3285/ 503  
**Price:** \$152,500  
**Deed2:**  
**Seller:** CARTER GEORGE ISAAC BOAZ  
**Type:** IMPROVED ARMS-LENGTH  
**Date:** 02/15/1994  
**Deed1:** / 3159/ 245  
**Price:** \$0  
**Deed2:**  
**Seller:** CAVEY ELMER L & WF  
**Type:** IMPROVED ARMS-LENGTH  
**Date:** 10/26/1983  
**Deed1:** / 1204/ 442  
**Price:** \$71,500  
**Deed2:**

**Exemption Information**

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

**Tax Exempt:** NO  
**Exempt Class:**

**Special Tax Recapture:**

\* NONE \*