

9/29/98  
10:00

INDEXED  
SITE INSPECTION SHEET

W 511016

OWNER: Pete Staff

DATE REQUESTED: 9/29/98

PHONE #: \_\_\_\_\_

CONTRACTOR: Joseph Mayne W.D.

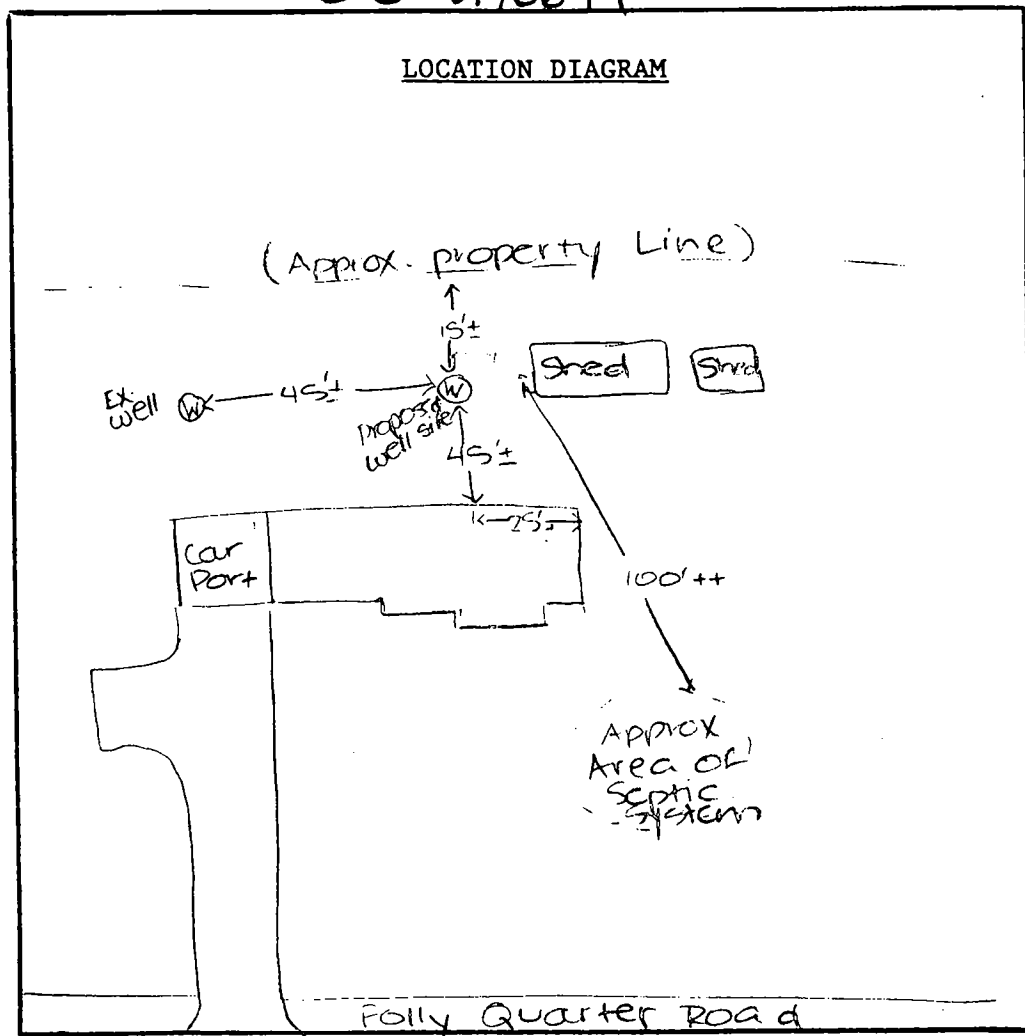
ADDRESS: 3609 Folly Quarter Rd  
723 B & 9 P 51

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

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

PROPOSAL: replacement well site requested due to lack of water  
low yield - reportedly  
(Built in '55)

03-296644

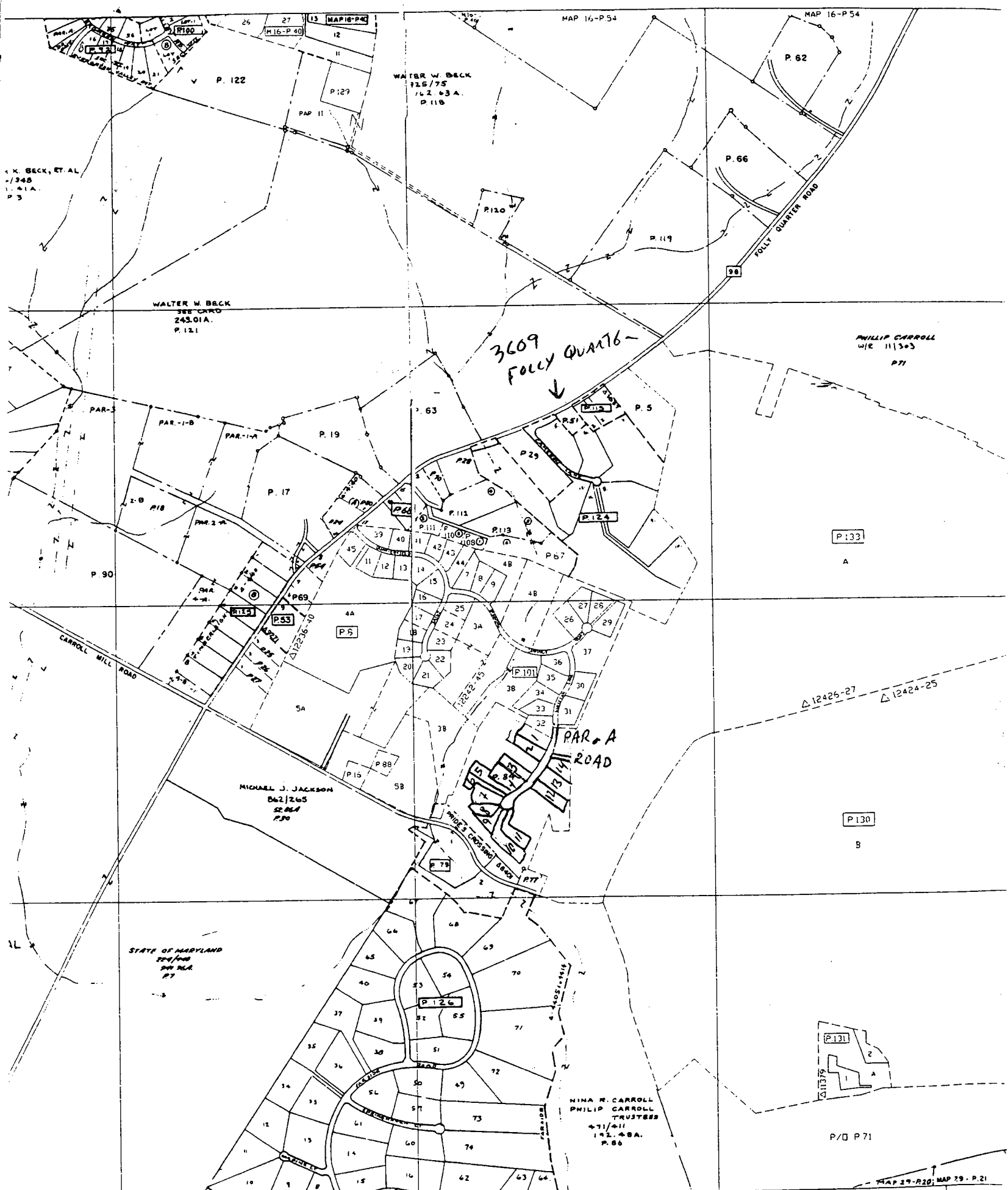


COMMENTS: Well site OK as stated. Driller to submit  
application. Owner wishes to keep original well  
for landscape watering

DATE: 9/29/98

INSPECTOR: [Signature]

W 511016



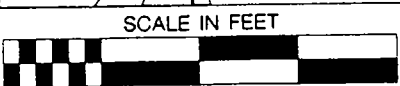
3609 Folly Quarter  
 ↓

PAR-A ROAD

STATE OF MARYLAND  
 200/1000  
 200/1000  
 200/1000  
 200/1000

NINA R. CARROLL  
 PHILIP CARROLL  
 TRUSTEES  
 471/411  
 192.48A.  
 P. 66

BY THE AND RVED. THESE MAPS ARE PROTECTED BY COPYRIGHT. THEY MAY NOT BE COPIED OR REPRODUCED IN ANY FORM INCLUDING ELECTRONIC MEANS SUCH AS DIGITIZING, SCANNING, VECTORIZING, OR IMAGE PROCESSING, OR BY ANY SYSTEM NOW KNOWN OR TO BE INVENTED WITHOUT PERMISSION IN



PROPERTY LINE SUBDIVISION BOUNDARY CONTAINING OWNER'S PARCEL NUMBER. SCALE 1"=100'

C1 4301

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER W511016

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10 21 98

Depth of Well 300'

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1771

OWNER STATE GALVIN STREET OR RFD 3609 Holly Quarter rd TOWN ELICOTT CITY

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. Includes entries for Sand and Gray Mica Rock.

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

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (6 inch), Total depth of main casing (128 feet)

OTHER CASING (if used)

screen type or open hole (ST, BR, HO) insert appropriate code below

SCREEN RECORD

DEPTH (nearest ft.) 127, 300. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) 56, 60

C 3

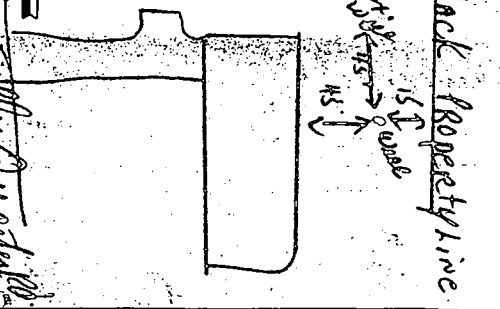
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE (Air), WATER LEVEL (distance from land surface) BEFORE PUMPING 46, WHEN PUMPING 260, TYPE OF PUMP USED (for test) (A) air

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO) 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) 50, 51

LOCATION OF WELL ON LOT. SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS 0. WELL HYDROFRACTURED (Y/N)

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 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.

DRILLERS LIC. NO. MS D0 24. DRILLERS SIGNATURE (Must match signature on application). LIC. NO. MS D0 27.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 6783

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

HO-94-1771  
fill in this form completely

Date Received (APA) 09/30/98

OWNER INFORMATION

8 MM DD YY 13  
Steph Last Name  
Gabrin First Name  
Owner  
3609 Holly Quarter Rd. Street or RFD  
Ellicott City, MD 21042 Town State Zip

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION \_\_\_\_\_ 42

SECTION 44 46 LOT 48 50

West Friendship NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 M I  
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayra M.S.D. 24  
Driller's Name License No.  
Joseph L. Mayra Well Drilling Firm Name  
5512 Ridge Rd. Mt. Airy, Md. 21771 Address  
Joseph L. Mayra 9/29/98 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

3609 Holly Quarter Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N  
WEST W  
EAST E  
SOUTH S

34 200 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: 23 BLK 9 PARCEL 51

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
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

HOWARD COUNTY NAME  
W511016 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 09/30/98  
43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 09/29/99

NORTH GRID 524 000 EAST GRID 0826 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 826  
N 524

000  
000

10/21/98 11:30 AM  
NO INSP

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROtary Drive-POINT

other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

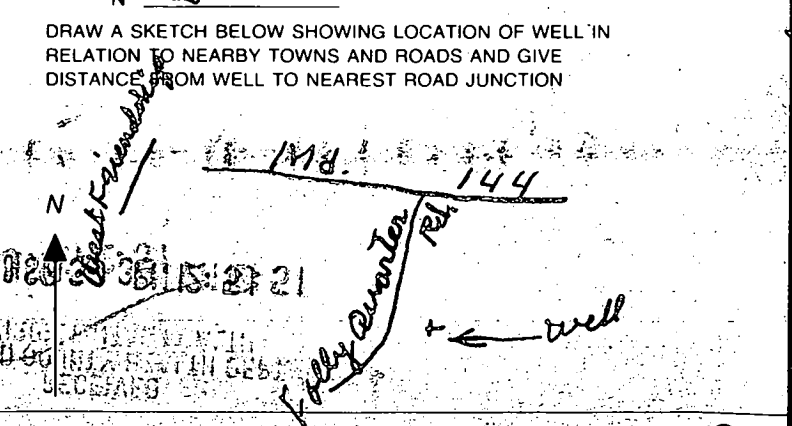
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEEN 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)

APPROX. PERMIT NUMBER 54 \_\_\_\_\_ 63

PERMIT No. HO-94-1771  
70 71 72 73 74 75 76 77 78 79