

C1 5283 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-26610**

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **070986** PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-31-1654**
 Depth of Well: **360** (TO NEAREST FOOT)

OWNER: **MEADOWS MARK**
 last name first name
 STREET OR RFD: **DAYTON MEADOWS CE** TOWN: **DAYTON**
 SUBDIVISION: **DAYTON MEADOWS** SECTION: **1** AREA: **1** LOT: **2**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND	0	41	
GRAY MICAC Rock	41	360	

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**

DRILLERS SIGNATURE: *Joseph Mays*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS: **10** NO. OF POUNDS: **440**
 GALLONS OF WATER: **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] ft. to [] [] [] [] 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: **SF**
 Nominal diameter top (main) casing (nearest inch): **6**
 Total depth of main casing (nearest foot): **48**

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.)	
	from	to
1	47	360
2	[] [] [] []	[] [] [] []
3	[] [] [] []	[] [] [] []

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 from [] to []

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 [] [] [] []

C3

PUMPING TEST
 HOURS PUMPED (nearest hour): **6**
 PUMPING RATE (gal. per min. to nearest gal.): **37**
 METHOD USED TO MEASURE PUMPING RATE: *hooker*
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **25**
 WHEN PUMPING: **252**
 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: **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 } LAND SURFACE: **1** (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)



B 1 **5220** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-1654
 fill in this form completely

OWNER INFORMATION
 Date Received: [] [] [] [] [] []
 Owner: **MEAVE** First Name: **MARK**
 Street or RFD: **8122 IMPERIAL DR.**
 Town: **LAVRAC** State: **MD** Zip: **20908**

LOCATION OF WELL
 COUNTY: **HOWARD**
 SUBDIVISION: **DAYTON MEADOWS**
 SECTION: **1** LOT: **A** Area: **I**
 NEAREST TOWN: **DAYTON**
 MILES FROM TOWN (enter 0 if in town): **0** MI

DRILLER INFORMATION
 Driller's Name: **Joseph L. Wayne** License No.: **238**
 Firm Name: **Joseph L. Wayne Well Drill**
 Address: **5512 Ridge Mt. Mt. Airy 21711**
 Signature: *Joseph L. Wayne* Date: **9/9/86**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEARWHAT ROAD: **CAYTON MEDICINE**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **E**
 DISTANCE FROM ROAD: **7** FT. or MI. **7**

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
 COUNTY NAME: **HOWARD** COUNTY NO.: **A 2610**
 OEP SIGNATURE: _____ STATE HEALTH INSERT S:
 DATE ISSUED: **082886** CO-SIGNATURE: *John A. Bell* EXP. DATE: **022886**
 NORTH GRID: **512000** EAST GRID: **0802000**

APPROXIMATE DEPTH OF WELL: **300** 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: _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER:
 1. Well
 2. Filled dry hole
 3. 40 - open
 10 bags mps
 Left side by road Mt. Airy
 9/9/86
 WRITE THE BOX NUMBER FROM THE MAP HERE

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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____

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

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER: _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT NO. **40-81-1654**

SPECIAL CONDITIONS

Page _____ of _____
 Date 9/9/86

Review 11/5/86 OK'D (RM)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1654
 Location of property (road) DAYTON MEADOWS CT
 Subdivision DAYTON MEADOWS Lot 2 Block 1 Plat _____ Sec. 1
 Well Driller JOE MAYNE Owner MEADE

Depth of well 360
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 25

I. High rate pumping -- reservoir drawdown
 Time pump started 8:00 Pumping rate 12
 Total time 25 min to reach pumping water level 251 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	108	5		12
8:30	190	5		12
8:45	252	5		12
9:00	251	33	120	1 3/4
9:15	251	33	90	1 3/4
9:30	251	33	210	1 3/4
9:45	251	33	330	1 3/4
10:00	251	33	330	1 3/4
10:15	251	33	(5)	1 3/4
10:30	251	33		1 3/4
10:45	251	33		1 3/4
11:00	251	33		1 3/4
11:15	251	33		1 3/4
11:30	251	33		1 3/4
11:45	251	33		1 3/4
12:00	251	33		1 3/4
12:15	251	33		1 3/4
12:30	251	33		1 3/4
12:45	251	33		1 3/4
1:00	251	33		1 3/4
1:15	251	33		1 3/4
1:30	251	33		1 3/4
1:45	251	33		1 3/4
2:00	251	33		1 3/4
2:15	251	33		1 3/4
2:30	251	33		1 3/4

11/2/88
1 PM

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement _____
Receipt # 42927
Date 11/2/88
Name of Installer Wm. H. Smith Jr. Telephone 879-7641
License Number PI 58
Certified Well Pump Installer X Well Driller _____ Registered Plumber _____
Name of Property Owner STEVEN PITMAN Telephone 301-776-6741
Subdivision DAYTON MEADOWS Lot # 2 Well Tag # 40-81-1654
Site Address 13809 DAYTON MEADOWS CT

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make oulds
3. Model # SES07412
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes X No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make Machon
2. Model # 1070
3. Depth 5 ft

Tank
1. Capacity 42
2. Pressure relief valve? yes

Piping
1. Type _____
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 335

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

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

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

Signature of Applicant: William H. Smith

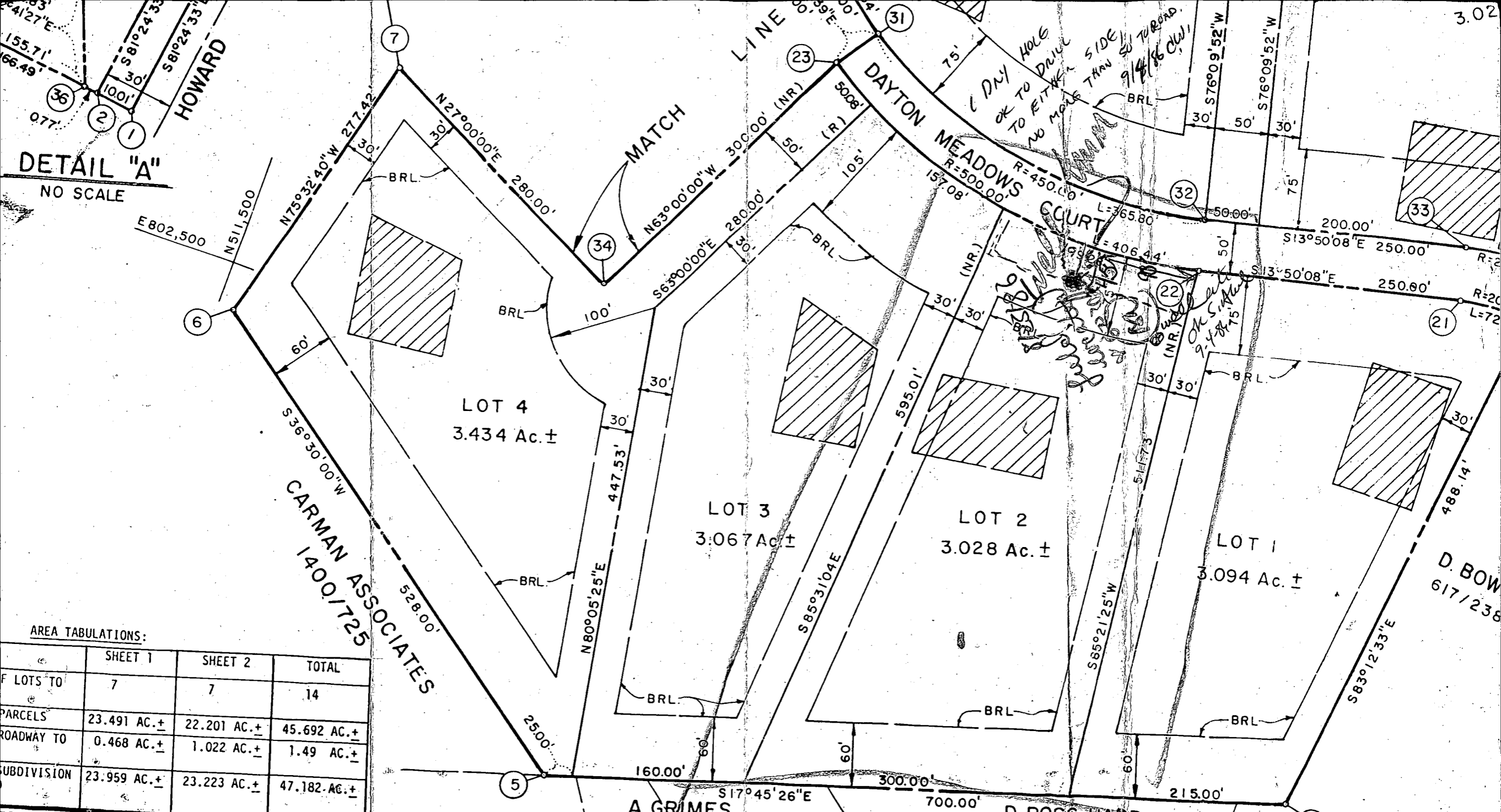
Date: 11/2/88

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

11/2/88 - OK TO COVER OUTSIDE WORK PRESSURE TANK
HD-215 NOT YET INSTALLED

11/2/88 - Pressure Tank OK B. B. Hodges

205 / 251 / 33 / 1/2



DETAIL "A"
NO SCALE

AREA TABULATIONS:

	SHEET 1	SHEET 2	TOTAL
OF LOTS TO	7	7	14
PARCELS	23.491 AC.±	22.201 AC.±	45.692 AC.±
ROADWAY TO	0.468 AC.±	1.022 AC.±	1.49 AC.±
SUBDIVISION	23.959 AC.±	23.223 AC.±	47.182 AC.±

FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

OWNER'S CERTIFICATE:

A. GRIMES 440/660
 D. ROSS HARP 923/195