

**C1** 5950 SEQUENCE NO. (OEP USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED:  
 COUNTY NUMBER **A 26634**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **070380** Depth of Well **305** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **MD-81-2127**

OWNER **ASSOCIATES CARMEN** STREET OR RFD **DAYTON MEADOWS CT.** TOWN **DAYTON** SUBDIVISION **DAYTON MEADOWS** SECTION **7** AREA **7** LOT **10**

**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    | 62  |                        |
| GRAY MICA Rock                                | 62   | 305 |                        |

*Dry well 400' Filled in with cement + DRILLING MATERIALS*

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **12** NO. OF POUNDS **1128**  
 GALLONS OF WATER **72**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **45** 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 (nearest inch) **10** Total depth of main casing (nearest foot) **680**

**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**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1 **HO** **19** **305**  
 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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **4**  
 PUMPING RATE (gal. per min. to nearest gal.) **23**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **34** WHEN PUMPING **218**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

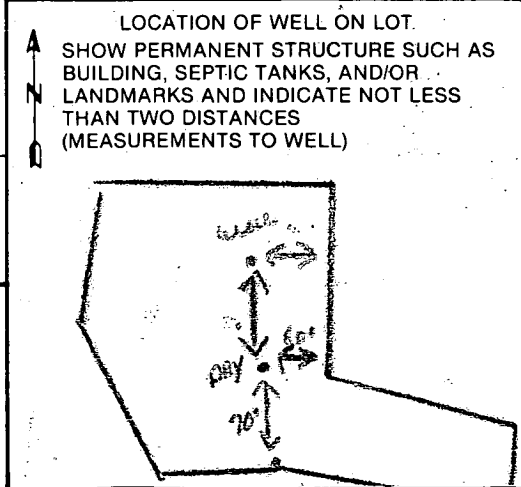
**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER  
 PUMP COLUMN LENGTH (nearest ft.)  
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE (nearest foot) **-** below }

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 L. Marper*  
 (MUST MATCH SIGNATURE ON APPLICATION)

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



B 7 8284

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

WO-81-2127

fill in this form completely

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

please print or type

Date Received

8 13

OWNER INFORMATION

CARMAN ASSOCIATES

BOX 122

ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

DAYTON MEADOWS

SECTION 1 LOT 10 (AREA 1)

DAYTON

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

DRILLER INFORMATION

Joseph L. MAYNE 238

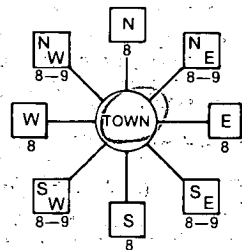
Joseph L. MAYNE WELL DRILLING

5512 RIDGE RD. MT. AIRY, MD

Signature Joseph L. Mayne Date 5/21/87

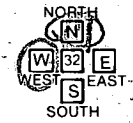
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



DAYTON MEADOWS CT.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 400 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 A-26634 COUNTY NO.

OEP SIGNATURE B. Nylor STATE HEALTH INSERT S

DATE ISSUED 06/28/87 CO SIGNATURE EXP. DATE 12/12/87

NORTH GRID 511000 EAST GRID 0801000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

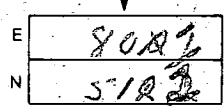
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

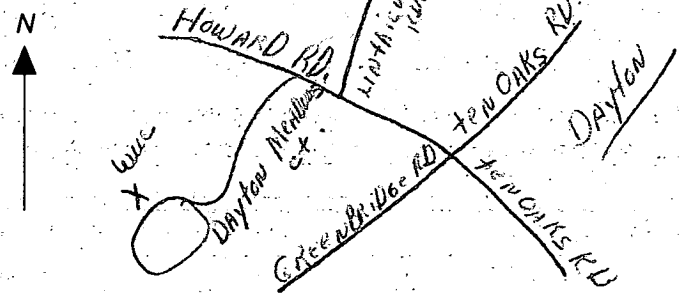


68 casing 4/5 open 12 bags 3 bags on dry hole location 20' from nearest fence hole 7/23/87

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

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 A2 PERMIT No. WO-81-2127

SPECIAL CONDITIONS

Review 45 open 12 bags  
dry - 11/27/87 bags  
OK 11/27/87

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-2127  
 Location of property (road) DAYTON MEADOWS CT.  
 Subdivision DAYTON MEADOWS Lot 10 Block      Plat      Sec. 1 AREA 1  
 Well Driller JOSEPH MAYNEZ Owner ASSOCIATES, CARMEN

Depth of well 305'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 34'

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:00 Pumping rate 12 gal.  
 Total time 45 min. to reach pumping water level 218 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 5 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 7:15                          | 71'                    | 5 min.                                    |                              | 12                                   |
| 7:30                          | 163                    | 5   |                              | 12                                   |
| 7:45                          | 218                    | 6   |                              | 10                                   |
| 8:00                          | 218                    | 30  |                              | 2                                    |
| 8:15                          | 218                    | 30  |                              | 2                                    |
| 8:30                          | 218                    | 30  |                              | 2                                    |
| 8:45                          | 218                    | 30  |                              | 2                                    |
| 9:00                          | 218                    | 30  |                              | 2                                    |
| 9:15                          | 218                    | 30  |                              | 2                                    |
| 9:30                          | 217                    | 30  |                              | 2                                    |
| 9:45                          | 216                    | 30  |                              | 2                                    |
| 10:00                         | 216                    | 27  |                              | 2 2/10                               |
| 10:15                         | 216                    | 27  |                              | 2 2/10                               |
| 10:30                         | 216                    | 27  |                              | 2 2/10                               |
| 10:45                         | 216                    | 27  |                              | 2 2/10                               |
| 11:00                         | 216                    | 27  |                              | 2 2/10                               |
| 11:15                         | 216                    | 27  |                              | 2 2/10                               |
| 11:30                         | 216                    | 27  |                              | 2 2/10                               |
| 11:45                         | 216                    | 27  |                              | 2 2/10                               |
| 12:00                         | 216                    | 27  |                              | 2 2/10                               |
| 12:15                         | 216                    | 27  |                              | 2 2/10                               |
| 12:30                         | 216                    | 27  |                              | 2 2/10                               |
| 12:45                         | 216                    | 27  |                              | 2 2/10                               |
| 1:00                          | 216                    | 27  |                              | 2 2/10                               |
| 1:15                          | 216                    | 27  |                              | 2 2/10                               |
| 1:30                          | 216                    | 27  |                              | 2 2/10                               |
| 1:45                          | 216                    | 27  |                              | 2 2/10                               |

4/21/89

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 # 43486  
Date 3/1/89  
Name of Installer Ride Plumbing - Heating Inc Telephone 875 2206  
License Number 3486 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X  
Name of Property Owner Identegy Construction Telephone 876 0005  
Subdivision Dayton Meadows Lot # 10 Well Tag # HO - 81 - 2127  
Site Address 13826 Dayton Meadows Court

Pump Motor Pitless Adapter  
1. Type 1. Horsepower 3/4 1. Make \_\_\_\_\_  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
c. Submersible X a. 110 \_\_\_\_\_  
2. Make Meyers b. 220 X  
3. Model # \_\_\_\_\_  
4. Capacity \_\_\_\_\_ GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_  
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards X Other \_\_\_\_\_

Tank Piping Well data  
1. Capacity \_\_\_\_\_ 1. Type \_\_\_\_\_ 1. Depth 300 ft.  
2. Pressure relief valve? Yes 2. Size \_\_\_\_\_ 2. Yield \_\_\_\_\_ GPM  
3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level \_\_\_\_\_ ft.  
4. Depth of supply line \_\_\_\_\_ 4. Will water supply be disinfected by installer? Yes

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: Carroll B. Bauerhin

Date: 3-1-89

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