

Partial
at 2/78 H/S

6/5/78 if possible
6/6/78 if possible for final

Approved
6/6/78

P 28002
A 24254

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-382645

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 5/8/78

Roland Barth

IS PERMITTED TO INSTALL X ALTER

ADDRESS Clarksville Pike, Ellicott City, Md.

PHONE _____

SUBDIVISION Riverside Estates

ROAD 7104 Newberry Drive

LOT 47, Blk.H

PROPERTY OWNER Stanley Haley

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH 5 DEPTH 200 FEET, BOTTOM AREA 576 SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE 2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 5 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Trenches to run on the 325.5 and the 326.5 contour. Start trenches 20ft. from house.

NOTE: TRENCHES NOT TO BE CONNECTED IN SERIES. MUST USE DISTRIBUTION BOX OR T'S AND

CONNECT TO END NEAREST SEPTIC TANK. NO TRENCH IS TO EXCEED 100 FEET IN LENGTH.

PLANS APPROVED BY R.T. Moorefield/D.J. O'Neill

DATE 7/21/77

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

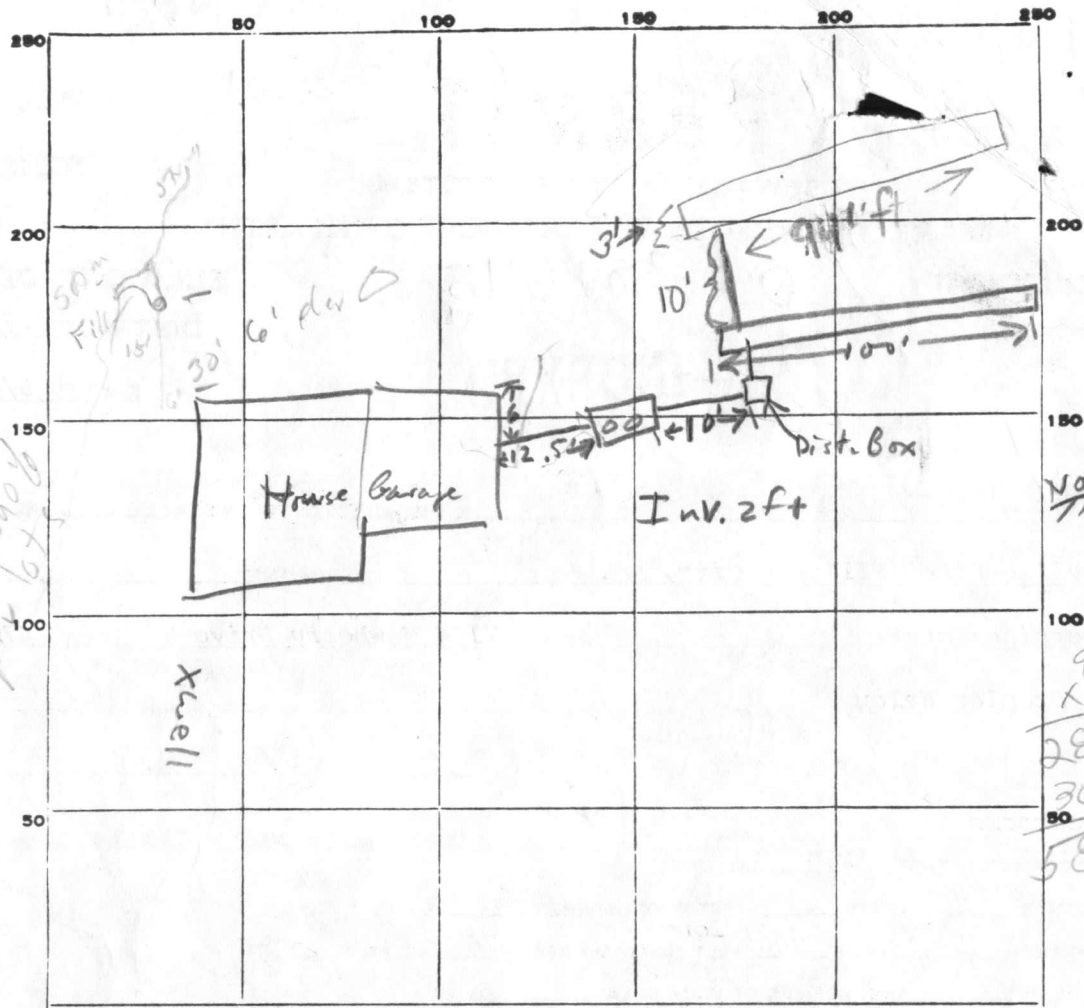
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

A
24254



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD yes

SEPTIC TANK, LEVEL yes CLEANOUTS Terra Cotta

DISTRIBUTION BOX, LEVEL yes

TILE FIELD, DEPTH 5-5.5 FT. TRENCH WIDTH 2 1/2 FT.

GRAVEL DEPTH 3 FT. TOTAL LENGTH 194 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET 3 FT.

ABSORBENT AREA ±582 SQ. FT.

REMARKS OK to put gravel and perf. pipe into 1st trench. OK to make 2nd trench 90'. J/S 6/2/78 10:55 AM

OK to cover 1st trench. Continue work on 2nd trench + call for inspection before putting in gravel. J/S 6/2/78 3:10 PM

Add gravel to 2nd trench 3 call before backfilling 6/5/78 (GLK)

Okay to backfill 2nd trench 6/6/78 Cover All work (GLK)

DATE SYSTEM APPROVED 6/6/78 INSPECTOR George L. Keller

Upper 6x7.5

94
x 7

282
300
50

582

Gancon both plans
APPLICATION

A 24254

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

ST 3-1000
4-1250

DISTRICT 5th

DATE April 27, 1976

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043

Drainfields

TELEPHONE: 465-5000, EXT. 356

Begin the trenches 102 ft from the front prop line (Gancon) and 43 ft from the right prop line. The trenches will be constructed 3' wide, 5' deep, contain 3 1/2' of stone and follow the contour of the land. No trench will exceed 100' in length. There will be at least 140# of bottom area in the trenches per bedroom.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Residential Developers Inc.

ADDRESS P. O. Box 700, Seabrook, Maryland 20801

% William Miller
PHONE 301-948-5115

PROPERTY LOCATION:

7104 Newberg Dr

SUBDIVISION Riverside Estates

LOT NO. 44 Block H

ROAD AND DESCRIPTION directions From Ellicott City South on Rt 29 Approximately 1000 feet South of Rt 32 to Vista Drive; West on Vista Drive to Long View

SIZE OF LOT Approximately one acre

TYPE BLDG. 4 Bedroom

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

(Single Family Dwelling)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

BLDG. PERMIT SIGNED
AND RETURNED 10/27/77

SIGNATURE OF APPLICANT William J. Miller

Serial No. 33806

APPROVED BY Robert J. Moorefield

FOR Drainfields
(KIND OF SYSTEM)

DATE JUL 21 77

REJECTED BY _____

FOR _____
(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

A 24254

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th
DATE April 27, 1976

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Residential Developers Inc.
P. O. Box 700, Seabrook, Maryland 20801
ADDRESS _____ PHONE % William Miller
301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 44 Block "C"

ROAD AND DESCRIPTION directions From Ellicott City South on Rt 29 Approximately 1000 feet
South of Rt 32 to Vista Drive; West on Vista Drive to Long View

SIZE OF LOT Approximately one acre TYPE BLDG. 4 Bedroom

IF NOT SINGLE RESIDENCE DESCRIBE _____
(Single Family Dwelling)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 47 A

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

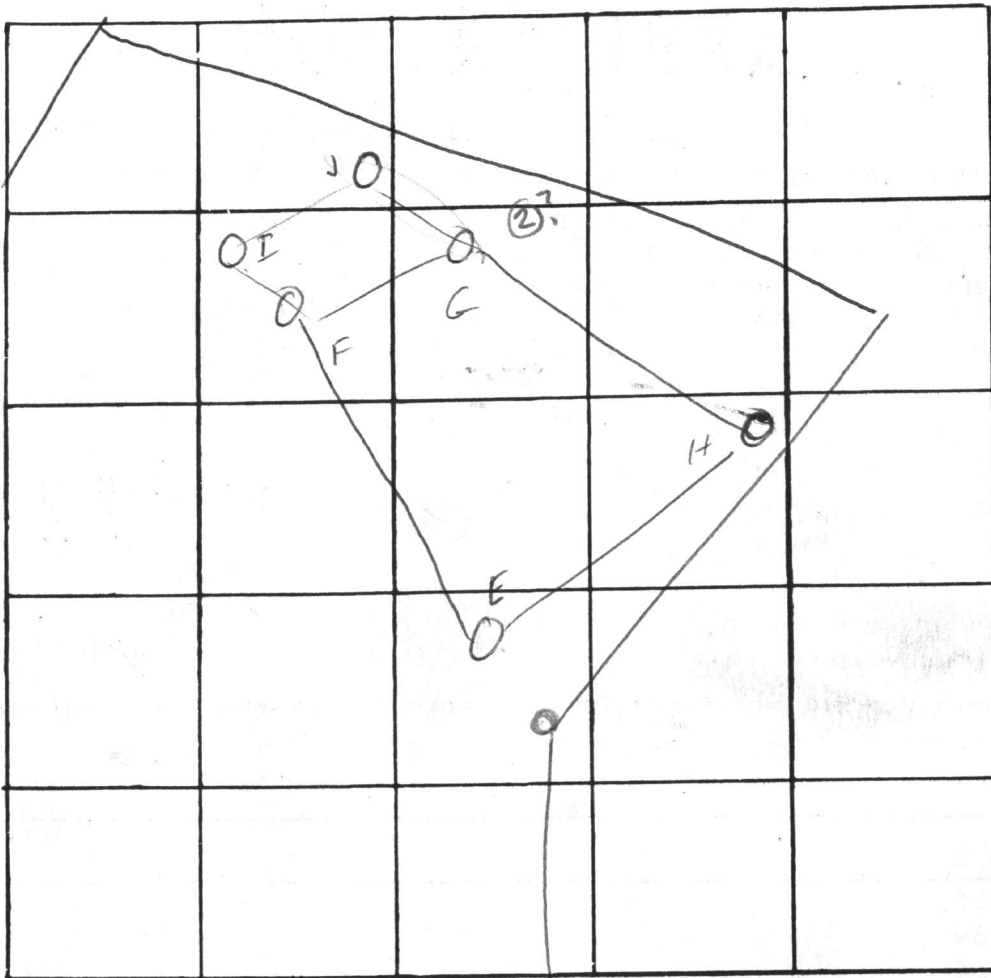
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

47H



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Newberry Dr

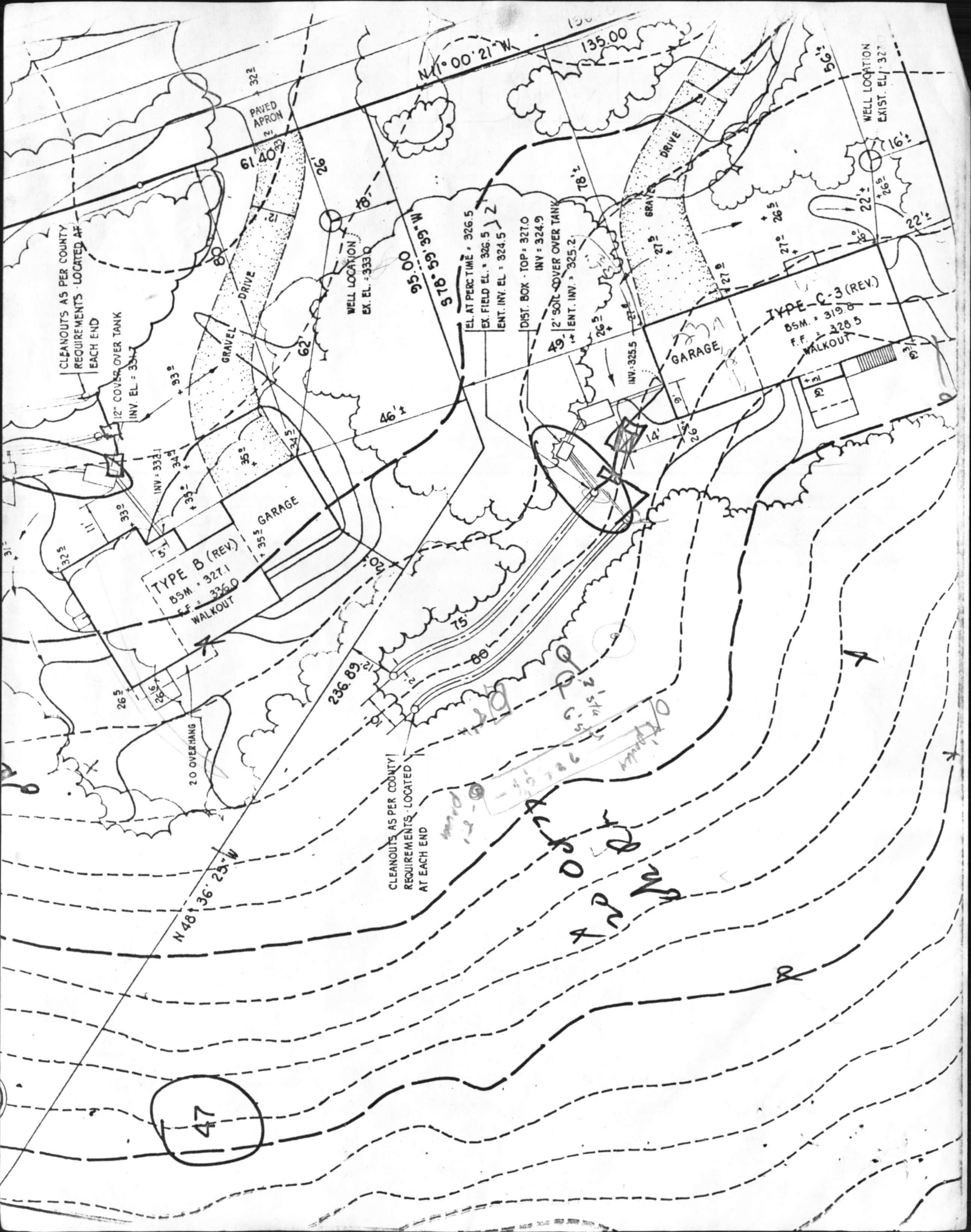
t = 6
inv. = 2
max = 5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/30/77	I	8'	vis				
	G	2	12:30	12:35	12:35	12:43	8
	G ₁	8 1/2	12:30	12:32	12:32	12:37	5
	E	2	1:03	1:06	1:06	1:11	5
	E ₁	8	1:03	1:05	1:05	1:09	4
	F	2	1:05	1:09	1:09	1:13	5
	F ₁	8	1:05	1:06	1:06	1:10	4
	H	2	1:45	1:49	1:49	1:55	6
	H ₁	8	1:45	1:48	1:48	1:53	5
	J	2	2:07	2:12	2:12	2:18	6
	J ₁	8	2:07	2:10	2:10	2:15	5

REMARKS _____

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: Barth



47

C 1 **7551** SEQUENCE NO. (WRA USE ONLY)

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

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED Oct 21 1977

8-13 15 20

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

THIS REPORT MUST BE SUBMITTED IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A 24254

PERMIT NO. FROM "PERMIT TO DRILL WELL"
AD-73-2324
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Holt LAST NAME Stanley FIRST NAME

STREET OR RFD 4332 Annapolis Rd. POST OFFICE Stanhope, Md.

WELL DESCRIPTION

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>Sand</u>	<u>0</u>	<u>20</u>	<input checked="" type="checkbox"/>
<u>Gray granite</u>	<u>20</u>	<u>205</u>	<input type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)*
 CEMENT BENTONITE CLAY

NO. OF BAGS 5 NO. OF POUNDS 470

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 20 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE SH NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 23

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"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	8	9	11	15
1	<u>11</u>	<u>15</u>	<u>205</u>	<u>21</u>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE UN

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 45 (NEAREST FOOT) 20

WHEN PUMPING 5 (NEAREST FOOT) 25

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

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET 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) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

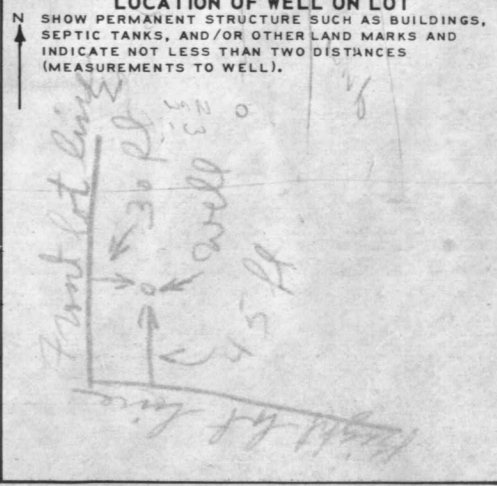
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE 50 (NEAREST FOOT) 51



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", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Joseph L. Mayne

(PLEASE PRINT) Joseph L. Mayne

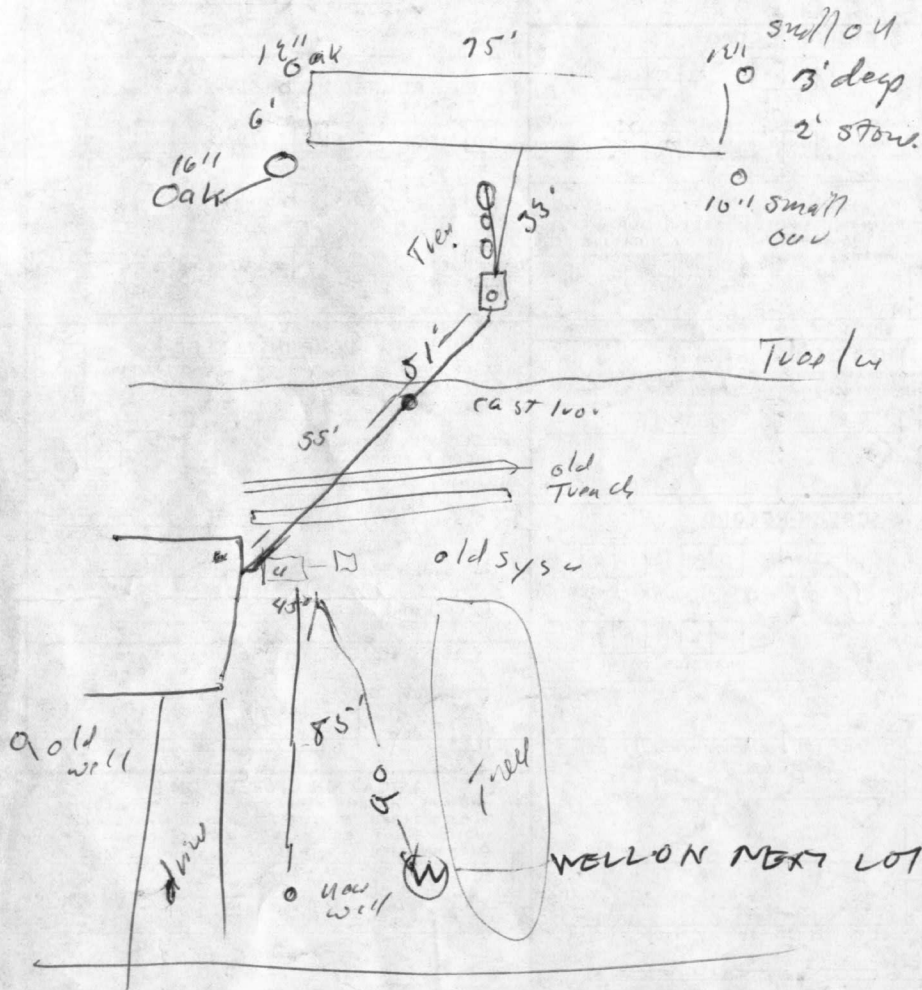
SIGNATURE Joseph L. Mayne

10/30/95

sketch of final repair soft
system Matsco Propri

10/31/95

dug down verified
grout at ~ 6'
APPN



7'4"

100' +
300'

4604

SEQUENCE (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

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

DATE RECEIVED (WRA USE ONLY)

10/30/78

10:00 A.M.

OWNER

Halk

COL 15 LAST NAME

STREET OR RFD

9337 Annapolis Rd -

COL 36

POST OFFICE

Lanham Md -

COL 57

Stanley

HO-78-E-10

FIRST NAME

COL 10

9-15

1 CONTINUED

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: Oct 26, 1978

LICENSE NUMBER 238

77 80

FIRST NAME

DRILLER

LAST NAME

SIGNATURE

Joseph L. Mayne

2

WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE)

5

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)

750

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

PRIVATE WATER COMPANY

TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL

180 FEET

APPROXIMATE DIAMETER OF WELL

6 (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)

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

APPROPRIATION PERMIT NUMBER

54 63 65

ENGINEER REVIEW DISTRICT NO.

FORCE WRITE INITIALS IN BOX

CONDITIONS

A E N S G W Q C L U

4 CONTINUED

HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX)

HOWARD

W29108

COUNTY NAME

COUNTY NO.

MO. DAY YR.

DATE 1 0 2 6 7 8

APPROVED BY Donald W. Monaghan, Sanitarian

SPECIAL CONDITIONS 9-3

3

LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY

Howard

SUBDIVISION

DO NOT ABBREVIATE COUNTY NAME

SECTION

29

LOT

44 48 49

NEAREST TOWN

Atholton

MILES FROM TOWN (ENTER 0 IF IN TOWN)

3/4

4

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH

E EAST

NE NORTHEAST

SE SOUTHEAST

S SOUTH

W WEST

NW NORTHWEST

SW SOUTHWEST

NEAR WHAT ROAD

Newberry Dr -

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

N NORTH

S SOUTH

E EAST

W WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)

15

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN IN SKETCH. ALSO SHOW, BY MEANS OF AN 'X', THE WELL LOCATION IN THE BOX AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

HO-78-E-10 10/30/78 WELL OK SEE OTHER SIDE

N

Sketch showing location of well in relation to nearby roads and streams. Includes handwritten notes: 'Judith Lane Dr.', 'wells at', 'Newberry Dr.', and 'wells at'.

BOX NUMBER

830 750

NORTH COORDINATE

50 51 52 53 54 55

EAST COORDINATE

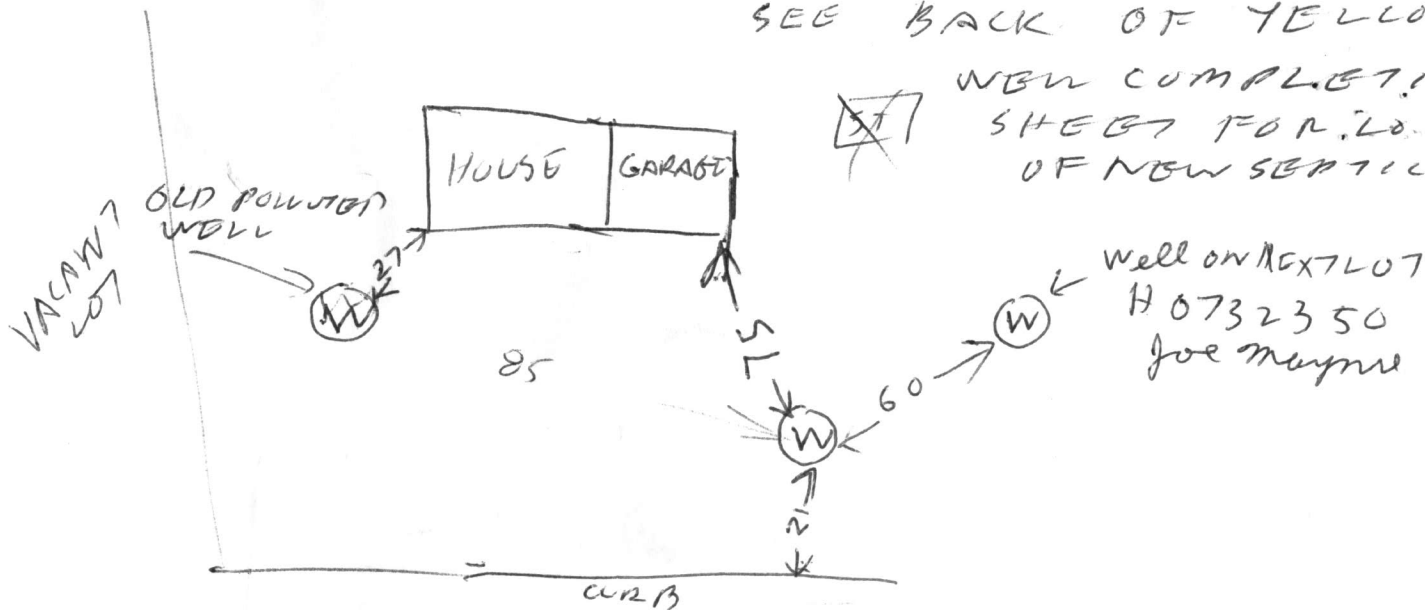
57 58 59 60 61 62

ELEVATION AT WELL HEAD (FEET)

53 54 55 56

SEE BACK OF YELLOW

NEW COMPLETION SHEET FOR LOCATION OF NEW SEPTIC SYSTEM



10/30/78

- ① 42 FT CASING 2 1/2 FT OUT OF GROUND
- ② 38 FT OPEN HOLE MEASURED WITH A STRING
- ③ MAGNET GADGET ON STRING USED TO CHECK # OF FT OF CASING # FT OF CASING MEASURED ABOUT SAME (44 FT) AS # OF FT CLAIMED (42 FT)
- ④ TALKED TO LARRY MAYME HE SAID SOMEONE FROM HD WAS ~~AT~~ HERE FRIDAY 10/27/78 & OBSERVED WELL DRILLING. HE SAID HE WAS NOT THERE & DOES NOT KNOW THE MANS NAME. HE SAID HE WAS TOLD THAT THE MAN HERE ~~SAID~~ 10/27/78 BUT THE MAN COULD NOT BE REACHED BY PHONE SAT. SO THE WELL WAS NOT GROUTED SAT
- ⑤ DAVE ONEILL VISITED SITE & EXPLAINED WHAT HAPPENED & DREW DIAGRAM OF NEW SYSTEM SEE BACK OF YELLOW WELL COMPLETION REPORT
- ⑥ 2 BAG USE
- ⑦ WELL DISINFECTED

C 1 **0253** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.)

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

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED Oct 30 1978

8-13 15 20

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

DEPTH OF WELL 185

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3035

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Stall LAST NAME Stall FIRST NAME Stanley

STREET OR RFD 4300 Annapolis Rd POST OFFICE St. Michaels, Md. 20686

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>Sand</u>	<u>0</u>	<u>20</u>	<input type="checkbox"/>
<u>gray granite</u>	<u>20</u>	<u>185</u>	<input type="checkbox"/>

WELL DESCRIPTION

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 8 NO. OF POUNDS 752

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 98 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 44

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

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

PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	4
1	<u>40</u>	<u>42</u>	<u>185</u>	
2				
3				

SLOTSIZE 1, 2, 3,

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 56 TO 60

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F F

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

TELESCOPE CASING T 70

LOG INDICATOR L 72

OTHER DATA AVAILABLE W O 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 12

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 10 (NEAREST FOOT)

WHEN PUMPING 22 (NEAREST FOOT) 3 (NEAREST FOOT)

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

AIR A 27 PISTON P 27 TURBINE T 27

CENTRIFUGAL C 27 ROTARY R 27 OTHER (DESCRIBE BELOW) O 27

JET J 27 SUBMERSIBLE S 27

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) 50 51

BELOW }

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 Joseph P. Morgan

SIGNATURE Joseph P. Morgan

100

NOV 19 1978

RECEIVED

NOV 9 9 22 AM '78

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

