

C1 9585 SEQUENCE NO. (OEP USE ONLY)

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 34956

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

DATE Received, DATE WELL COMPLETED, Depth of Well, PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing

GROUTING RECORD: WELL HAS BEEN GROUTED, 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, MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD: screen type or open hole, insert appropriate code below

DEPTH (nearest ft.) table, SLOT SIZE, DIAMETER OF SCREEN

A CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO., DRILLERS SIGNATURE

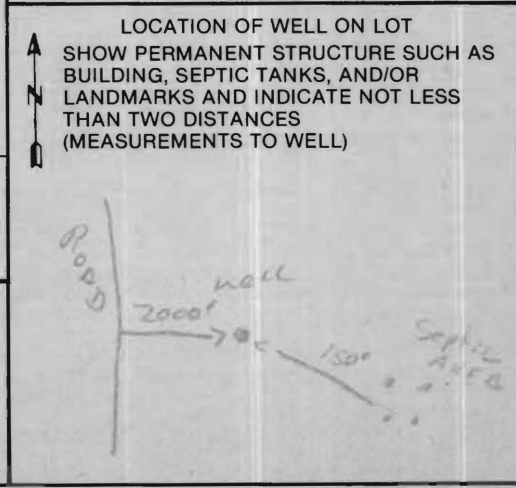
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, LOG INDICATOR, W Q, OTHER DATA

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED: DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



B 1 **3302** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED, IN COLS. 3-6 ON ALL CARDS)

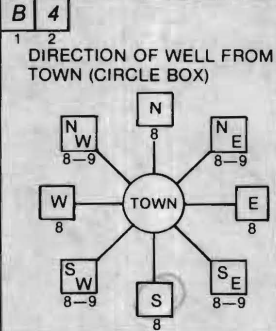
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
70 **40-81-0730** **79**
 fill in this form completely

Date Received **3/28/85 - 11:00 AM**
OWNER INFORMATION
8 **13**
15 **34**
36 **55**
57 **70** **72** **76**
CAPITANOS **Const**
12241 FOLLEY QUARTER
ELLICOTT CITY MD 21043

B 3 **LOCATION OF WELL**
1 **2**
8 **21**
23 **42**
SECTION **LOT**
44 **46** **48** **50**
52 **71**
GLEWELG
52 **NEAREST TOWN**
M I
73 **76** **77** **78**
MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION
77 **80**
Driller's Name **Ralph Mayne**
77 License No. **873**
Firm Name **Ralph Mayne (well Driller)**
Address **9120 Brown Church Rd. Mt. Airy**
Signature **Ralph Mayne** **3/13/85**
Date



11 **30**
NEAR WHAT ROAD **Linthicum**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **37**
DISTANCE FROM ROAD
ENTER FT or MI **77**
38 **39**

B 2 **WELL INFORMATION**
1 **2**
APPROX. PUMPING RATE (GAL. PER MIN.) **5** **8** **12**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** **14** **20**

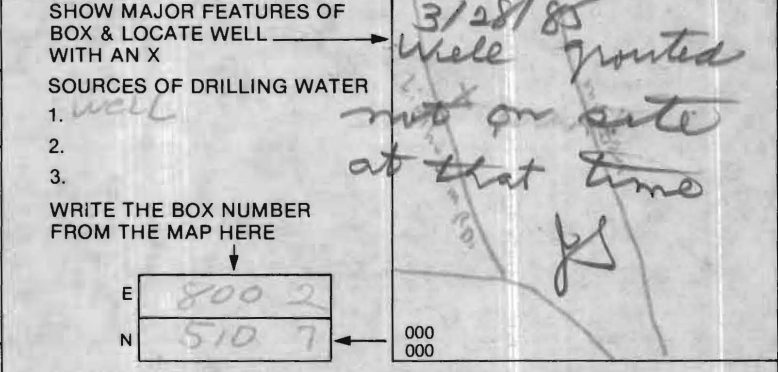
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A 34956**
COUNTY NAME **COUNTY NO.**
OEP SIGNATURE **STATE HEALTH**
DATE ISSUED **9/20/85** **41**
43 **48** **CO SIGNATURE** **EXP. DATE**
NORTH GRID **517000** **55** **EAST GRID** **080200** **63**

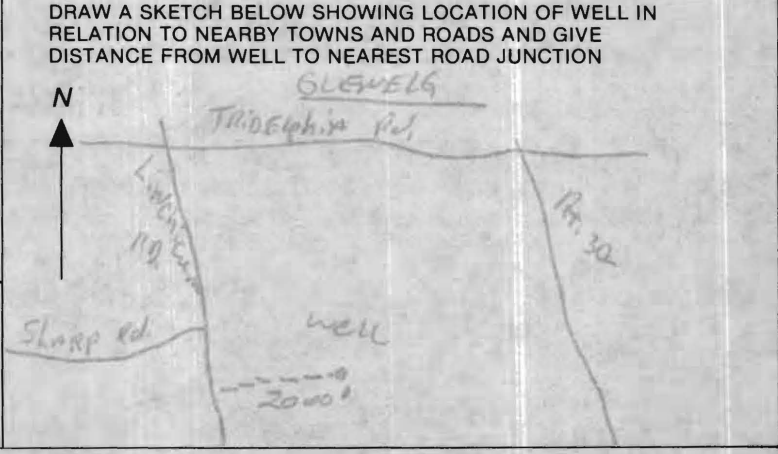
APPROXIMATE DEPTH OF WELL **30** **24** **28** **FEET**

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

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
 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) _____ **52**



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____ **54** **G A P** **63**
FORCE **JS** **WRITE INITIALS IN BOX** **PERMIT NO.** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79**
70 **71** **72** **73** **74** **75** **76** **77** **78** **79**

SPECIAL CONDITIONS

7/1/85

P. O. Box 476
Ellicott City, Maryland 21042

WELL PUMP INSPECTION

Owner's Name: Dick Myers
4260 Ten Oaks Road

Address:

Location of Property: Lot 6

Well Tag Number;
HD-81-0930

Plumber or Certified Pump Installer:

Phone Number:

License Number:

Receipt Number:

Date:

Comments:

Inspection: 7-1-85
PITLESS ADAPTER 3' 10" BELOW GRADE
WELL LINE 4" BELOW GRADE
PRESSURE TANK INSTALLED
SAB

Date Well Pump Inspection was approved:

Inspector:

November 12, 1986

Mr. Richard Myers
4260 Ten Oaks Road
Glenelg, Maryland 21737

Dear Mr. Myers:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0930.

September 15, 1986
Date of Final Sampling

September 22, 1986
Date of Acceptance

Craig Williams
Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 3/28/85

Date Septic Approved: 6/27/85

Water Sample Dates: / /86
9/15/86