

C1 1924
 (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 3559**

DATE RECEIVED: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **100687**
 DEPTH OF WELL: **175** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-2323**
 OWNER: **STANLEY BRIAN**
 STREET OR RFD: **COUNTRY VIEW ESTATES** TOWN: **MOUNT AIRY**
 SUBDIVISION: **COUNTRY VIEW ESTATES** SECTION: [] 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 | |
| Brown Clay | 0 | 4 | |
| Brown soil | 4 | 11 | |
| shell | 11 | 65 | |
| white & gray Brown rock | 65 | 110 | ✓ |
| gray & white | 110 | 175 | ✓ |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **24** NO. OF POUNDS **2256**
 GALLONS OF WATER **147**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **60** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING
 Nominal diameter top (main) casing (nearest inch) **06**
 Total depth of main casing (nearest foot) **78**

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **09**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **1 gal.**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **50**
 WHEN PUMPING **94**
 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: **29**
 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 } **02**

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

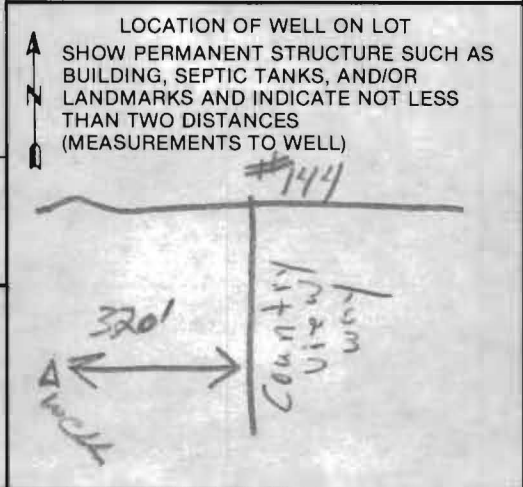
C 2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **H0** **26** **175**
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 from [] to []

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.

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

DRILLERS IDENT. NO. **282**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] W Q [] [] []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []



B 7 1730 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

10-81-2323
fill in this form completely

Date Received

093087

OWNER INFORMATION

Stahkey Brian
10445A Hickory Ridge
Columbia MD 21044

997-5039

B 3

LOCATION OF WELL

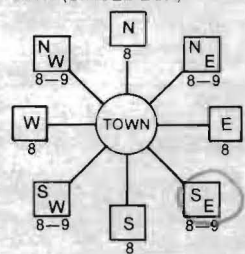
Howard
County
Country View Est
SECTION 44 46 LOT 2 48 50
Mount Airy
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Harry Edmondson
Harry Edmondson Drilling
741 Kleg Mill Rd Westminster
Harry Edmondson 9-30-87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Country View Way
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



370 DISTANCE FROM ROAD

ENTER FT or MI 77

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 A 35519
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 093087 B. Edmondson 03/30/88
CO SIGNATURE EXP. DATE
NORTH GRID 592000 EAST GRID 0763000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

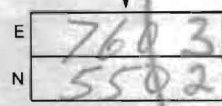
Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROtary DRive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



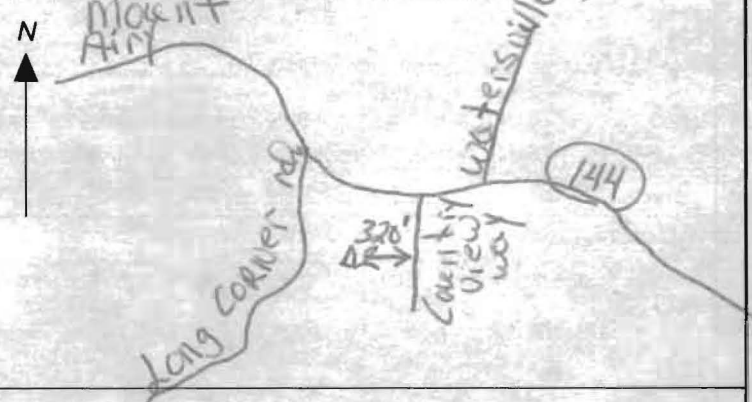
10-6-87 Grout Location ok
78 ft casing
2 ft above ground
60+ ft open hole
bags cement
JE Wadeau

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)

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)

APPROX. PERMIT NUMBER GAP

FORCE 4 WRITE INITIALS IN BOX PERMIT No. 10-81-2323

SPECIAL CONDITIONS

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
 Replacement

Receipt # 41472
 Date 4-8-88

Name of Installer VAO SANT PLUMBING

Telephone _____

License Number _____
 Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner BRIAN S. STAHLY Telephone 301-997-5039
 Subdivision COUNTRY VIEW Lot # 2 Well Tag # 40-81-2325
 Site Address 17508 COUNTRY VIEW WAY Mt. Airy Md

- | Pump | Motor | Pitless Adapter |
|---|---------------------|------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible _____ | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 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 _____ Other _____ | | |

- | Tank | Piping | Well data |
|---------------------------------|--|---|
| 1. Capacity _____ | 1. Type _____ | 1. Depth <u>175</u> ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield <u>4</u> GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level <u>50</u> ft. |
| | 4. Depth of supply line _____ | 4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/> |

4-4-88
 Pitless adaptor at 42 inches. Well line covered in trench. Ground line attached. House connection covered. Owner said no pump tank was installed yet. ED

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: B. S. Stahl

Date: 4-9-88

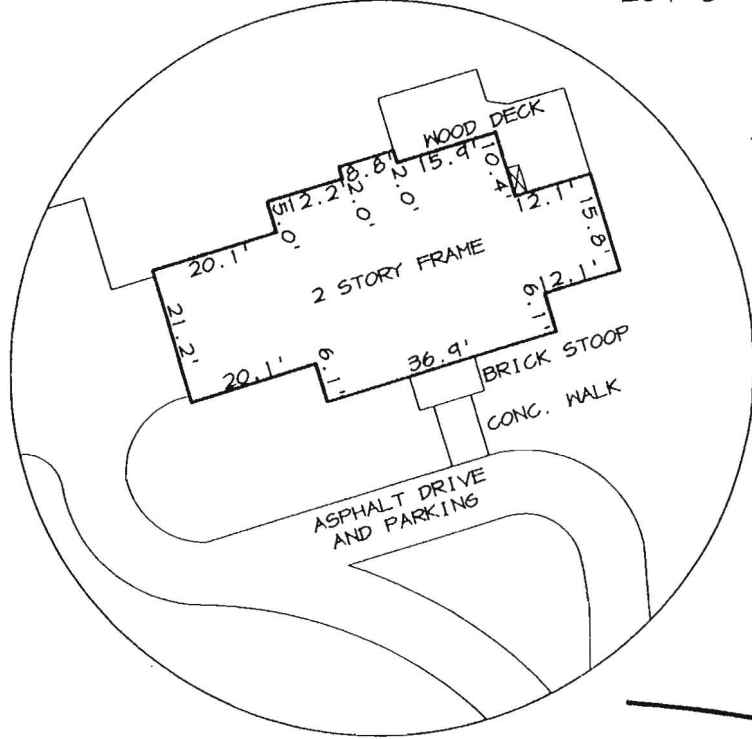
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Roles Storage Building
17508 Country View Way

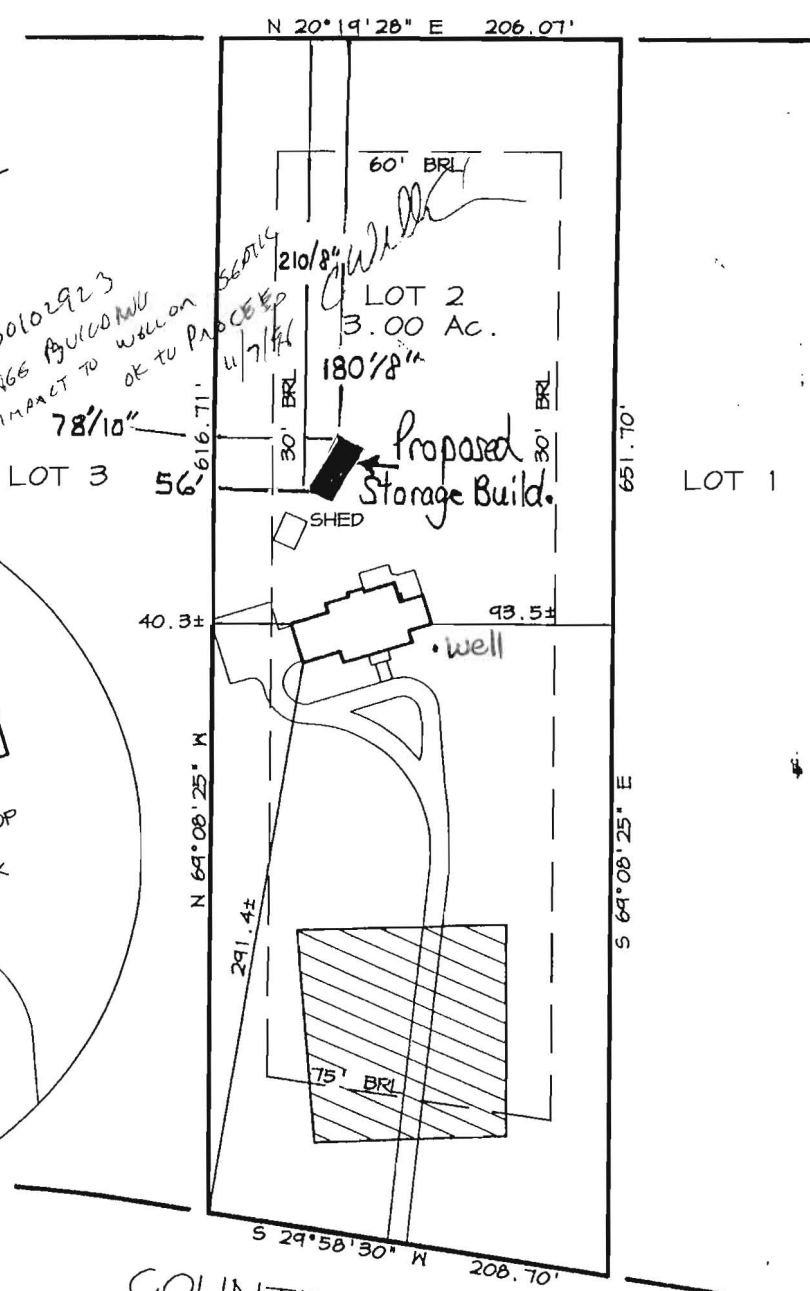
LEE E. MUMMAU
PLAT #3862



HOUSE DETAIL
SCALE 1"=30'



B 00102923
STORAGE BUILDING
NO IMPACT TO WELL OR TO PASSEY



COUNTRY VIEW WAY
(50' R/W)

NOTE:

- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0007B DATED 12-4-86 FOR HOWARD COUNTY, MARYLAND.

ALAN V. SHACKELFORD _____ DATE _____

RIEMER MUEGGE & ASSOCIATES, INC.

ENGINEERING • ENVIRONMENTAL SERVICES • PLANNING • SURVEYING
8818 Centre Park Drive, Columbia, Maryland 21045
tel 410.997.8900 fax 410.997.9282

LOCATION DRAWING

LOT 2
COUNTRY VIEW
4th ELECTION DISTRICT
PLAT #7320