

C1 6607 SEQUENCE NO. (DENV 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 43384

\*ST/CO USE ONLY  
DATE Received  
8 13

DATE WELL COMPLETED  
11 00 92  
15 20

Depth of Well  
22 200 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
28 29 30 31 32 33 34 35 36 37  
Ho-92-0218

OWNER Frank DeLuca  
STREET OR RFD Stanton Gate Ct last name first name TOWN Crisden  
SUBDIVISION Crisden Ranch Farm SECTION \_\_\_\_\_ LOT 5

**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 Shale	0	60	
Blue Rock	60	200 ✓	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED  Y  N  
(Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENT  CM  BENTONITE CLAY  BC  
(45 46) (45 46)  
NO. OF BAGS 11 NO. OF POUNDS 1034  
GALLONS OF WATER 66  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 46 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 top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 43  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING 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.)		
	1 2 3	4 5 6	7 8 9
1	11 12 13	14 15 16	17 18 19
2	20 21 22	23 24 25	26 27 28
3	29 30 31	32 33 34	35 36 37
	38 39 40	41 42 43	44 45 46
	47 48 49	50 51 52	53 54 55

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
56 60 from to

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 26.04.04 "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. 298

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

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 (E.R.O.S.) W Q  
70  72  74 75 76

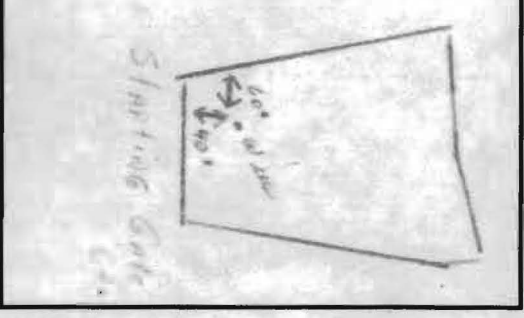
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
8 9  
PUMPING RATE (gal. per min. to nearest gal.) 63  
11 15  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 27  
17 20  
WHEN PUMPING 44  
22 25  
TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
27 27 27  
 C centrifugal  R rotary  O other (describe below)  
27 27 27  
 J jet  S submersible  
27 27

**PUMP INSTALLED**  
DRILLER WILL INSTALL PUMP YES  NO  
(CIRCLE) (YES or 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) \_\_\_\_\_ 31 35  
PUMP HORSE POWER \_\_\_\_\_ 37 41  
PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_ 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE (nearest foot)  
 - below } 1 (nearest foot)  
49 50 51

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)



**OWNER INFORMATION**

Date Received (APA) **090392**

**FRALL DEVELOPERS**  
 15 Last Name Owner First Name 34  
**09039**  
 36 Street or RFD 55  
**09039**  
 57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

**HOWARD**  
 8 COUNTY 21  
**CARLIN BRANCH FARM**  
 23 SUBDIVISION 42  
 SECTION **44** 46 LOT **8** 50  
**LISBON**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **4** 73 76 77 78

**DRILLER INFORMATION**

**Joseph L. Mayne** 77 License No. **938** 80  
**Joseph L. Mayne Well Drilling**  
 Firm Name  
**5512 Ridge Rd. Mt. Airy 2177**  
 Address  
**Joseph L. Mayne** 9/2/92  
 Signature Date

**438**  
 11 Starting State Court 30  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  NORTH  
 WEST  WEST  EAST  EAST  
 SOUTH  SOUTH  
 34 **60** 37  
 DISTANCE FROM ROAD  
 ENTER FT or MI **FT** 38 39

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**WELL INFORMATION**

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** COUNTY NAME **A 43394** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  41  
 DATE ISSUED **102692** **Ron Pinkley** 4/26/93  
 43 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **532000** 50 55 EAST GRID **0766000** 57 63

APPROXIMATE DEPTH OF WELL **440** FEET 24 28

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  
 39  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) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (OEP USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_ 54 63  
 FORCE **AP** WRITE INITIALS IN BOX PERMIT No. **HD-92-0318** 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

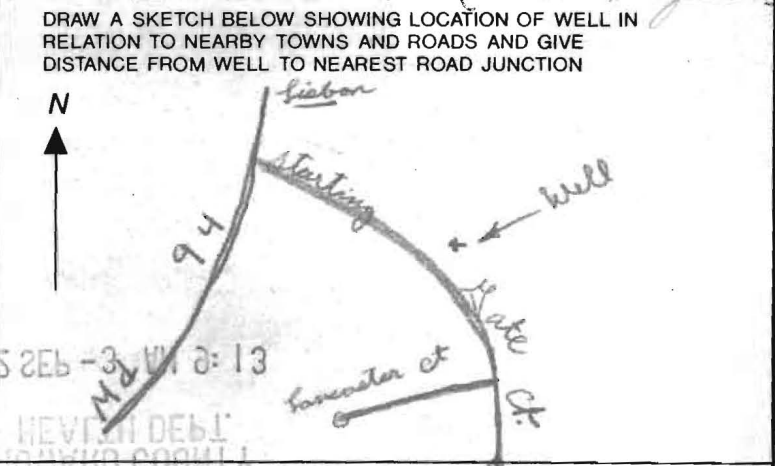
- Well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**E 76 & 6**  
**N 53 & 2**

000 000 (Von Well Tag) Jut

*Handwritten notes:* 11/6/92 on Well denied - all done. Dully 11 bags of cement. 63' casing. 46' Grout - open. 1' casing above ground. C.B.P.





2345

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 # -0-  
Date 11/4/93

Name of Installer Plumbing, Hg & Supplies

Telephone 410-848-5300

License Number 5165

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Masonry Contractors Inc.

Telephone 410-239-8330

Subdivision Coker Branch Farms Lot # 8

Well Tag # 12-02-18

Site Address \_\_\_\_\_

- Pump**
- Type
    - Deep well jet \_\_\_\_\_
    - Shallow well jet \_\_\_\_\_
    - Submersible
  - Make Goolds
  - Model # 5ES0542
  - Capacity 5 GPM
  - Pump exceeds well capacity Yes \_\_\_\_\_ No
  - If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No
  - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other

- Motor**
- Horsepower 1/2
  - RPM 3450
  - Voltage \_\_\_\_\_
    - 110 \_\_\_\_\_
    - 220

- Pitless Adapter**
- Make Campbell
  - Model # B-300X
  - Depth 4

- Tank**
- Capacity 7
  - Pressure relief valve? yes

- Piping**
- Type Plastic
  - Size 1
  - NSF and/or BOCA Code approved NSF
  - Depth of supply line 4

- Well data**
- Depth 200 ft.
  - Yield 6.5 GPM
  - Static water level 27 ft.
  - Will water supply be disinfected by installer? No

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: Edgar E. Parry

Date: Nov. 2, 1993.

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

HD-215 12/14/93 OK WPT  
PAID TO THE STATE BY THE INSTALLER PH

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL \* CHEMICAL \* PHYSICAL WATER ANALYSIS

1413 Old Taneytown Road  
Westminster, MD 21158

MD State Certification #133  
(410) 848-1014 or 876-4554

839 C South Main Street  
Bel Air, MD 21014

WATER ANALYSIS REPORT

LABORATORY ID NUMBER: 12434  
LOCATION: 3228 Starting Gate Court  
Lot #8  
LISBON, MD 21765  
DATE/TIME COLLECTED: 01/05/1994, 1300  
DATE/TIME REC'D LAB: 01/05/1994, 1500  
WELL NUMBER: HO 92-0218

REQUESTED BY: Masonary  
SOURCE: Well  
SITE: Utility Tub  
COLLECTED BY: K. Kelso 92-564  
RESIDUAL CHLORINE: None Detected  
WATER SUPPLY TREATED: No  
TYPE OF TREATMENT: None

PARAMETER	RESULTS	REFERENCE	UNITS	FLAG
pH RESULTS @	7.4	6.5 - 8.5	pH Units	12-27-93
NITRATES	N/A	10 OR LESS	mg/L (PPM)	1.87 ppm N
MULTIPLE TUBE ONPG/MUG TEST:				
COLIFORMS, TOTAL	0	0 tubes out of 10	MPN/100ml	0.7 Turbidity
	<1.1	Less than 1.1		
COLIFORMS, FECAL	N/A	0 tubes out of 10	MPN/100/ml	<1.1 mpn confirmed by lab.
		Less than 1.1		

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS	FLAG

Vicki confirmed above results 1-7-94. JEN Nuclear

PARAMETERS FLAGGED WITH AN \* ARE OUTSIDE THE RECOMMENDED LIMITS FOR DRINKING WATER.  
PLEASE NOTE: A SATISFACTORY TEST RESULTS INDICATES THAT THE PARAMETER(S) TESTED FOR WERE WITHIN POTABLE WATER LIMITS AT THE TIME OF SAMPLING.

\*\*\*\*\* DENOTES SAMPLE ANALYZED IN THE FIELD. \*\*\*\*\*

DATE REPORTED: 01/06/1994 LABORATORY DIRECTOR: Chas Mooshian  
Charles Mooshian, BS, MT(HHS)

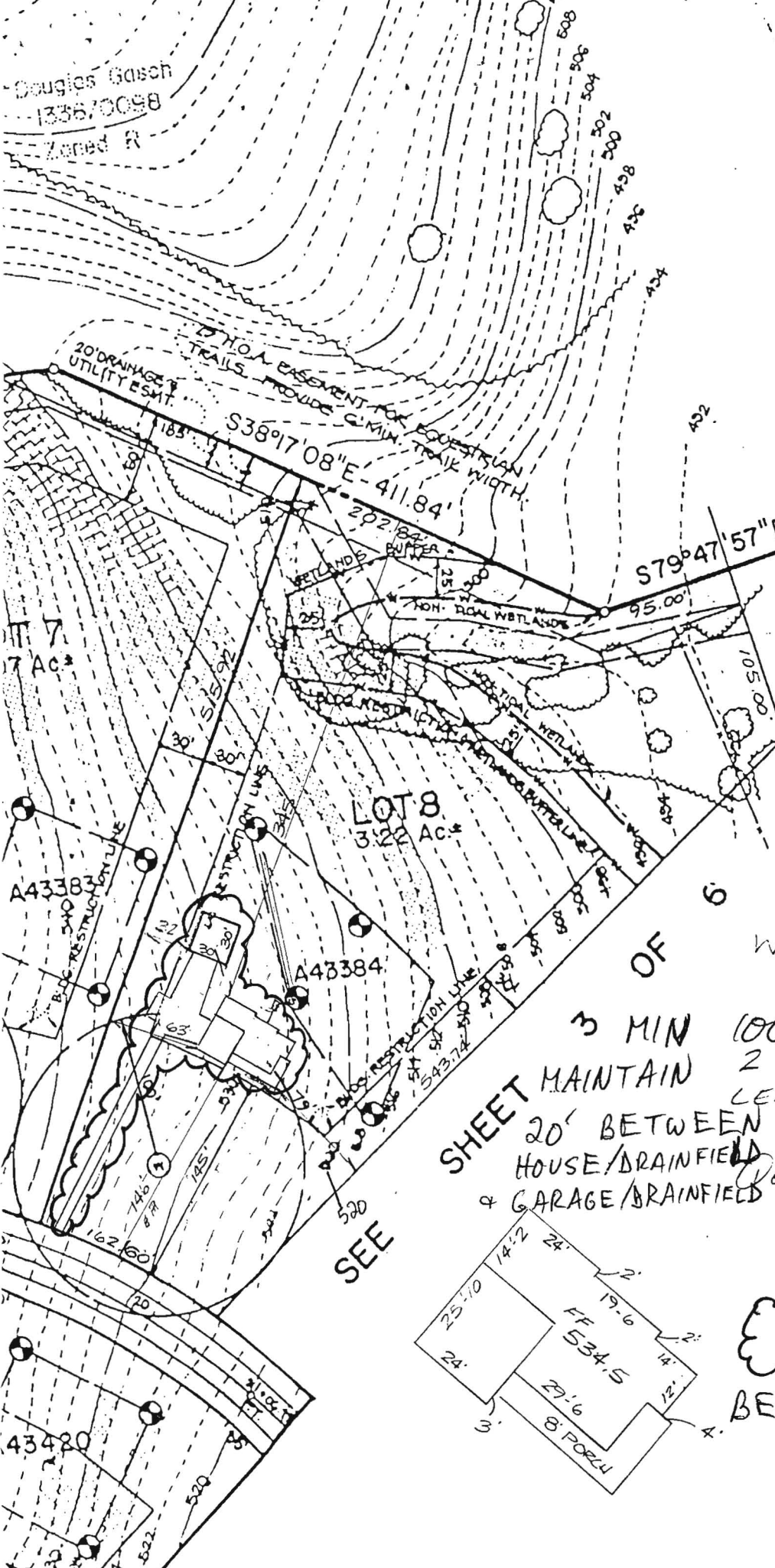
COMMENTS: Use & Occupancy.

Sample Analyzed As Received

176

Douglas Gersch  
135670098  
Zoned R

# LOT 8 CABIN BRANCH



$S38^{\circ}17'08''E - 411.84'$   
 $S79^{\circ}47'57''E - 1,070.85'$

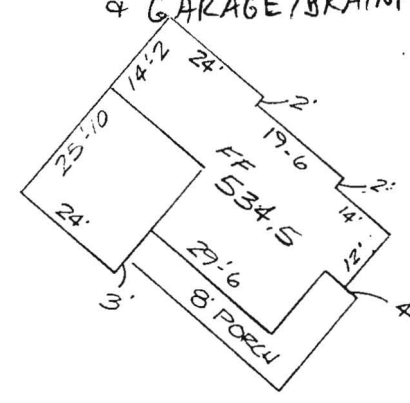
- INV. OUT OF H&E - 523.42
- INV. INTO SEPTIC TANK - 523.25
- INV. OUT OF TANK - 522.93
- INV. INTO BOX - 522.75
- INV. INTO TRENCH - 522.5
- EXISTING GRADE @ TANK - 527
- BOX - 525.75
- TRENCH - 525.75

WELL ELEVATION  
532

3 MIN 1000 GAL S.T.  
 2 TRENCHES OF EQUAL LENGTH TO BE DETERMINED  
 elevations OK MR  
 QUESTIONS 10/2/93

BILL COLEMAN BP 50819  
 239 E330 SFD  
 BP 50820  
 DETACHED GARAGE

Limits of Disturbance  
 BE = 525.5



SEE SHEET

7  
7 Ac.

LOT 8  
3.22 Ac.

OF 6

43420