

C1 9684 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A-38736

DATE RECEIVED

DATE WELL COMPLETED 07/19/88

DEPTH OF WELL 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" AC-88-0029

OWNER TRINITY PARTNERSHIP last name THE OLD STATION first name TOWN WOODBINE SUBDIVISION MORGAN STATION SECTION 1 LOT 28

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 54 NO. OF POUNDS 900

CASING RECORD MAIN CASING TYPE (PL) Nominal diameter 4 inch Total depth of main casing 50 feet

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min. to nearest gal.) 325 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 120 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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)

CIRCLE APPROPRIATE LETTER 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.

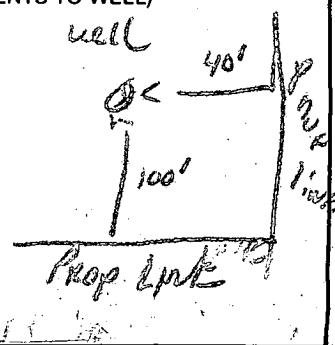
DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE Nath Mayer

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

COUNTY



B 1 **7113** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER
40-88-0029
 fill in this form completely

Date Received (APA) **061288**
 OWNER INFORMATION
TRINITY PARTNERSHIP
 15 Last Name Owner First Name 34
14711 KETULA WAY
 36 Street or RFD 55
DAYTON **MD21036**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
MORGAN STATION
 23 SUBDIVISION 42
 SECTION **1** LOT **28**
 44 46 48 50
WOODBINE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** M I.
 73 76 77 78

DRILLER INFORMATION
Ralph Wayne **223**
 Driller's Name 77 License No. 80
Ralph Wayne Well Drilling
 Firm Name
7126 Brown Church Rd Mt Ding
 Address
Ralph Wayne **6/13/88**
 Signature Date

B 4
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **THE OLD STATION RD**
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **2500**
 34 37
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED **500**
 (GAL. PER DAY) 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-38736**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED **062988** **Sub. Able** **12-28-88**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **552000** EAST GRID **0789000**
 50 55 57 63

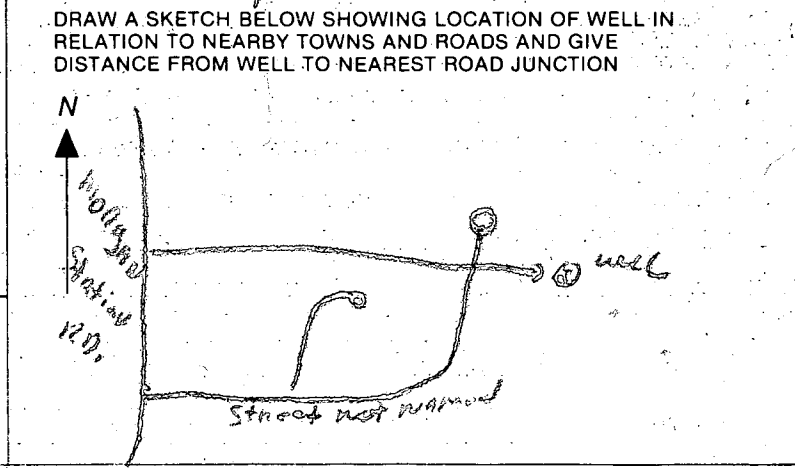
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

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. **well**
 2. **well**
 3. **well**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7809**
 N **5502**
 000 000
7/20/88 8:00 AM
WELL OK
SEE OTHER
SIDE
RT

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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **SA** WRITE INITIALS IN BOX PERMIT NO. **40-88-0029**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88 0029
 Location of property (road) THE STATION
 Subdivision MORGAN STATION Lot 28 Block _____ Plat _____ Sec. _____
 Well Driller R. MAYNE Owner TRINITY PARTNERSHIP

Depth of well 325'
 Distance of measuring point (M.P.) above ground 2ft
 Static water level (S.W.L.) below M.P. 50ft

I. High rate pumping -- reservoir drawdown

Time pump started 4:45 Pumping rate 9 G.P.M
 Total time 45min to reach pumping water level 170 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 & gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
5:30	170'	25 gal		2.5
5:45	"	"		2.5
6:00	"	"		2.5
6:15	"	"		2.5
6:30	170'	25 gal		2.5
6:45	"	"		2.5
7:00	"	"		2.5
7:15	170'	25 gal		2.5
7:30	"	"		2.5
7:45	"	"		2.5
8:00	"	"		2.5
8:15	170'	25 gal		2.5
8:30	"	"		2.5
8:45	"	"		2.5
9:00	"	"		2.5
9:15	"	"		2.5
9:30	170'	25 gal		2.5
9:45	"	25		2.5
10:00	"	25		2.5
10:15	170'	25		2.5
10:30	178ft	25 gal		2.5
10:45	178ft	25 gal		2.5
11:00	170	22 gal		2.0
11:15	170	25		2.5
HD 11:30	170ft	25 gal		2.5

50' PL 45 gpm 9 bgs

9-7-88 AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

Partial
C.B.C.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 425-28
Date 9-3-88

Name of Installer Gary Eikenberg

Telephone 796-8583

License Number 3260
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner Trinity Builders
Subdivision Morgan Station Lot # 28
Site Address 890 The Old Station Cts

Telephone 730-7347
Well Tag # HO-88-0029

- Pump**
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make _____
 - Model # _____
 - Capacity _____ 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 _____
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220 _____

- Pitless Adapter**
- Make _____
 - Model # _____
 - Depth _____

- Tank**
- Capacity _____
 - Pressure relief valve?

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

- Well data**
- Depth 325 ft.
 - Yield 2 1/2 GPM
 - Static water level 50 ft.
 - Will water supply be disinfected by installer?

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: Gary Eikenberg

Date: 9-3-88

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

HD-215

Notes:
9/7/88 ^{well} Cap tight - need to see pump & tank yet!!
① 9/7 ^{time} thru and pitless adapter is ok.
= wall ok FOR TO COVER. [↑] C.B.C.

- ① 50 ft casing ^{1 1/2"}
- ② 45 ft open hole
- ③ 9 bags
- ④ Arrived after grant furnished
Got information from Frank
- ⑤ Location looks OK
- ⑥ Well OK

7/20/88
B. Hodge