

C1 4248
 SEQUENCE NO. (OEP USE ONLY)
 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

DATE Received: [] [] [] [] [] []
 DATE WELL COMPLETED: 06 09 89
 Depth of Well: 300 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": 40-81-1163

OWNER: [] last name [] first name
 STREET OR RFD: [] TOWN: []
 SUBDIVISION: [] SECTION: [] LOT: []

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	
Top Soil	0	2	
Brown SLATE	2	11	
Brown SLATE	11	15	✓
Blue SLATE	15	45	
Brown SLATE	45	50	✓
Blue SLATE	50	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS: 6 NO. OF POUNDS: []
 GALLONS OF WATER: 36
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 19 ft.

CASING RECORD
 casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE: PL
 Nominal diameter top (main) casing (nearest inch): 4
 Total depth of main casing (nearest foot): 21

OTHER CASING (if used)
 diameter inch: [] depth (feet) from: [] to: []

SCREEN RECORD
 screen type or open hole insert appropriate code below
 STEEL BRASS OPEN HOLE
 BRONZE PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	40	19	300
2	[]	[]	[]
3	[]	[]	[]

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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. 473
 DRILLERS SIGNATURE: []
 (MUST MATCH SIGNATURE ON APPLICATION)

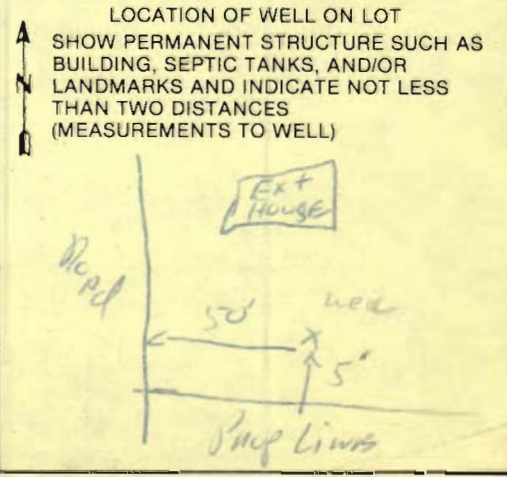
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) [] WQ []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA []

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 9
 PUMPING RATE (gal. per min. to nearest gal.) []
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 13
 WHEN PUMPING 300
 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: []
 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 }



B 1 1763 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-7 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1163
 fill in this form completely

Date Received 4/11/86
OWNER INFORMATION
 FLOHE MANDY
 3811 WEST FALLS RD
 MT AIRY MD 21071

B 3 LOCATION OF WELL
 HOWARD COUNTY
 NONE SUBDIVISION
 SECTION 44-46 LOT 48-50
 LONG CORNER
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
 Ralph Mayne
 273
 Ralph Mayne (well drilling)
 9120 Brown Church Rd. Mt. Airy
 Ralph Mayne 8/23/85

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 Penn Shop Rd.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 25 FT
 ENTER FT or MI

B 2 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 COUNTY NAME
 OEP SIGNATURE
 DATE ISSUED 082885
 CO SIGNATURE Stager 2/28/86
 EXP. DATE
 NORTH GRID 379000 EAST GRID 0756000

APPROXIMATE DEPTH OF WELL 150 FEET

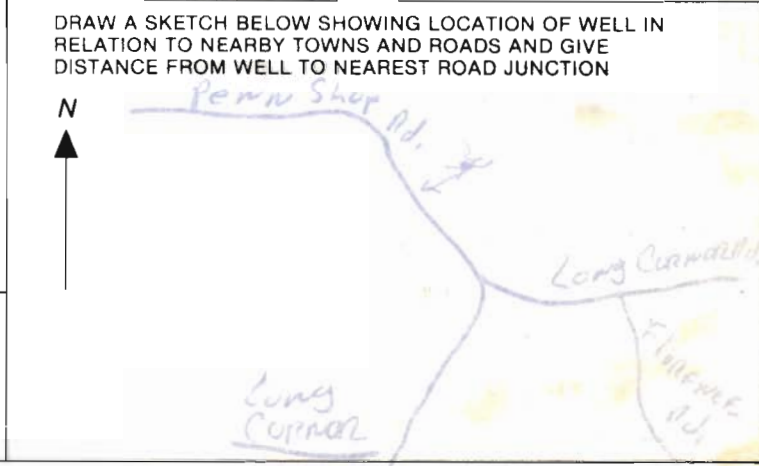
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 7506
 N 5409
 000000

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
 FORCE 5 WRITE INITIALS IN BOX PERMIT NO. 40-81-1163



SPECIAL CONDITIONS

6/5/00
WPI 9:30 ASAP

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

1:30

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Delph _____

Telephone _____

Subdivision _____ Lot # _____

Well Tag # -81-1163

Site Address 18234 PennShop Rd _____

Pump

Motor

Pitless Adapter

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make _____
- 3. Model # _____

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

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 _____

88-1629

Tank

Piping

Well data

- 1. Capacity _____
- 2. Pressure relief valve? _____

- 1. Type _____
- 2. Size _____
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? _____

6/5/00 40-81-1163
3' pitless o.k. Cap 12" above grade. O.K. (BIB)

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.

No Tag
↓
Road

O.K. 81-1163

Signature of Applicant: _____

Date: _____

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

3' b.g.
16" a-grade

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Nancy Flohr
(Name)

3811 Old west Falls Rd Mt Airy Md.
(Address)

(OEP Well Permit Number)

8/23/85
(Date)

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2-15-00 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

--	--	--	--	--	--	--	--

* PERMIT NUMBER OF REPLACEMENT WELL

H	0		8	1		1	1	6	3
---	---	--	---	---	--	---	---	---	---

* PERSON ABANDONING WELL: Owner

WELL DRILLERS LICENSE NUMBER: 117
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Karen Delph

* WELL LOCATION: 18234 Penn Shop Rd. Mt. Airy

COUNTY: Howard
 NEAREST TOWN: Long Green
 TAX MAP BLOCK PARCEL
 SUBDIVISION:
 SECTION: 1200B LOT: 1200B

000	000

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 550
 N 760 ←

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify)

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify)

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 6 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet:

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>#2 Cement</u>	<u>6</u>	<u>0</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: [Signature] LICENSE # 117 CIRCLE ONE DATE 2-15-00