

C1 2970 SEQUENCE NO. (OEP 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 33037

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

OWNER SHAW DAVID, STREET OR RFD RT 32, TOWN SIMPSONVILLE, SUBDIVISION TAX MAP 35 PARCEL 127 SECTION, LOT

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: Sand, Sand Rock, Gray granite.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, 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 top (main) casing, Total depth of main casing

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, PLASTIC, OTHER

DEPTH (nearest ft.) table with columns for depth ranges and rows for screen types

- 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 238, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

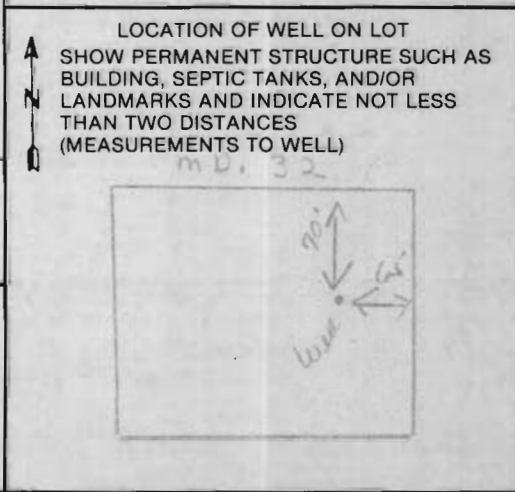
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE, DIAMETER OF SCREEN, GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, WQ, TELESCOPE CASING, LOG INDICATOR, 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 YES NO, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



B 1 SEQUENCE NO. (OEP USE ONLY)
 3177
 (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 71 72 73 74 75 76 77 78 79
 70-81-0746
 fill in this form completely

Date Received *11/5/84 9:30*
 OWNER INFORMATION
 15 Last Name Owner First Name 34
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION
 Driller's Name *Joseph L. Mayne* 77 License No. 80 *238*
 Firm Name *Joseph L. Mayne*
 Address *5512 Ridge Rd. Mt Airy Md*
 Signature *Joseph L. Mayne* Date *9/15/84*

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD *1432 Guilford Rd.*
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 DISTANCE FROM ROAD 34 37 ENTER FT or MI 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED (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
 COUNTY NAME *Howard* COUNTY NO. *A-3037*
 OEP SIGNATURE *Howard* STATE HEALTH INSERT S 41
 DATE ISSUED 43 48 CO SIGNATURE *Howard* EXP. DATE 57 63

APPROXIMATE DEPTH OF WELL *270* FEET

APPROXIMATE DIAMETER OF WELL *6* NEAREST INCH

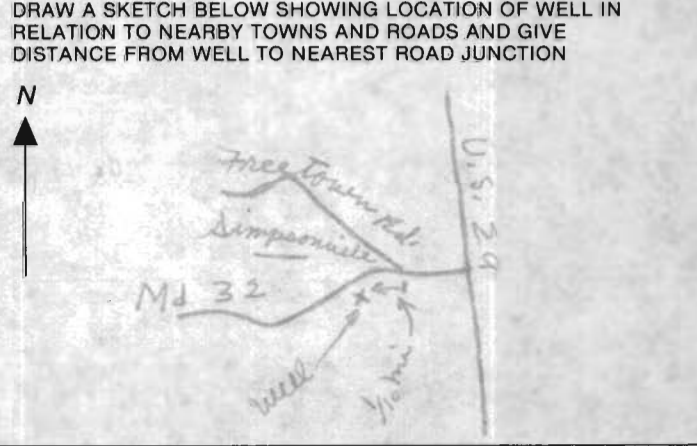
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER 54 _____ GAP _____ 63
 FORCE WRITE INITIALS IN BOX PERMIT No. *70-81-0746* 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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 *830*
 N *490*



LIFTON BROOKS

1153 / 683
ZONED - R

668.25'

NOSE DOWN CURB

PROF 15" D.C.P. GO UP.
BUILDING RESTRICTION LINE

PROF 80' R/W

PROF 5'

MD 3/4" C
CURB & GUT

195.5'

EX ROAD

ROUTE 32

12' BELOW
C.P. POLE

STOP SIGN

N 89° 34' 11" E

EX (MD) 12" C.M.P.

CONG. W.
EX 12" C.M.P.
PROF. 12" C

L = 151.98'

MD 3/4" C
CURB & G

SEPTIC

1. I
2. P
3. F

R = 340'

ROAD

GUILFORD

will set
10/2/84 J.S.

NOSE DOWN CURB

58° 49' 10" E
46.90'

EX & ROAD

PROF 5/4" R/W LINE
PROF. 80' R/W

PRIVATE SEWERAGE
DISPOSAL EASEMENT

FF 114.69
BE 100.00

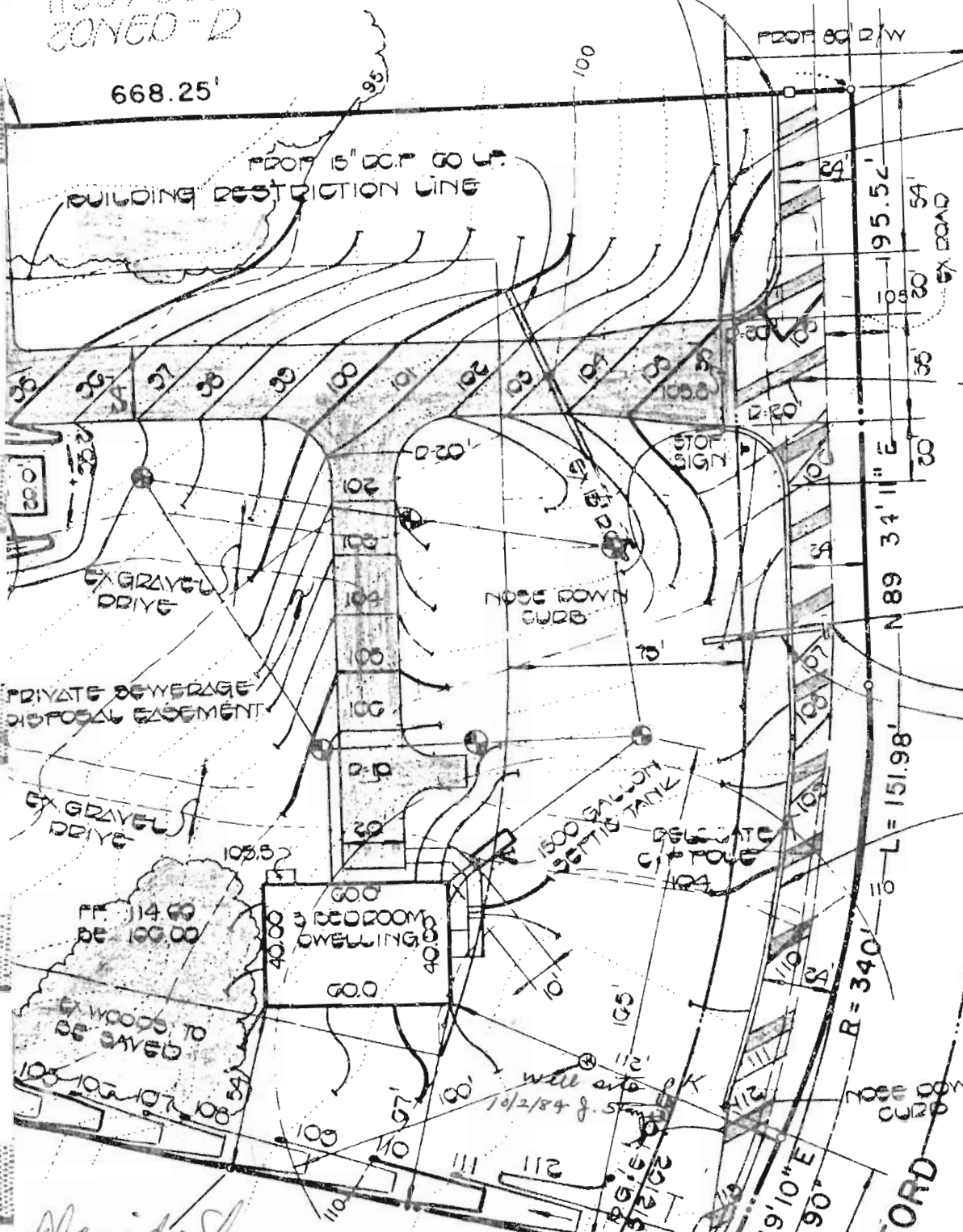
3 BEDROOM
DWELLING

EX WOODS TO
BE SAVED

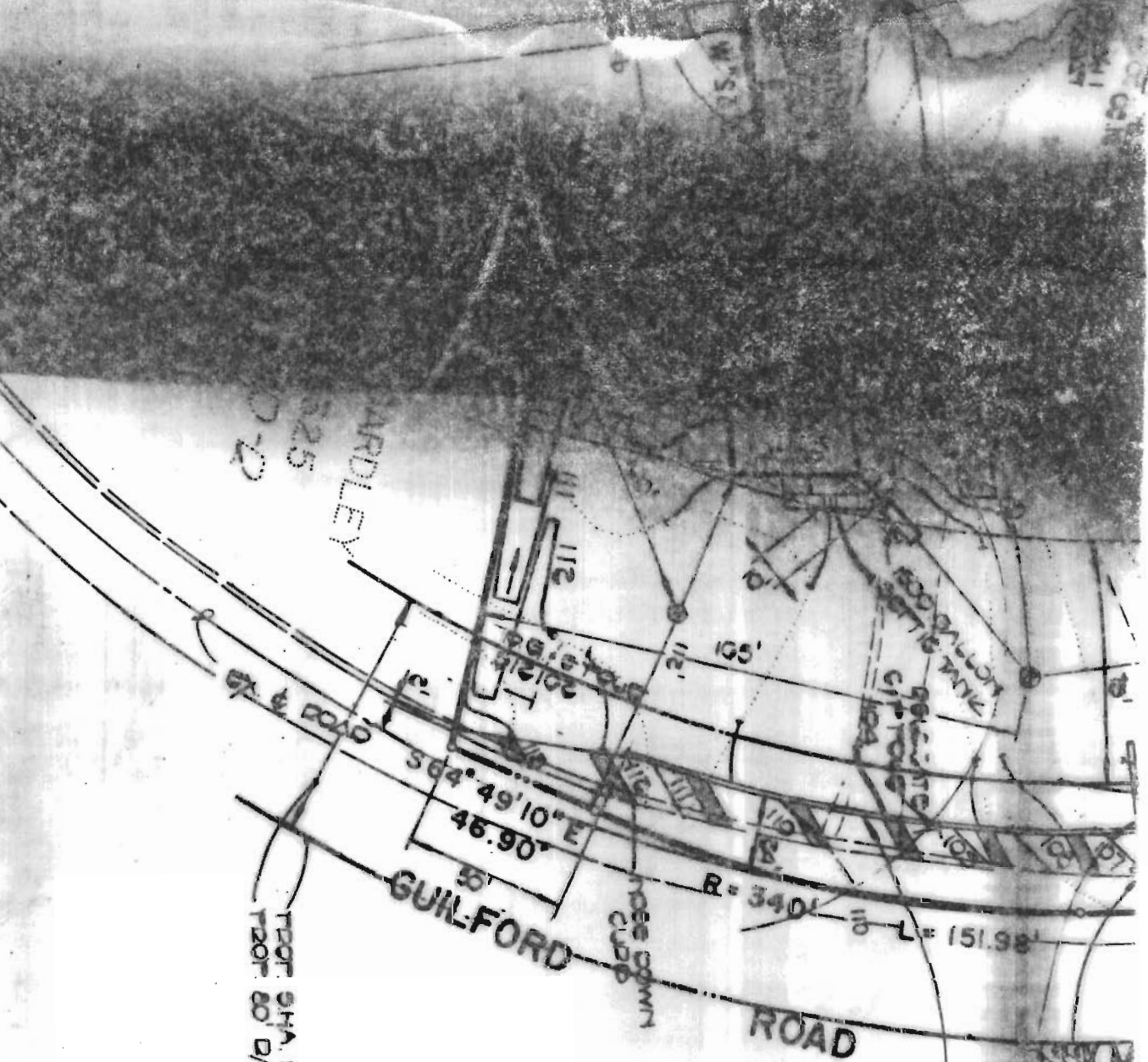
David Shaw

LEWIS BOARDLEY
243 / 325

ZONED - D



APPROVED
 DIVISION OF LAND DEVELOPMENT &
 ZONING ADMINISTRATION
 HOWARD COUNTY, MARYLAND



CONC. WALL TO BE REMOVED
 EX. 12' DIA. TO BE EXTENDED
 TRAP 5 1/4" DIA. 30' L.F.

MID 5 1/4" CONC.
 CURBS, OUTLETS

SEPTIC SYSTEM DESIGN DATA:

1. INV. @ FOUNDATION WALL - EL 104.50
 PROPOSED 1500 GALLON SEPTIC TANK
 EX. GRADE OVER TANK 109.00
 FIN. GRADE OVER TANK 109.00
 INV. IN 104.29
 INV. OUT 103.96
2. DRY WELL
 EX. GRADE OVER DRYWELL 107.30
 FIN. GRADE 107.30
 INV. 103.30

Dave's Landscaping, Inc.

John's R. P.P.
7-5-84

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Box 476
Elliott City MD. 21043

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.)

David A. Shaw

(Name)

5229 Even Star Pl.
Columbia Md 21044

(Address)

730-3367

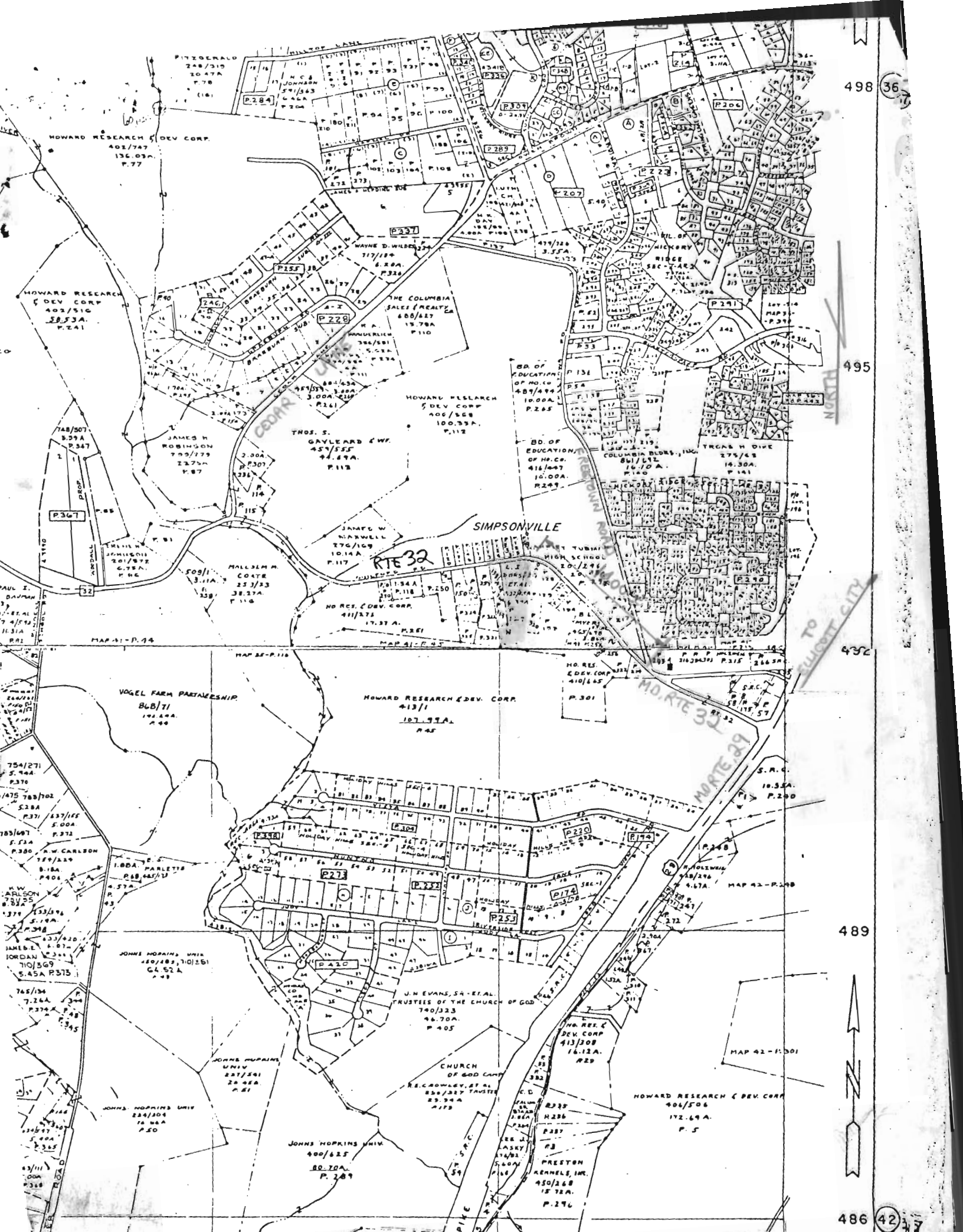
HO-81-0746

(OEP Well Permit Number)

Md. 30 Guilford Rd.

September 12 1984

(Date)



NORTH

TO FULBERT CITY

