

C1 8793

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 49762

ST/CO USE ONLY, DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER Stone Mark last name first name TOWN Clarksville SUBDIVISION BROADWATER SUBD. SECTION LOT 3

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 106 METHOD USED TO MEASURE PUMPING RATE Bucket

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

NO. OF BAGS 17 NO. OF POUNDS 1395 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

BEFORE PUMPING 27 WHEN PUMPING 291 TYPE OF PUMP USED (for test) S submersible

SAND GRAY MICA Rock 0 46 46 400

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

TYPE OF PUMP USED (for test) C centrifugal R rotary O other (describe below) J jet S submersible

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 40 47 400

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

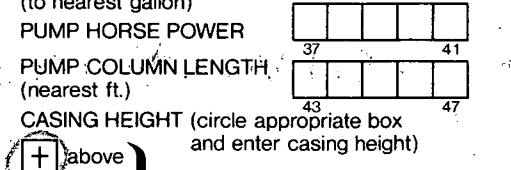
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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)

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.

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



DRILLERS IDENT. NO. 24 DRILLERS SIGNATURE Joseph Wayne

TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

TELESCOPE CASING LOG INDICATOR OTHER DATA

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B 1 7350 SEQUENCE NO. (DP USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

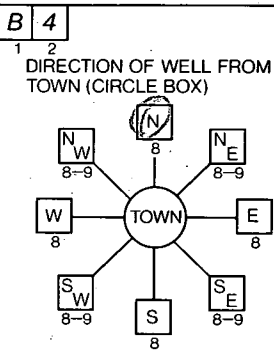
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-92-0511
70 fill in this form completely 79

Date Received (APA) 1/22/93
OWNER INFORMATION
8 13
Stove MARK
15 Last Name Owner First Name 34
36 5409 Broadwater Lane 55
36 Street or RFD
Clarksville MD 21029
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2
HOWARD
8 COUNTY 21
BROADWATER
23 SUBDIVISION 42
SECTION 44 46 LOT 3 50
CLARKSVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76-77 78

DRILLER INFORMATION
Driller's Name Joseph L. Mayne 0024
77 License No. 80
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd. Mt. Airy, Md. 21771
Signature Joseph L. Mayne Date 12/30/93



Broadwater Lane
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 1,500 37
DISTANCE FROM ROAD
ENTER FT or MI FT
38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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)

Howard
COUNTY NAME
A49762
COUNTY NO.
STATE SIGNATURE
DATE ISSUED 01/07/94 Mark E. Adkin 1/1/95
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 506000 EAST GRID 0810000
50 55 57 63

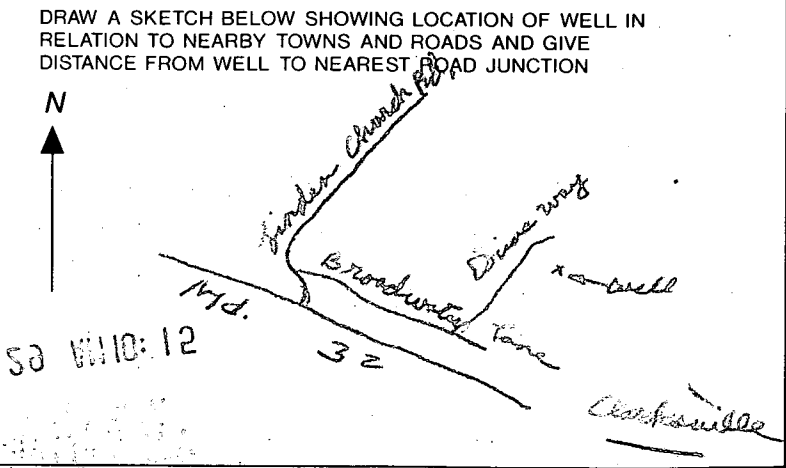
APPROXIMATE DEPTH OF WELL 240 FEET
24 28

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 8X10
N 50X6
000 TAG OK
000 OK
1/25/94 9:30 MR
50' CASING 1/25/94
2 45' OPEN
17 BAGS
2' CASING A.G.
LOC OK GROUT OK

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
30 BORED (or Augered) JETTED Jetted & DRIVEN
37 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
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEN 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 MR PERMIT No. 40-92-0511
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

6/28/94
anytime

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 June 27, 1994
Name of Installer T&R Plumbing & Heating, Inc Telephone (301) 725-2392
License Number 7079
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Mark & Sue Stone Telephone (410) 531-2996
Subdivision _____ Lot # 3 Well Tag # 40-92-0511
Site Address 5421 Broadwater Lane
Clarksville, Md. 21029

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make JARUZZI
3. Model # _____
4. Capacity 5 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 _____

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

Pitless Adapter
1. Make Harvard
2. Model # _____
3. Depth 4'

Tank
1. Capacity 120 gal.
2. Pressure relief valve? yes

6/28/94
48" below grade
OK to cover DCS

Piping
1. Type Creston
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 4'

Well data
1. Depth 400' ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. 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: _____

Date: June 27, 1994

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