

SEQUENCE NO. (OEP USE ONLY)
 1 2 3 4 5 6
 1976
 (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

45 DAYS AFTER WELL IS COMPLETED
 COUNTY NUMBER **A-38498**

DATE Received: [] [] [] [] [] []
 DATE WELL COMPLETED: **11/1/87**
 Depth of Well: **385** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **MO-81-2367**

OWNER: **PATRIOT LAND CO.**
 last name: **Golden** first name: **OAK DR.** TOWN: **Glencly**
 STREET OR RFD: **TRADOLPHIA WOODS** SECTION: [] LOT: **51**

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	
SAND	0	39	
Clay with bit.	39	385	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL: CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **13** NO. OF POUNDS: **1322**
 GALLONS OF WATER: **78**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **42** ft.

CASING RECORD
 casing types insert appropriate code below: **ST** **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE: **ST** Nominal diameter: **6** Total depth: **47**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below: **ST** **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

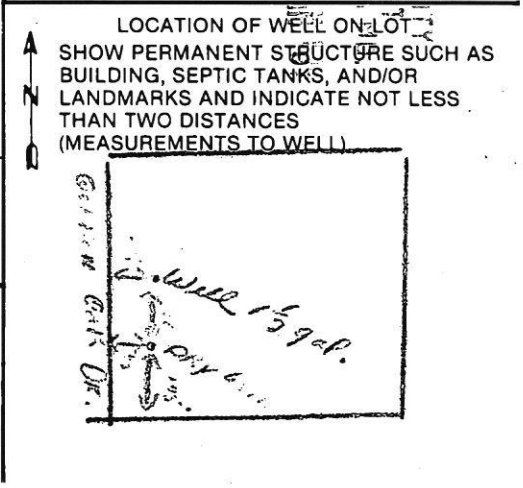
C 2
 DEPTH (nearest ft.): **385**
 EACH SCREEN: **1** **40** **44** **385**
 SLOT SIZE 1: [] 2: [] 3: []
 DIAMETER OF SCREEN: [] (NEAREST INCH)

GRAVEL PACK: from [] to []
 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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour): **7**
 PUMPING RATE (gal. per min. to nearest gal.): **18**
 METHOD USED TO MEASURE PUMPING RATE: **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **45**
 WHEN PUMPING: **250**
 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 (CIRCLE) (YES or NO) 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.): **47**
 CASING HEIGHT (circle appropriate box and enter casing height): **(+)** above } LAND SURFACE: **03** (nearest foot)



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 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. **237**

DRILLERS SIGNATURE: *James F. Hoyle*

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

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

Building Permit 26065

New Installation
 Replacement

Receipt # 45092
 Date 10/19/89

Name of Installer Wood & Willoughby Plumb. Services Telephone 381-4823

License Number MD 7040

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Randy Ayersman Telephone 301-854-0734
 Subdivision TRIADELPHIA Woods Lot # 52 Well Tag # ---
 Site Address 12600 Golden Oak Dr.

Pump
 1. Type
 a. Deep well jet
 b. Shallow well jet
 c. Submersible
 2. Make GOULDS
 3. Model # 5E0S 512
 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 TAPE & TIES

Motor
 1. Horsepower 1
 2. RPM 1750
 3. Voltage
 a. 110
 b. 220

Pitless Adapter
 1. Make GOULDS
 2. Model # PRESSURIZED
 3. Depth 4'-0"

Tank
 1. Capacity 75
 2. Pressure relief valve? 75

Piping
 1. Type POLY BUTYLENE
 2. Size 1 1/2"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 4'-0"

Well data
 1. Depth 425 ft.
 2. Yield 3 GPM
 3. Static water level 60 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: Roy W. Wood

Date: 10/13/89

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

B 7 9340

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER 40-81-2367

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

please print or type

fill in this form completely

Date Received 093087 OWNER INFORMATION PATRYENT LAND CO. 15 Last Name 21 Owner 27 First Name 34 36 Street or RFD 55 57 Town 70 State 72 76 Zip

LOCATION OF WELL 1 HEWARD 8 COUNTY 21 23 SUBDIVISION 42 TRIADELPHIA WOODS 44 SECTION 46 LOT 51 52 NEAREST TOWN 71 CLENCLE 71 73 MILES FROM TOWN (enter 0 if in town) 2 3/4 MI 76 77 78

DRILLER INFORMATION DRILLER'S NAME Joseph M. Mays 77 License No. 80 238 Firm Name 5512 Wilkes Rd. Mt. Airy 2771 Address 9/25/87 Date Signature

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) GOLDEN OAK DRIVE 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W 32 EAST E SOUTH S 34 45 37 DISTANCE FROM ROAD ENTER FT or MI 38 39

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

USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

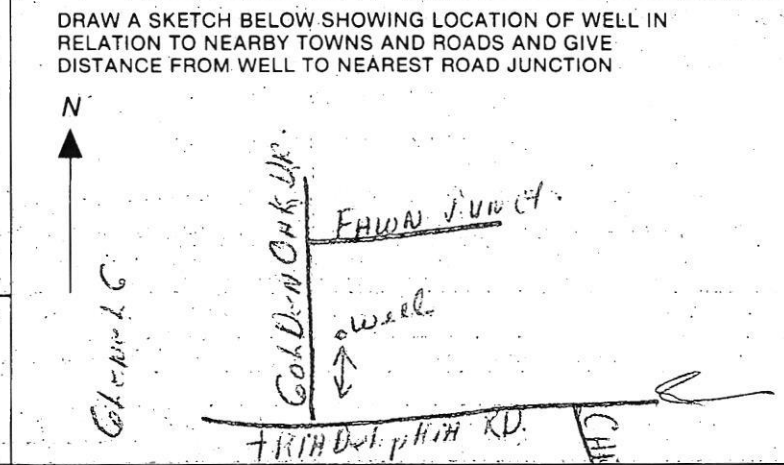
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A-38497 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 102687 CO SIGNATURE EXP. DATE 04-25-88 NORTH GRID 526000 EAST GRID 0814000

APPROXIMATE DEPTH OF WELL 560 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 21B4 N 5266 000 000

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) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D 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) APPROX. PERMIT NUMBER 54 GAP 63 FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-81-2367 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Grouted
11/10/87
OK'd (B) 12/1/87

Page 1 of 1
Date 11/19/87

Review OK'd (B) 12/1/87

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2367
Location of property (road) Golden Oak Dr.
Subdivision Philadelphia Woods Lot 51 Block Plat Sec.
Well Driller Joseph Maize Owner Patuxent Land Co.

Depth of well 385
Distance of measuring point (M.P.) above ground 3'
Static water level (S.W.L.) below M.P. 45'

I. High rate pumping -- reservoir drawdown
Time pump started 8:30 Pumping rate 12
Total time 45 min to reach pumping water level 250 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)
8:45	185	5 sec		12
9:00	200	5		12
9:15	250	6	205	10
9:30	250	40	1.5	1 1/2
9:45	250	40	1025	1 1/2
10:00	250	40	205	1 1/2
10:15	250	40		1 1/2
10:30	250	40	180	1 1/2
10:45	250	40	304	1 1/2
11:00	250	40	484 total	1 1/2
11:15	250	40		1 1/2
11:30	250	40	Assume pump	1 1/2
11:45	250	40	below - well	1 1/2
12:00	250	40	get 500 gal	1 1/2
12:15	250	40		1 1/2
12:30	250	40		1 1/2
12:45	250	40		1 1/2
1:00	250	40		1 1/2
1:15	250	40		1 1/2
1:30	250	40		1 1/2
1:45	250	40		1 1/2
2:00	250	40		1 1/2
2:15	250	40		1 1/2
2:30	250	40		1 1/2
2:45	250	40		1 1/2

30497

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 # 45061
Date 9-18-89

Name of Installer WOOD & WILLOUGHBY PLUMBING

Telephone 381-4823

License Number 7040

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 7040

Name of Property Owner RANDY AYERSMAN

Telephone 854-0734

Subdivision TRIDELPHIA WOODS Lot # 52

Well Tag # _____

Site Address 12600 GOLDEN OAK DRIVE

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make GOULDS
- 3. Model # 5ES05412
- 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 TAPE

Motor

- 1. Horsepower 3/4
- 2. RPM 1750
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make GOULDS
- 2. Model # PRESSURIZED
- 3. Depth 4' FEET

Tank

- 1. Capacity 75 G
- 2. Pressure relief valve? 75 PSI

Piping

- 1. Type POLYBUTYLENE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 4' FEET

Well data

- 1. Depth _____ 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: Randy Wood

Date: 9/18/89

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

A 38497

SUBDIVISION: Triadelphia Woods

LOT NUMBER: 51

Golden Oak Drive

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

210 11-13-89 JED

170 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

5BR/BP

No garbage disposa

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 130 FEET DOWN THE RIGHT LOT
LINE ALONG TRIADELPHIA PCT. AND 150 FEET OFF THE SAME LOT
LINE AS SEEN WHEN FACING THE E FROM GOLDEN OAK DR. RUN
TRENCHES ON CONTOUR TOWARD THE RIGHT LOT LINE. 10/23/87

260 11-13-89 JED

S. Adel

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.)

Triadelphia Woods
Section One, Area One, Lot 51

The Patuxent Land Co.
(Name)

P.O. Box 208

Clarksville, Md. 21029-1325
(Address)

HO 81 2367
(OEP Well Permit Number)

(Date)

S 05° 35' 12" E 700.12

6

255

445

LOT 47
GA = 9.22 AC.
JA = 8.01 AC.

LOT 50
GA = 9.26 AC.
NA = 5.09 AC.

LOT 48
3.09 AC

LOT 51
3.09 AC

Cool Den Oak Dr

LOT 21

LOT 20

11-6-87
Well site of
LOT 19 3rd hole
JEN

2nd Well site
of 11-3-87
JEN
11-6-87 Not drilled - close to
Dry Hole on Lot 48 JEN

Dry hole
Well lot 5
11-3-87
Dry hole 10/8/87
Well site
45' 40' 45'

