

**C1** **5915** (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

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-2114**  
 COUNTY NUMBER **A-19930**

DATE Received [ ] DATE WELL COMPLETED **09/29/82** Depth of Well **245** (TO NEAREST FOOT)  
 OWNER **REX WIS MICHAEL** STREET OR RFD **BUSHY PARK ROAD** TOWN **COOKSVILLE**  
 SUBDIVISION **MAP 8 Q21 P/O P. 301/302** SECTION **—** LOT **11**

**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	
Sandy	2	35	✓
Sand Stone	35	40	
Micka	40	90	✓
Sand Stone	90	95	✓
Micka	95	245	✓

(43A)

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **9** NO. OF POUNDS **500**  
 GALLONS OF WATER **54**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **40+** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO** **PL OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **PL** **A** **45**  
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

**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

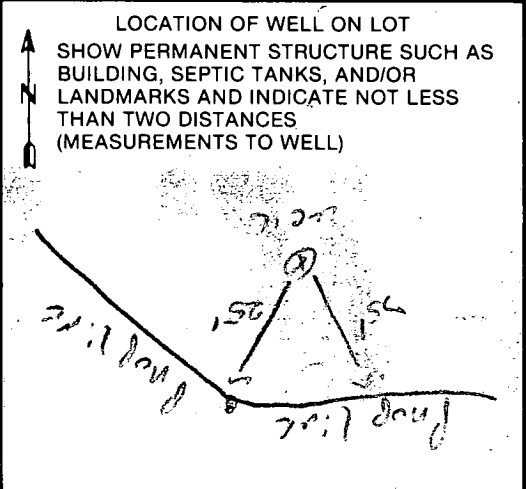
**C2**  
 DEPTH (nearest ft.)  
 A C H S C R E E N  
 1 **H** 0 **4** 3 **2** 4 5  
 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  
 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **8**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **31**  
 WHEN PUMPING **20**  
 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: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE (nearest foot)  
**-** below } **2** (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. **273**  
 DRILLERS SIGNATURE *[Signature]*  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) *[Signature]*

B 7 3884 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

HC-81-2114  
fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 34 BREWIS MICHEAL  
Last Name Owner First Name

36 55 9305 GERLWIG LANE  
Street or RFD

57 76 COLUMBIA MD 21046  
Town State Zip

DRILLER INFORMATION

Driller's Name Ralph Mayne License No. 273

Firm Name Ralph Mayne Well Drilling

Address 9120 Brown Church Rd. Mt. Airy

Signature Ralph Mayne Date 2/13/87

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

LOCATION OF WELL

1 2 HOWARD 8 COUNTY 21

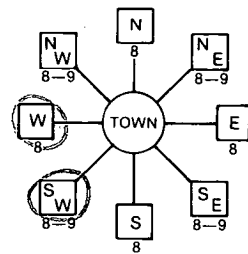
BUSHY PARK 23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

COOKSVILLE 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bushy Park Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1200 DISTANCE FROM ROAD

ENTER FT or MI 1/4

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A 19930

OEP SIGNATURE B. Nijon DATE ISSUED 01/20/88

COSIGNATURE EXP. DATE

NORTH GRID 542000 EAST GRID 079000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROtary Drive-POINT

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
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEAN AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE RA WRITE INITIALS IN BOX PERMIT NO. HC-81-2114

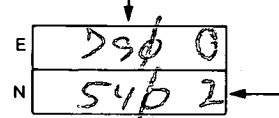
SPECIAL CONDITIONS W-EXT 205-290-2210 H-289-4158

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

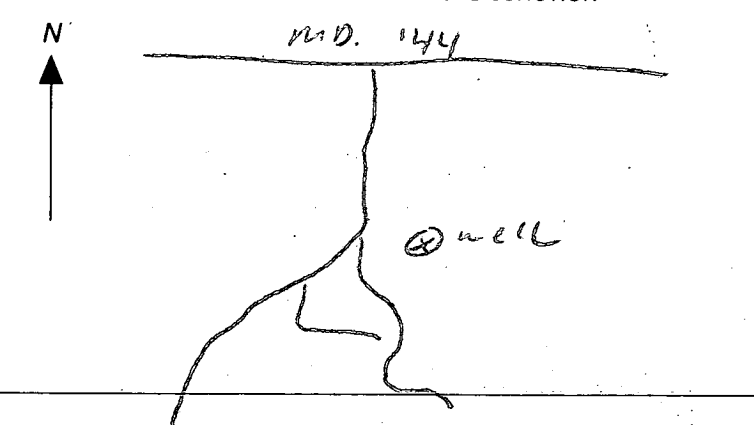
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



7/29/87 over (2 pages)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



B 1 1705 SEQUENCE NO. (OEP USE ONLY)  
1 2 3 4 5 6  
(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

40-81-2114  
fill in this form completely

Date Received 040387  
OWNER INFORMATION 789-0569  
Brewis MICHAEL  
7 Hampton  
Linthicum MD 21090

B 3 LOCATION OF WELL  
Howard  
8 COUNTY  
MAD 8 21 P/O P.301/302  
23 SUBDIVISION  
SECTION 44 46 LOT 48 50  
COOKSVILLE  
52 NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) 7 M I

DRILLER INFORMATION  
Bernard Feezer  
Tri County  
1609 Frederick rd. disbow 21065  
Signature Bernard Feezer

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NORTH N  
WEST W  
EAST E  
SOUTH S  
Bushy Park rd  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W  
EAST E  
SOUTH S  
1800  
DISTANCE FROM ROAD  
ENTER FT of MI FT

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)  
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  
COUNTY NAME  
A19930  
COUNTY NO.  
OEP SIGNATURE  
DATE ISSUED 060887  
CO SIGNATURE B. Nijon  
EXP. DATE 12/08/87  
NORTH GRID 542 0 0 0  
EAST GRID 0790 0 0 0

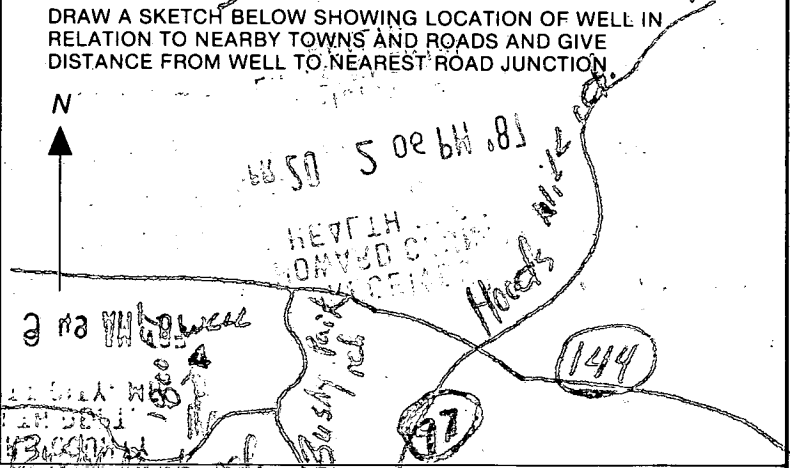
APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 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.  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 790 0  
N 520 42  
000  
000

REPLACEMENT OR DEEPEINED 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  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D 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)  
APPROX. PERMIT NUMBER GAP  
FORCE INITIALS IN BOX WRITE PERMIT No. 40-81-2114

SPECIAL CONDITIONS



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

3/8/88  
partial  
contract-OK

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Michael Brewis Telephone \_\_\_\_\_  
Subdivision Map 8 Q21 P6 P301/302 Dot # 11 Well Tag # HO-81-2114  
Site Address Bushy Park Road  
14944

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make \_\_\_\_\_  
3. Model # \_\_\_\_\_  
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 \_\_\_\_\_

**Motor**  
1. Horsepower \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth 42"  
in OK  
plastic casing (we ground)

**Tank**  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

**Piping**  
1. Type \_\_\_\_\_  
2. Size 1" black  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line 40-42"

**Well data**  
1. Depth 245ft  
2. Yield 2.5 GPM  
3. Static water level 31 ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

3/8/88  
OK to cover line/pitless

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: \_\_\_\_\_

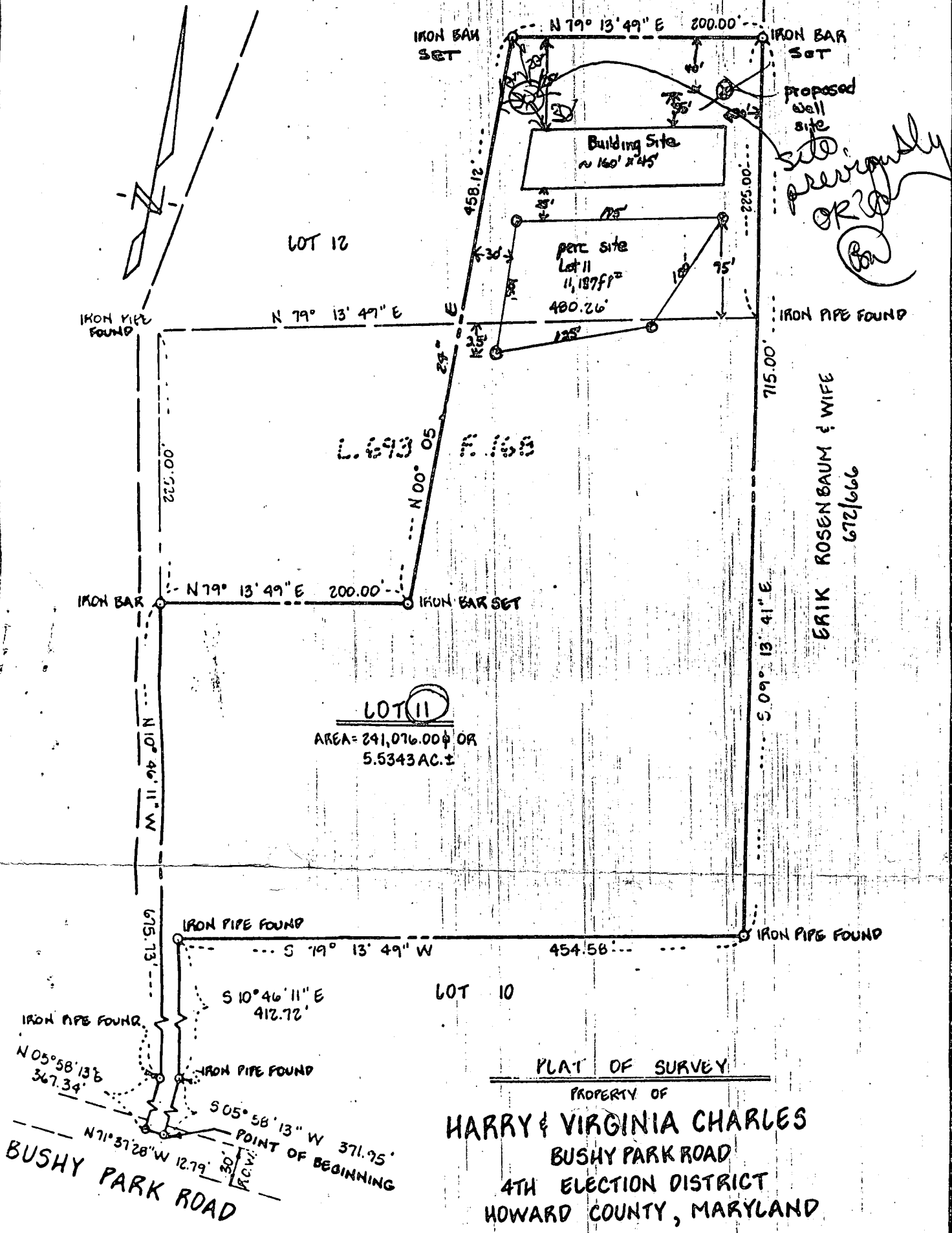
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

# KIDDE CONSULTANTS, INC.

SURVEYORS, LAND PLANNERS & ENGINEERS

1100 WEST ST. / LAUREL, MD. 20707

(301) 933-1821 / 792-8086



DRAWN C.A.P.  
CHECKED C.A.P.  
SCALE 1" = 100'  
DATE 3-10-87



*Richard Talley Prop.*  
*D. Welter*

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
APR 20 8 31 AM '87  
ENVIRONMENTAL  
HEALTH