

**C1** **2482** 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 **A-28106**

DATE RECEIVED: [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED: **110785** DEPTH OF WELL: **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-1221**

OWNER: **BRITTON LOUIS** last name first name  
 STREET OR RFD: **CARRS Mill Rd.** TOWN: **LISBON**  
 SUBDIVISION: SECTION: **TAX MAP 8** LOT: **PARCEL 131**

**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	30	
Sand Stone	30	40	
MICA	40	60	
Sand Stone	60	65	✓
MICA	65	300	

**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 **900**  
 GALLONS OF WATER **51**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **39** 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** **G** **91**  
 Nominal diameter top (main) casing (nearest inch): **6** **91**  
 Total depth of main casing (nearest foot): **300**

**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

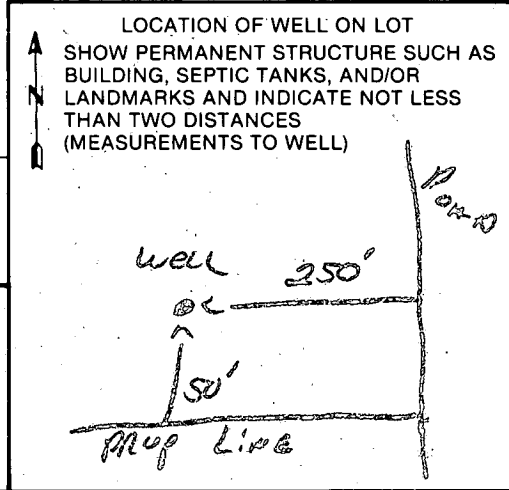
**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN: **HO** **39** **300**  
 SLOT SIZE 1: [ ] 2: [ ] 3: [ ]  
 DIAMETER OF SCREEN (NEAREST INCH): [ ] [ ] [ ] [ ] [ ] [ ]

GRAVEL PACK: [ ] from [ ] to [ ]  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: **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): **6**  
 PUMPING RATE (gal. per min. to nearest gal.): **2**  
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **61**  
 WHEN PUMPING: **293**  
 TYPE OF PUMP USED (for test): **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): [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER: [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.): [ ] [ ] [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height): **+** above } LAND SURFACE (nearest foot): **2**  
**-** below }



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: **Ralph E. Maynes**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): [ ]

B 1 1671 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  
40-81-1221  
 fill in this form completely

Date Received 11/7/85  
 OWNER INFORMATION  
BRITTON LOUIS  
 15 Last Name 34 Owner First Name  
15404 FREDERICK RD  
 36 Street or RFD 55  
WOODBINE MO21797  
 57 Town 70 State 72 Zip 96

B 3 LOCATION OF WELL  
HOWARD  
 8 COUNTY 21  
None  
 23 SUBDIVISION 42  
 SECTION --- 44 46 LOT --- 48 50 PARCEL 131  
LISBON  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1 MI  
 73 76 77 78

DRILLER INFORMATION  
Ralph MAYNE 273  
 Driller's Name 77 License No. 80  
Ralph Mayne (well Drilling)  
 Firm Name  
9120 Brown Church Rd. Mt. Airy  
 Address  
Ralph Mayne Oct 20, 1985  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD CAORS MILL RD. 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD 275  
 34 37 ENTER FT or MI FT  
 38 39

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
 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  
Howard A-28106  
 COUNTY NAME COUNTY NO.  
 OEP SIGNATURE STATE HEALTH INSERT S  
 DATE ISSUED 102385 Aicha Abel 4-23-86  
 43 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 545000 EAST GRID 0785000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28

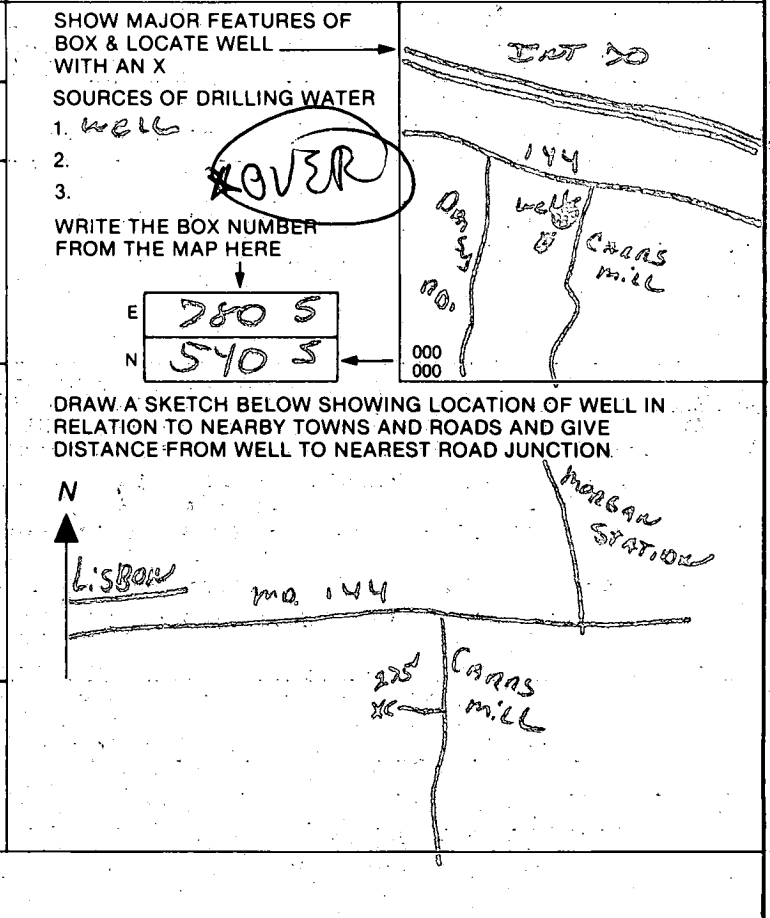
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-81-1221  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



Page 1 of 1  
 Date NOV 9, 1985

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-1221  
 Location of property (road) CARRS Mill rd.  
 Subdivision PARCEL 131 MAP 8 Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller R. MAYNE Owner LOUIS BRITTON

Depth of well 300<sup>ft</sup>  
 Distance of measuring point (M.P.) above ground 2<sup>ft</sup>  
 Static water level (S.W.L.) below M.P. 61<sup>ft</sup>

High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 9 GPM  
 Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

1. Recovery pump test data - observations to be recorded every 15 minutes

4 1/2 FT casing  
9" dia

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <del>1</del> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	245 <sup>ft</sup>	60 Sec	<del>Flow meter reading column is crossed out with a large 'X'.</del>	I GPM
8:45	245 <sup>ft</sup>	60 Sec		I GPM
8:00	245 <sup>ft</sup>	60 Sec		I GPM
8:15	245 <sup>ft</sup>	60 Sec		I GPM
8:30	245 <sup>ft</sup>	60 Sec		I GPM
8:45	245 <sup>ft</sup>	60 Sec		I GPM
9:00	245 <sup>ft</sup>	60 Sec		I GPM
9:15	245 <sup>ft</sup>	60 Sec		I GPM
9:30	245 <sup>ft</sup>	60 Sec		I GPM
9:45	245 <sup>ft</sup>	60 Sec		I GPM
10:00	245 <sup>ft</sup>	60 Sec		I GPM
10:15	245 <sup>ft</sup>	60 Sec		I GPM
10:30	245 <sup>ft</sup>	60 Sec		I GPM
10:45	245 <sup>ft</sup>	60 Sec		I GPM
11:00	245 <sup>ft</sup>	60 Sec		I GPM
11:15	245 <sup>ft</sup>	60 Sec		I GPM
11:30	245 <sup>ft</sup>	60 Sec		I GPM
11:45	245 <sup>ft</sup>	60 Sec		I GPM
12:00	245 <sup>ft</sup>	60 Sec	I GPM	
12:15	245 <sup>ft</sup>	60 Sec	I GPM	
12:30	245 <sup>ft</sup>	60 Sec	I GPM	
12:45	245 <sup>ft</sup>	60 Sec	I GPM	
1:00	245 <sup>ft</sup>	60 Sec	I GPM	
1:15	245 <sup>ft</sup>	60 Sec	I GPM	
1:30	245 <sup>ft</sup>	60 Sec	I GPM	

Review BW \* See over  
~~OK L.H. S.M.~~

Page 1 of 1  
 Date 11/7/85

6 H<sub>2</sub>O pump test

NOT deepened yet  
 hopefully w/ 1-2 wk

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1221  
 Location of property (road) CARRS Mill Rd.  
 Subdivision Parcel 131 MAP 8 Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller R. MAYNE Owner LOUIS BRITTON

Depth of well 300 ft  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 61 ft

High rate pumping -- reservoir drawdown  
 Time pump started 7:00 AM Pumping rate 9 gpm  
 Total time 30 min to reach pumping water level 245 ft. below M.P.

1. 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 <del>84</del> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00 AM	245 ft	60 sec		1 gpm
10:15 AM	245 ft	60		1 gpm
10:30	245 ft	60		1
10:45	245	60		1
	253			
	60			
	313			
	320			
H <sub>2</sub> O sample taken 10:00 AM (119550)				

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation   
Replacement \_\_\_\_\_

Receipt # 36703  
Date 3/24/86

Name of Installer Pipe-Rite Plumbing

Telephone 288-3080

License number 2214

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

Name of Property Owner Louis Britton Telephone 489-4359

Subdivision \_\_\_\_\_ Lot # P-137 Well tag # H0-81-1221

Site Address ~~#5407~~ 16335 CARIS MILL RD.

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 HARVARD

2. Model # PT800

3. Depth 48"

Tank

1. Capacity 42

2. Pressure relief  
valve? 75

Piping

1. Type 160lb Poly blue

2. Size 1"

3. NSF and/or BOCA  
Code approved \_\_\_\_\_

4. Depth of supply  
line 48"

Well data

1. Depth 320ft.

2. Yield 1 GPM

3. Static water  
level \_\_\_\_\_ ft.

4. Will water supply  
be disinfected by  
installer? YES

5/1/86 all work completed - JS

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).

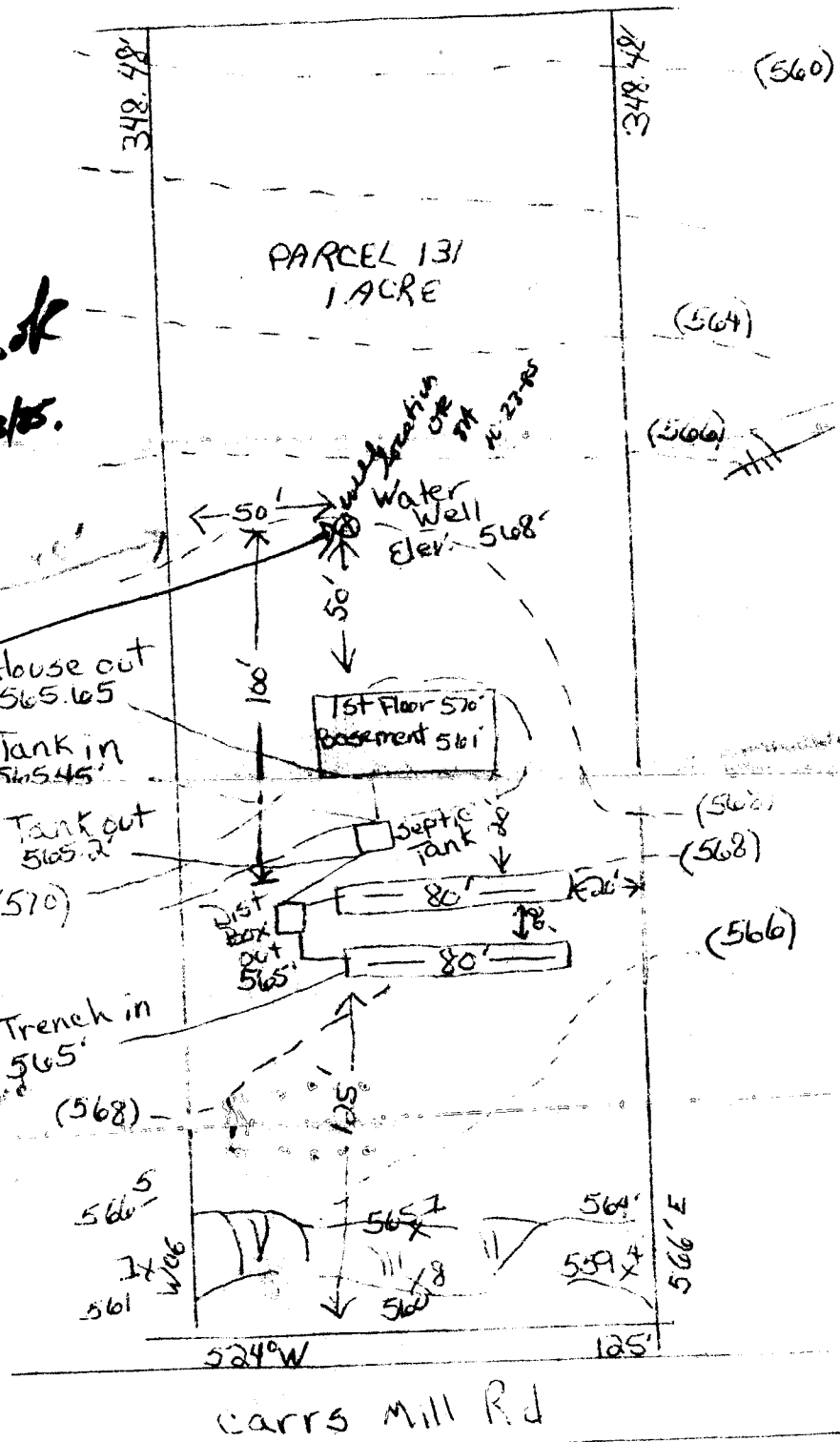
All information given above is true to the best of my knowledge.

Signature of Applicant: George Baker

Date: 3/24/86

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

Septic abris & location of  
 10/20/85.



11/7/85  
 well location  
 verified at  
 time of grouting.  
 It appears that  
 well site is slightly  
 lower than indicated  
 (in orientation)  
 compared to previous  
 map.

cler

11/7/85

problem w/ min Daily Requirement

290 (pump depth)

-61 s.w.l.

229 storage

1.5

343.5 storage vol

120

463.5 total well vol = short of  $500^{1x}$  gal/2hr/day

H<sub>2</sub>O sample taken (H9550)

41 ft casing

9 bags cement.

not present for gravel

11/7/85 41 ft casing  
 9 bags cement

H<sub>2</sub>O sample (10<sup>00</sup> ft)

was already grouted upon arrival  
 (1st inspection - OK)  
of gravel

well pump sand, to be 10 ft off  
(by pump)  
 bottom of well (290 ft)  
 with that:

229 (290 - 61)

1.5  
 343.5

+ 120 (60 gal x 2 hrs)

463.5

← still under 500 gal minimum requirement

If using  
 H<sub>2</sub>O levels  
 245 pump  
 - 61 level  
 184 ft  
 1.5 gal/ft

9 20  
 184  
276.  
 120  
396

179  
3  
 522

120

175  
 87  
3  
 251  
 60 2 x 0  
 522  
251  
 271

380  
 3 ) 277  
90  
 277