

C1 1284 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 A38537

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

2666 OK 9/18/90 CW

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

Grid for DATE WELL COMPLETED

Grid for Depth of Well

Grid for PERMIT NO.

OWNER: Greenbaum & Dase Assoc last name first name TOWN: Ellicott City SUBDIVISION: RIDGEMAN MANOR SECTION: LOT: 708 (Irrigation)

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. Includes handwritten entries: SAND Stone 0 to 65, GRAY MICH ROCK 65 to 305.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL

Form for GROUTING RECORD including CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (11), NO. OF POUNDS (1034), GALLONS OF WATER (66), DEPTH OF GROUT SEAL (0 to 45 ft).

CASING RECORD casing types insert appropriate code below

Form for CASING RECORD including MAIN CASING TYPE (S+), Nominal diameter top (main) casing (6 inch), Total depth of main casing (71 feet).

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

SCREEN RECORD screen type or open hole insert appropriate code below

Form for SCREEN RECORD including DEPTH (nearest ft.) grid, SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH).

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 10, METHOD USED TO MEASURE PUMPING RATE AIR, WATER LEVEL (distance from land surface) BEFORE PUMPING 52, WHEN PUMPING 215, TYPE OF PUMP USED (for test) A air, C centrifugal, J jet, P piston, R rotary, S submersible, T turbine, O other (describe below).

PUMP INSTALLED

Form for PUMP INSTALLED including DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (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

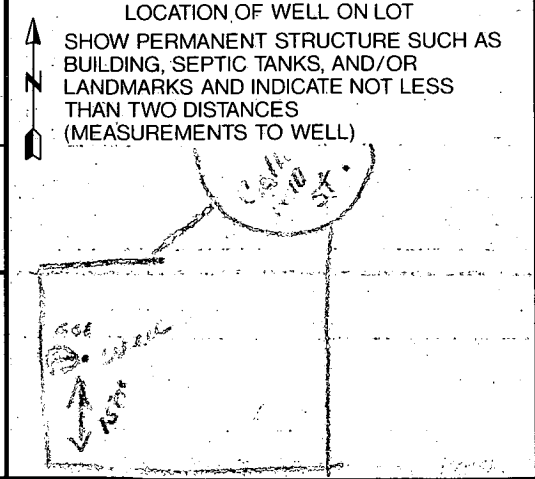
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 738 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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.), W Q (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA



B 1 **2005** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

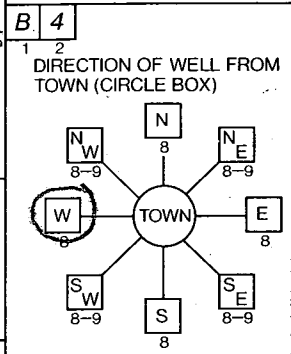
STATE OF MARYLAND  
**PERMIT TO DRILL WELL**  
 please print or type.

STATE PERMIT NUMBER  
**HO-88-1146**  
 fill in this form completely

Date Received (APA) **122689**  
**OWNER INFORMATION**  
**GREENEBaum + ROSE INC**  
 Last Name Owner First Name  
**1829 HEISTERSTOWN RD**  
 Street or RFD  
**BALTIMORE MD 21208**  
 Town State Zip

B 3 LOCATION OF WELL **Irrigation**  
**HOWARD** COUNTY  
**BURLEIGH MANOR** SUBDIVISION  
 SECTION **708** LOT  
**ELlicott CITY** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **3 1/2** MI

**DRILLER INFORMATION**  
**Joseph L. Mayne** License No. **238**  
**Joseph L. Mayne Well Drilling** Firm Name  
**5512 Killee RD. 1717 Hickory 21771** Address  
**Joseph L. Mayne** Signature **12/26/89** Date



**CASTLE FIELD ST.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **500** FT OR MI **FF**

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)  
 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** COUNTY NAME  
**A38537** COUNTY NO.  
 STATE SIGNATURE **Mark E. Piffkin** DATE ISSUED **7/10/90**  
 NORTH GRID **520000** EAST GRID **0835000**

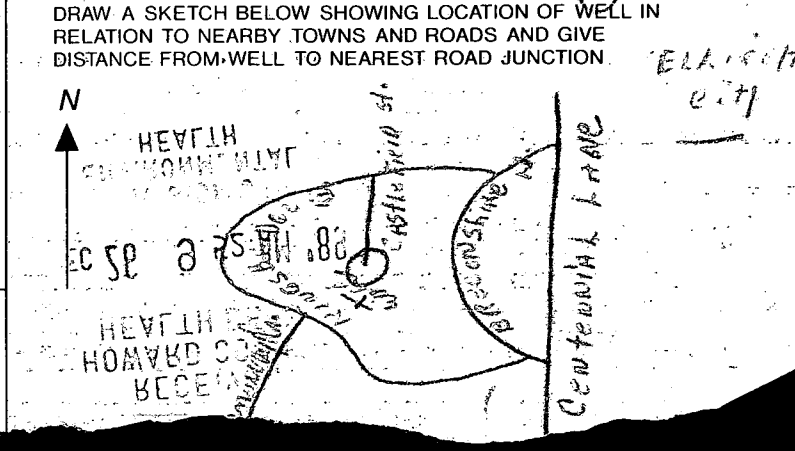
APPROXIMATE DEPTH OF WELL **200** FEET

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. **well**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
  
**1/16/90 8AM**  
**1/16/90 10:00**  
**ROUTED 71' CASING**  
**TAGOR 2" A.G.**  
**MR 45' OPEN**  
**11 BAGS**  
**GROUT NOT OBS'D**  
**well**

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 DEEPEN 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 \_\_\_\_\_

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-88-1146**

SPECIAL CONDITIONS

9/17/90

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 # 46445  
Date 10/01/90

Name of Installer KELER-MAY

Telephone 301-949-3525

License Number 2306

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner DRS. KHATIBI & HUBBARD Telephone

Subdivision Burleigh Manor Lot # 708 Well Tag # HD-88-1146

Site Address Castlefield Street  
10330 A 38537 irrigation

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make Red jacket
- Model # 100 CNW1CN14 BC
- Capacity 10 GPM
- Pump exceeds well capacity Yes  No
- If Yes, is low pressure cutoff switch installed? Yes  No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Motor

- Horsepower 1
- RPM 3450
- Voltage
  - 110
  - 220

Pitless Adapter

- Make MARTINSON
- Model # B10X
- Depth 3'

Tank

- Capacity 84.9
- Pressure relief valve? RV-50

Piping

- Type QEST #160 polybut
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 3'

Well data

- Depth 305 ft.
- Yield 10 GPM
- Static water level 52 ft.
- Will water supply be disinfected by installer? No

P.A. W3 B.G. - OK  
MR 9/17/90 1' CASING TO BE REMOVED AT TOP

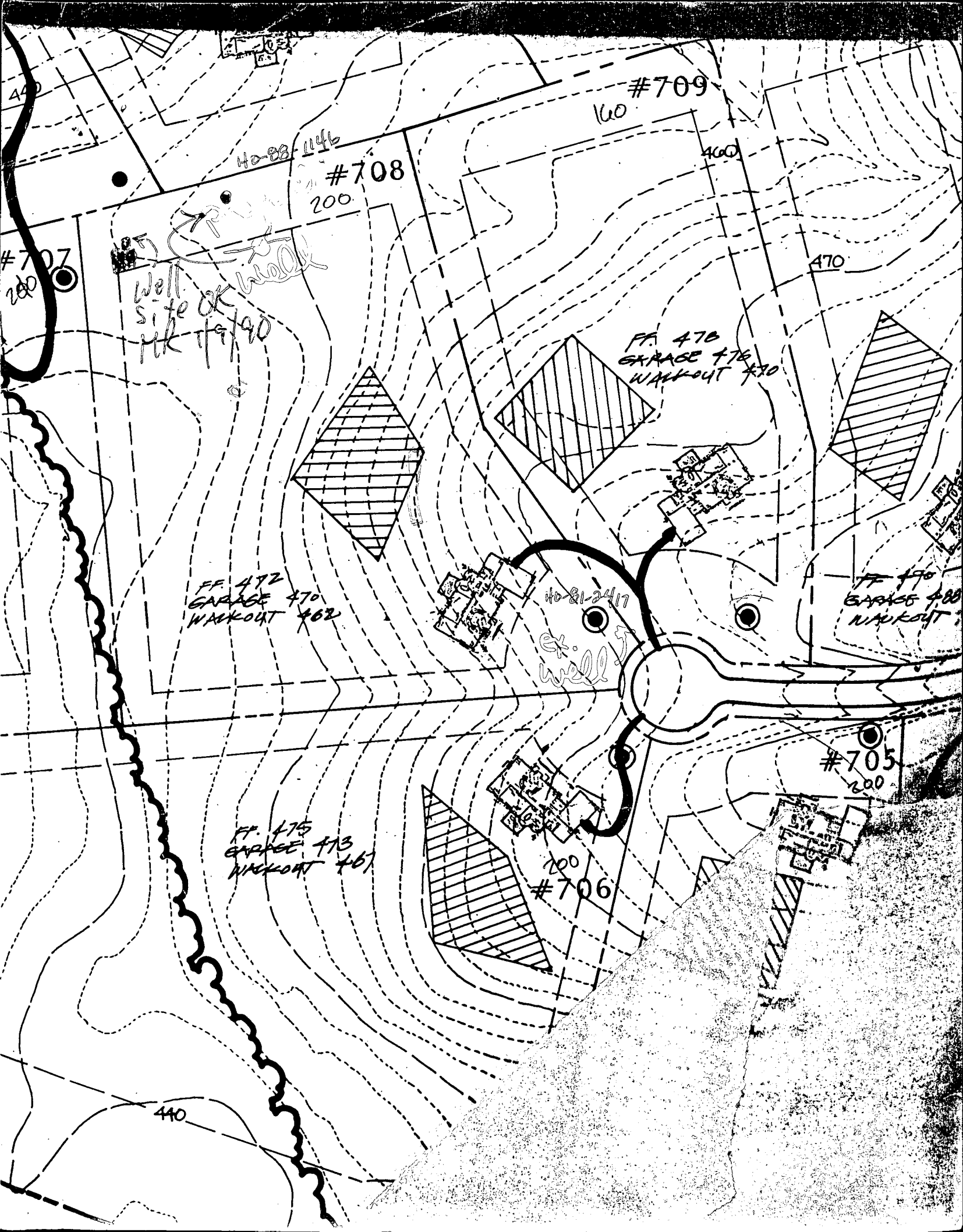
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [Signature]

Date: 9.25.90

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



440

#709  
160

40-88-1146

#708  
200

460

#707  
200

Well site OK  
1/9/90

470

FF 476  
GARAGE 476  
WALKOUT 470

FF 472  
GARAGE 470  
WALKOUT 462

40-81-2417

ex. well

FF 470  
GARAGE 480  
WALKOUT

FF 475  
GARAGE 473  
WALKOUT 467

200  
#706

#705  
200

440