

4/22/83

Approved 4/27/83

Stayen

PERMIT

P 31864
A 32016

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 8/12/82

INDEX

Larry L. Peters IS PERMITTED TO INSTALL ALTER

ADDRESS 7640 Route 32, Maryland 21044 PHONE 531-5839

SUBDIVISION ROAD 7640 Route 32 LOT

PROPERTY OWNER Larry L. Peters

ADDRESS 7640 Route 32

SPECIFICATIONS 5 Bedrooms

SEPTIC TANK CAPACITY 2000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

Dry Well

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 00 FT. FROM 265.87 LOT LINE AND 110 FT. FROM 381.13 LOT LINE AS SEEN WHEN FACING LOT FROM

TRENCH if needed to begin after a 5 foot earth buffer with the dry well and dug on level ground the necessary distance. Call for inspection of trench before gravel is installed.

PLANS APPROVED BY J. Strauer/F. Skinner DATE 4/19/82

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

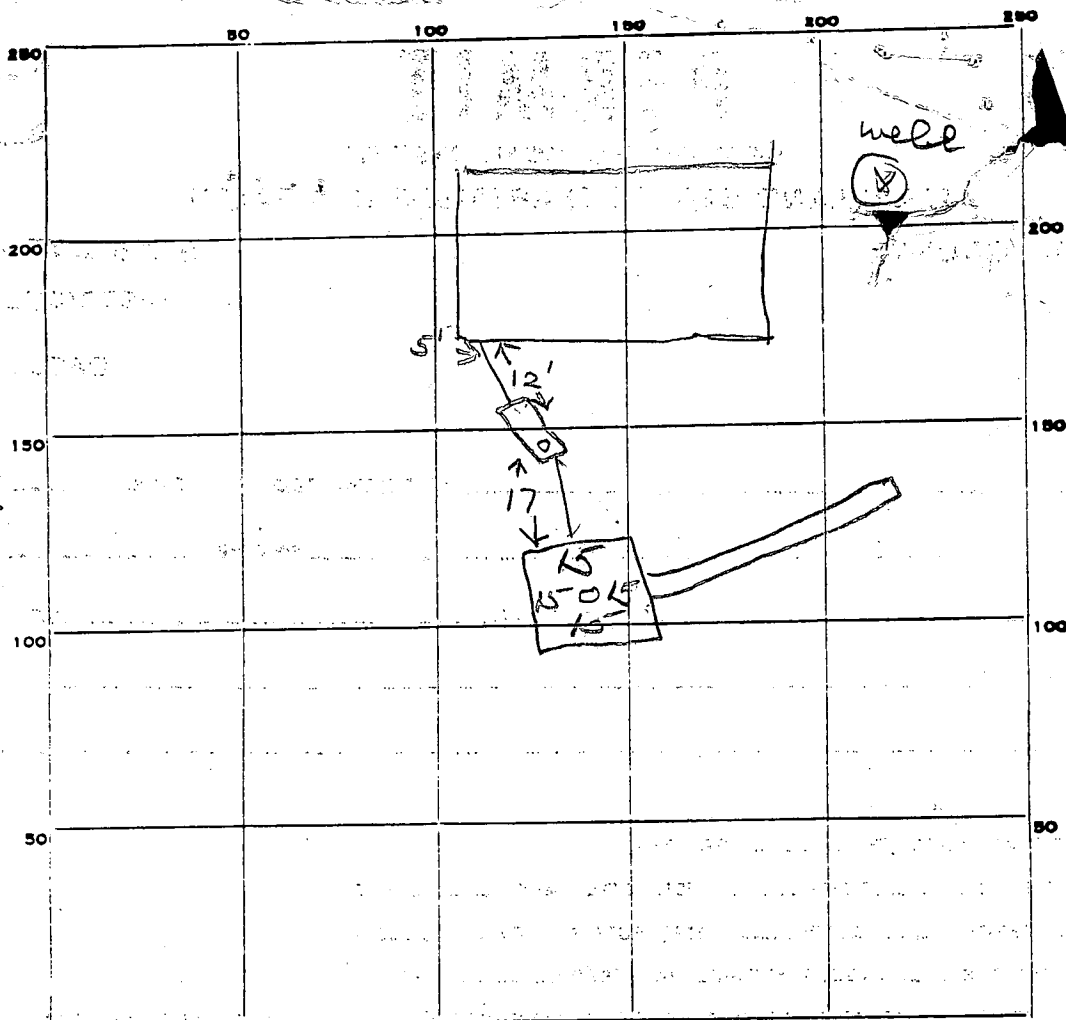
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BLDG. PERMIT SIGNED AND RETURNED 11/24/82
Serial # 61998 SF-O Kitchen

A 32016



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1st. 32

125
- 5

620

44
- 6

264

40

PERMIT CARD

SEPTIC TANK, LEVEL 2000 gal CLEANOUTS ST | DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 44 FT. 360
264

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 264

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 624 SQ. FT.

REMARKS 11/23/82 T.C. & L. Peters Cleanout can be placed on outlet side of tank if it does not interfere with the outlet baffle 3rs.

2/2/83 OK to cover work to septic tank. JS

4/5/83 OK to add stone in trench. JS

4/27/83 OK to cover all work. JS

DATE SYSTEM APPROVED 4/27/83 INSPECTOR Stayer

APPLICATION

Final
4/12/82
~~9:30 A.M.~~
1:30 P.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

5 Bedroom 1500 gal. septic tank

Drywell to have 125 SQ. FT.

DISTRICT

A 31864

P 32016

5

DATE 5 April 82

effective sidewall absorption area
per bedroom to begin below the first 3 foot of non-porous soil. Maximum depth permitted for drywell bottom is 9 feet below original grade. Place the drywell 80 feet from the 265.87 ft. long lot line and 110 ft. from the 381.13 ft. long lot line. trench if needed to begin after a 5 foot earth buffer with the drywell and dug on level ground the necessary distance. Call for inspection of trench before gravel is installed.

TO: THE COUNTY HEALTH OFFICER

ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER LARRY L. PETERS

ADDRESS 7640 Rt 32 Columbia Md 21044 PHONE HOME 531-5839 WORK 531-4481

PROPERTY LOCATION:

SUBDIVISION 7640 Rt 32 Columbia Md, LOT NO.

ROAD AND DESCRIPTION

SIZE OF LOT 1.902 per 258 map 35 TYPE BLDG. for 5 B.R. (NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY Stayer & T. Shinn FOR septic system DATE 4/19/82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 7/20/82
Final # 57184

THIS IS NOT A PERMIT

381.13'



SOIL PROFILE

0	Clay
2	sand, mica
12	loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/12/82	1S	3	1:55	1:58	1:58	2:03	5	
	1M	7	2:34	2:36	2:36	2:39	3	
	2S	3	2:06	2:08	2:08	2:12	4	
	2V	12	similar to #1					
	3S	3	2:10	2:13	2:13	2:17	4	
	3M	7	3:05	3:07	3:07	3:10	3	
	4V	11	Smulsion					
	5V	10						

REMARKS _____

TYPE OF SOIL _____

TESTED BY AS ALSO PRESENT Mr. Peters

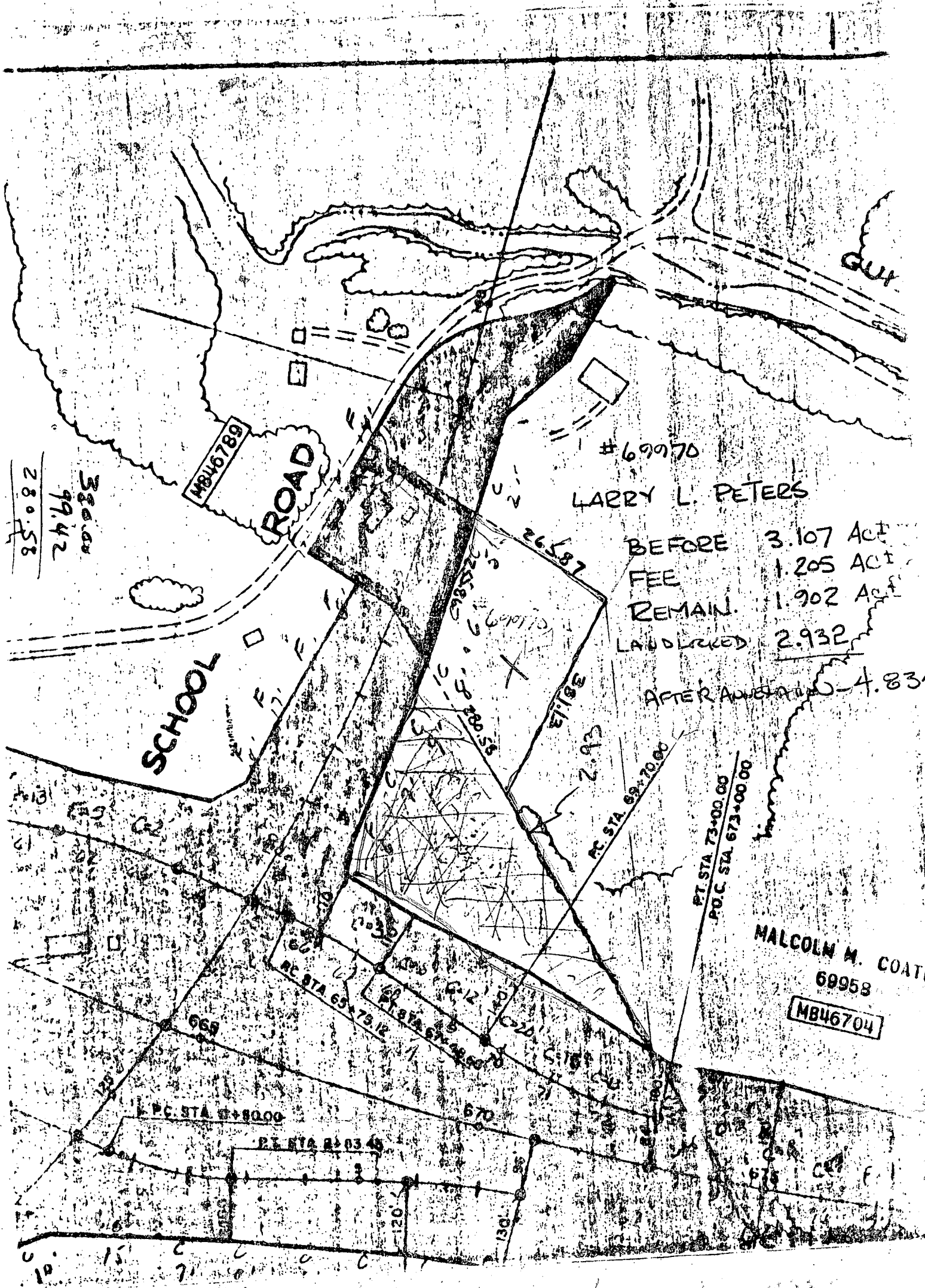
EIP 12 1079

BINDING MARGIN
DO NOT WRITE IN THIS SPACE

RIGHT OF WAY APPRAISAL REPORT
STATE HIGHWAY ADMINISTRATION
PLAT MAP

PROJECT NO. HO 292-026-771

ITEM NO. 69970



280.58
380.00
99.42

#69970
LARRY L. PETERS

BEFORE	3.107	Ac
FEE	1.205	Ac
REMAIN.	1.902	Ac
LANDLOCKED	2.932	
AFTER ADJUST	4.834	

MALCOLM M. COATE
69958
MB46704

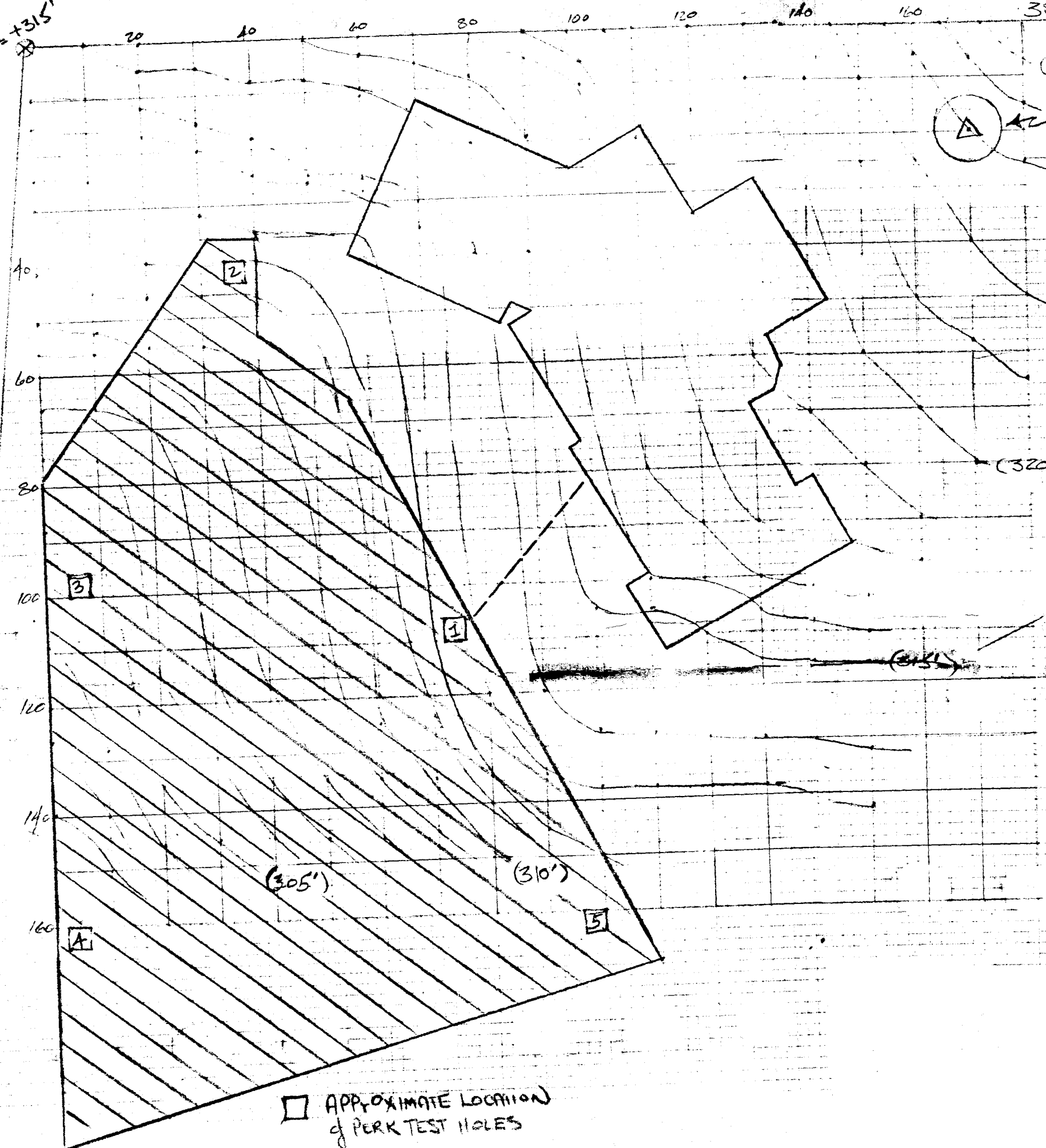
APPRaiser Walter A. Reiter, Jr.

192 - 296
1902

S 27° 04' W
331.13'

ELEV = +315'

S 57° 15' E
265.7'



PROPOSED WELL

4/2 9/82
Well Side OK
S.S.

DEEP WELL

SEPTIC TANK

300'

BASEMENT

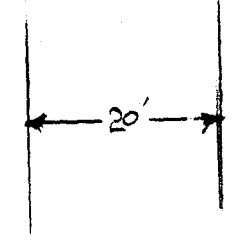
(319')
315'
310'

FOR THIS PROFILE

- APPROXIMATE LOCATION of PERK TEST HOLES
- ① PROPOSED LOCATION of SEPTIC TANK

----- LINE TO SEPTIC TANK.

280.55'
N 31° 21' W



B 1 11882

SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND

WRA PERMIT NUMBER

HO-73-4164

(THIS NUMBER IS TO BE PUNCHED IN COPIES ON ALL CARDS)

APPLICATION FOR PERMIT TO DRILL WELL

please print or type

fill in this form completely

DATE RECEIVED 04-22-82

8 (WRA USE ONLY) 13 OWNER INFORMATION

B 3

LOCATION OF WELL

COUNTY Howard

SUBDIVISION

SECTION LOT

NEAREST TOWN Simpsonville

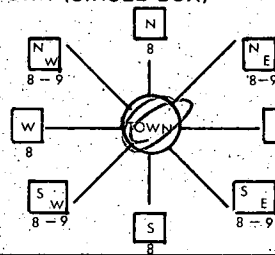
MILES FROM TOWN (enter 0 if in town) 0

Peters Larry
LAST NAME OWNER FIRST NAME
7640 Rt 32

Columbia Md.
STREET OR RFD TOWN STATE ZIP

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Md. 32

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

350

DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)

B 1 CONTINUED DRILLER INFORMATION

Joseph L. Wayne 238
DRILLER'S NAME LICENSE NO. 80
Joseph L. Wayne April 22, 82
SIGNATURE DATE

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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)

APPROXIMATE DEPTH OF WELL 180 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN

30- AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)

37 CABLE REVERSE ROTARY DRIVE POINT ROTARY

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
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (D) THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

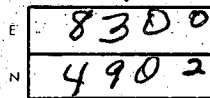
Not to be filled in by driller (WRA USE ONLY)

APPROP. PERMIT NUMBER HO-82-GAP-010

FORCE FS INITIALS CONDITIONS HO-73-4164

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

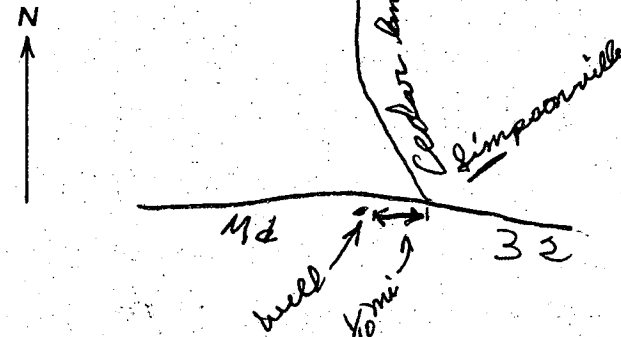
WRITE THE BOX NUMBER FROM THE MAP HERE



Location OK

38'-casing
2'-above gr.
35'-open
8' bag cement

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 4

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A31864
COUNTY NAME COUNTY NO.

EHA SIGNATURE STATE HEALTH CIRCLE BOX S

MO DAY YR Frank Skinner Sanitarian 4/29/82
43 48 CO SIGNATURE DATE

NORTH 492 EAST 0830 ELEV. (FT.)
GRID 50 55 GRID 57 63 65 68

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

HO-82-GAP-010

HEALTH

C1 3159

SEQUENCE NO. (OEP 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 31864

Date Received (OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

5/1/82

125 (TO NEAREST FOOT)

10-73-4/64

OWNER Peters last name

Larry first name

STREET OR RFD Rte. Rte 32

TOWN Simpsonville

SUBDIVISION

SECTION

LOT

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	
Brown Shale	0	10	
Sand	10	34	
Gray Mica rock	34	125	

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 48 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 33 ft.

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

MAIN CASING TYPE Nominal diameter top(main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 38

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

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

DEPTH (nearest ft.) 36 125

- 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. 238 DRILLERS SIGNATURE Joseph L. Magee

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no.)

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 39

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 YES (Y) NO (N) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

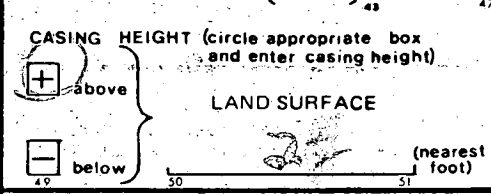
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

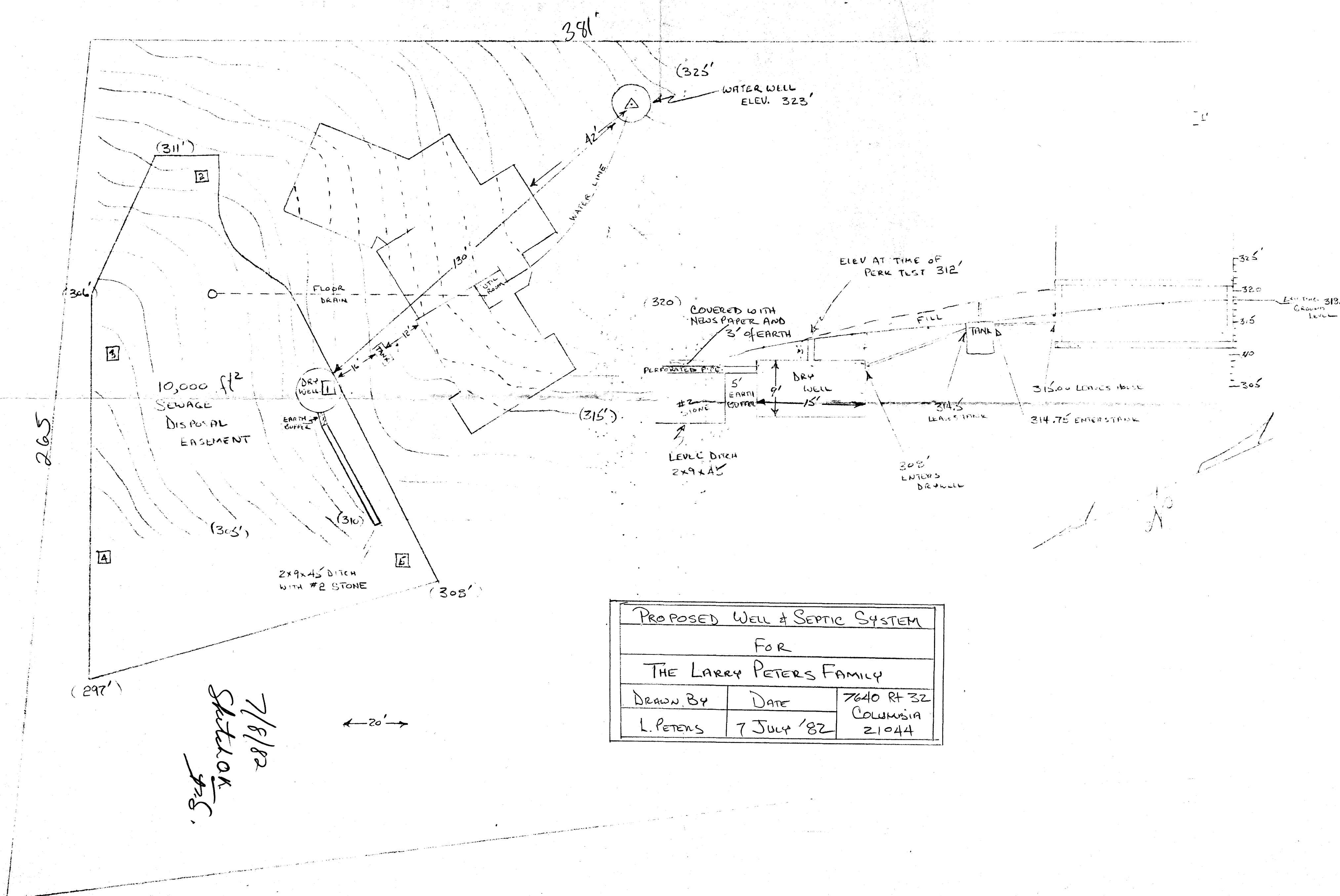
PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (Circle appropriate box and enter casing height) above below

LAND SURFACE (nearest foot)

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)





PROPOSED WELL & SEPTIC SYSTEM		
FOR		
THE LARRY PETERS FAMILY		
DRAWN BY	DATE	7640 RT 32
L. PETERS	7 JULY '82	COLUMBIA
		21044

7/8/82
Sketch
J.P.S.

← 20' →

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Tawes Office Building
Annapolis, Maryland 21401

Surface Water
 Groundwater
 New Application
 Change In Existing Permit

Number _____

APPLICATION	Larry Peters				
(Owner's Name)	7640 RT 32		Col Md		531-5839 (Telephone Number)
(Owner's Address)	(Street)	(Town)	(State)	21044 (Zip Code)	

<p>WITHDRAWAL GROUNDWATER</p> <p>Appropriate and use a yearly average of <u>3470</u> gallons per day, <small>[total annual use ÷ 365 days]</small> and <u>6912</u> gallons <small>[highest total monthly use ÷ days in month]</small> for the average day of the maximum month, from <u>1</u> well(s) having a diameter of <small>(number)</small> <u>6</u> inches, and a depth of <small>(estimate)</small> <u>125</u> ft. <small>(estimate)</small></p>	<p style="text-align: center;">SURFACE WATER</p> <p>Appropriate and use a yearly average of _____ gallons per <small>[total annual use ÷ 365 days]</small> day, and a maximum use of _____ gallons in any one day, from: _____ <small>(name of stream)</small> _____ <small>(exact location of withdrawal)</small></p>
---	--

PROJECT LOCATION 7640 RT 32 Col. Md
(Location - be specific)

County Howard Subdivision or town none Phone number _____

Name and type of business single family dwelling

ALL APPLICATIONS MUST INCLUDE A COPY OF A U.S.G.S. TOPOGRAPHIC OR SIMILAR MAP SHOWING PROJECT

<p>PURPOSE</p> <p>The water will be used for:</p> <p> <input type="checkbox"/> Community Water Supply <input type="checkbox"/> Non-Potable supply (sanitary uses, not for drinking water) <input type="checkbox"/> Potable Supply (drinking water, etc.) <input type="checkbox"/> Cooling Water <input type="checkbox"/> Irrigation <input type="checkbox"/> Process Water <input checked="" type="checkbox"/> Other <u>Ground water heat pump system</u> <small>(explain)</small> </p>	<p>WASTEWATER TREATMENT AND DISPOSAL</p> <p> <input type="checkbox"/> Public Sewer _____ <small>(name of system)</small> <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Subsurface (tilefield, seepage pit, etc.) <input type="checkbox"/> Spray Irrigation <input checked="" type="checkbox"/> Other, explain <u>recharge well -</u> <input type="checkbox"/> Surface Water _____ <small>(name of stream)</small> </p> <p>Discharge Permit # _____ or applied for _____</p>
---	---

SIGNATURE

Please sign here Gwen Cee Peters
(signature)

Gwen Cee Peters (owner)
(please print name, title, and date here)

THIS APPLICATION CANNOT BE PROCESSED WITHOUT SIGNATURE

APPROVAL BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

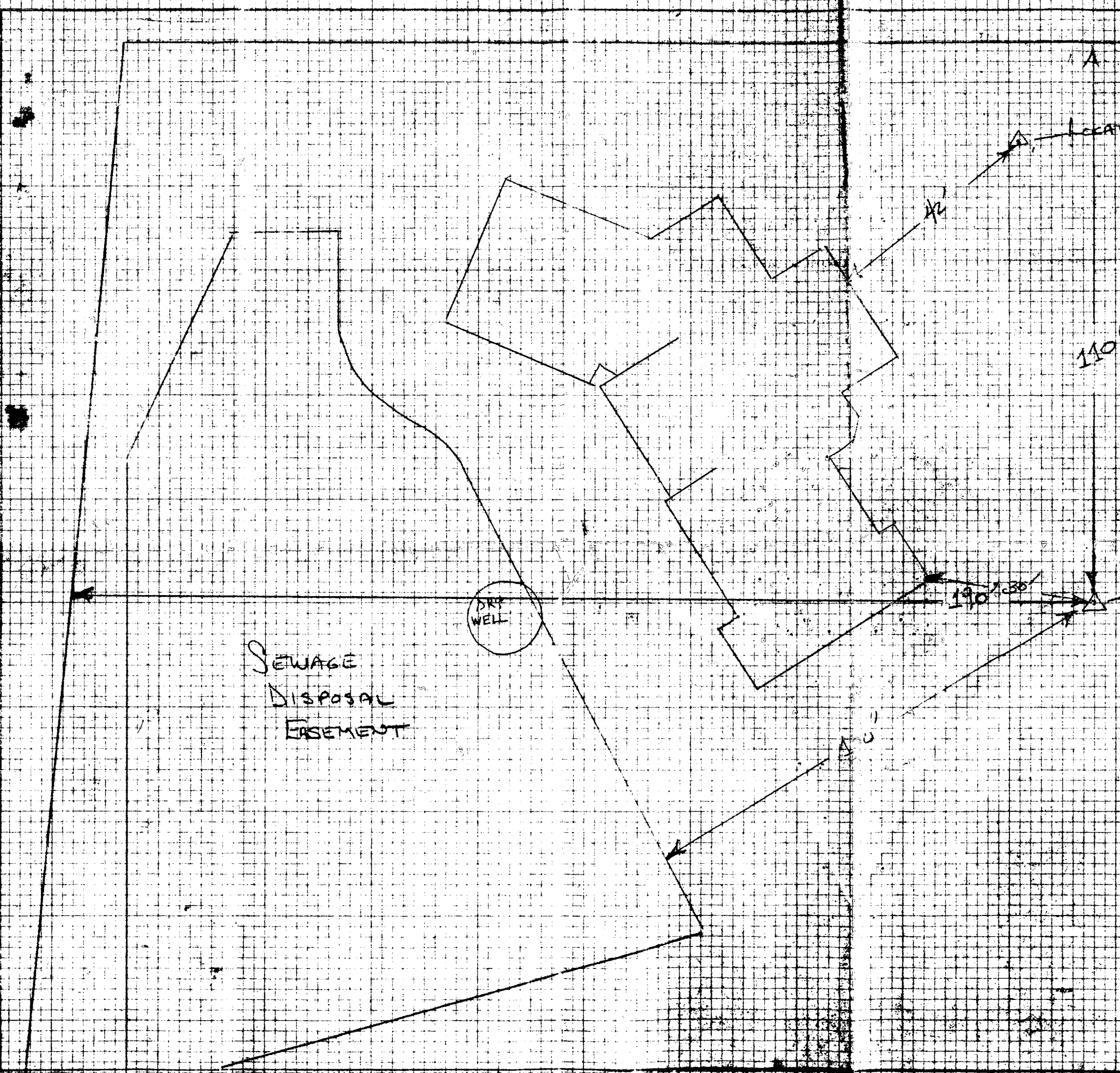
THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?
 YES NO, explain _____

Signature of county representative Frank Jimin Sanitarian 10/26/82
(signature) (title) (date)

10/27/82 G.A.P.A. sent to WRA J.S. HO-82-GAP-010

FOR JOE MANN



Proposed location of
2nd Well - For Injection
of Water from Ground Water
Heat Pump System.

1/31/83
Discharge well set
OK J.S.

LARRY E. PETERS
7640 RF 32
Columbia, Md.
21084

EMERGENCY/TEMP. NO. IF ANY

0275

SEQUENCE NO. (OEP USE ONLY)

10:30 Pump test
1:30 Grout
2/2/83
STATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4381

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

please print or type

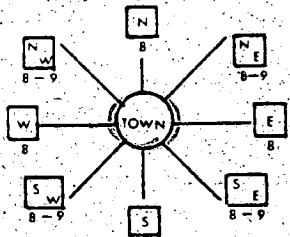
fill in this form completely

Date Received 012183

OWNER INFORMATION
 Last Name PETERS Owner LARRY
 Street or RFD 7640 Route 32
 Town COLUMBIA State MD Zip 21044

LOCATION OF WELL
 COUNTY Howard
 SUBDIVISION _____
 SECTION _____ LOT _____
 NEAREST TOWN Lempsonville
 MILES FROM TOWN (enter 0 if in town) 0

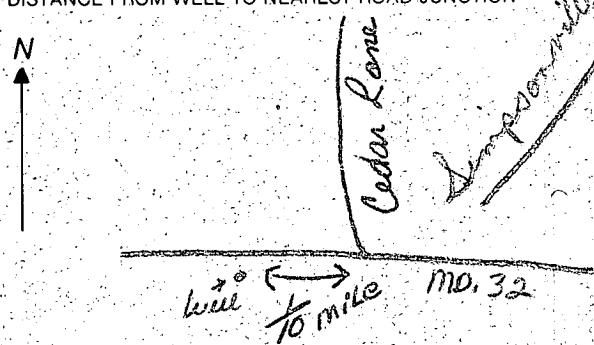
DRILLER INFORMATION
 Driller's Name Joseph L. Mayne License No. 238
 Firm Name Joseph L. Mayne
 Address 5512 Ridge Rd. Mt. Airy, MD
 Signature Joseph L. Mayne Date 1/21/83

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD MD. 32
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 NORTH SOUTH
 DISTANCE FROM ROAD 240

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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. 8300
 N. 4902

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)

LOCATION OK
 34' - casing
 1' - above gr
 31' - open
 8' - bag cement
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION


APPROXIMATE DEPTH OF WELL 180 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 _____

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 HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. A31864

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER H082GAP010
 FORCE FS WRITE INITIALS IN BOX PERMIT No. HO-73-4381

OEP SIGNATURE Frank Shenn STATE HEALTH CIRCLE BOX
 DATE ISSUED 013183
 NORTH GRID 492 EAST GRID 0830 EXPIRES 073183

SPECIAL CONDITIONS 8-63

C1 6223 SEQUENCE NO. (OEP USE ONLY)

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 A31864

THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-5 ON ALL CARDS.
Date Received (OEP use only)
DATE WELL COMPLETED 11 22 83

Depth of Well 125
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-73-4387

OWNER Peters Larry
last name first name
STREET OR RFD 2640 Md. Rte. 30 TOWN Simpsonville

SUBDIVISION _____ SECTION _____ LOT _____

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	
Brown shale	0	8	
Sand	8	27	
Cherty mica rock	27	125	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 8 NO. OF POUNDS 752
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 31 ft.
48 TOP (enter 0 if from surface) 58 BOTTOM

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE ST Nominal diameter top/main casing (nearest inch) 6 Total depth of main casing (nearest foot) 34

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

SCREEN RECORD
screen type or openhole insert appropriate code below
 ST STEEL BR BRASS BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.) 40 33 125

- CIRCLE APPROPRIATE BOX
- 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. 238
DRILLERS SIGNATURE Joseph L. Morgan
(MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE _____
DIAMETER OF SCREEN (NEAREST INCH) _____
GRAVEL PACK _____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T _____ (E.R.O.S.)
W Q _____
TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 8
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 30
WHEN PUMPING 32
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 YES NO
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
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 _____
 - below _____ (nearest foot)

