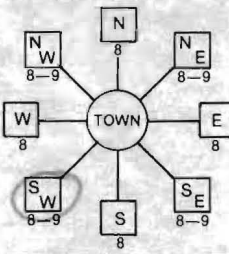
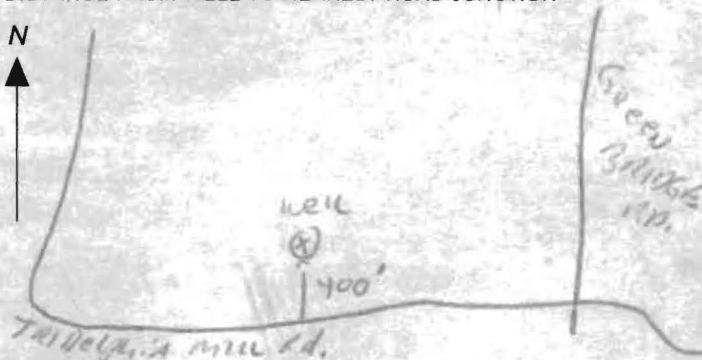


C1 1991		SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE			COUNTY NUMBER
DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO.
8 13		15 20		22 26 (TO NEAREST FOOT)		FROM "PERMIT TO DRILL WELL"
OWNER		last name		first name		28 29 30 31 32 33 34 35 36 37
STREET OR RFD		TOWN		LOT		
SUBDIVISION		SECTION		LOT		
WELL LOG			GROUTING RECORD			C3
Not required for driven wells			WELL HAS BEEN GROUTED (Circle Appropriate Box)			1 2
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL			PUMPING TEST
DESCRIPTION (Use additional sheets if needed)			CEMENT CM BENTONITE CLAY BC			HOURS PUMPED (nearest hour)
FEET			NO. OF BAGS NO. OF POUNDS			PUMPING RATE (gal. per min. to nearest gal.)
FROM TO			GALLONS OF WATER			METHOD USED TO MEASURE PUMPING RATE
Check if water bearing			DEPTH OF GROUT SEAL (to nearest foot)			WATER LEVEL (distance from land surface)
Top Soil 0 2			from 48 TOP 52 ft. to 54 BOTTOM 58 ft.			BEFORE PUMPING
Sandy 2 70			(enter 0 if from surface)			WHEN PUMPING
Sand Stone 70 75			CASING RECORD			TYPE OF PUMP USED (for test)
MICKA 75 90			casing types insert appropriate code below			A air P piston T turbine
Sand Stone 90 95			MAIN CASING TYPE			C centrifugal R rotary O other (describe below)
MICKA 95 100			Nominal diameter top (main) casing (nearest inch)			J jet S submersible
Sand Stone 100 110			Total depth of main casing (nearest foot)			
MICKA 110 165			OTHER CASING (if used)			
			diameter inch depth (feet) from to			
			EACH CASING			
			screen type or open hole			
			SCREEN RECORD			
			insert appropriate code below			
			ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER			
			C2			
			DEPTH (nearest ft.)			
			EACH SCREEN			
			SLOT SIZE 1 2 3			
			DIAMETER OF SCREEN			
			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			
			TELESCOPE CASING LOG INDICATOR OTHER DATA			
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 (MUST MATCH SIGNATURE ON APPLICATION)			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			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)			

<b>B 1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">3891</div>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">40-81-2385</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS).		fill in this form completely	
<b>Date Received</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">11/19/87</div>		<b>B 3</b> <b>LOCATION OF WELL</b>	
<b>OWNER INFORMATION</b> 8 COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">HAROLD</div> 21 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">BROFFEY PROPERTY</div> 42 23 SUBDIVISION SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">44</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">1</div> 46 48 50 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">LAUREL</div> 57 Town 70 State 72 Zip 76		52 NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">011101</div> 71 MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">2</div> 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">Ralph Mayne</div> 77 License No. 80 Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">Ralph Mayne (LCC Drilling)</div> Address <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">9120 Green Church Rd. N.H. Ark</div> Signature <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">Ralph Mayne 10/29/87</div> Date		<b>B 4</b> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">5</div> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">500</div> 14 20		NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">Tribble Mill Rd.</div> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> DISTANCE FROM ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">400</div> 34 37 ENTER FT or MI <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">FT</div> 38 39	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">HOWARD</div> COUNTY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">A 36612</div> OEP SIGNATURE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">A. Wilson</div> STATE HEALTH INSERT S <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">41</div> DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">11/02/87</div> CO SIGNATURE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">A. Wilson</div> EXP. DATE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">05/02/88</div> NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">509000</div> EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">0792000</div>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">50</div> 24 28 FEET APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">6"</div> 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 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">2902</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">5008</div> 000 000	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		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>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">41</div> 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">GAP</div> 54 63 FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">100</div> WRITE INITIALS IN BOX PERMIT NO. <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">40-81-2385</div> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">953-1082 EXISTING WELL WILL BE ABANDONED PENDING SATISFACTORY NEW WELL (OEP # H0811305)</div>			



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 X  
Replacement \_\_\_\_\_

Receipt # 40566  
Date 12/02/87

Name of Installer SAN LYONS LYF PLUMBING

Telephone \_\_\_\_\_

License Number \_\_\_\_\_

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

Name of Property Owner ROBT LEARMOUTH

Telephone \_\_\_\_\_

Subdivision BAFFER PROPERTY Lot # 1

Well Tag # HO-81-1685

Site Address 14730 TRIADACHIA MILL RD

2385

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_
2. Make \_\_\_\_\_
3. Model # \_\_\_\_\_
4. Capacity \_\_\_\_\_ GPM

Motor

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

Pitless Adapter

1. Make \_\_\_\_\_
2. Model # \_\_\_\_\_
3. Depth \_\_\_\_\_

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 \_\_\_\_\_

Tank

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

Piping

1. Type \_\_\_\_\_
2. Size \_\_\_\_\_
3. NSF and/or BOCA Code approved \_\_\_\_\_
4. Depth of supply line \_\_\_\_\_

Well data

1. Depth \_\_\_\_\_ ft.
2. Yield \_\_\_\_\_ GPM
3. Static water level \_\_\_\_\_ ft.
4. Will water supply be disinfected by installer? \_\_\_\_\_

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.

HD-215

11/17/87 OK TO COVER OUTSIDE WORK PRESSURE TANK  
NOT YET INSTALLED, PERMIT OBTAINED AFTER  
INSPECTION