

B 1	02349	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-92-0341 ✓ <small>fill in this form completely</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
Date Received (APA) <div style="border: 1px solid black; padding: 2px;">03/27/93</div>		OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> CLARK ASSOCIATES 15 Last Name Owner First Name 34 36 30X1710 Street or RFD 55 57 FLLICOTT CITY MD 21771 70 State 72 Zip 76 </div>		
DRILLER INFORMATION Driller's Name: <u>Joseph L. Mayne</u> 77 License No. <u>80</u> Firm Name: <u>Joseph L. Mayne Well Drilling</u> Address: <u>3512 Ridge Rd. Mt. Airy 21771</u> Signature: <u>Joseph L. Mayne</u> Date: <u>3/29/93</u>		LOCATION OF WELL 8 COUNTY: <u>HOWARD</u> 21 23 SUBDIVISION: <u>ZEEVELD SUB</u> 42 SECTION: <u>44</u> 46 LOT: <u>5</u> 48 50 52 NEAREST TOWN: <u>LISBON</u> 71 MILES FROM TOWN (enter 0 if in town): <u>4</u> 73 76 77 78 M I		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): <u>500</u> 14 20		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD: <u>DAISY RD.</u> 30 34 <u>1360</u> 37 DISTANCE FROM ROAD ENTER FT or MI <u>FT</u> 38 39		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A 43931</u> COUNTY NAME COUNTY NO. STATE SIGNATURE: _____ INSERT S _____ DATE ISSUED: <u>07/13/93</u> Mark E. Pifkin 10/13/93 43 NORTH GRID: <u>530</u> 48 CO SIGNATURE: _____ 55 57 EAST GRID: <u>0781</u> 63 68 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>200</u> 24 28 FEET APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH		SOURCES OF DRILLING WATER 1. <u>Well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>7801</u> N <u>58830</u> 000 000		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 		
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>Lisbon</u> <u>DAISY RD.</u> <u>Union Chapel Rd.</u> <u>Common Drive road</u>		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 G A P 63 FORCE <u>MR</u> WRITE INITIALS IN BOX PERMIT NO. <u>HD-92-0341</u> 67 68 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				

C17833

SEQUENCE NO.
(DENV 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
NUMBERA43931

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

813

1520

2220526
(TO NEAREST FOOT)

28293031323334353637

OWNER

last name

first name

TOWN

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
FROMTO

Check
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

fromft. toft.

CASING RECORD

casing
types
insert
appropriate
code
below

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

OTHER CASING (if used)

diameter
inch

depth (feet)
fromto

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STEEL

BR

HO

BRASS

OPEN
HOLE

BRONZE

PL

OT

PLASTIC

OTHER

DEPTH (nearest ft.)

EACH
SCREEN

SLOT SIZE 123

DIAMETER
OF SCREEN

(NEAREST
INCH)

fromto

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

70

72

747576

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

Aair

Ppiston

Tturbine

Ccentrifugal

Rrotary

Oother
(describe
below)

Jjet

Ssubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

YESNO

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:

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)

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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 14, 1995

Mr. and Mrs. Jay Johnson
3133 Daisy Road
Woodbine, Maryland 21797

RE: Zeeveld, Lot #5
3133 Daisy Road
Well Tag #HO-92-0341
U.V. LIGHT TREATED SYSTEM

Dear Mr. and Mrs. Johnson:

This is to advise you that the septic system was installed, inspected, and approved on September 7, 1993.

The **treated** water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

COMAR 26.04.04.09 prohibits approval of any water supply with bacteriological contamination. This department hereby grants a Permanent Deviation to that section of the regulation of the condition the ultra violet light disinfection system effectively maintains the required bacteriologically free condition of the well water supply.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a yearly bacteriological analysis be performed.
3. If you decide to sell or rent your home in the future, you must notify any potential buyer/tenant of the above condition.

Zeeveld, Lot #5

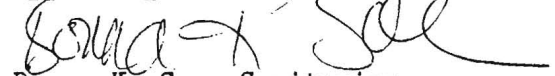
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Based upon installation of an ultra violet light disinfection system, this certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have met for the water supply system installed under permit #HO-92-0341. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this water well system as required by COMAR 26.04.04.09.

Dates of Treated Water Samples: November 28, 1994
 September 23, 1993

Date of Well Approval: April 15, 1993

Approving Authority

A handwritten signature in dark ink, appearing to read "Donna K. Soe", written over the printed name.

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS