EMERGENCY/TEMP NO. IF ANY

B 1 **7215** 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: HO-81-2021

fill in this form completely

Date Received: ______

OWNER INFORMATION

Last Name / Owner / First Name: JACOBSON RANDALL

Street or RFD: 11906 BLUE FEBRUARY

Town: COLUMBIA State: MD Zip: 21044

DRILLER INFORMATION

Driller's Name: Ralph Mayne License No.: 273

Firm Name: Ralph Mayne (Well Drilling)

Address: 9120 Brown Church Rd. Mt. Airy

Signature: Ralph Mayne Date: 3/3/87

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)

- **(D)** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- 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: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) · JETTED · Jetted & DRIVEN · **AIR-ROTary** (circled) · AIR-PERcussion · ROTARY (Hydraulic Rotary) · CABLE · REVerse-ROTary · DRive-POINT

other ______

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- **(N)** THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): ______

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

APPROP. PERMIT NUMBER: GAP

FORCE 75 WRITE INITIALS IN BOX PERMIT No. HO-81-2021

SPECIAL CONDITIONS 730 – 1845

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: TRIDELPHIA EST

SECTION: — LOT: 3

NEAREST TOWN: GLENELG

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): SW (circled)

NEAR WHAT ROAD: TRIDELPHIA Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): W (WEST) circled

DISTANCE FROM ROAD: 75 ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD COUNTY NO.: A 36755

OEP SIGNATURE ______ STATE HEALTH INSERT S

DATE ISSUED: 040887 CO SIGNATURE: J. Stamon EXP. DATE: 10/8/87

NORTH GRID: 514000 EAST GRID: 0793000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

2/16/88
Location OK
Grouted prior to arrival
CW

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

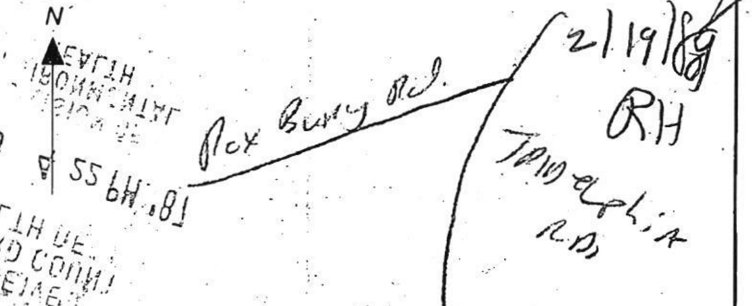
E 7993
N 5194

000
000

N. Gap
380 fm

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

42 casing
2/19/88
RH



HEALTH DEPT. HOWARD COUNTY RECEIVED '87 MAR 5 PM 55

HEALTH:

C 1 | 2356 | 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 17 [illegible]

DATE Received

DATE WELL COMPLETED 6 2 1 [illegible] 8

Depth of Well [illegible] (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MC-[illegible]-2021

OWNER [illegible] (last name) [illegible] (first name)

STREET OR RFD [illegible] TOWN [illegible]

SUBDIVISION [illegible] SECTION [illegible] LOT 3

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 FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy	2	30	✓
Sand Stone	30	35	
Micka	35	60	
Sand Stone	60	65	✓
Micka	65	165	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 38 ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	42

(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

(ST) STEEL (BR) BRASS BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	40	165
2		
3		

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING [illegible]

WHEN PUMPING [illegible]

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
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

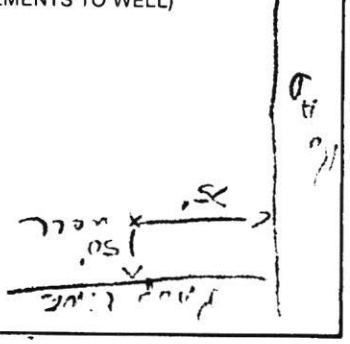
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (−) below LAND SURFACE 2 (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)

N



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 [illegible]

(MUST MATCH SIGNATURE ON APPLICATION) [illegible]

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T ____ (E.R.O.S.) ____ WQ ____ ____ ____

TELESCOPE CASING LOG INDICATOR OTHER DATA

HEADER

Page ______ of ______
Date 2/19/88

Review 5/6/88 R.H.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2021
Location of property (road) TRIADELPHIA ROAD
Subdivision TRIADELPHIA ESTATES Lot 3 Block ______ Plat ______ Sec. ______
Well Driller RALPH MAYNE Owner JACOBSON, RANDALL

Depth of well 165 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 25 ft

I. High rate pumping -- reservoir drawdown

Time pump started 1:45 Pumping rate 10 G.P.M
Total time 15 min to reach pumping water level ______ ft. below M.P.

II. 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
2:00	60 ft	9 sec		7 G.P.M
2:15	60'	9		7
2:30	60'	9		7
2:45	60'	9		7
3:00	60 ft	9 sec		7 G.P.M
3:15	60'	9		7
3:30	60'	9		7
3:45	60'	9		7
4:00	60 ft	9 sec		7 G.P.M
4:15	60'	9		7
4:30	60'	9		7
4:45	60'	9		7
5:00	60 ft	9 sec		7 G.P.M

42 ft PL 380 gpm 11 bags

Feb 5, 1988

TO Howard County Health Dept.

This is A Request FOR Renewal
FOR Lot's 1, 2, 3, TRIDelphiA EST
OWNER'S NAME is RANDALL JACOBSON

STATE TAG Numbers Lot 1 HO-81-2019
Lot 2 HO-81-2020
Lot 3 HO-81-2021

PERMITS EXP. NOV 8, 1987

Thank You
Ralph Mayne

2/5/88
OK to extend permits for Lots 1, 2 & 3 Triadelphia estates
New expiration date 8/5/88
RON