


W37911

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 Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search
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Account Identifier: District - 05 Account Number - 361982

Owner Information

Owner Name:	RYDZEWSKI WALTER J RYDZEWSKI ELLA	Use:	RESIDENTIAL
Mailing Address:	11707 BRAGDON WOOD CLARKSVILLE MD 21029-1242	Principal Residence:	YES
		Deed Reference:	1) / 863/ 292 2)

Location & Structure Information

Premises Address	Zoning	Legal Description
S MD ROUTE 108 CLARKSVILLE 21029	RCDEO	LOT 2 4.765 A MD ROUTE 108 RYDZEWSKI PROPERTY

Map	Grid	Parcel	Subdivision	Section	Block	Lot	Group	Plat No:	Plat Ref:	
29	14	46				2	81			5603

Special Tax Areas	Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX
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Primary Structure Built	Enclosed Area	Property Land Area	County Use
1901	1,750 SF	4.76 AC	

Stories	Basement	Type	Exterior
1	NO	STANDARD UNIT	FRAME

Value Information

	Base Value	Phase-in Assessments		
		Value As Of 01/01/2002	Value As Of 07/01/2002	Value As Of 07/01/2003
Land:	123,200	173,200		
Improvements:	29,840	36,320		
Total:	153,040	209,520	171,866	190,692
Preferential Land:	0	0	0	0

Transfer Information

Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO **Special Tax Recapture:** * NONE *

Exempt Class:

W-37911

C1 5354

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 A 37911 - W

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

110686

22 185 26 (TO NEAREST FOOT)

40-81-1721

OWNER RYDZEWSKI WALTER STREET OR RFD RT 208 CLARKSVILLE PIRTS TOWN CLARKSVILLE SUBDIVISION MAP 29 P. 46 SECTION LOT 2

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: BROWN HALE, GRAY MICH ROCK, 0-13, 13-185.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 7 NO. OF POUNDS 7.58 GALLONS OF WATER 420K DEPTH OF GROUT SEAL (to nearest foot) from 0 to 19 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main casing of main casing TYPE (nearest inch) (nearest foot) 54 6 21

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

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

DEPTH (nearest ft.) 40 20 185. Slot size 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

CIRCLE APPROPRIATE LETTER 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 (MUST MATCH SIGNATURE ON APPLICATION)

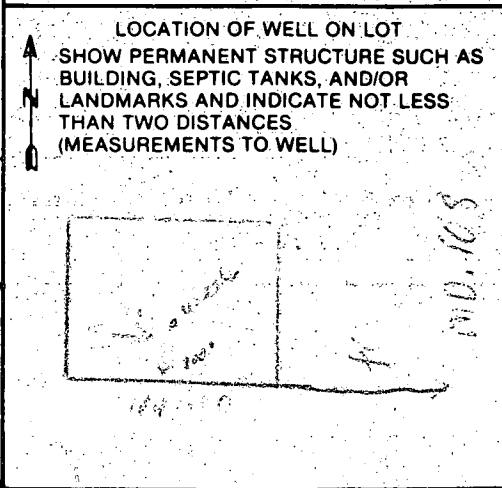
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 58 WHEN PUMPING 120 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 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) LAND SURFACE (nearest foot)



B 1 **5293** 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-81-1721
 fill in this form completely

Date Received: 1/15/86
INDEXED
 OWNER INFORMATION
 15 Last Name: **RYDZEMSKI** Owner's First Name: **WALTER**
 36 Street or RFD: **11680 CLARKSPVILLE RD**
 57 Town: **CLARKSPVILLE** 70 State: **MD** 72 Zip: **21037**

B 3 LOCATION OF WELL
 8 COUNTY: **HOWARD** 21
 23 SUBDIVISION: **MAP 29 V46** 42
 SECTION: **44** 46 LOT: **2** 50
 52 NEAREST TOWN: **CLARKSPVILLE** 71
 MILES FROM TOWN (enter 0 if in town): **2.7** 73 **MI** 76 77 78

DRILLER INFORMATION
 Driller's Name: Joseph J. Mays 77 License No. **258**
 Firm Name: Joseph J. Mays Well Drilling
 Address: 5512 Pines Rd. Mt. Airy, MD
 Signature: Joseph J. Mays Date: 1/15/86

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD: Clarksville Rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD: **2** 34 **MI** 37
 ENTER FT or MI **M** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.): **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500** 14 20

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
 COUNTY NAME: HOWARD COUNTY NO.: A-37911W
 OEP SIGNATURE: _____ STATE HEALTH INSERT S: _____
 DATE ISSUED: 10/20/86 43 A. Nylor 48 CO SIGNATURE 04/20/87 41 EXP. DATE
 NORTH GRID: **508000** 50 55 EAST GRID: **0922000** 57 63

APPROXIMATE DEPTH OF WELL: **300** 24 FEET 28

APPROXIMATE DIAMETER OF WELL: **6** NEAREST 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: _____

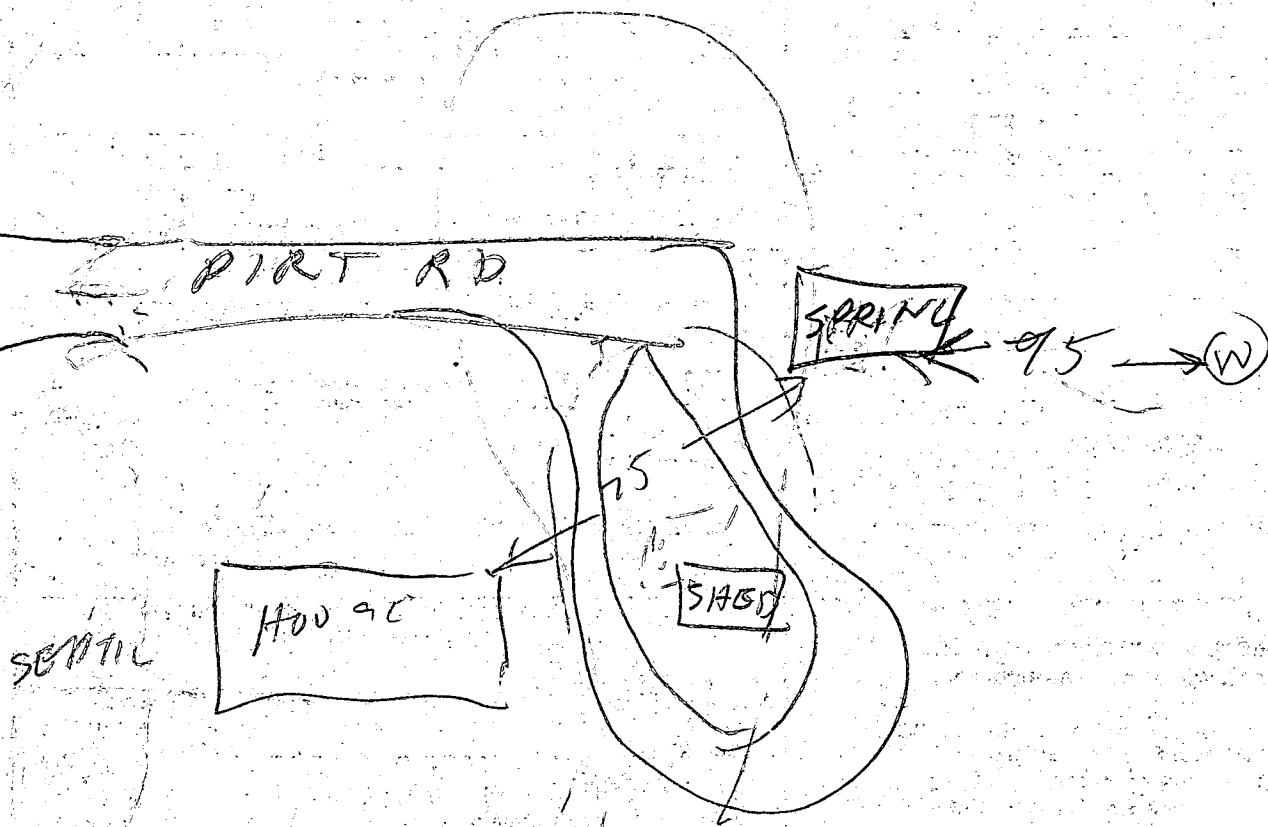
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER:
 1. WELL
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8202**
 N **5008**
 000 000

REPLACEMENT OR DEEPEINED 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 Replace SPRING
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER: _____ 54 **GAP** 63
 FORCE **PA** WRITE INITIALS IN BOX PERMIT NO. **HO-81-1721** 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



- ① 21 FT casing
- ② 18 1/2 FT open hole
- ③ LOCATION OK
- ④ 7 bags
- ⑤ WELL

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 OCT 10 2 34 PM '85
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

11/5/86
 R. Hodge