

C1 0847	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.
(THIS NUMBER IS TO BE PUNCHED IN C.G.S. 3-6 ON ALL CARDS)		COUNTY NUMBER A44280	

ST/CO*USE ONLY DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
<div>1 2 3 4 5 6 7 8 9 10 11 12 13</div>	<div>15 16 17 18 19 20 21 22 23 24 25 26</div>	<div>22 23 24 25 26</div> (TO NEAREST FOOT)	<div>28 29 30 31 32 33 34 35 36 37</div>
OWNER Bracciale Vincent		TOWN Woodsrock	
STREET OR RFD Quarterhorse Dr		LOT 6	
SUBDIVISION PARKSIDE		SECTION	

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 TO	Check if water bearing
Topsoil	0 2	
Shale	2 55	
Mika	55 70	
Sandstone	70 75	
Mika	75 200	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 14	NO. OF POUNDS 1100
GALLONS OF WATER 84	
DEPTH OF GROUT SEAL (to nearest foot)	
from 1 ft. to 510 ft.	
Casing types insert appropriate code below	
STEEL ST CONCRETE CO	
PLASTIC PL OTHER OT	
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) from to	
screen type or open hole	
insert appropriate code below	
STEEL ST BRASS BR OPEN HOLE HO	
PLASTIC PL OTHER OT	

C 3	
PUMPING TEST	
HOURS PUMPED (nearest hour)	
PUMPING RATE (gal. per min. to nearest gal.)	
METHOD USED TO MEASURE PUMPING RATE Bucket	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	
WHEN PUMPING	
TYPE OF PUMP USED (for test)	
A air P piston T turbine	
C centrifugal R rotary O other (describe below)	
J jet S submersible	

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 PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 453
DRILLERS SIGNATURE Frank D. [Signature]
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2	
DEPTH (nearest ft.)	
EACH SCREEN	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	

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	
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	

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)	
Quarterhorse Dr	
Woodsrock Rd	
44' 40"	

10/25/91

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 ☒ Replacement ☐
Receipt # 47574
Date 9/30/91
Name of Installer Charles A Klein + Sons Inc Telephone 5496960
License Number 6521
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____
Name of Property Owner Coastal Builders Telephone 465-0030
Subdivision PARKSIDE Lot # 6 Well Tag # 40-88-1483
Site Address 1811 Quarter Horse Woodstock, 21163 1463

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make HANNA
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"-48"
c. Submersible ☒ a. 110 _____
2. Make _____ b. 220 ☒
3. Model # JACUZZI
4. Capacity _____ GPM
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 Piping Well data
1. Capacity 40 GALL EQ. 1. Type 60" PLASTIC 1. Depth 203 ft.
2. Pressure relief valve? YES 2. Size 1" 2. Yield 5 GPM
3. NSF and/or BOCA Code approved YES 3. Static water level 25 ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? YES

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.

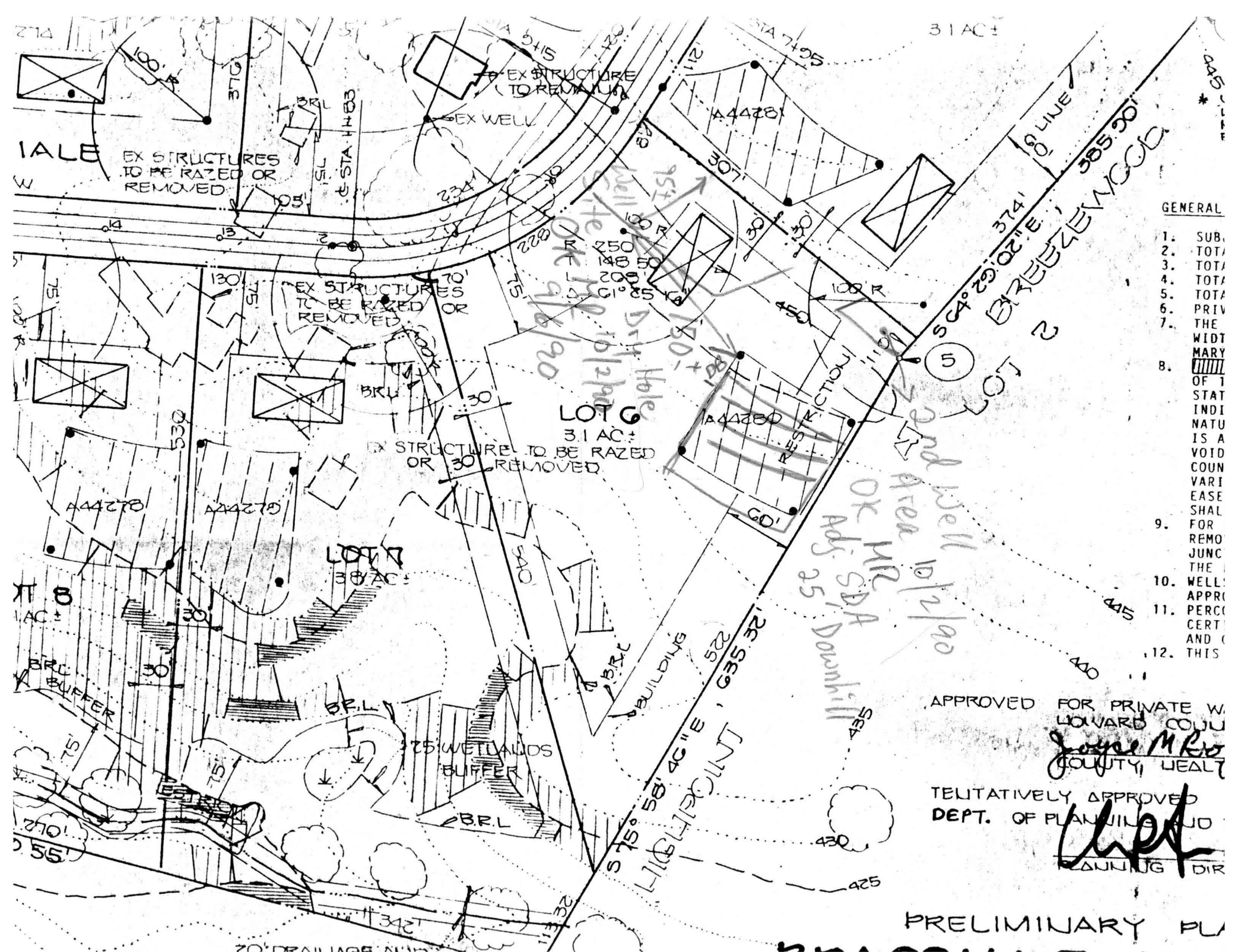
Signature of Applicant: _____

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

10/25/91 OK TO COVER MIDDLE OF WELL
LINE DITCH R/H



GENERAL

1. SUB.
2. TOT
3. TOT
4. TOT
5. TOT
6. PRIV
7. THE
8. WIDT
9. MARY
10. OF 1
11. STAT
12. IND
13. NATU
14. IS A
15. VOID
16. COUN
17. VARI
18. EASE
19. SHAL
20. FOR
21. REMO
22. JUNC
23. THE
24. WELL
25. APPRO
26. PERC
27. CERT
28. AND
29. THIS