

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 COLS. 3-6 ON ALL CARDS)

COUNTY
NUMBER

13 514944-B

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well
22 120 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-88-1023

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

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
FROM TO

Check
if water
bearing

Top Soil 0 1
B₁ Shale 1 4
B₁ Slate 4 29
B₁ Slate 29 27
B₁ Slate 27 31
B₁ Slate 31 33
B₁ Slate 33 50
B₁ Slate 50 51
B₁ Slate 51 58

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 700

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 18 ft.
(enter 0 if from surface)

casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

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

ST 6 20 70

EACH CASING

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

3 3 50

screen type or open hole
insert appropriate code below

SCREEN RECORD

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

C 2

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

See Plat

DRILLERS IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 3090 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		SEQUENCE NO. (DP USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER 40-88-1023 <small>fill in this form completely</small>	
Date Received (APA) 08/17/89 OWNER INFORMATION 8 13 SMALLWOOD IRENE 15 Last Name Owner First Name 34 4102 RUXBURY MILL RD 36 Street or RFD 55 BROOKEVILLE MD 20833 57 Town 70 State 72 Zip 76				B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 23 SUBDIVISION SECTION 44 46 LOT 48 50 GLENWOOD 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78			
DRILLER INFORMATION George F. Easterday Driller's Name 40 77 License No. 80 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature 8/15/89 Date				B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N NW 8-9 NE 8-9 W 8 E 8 TOWN SW 8-9 S 8 SE 8-9 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH W 82 E WEST SOUTH EAST 34 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39			
B 2 WELL INFORMATION 1 2 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) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) 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 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH				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			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME 13 COUNTY NO. STATE SIGNATURE DATE ISSUED 08/24/89 43 48 CO SIGNATURE 2-24-90 NORTH GRID 519000 EAST GRID 0784000 50 55 57 63			
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 780 4 N 510 9 000 000				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N Glenwood HEALTH DEPT HOMARD COUNTY RECEIVED JUL 11 4 30 PM '89			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 FORCE 11 WRITE INITIALS IN BOX 67 68 PERMIT NO. 40-88-1023 70 71 72 73 74 75 76 77 78 79				SPECIAL CONDITIONS			

9/18/89

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 # 44954
Date 9-13-89

Name of Installer Allen M. Van Sleet inc Telephone 442-2221

License Number 1862

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Irene Smallwood Telephone 489-4879

Subdivision Lot # Well Tag # MD - 88 - 1022

Site Address 4102 Roxbury Mill Rd. Glenwood

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make Grundfos
3. Model # 572805412
4. Capacity 5 GPM

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage 230
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make Hammond
2. Model # 312
3. Depth 3 ft

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 42
2. Pressure relief valve? yes

Piping

1. Type 160 LB.
2. Size 1 1/2"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 3 ft

Well data

1. Depth 120 ft.
2. Yield 15 GPM
3. Static water level 10 ft.
4. Will water supply be disinfected by installer? ☒

OK 566 MET SHEET
or 442 3106

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).

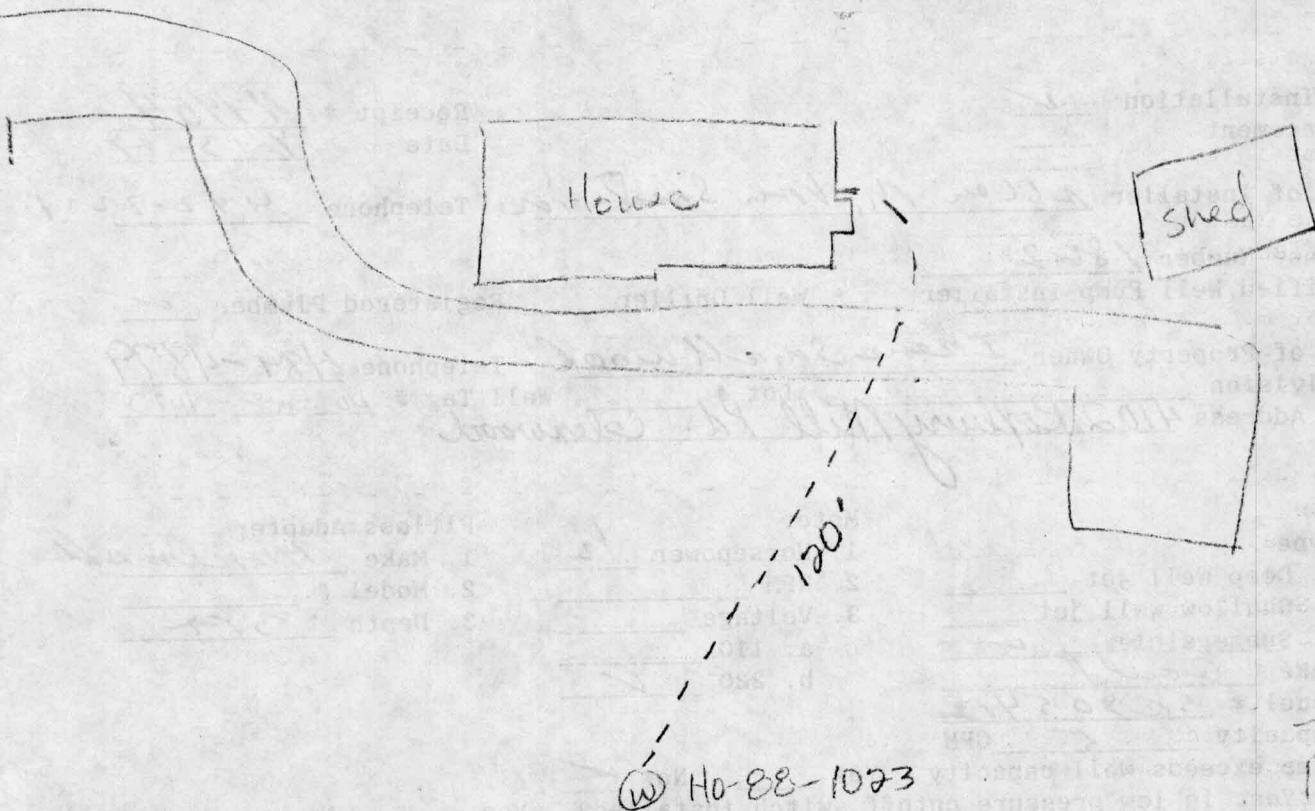
All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: 9-13-89

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Drainage



F-28-89

Pitless adaptor covered. Ground wire not attached yet.
Trench covered. Pitless adaptor at 42 inches as
stated by plumber. Pump tank not installed yet.
de Nadeau

RECEIVED
HOWARD COUNTY
HEALTH DEPARTMENT
SEP 15 10 34 AM '89

Division of Environmental Health
Department when the installation is ready (otherwise this is not a rule and order)

Installation above is true to SP 15 10 34 AM '89

Sticker indicating approval status of the installation will be placed on the well casing at the time of the inspection

(H-510)