

A 10243

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELICOTT CITY, MARYLAND

WELL COMPLETION REPORT

0715 HO-66-W-89

Kings Manor

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing Black Steel 5 7/8 86 ft
2. Total depth of well 122
3. Type, diameter and length of strainer _____ Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 360 lbs.
Gals. water 24
6. Standing water level (depth below ground surface when not pumping) _____
7. Yield of well in gallons per minute 15; elevation of water surface when pumped at the designated rate 50.
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance _____
10. Log of materials encountered during drilling Top soil 2 ft Clay 2-15
Miller sand 15-86 Miller Rock 86-122
11. Physical appearance of water at end of final pumping test Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth Straight
13. Disinfected by _____ ounces of _____ % Chlorine (Brand name _____)

Property Owner Phillip Brown Address 1020 new 29

Location of property Kings Manor Pendell School Rd Guilford

Health Department Number _____ Dept. of Water Resources Permit No. 0715

Date: Sept 27, 1965 John L. Munn

Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.