

1534

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.

COUNTY
NUMBER

44700

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26

28 29 30 31 32 33 34 35 36 37

OWNER last name first name TOWN
STREET OR RFD
SUBDIVISION 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	
Red clay	1	3	
Br. mica	3	10	
Gray mica	10	40	
Br. mica	40	41	
Gray mica	41	160	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.

casing types insert appropriate code below

CASING RECORD

ST CO PL OT
STEEL CONCRETE PLASTIC OTHER

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

60 61 63 64 66 70

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

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN HOLE
PL PLASTIC OTHER

DEPTH (nearest ft.)

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

TELESCOPE CASING LOG INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO MEASURE PUMPING RATE

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

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)

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)

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

COUNTY

B 1	3622	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-88-1286</u> <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <u>032390</u>		OWNER INFORMATION		
15 Last Name <u>SHAW</u> Owner <u>TOM</u> First Name <u>PHIL</u> 36 Street or RFD <u>5804 RICHARDSON AVE</u> 57 Town <u>BALTIMORE</u> 70 State <u>MD</u> Zip <u>21227</u>		LOCATION OF WELL		
		1 COUNTY <u>HOWARD</u> 23 SUBDIVISION _____ SECTION <u>44</u> LOT <u>8</u> 52 NEAREST TOWN <u>SYKESTOWN</u> MILES FROM TOWN (enter 0 if in town) <u>1</u> M I		
DRILLER INFORMATION				
Driller's Name <u>George F. Easterday</u> L. Franklin Easterday, Inc. Firm Name <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u> Address <u>George F. Easterday</u> Date <u>3/21/90</u> Signature _____		77 License No. <u>40</u> 73 76 77 78		
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
		11 NEAR WHAT ROAD <u>RIVER RD</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <u>32</u> EAST <u>37</u> DISTANCE FROM ROAD <u>17</u> ENTER FT or MI		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		COUNTY NAME <u>Howard</u> COUNTY NO. <u>444700</u> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>09/09/90</u> Mark E. Lefler 10/10/90 NORTH GRID <u>553000</u> EAST GRID <u>000000</u> EXP. DATE _____		
APPROXIMATE DEPTH OF WELL <u>200</u> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE 		
APPROXIMATE DIAMETER OF WELL <u>6</u> 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 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____				
Not to be filled in by driller (OEP USE ONLY)				
APPROP. PERMIT NUMBER _____ GAP _____ ORCE <u>MR</u> WRITE INITIALS IN BOX PERMIT No. <u>HO-88-1286</u> 67 68 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS <u>247-3551</u>				

50759 F

6/30/95-

Receipt # 10
Date _____

Telephone _____

Certified Well Pump Installer Well Driller Registered Plumber

Subdivision Shaw Property Lot # 8 Well Tag # - -

Pump

1. Type

a. Deep well jet _____

b. Shallow well jet

c. Submersible

2. Make

3. Model #

4. Capacity

5. Pump exceeds well capacity

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

2. Pressure relief

^ valve?

Piping

1. Type

2. Size

3. NSF and/or BOCA

Code approved

4. Depth of supply

line

7

Well data

1. Depth ft.

2. Yield GPM

3. Static water

level ft.

4. Will water supply

be disinfected by

installer?

valve? _____ 3
10/3/94 OK TO COVER 4
WELL LINE & P.A. $2\frac{1}{2}-6'$ +
B-G

Signature of Applicant: _____

Date: _____

HD-215

4/26/90 1143

- ① Arrived Well Bore in Progress
- ② 18 FT open hole
- ③ 21 FT casing

④ 6 Bags

⑤ well OK

B. Dodge

No pump test yet

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAR 23 1 15 PM '90
DIVISION OF
ENVIRONMENTAL
HEALTH