

C1 1689 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-5 ON ALL CARDS)

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 A38862

ST/CO USE ONLY
DATE Received [] [] [] [] [] [] [] []
DATE WELL COMPLETED 07/26/90
Depth of Well 300 (TO NEAREST FOOT)
PERMIT NO. 40-88-1431

OWNER Shahi last name Royden first name
STREET OR RFD Ridge wood TOWN Gbney
SUBDIVISION SECTION LOT 28

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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	15	
Brown Mica	15	75	✓
Gray Mica	75	86	
Brown Mica	86	87	
Gray Mica	87	95	
Brown Mica	95	97	
Gray Mica	97	110	
Brown Mica	110	111	✓
Gray Mica	111	210	
Open 199	210	211	✓
Gray Mica	211	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES ☒ NO ☐
TYPE OF GROUTING MATERIAL
CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 26 NO. OF POUNDS 120
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 74 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
MAIN CASING TYPE 57
Nominal diameter: top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 85
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.)
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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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. 40
DRILLERS SIGNATURE [Signature]
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) [Signature]

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

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 9
METHOD USED TO MEASURE PUMPING RATE [Signature]
WATER LEVEL (distance from land surface) 42
BEFORE PUMPING 42
WHEN PUMPING 20
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) 31
PUMP HORSE POWER 37
PUMP COLUMN LENGTH (nearest ft.) 43
CASING HEIGHT (circle appropriate box and enter casing height)
above below
LAND SURFACE (nearest foot) 1

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)
30' to well
Front Lot Line

5-8-95
Amy G

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

5/8/95
C. G. S.
Final

APPLICATION FOR PITLESS ADAPTER WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Dr. Fakunde Abayoon Telephone _____
Subdivision Ridgewood Lot # 28 Well Tag # 110-88-1431
Site Address 13318 Roydon Circle

on well 5/8/95

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
3. Model # _____
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 _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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