

1 2 3 4 5 6  
**1113**  
 SEQUENCE NO. (DENV USE ONLY)  
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED

**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 **A-35016**

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**40-88-0986**

OWNER **Land Design And Development**  
 STREET OR RFD **Sherwin Farms Court** TOWN **WOODBINE**  
 SUBDIVISION **Sherwin Farms** SECTION \_\_\_\_\_ LOT **2**

**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	
Topsoil	2		
Brown Slte	2	10	
Blue Slte	10	15	
Brown Slte	15	51	L
Blue Slte	50	40	
Brown Slte	60	65	L
Blue Slte	70	75	

**GROUTING RECORD** yes no  
 Y  N

WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **6** NO. OF POUNDS **110**  
 GALLONS OF WATER **36**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **2** ft. to **14** ft.

**CASING RECORD**

casing types insert appropriate code below

**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER

MAIN CASING TYPE **PI** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **71**

**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

**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

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

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min. to nearest gal.) **1**

METHOD USED TO MEASURE PUMPING RATE **Flow**

WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **27**  
 WHEN PUMPING **53**

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)  
 + above } LAND SURFACE -  (nearest foot)  
 - below }

**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)

*Woodbine*  
*old Foodmart*

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**  
**Frank D... 2**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Frank D... 2**

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

Page \_\_\_\_\_ of \_\_\_\_\_  
 Date 8/14/89

Review OK 9/3/89 CW

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 88-0986  
 Location of property (road) SOBRINA Farms Ct.  
 Subdivision Sobriana Fms. Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller F. Delph Owner LAND DESIGN & DEVELOPMENT

Depth of well 205 ft  
 Distance of measuring point (M.P.) above ground 1 ft  
 Static water level (S.W.L.) below M.P. 37 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 G.P.M.  
 Total time 15 MIN to reach pumping water level \_\_\_\_\_ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	53 ft	7 sec	N/A	9 G.P.M.
7:30	53 ft	7 sec		9 G.P.M.
7:45	53 ft	7 sec		9 G.P.M.
8:00	53 ft	7 sec		9 G.P.M.
8:15	53 ft	7 sec		9 G.P.M.
8:30	53 ft	7 sec		9 G.P.M.
8:45	53 ft	7 sec		9 G.P.M.
9:00	53 ft	7 sec		9 G.P.M.
9:15	53 ft	7 sec		9 G.P.M.
9:30	53 ft	7 sec		9 G.P.M.
9:45	53 ft	7 sec		9 G.P.M.
10:00	53 ft	7 sec		9 G.P.M.
10:15	53 ft	7 sec		9 G.P.M.
<del>10:30</del>				

21 ft PL 19 oz 6 Bags

8-16-89  
3h PT  
7:00AM

Page \_\_\_\_\_ of \_\_\_\_\_  
Date \_\_\_\_\_

Review \_\_\_\_\_

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0986  
Location of property (road) SOBING FRANKS CT.  
Subdivision SOBING FMS. Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller F. DELPH Owner Land Design & Development

Depth of well 205'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 106 GPM  
Total time 15 min to reach pumping water level 53' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>10:15</u>	<u>53</u>	<u>7</u>		<u>96 GPM</u>
			<u>arrived after completion</u>	
			<u>SA</u>	
			<u>SAMPLE TAKEN SA</u>	
			<u>H-1993</u>	

8/27  
MTR  
NEW

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 \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer GANTLAND Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision SOBANA Lot # 2 Well Tag # HO-88-0986  
Site Address \_\_\_\_\_

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

PITLESS ADAPTOR OK  
3 1/2" B.G. MR 8/28/90

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.