

C1 7651

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE Received

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

15						20
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Depth of Well
22 23 24 25 26
(TO NEAREST FOOT)OK 4/16
2/9/93PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-92-0290OWNER Brown last name 12059 Scappsville Rd first name Vernon TOWN Fulton
SUBDIVISION 199 SECTION 1 LOT Mod 41, Par. 70

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

Topsoil	0	1	
Brown micaceous clay	1	6	
Br. micaceous sandstone	6	85	
Tan micaceous sandstone	85	88	
Br. micaceous sandstone	88	90	✓
Tan micaceous sandstone	90	95	
Gray mica	95	102	
Tan micaceous sandstone	102	104	✓
Gray mica	104	135	
Flint	135	137	✓
Gray mica	137	300	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ no ☐
44 44

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☒
45 46 45 46

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)
from 48 ft. to 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

51	60	61	63	64	66	67	68	69	70
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EACH
CASING

OTHER CASING (if used)

diameter depth (feet)
inch from to

--	--	--	--	--	--	--	--	--	--

screen type
or open hole

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

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

SCREEN

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60

from to

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)T (E.R.O.S.) W Q
70 72 74 75 76TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

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

(CIRCLE) (YES or 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

- below

(nearest foot)

LOCATION OF WELL ON LOT

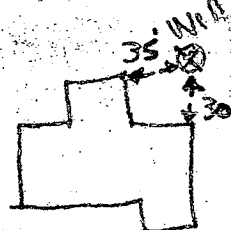
SHOW PERMANENT STRUCTURE SUCH AS

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

A WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

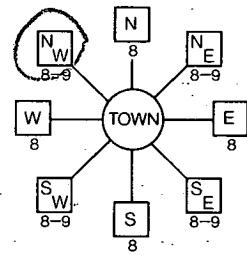
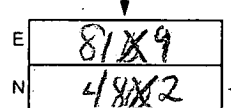
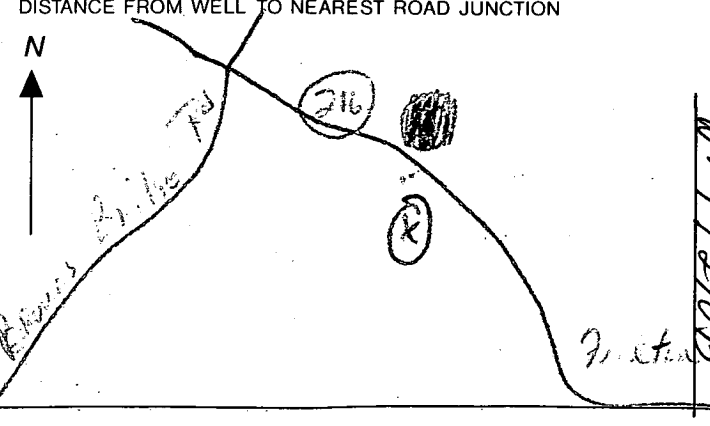
P TEST WELL CONVERTED TO PRODUCTION

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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.DRILLERS IDENT. NO. 40DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITING SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

COUNTY

Scappsville Rd

B 1 8013	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-92-0290 <small>70 fill in this form completely 79</small>
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 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)		LOCATION OF WELL 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 HOWARD 8 COUNTY 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78	
Date Received (APA) 01/13/93 OWNER INFORMATION 15 Last Name 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 LYONS SAM Owner First Name 12059 SCAGGSVILLE RD Street or RFD 9 FULTON Town 70 State 72 Zip 76		DRILLER INFORMATION Driller's Name George F. Easterday 40 77 License No. 80 Firm Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 1-13-93 Signature Date	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 150 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. STATE SIGNATURE Mark E. Ralpin INSERT S DATE ISSUED 7/14/93 43 48 CO SIGNATURE EXP. DATE NORTH GRID 482000 EAST GRID 0819000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28		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  000 000	
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  44-472708	
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) <input 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 checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER HD-92-0290 54 63 FORCE MR WRITE INITIALS IN BOX PERMIT No. HD-92-0290 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS	

2/19/93 NOON or LATER

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 # -0-
Date 1-22-93

Name of Installer L & F. Company

Telephone 301-725-3392

License Number U-5004

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber Samuel Lyons

Name of Property Owner Vernon Brown

Telephone 301-725-7470

Subdivision _____ Lot # _____

Well Tag # HO-92-0290

Site Address 12059 S. Coggesville Road
80 Fulton, Md. 20759

EASTON DA 4

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make Meyers
3. Model # _____
4. Capacity 3 GPM

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make Buhler
2. Model # _____
3. Depth 300 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 Nylon rope

Tank

1. Capacity _____
2. Pressure relief valve? ☒

Piping

1. Type Plastic
2. Size 1 inch
3. NSF and/or BOCA Code approved UL
4. Depth of supply line 4 ft.

Well data

1. Depth 275 ft.
2. Yield 3 GPM
3. Static water level 21 ft.
4. Will water supply be disinfected by installer? yes

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: Samuel Lyons

Date: 1/22/93

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

2/19/93 OK TO COVER OUTSIDE WORK RA

1/13/93
10:00

SITE INSPECTION SHEET

Agent: Sam Lyons - 725-3392

OWNER: Vernon Brown

ADDRESS: 12059 Scaggsville Rd

DATE REQUESTED: 1/12/93

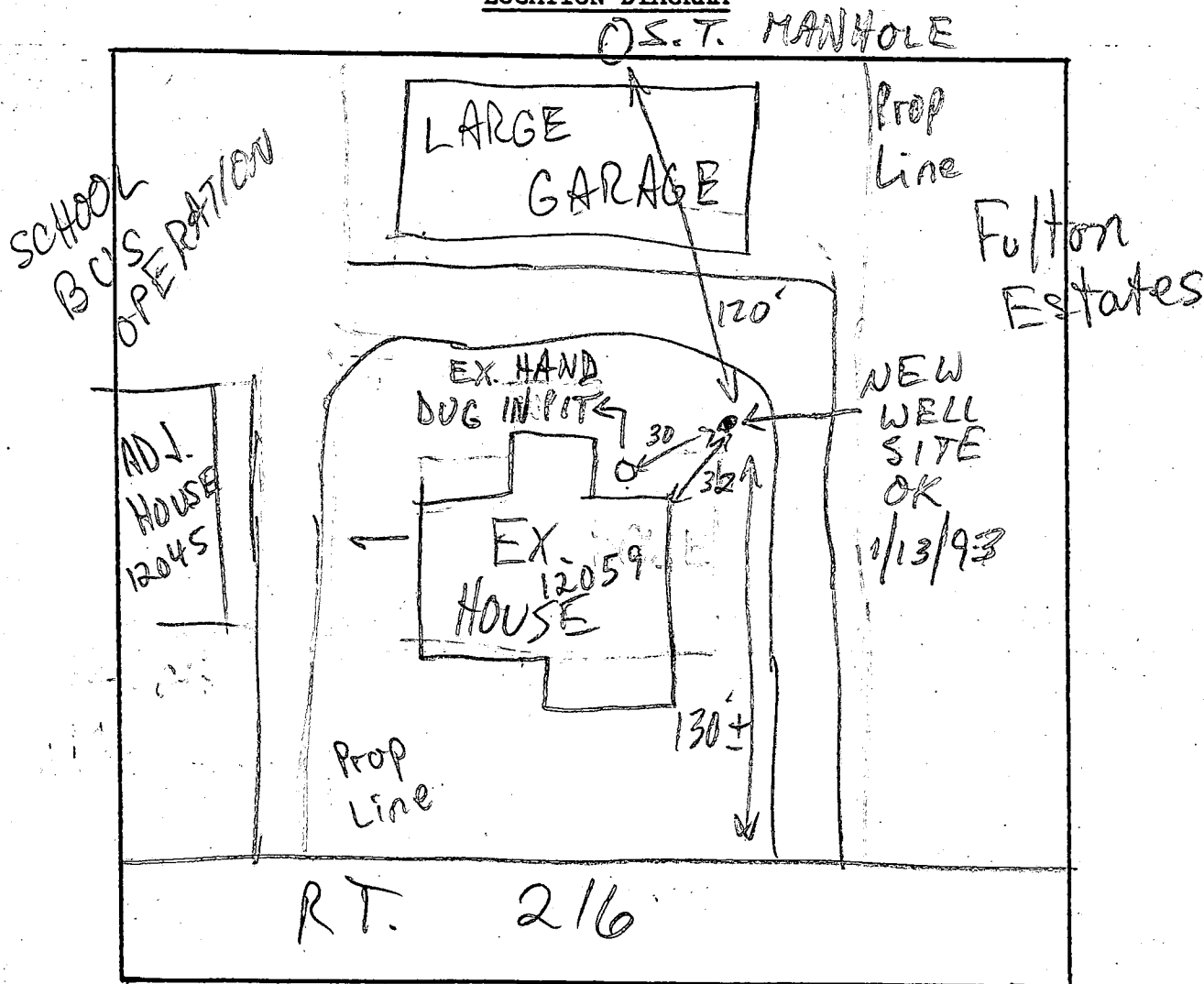
DRILLER: Easterday

WELL TAG #

COUNTY #

PROPOSAL: Hand-dug well going dry, replacement requested

LOCATION DIAGRAM



COMMENTS: 1/13/93 OK TO DRILL AT NEW WELL SITE OR
EX. HAND-DUG MAY BE USED FOR OUTDOOR USE

DATE:

INSPECTOR: