

C1 5152 SEQUENCE NO. (DENY USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER A45730

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

8 13

15 20

Depth of Well  
22 100 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-92-0017  
28 29 30 31 32 33 34 35 36 37OWNER Steves Robert  
last name first name  
STREET OR RFD MD Rt. 144 TOWN West Friendship  
SUBDIVISION MURLE THOMPSON PROP 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	2	
Clay	2	5	
Shale	5	12	
Sandstone	12	24	
Mica	24	52	
Sandstone	52	54	✓
Mica	54	70	
Sandstone	70	72	
Mica	72	100	
Sandstone	100	105	
Mica	105	222	
Flint	222	222	✓
Mica	222	400	

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 15

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 25 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

S T 6 30 70  
60 61 63 64 66 70

## OTHER CASING (if used)

diameter depth (feet)  
inch from to

EACH CASING

screen type or open hole insert appropriate code below

ST BR HO  
STEEL BRASS OPEN HOLE  
PL OT  
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
H	O	2	8																	
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

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 76TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C3

## PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 33

WHEN PUMPING 17.5

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, 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

- below

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. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

1/10/95  
(Not ready)

For 2/11/95  
A.S.A.Y.

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  
LINE

New Installation ☒  
Replacement ☐

Receipt # 0  
Date 1/11/95

Name of Installer G. DONALD DEMENT

Telephone 384-6493

License Number #276

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner ROBERT STEVES Telephone 410-529-0070

Subdivision 118 1/2 THOMPSON DR Lot # 10-92-0017 Well Tag # 10-92-0017

Site Address ELLCOTT CITY 21042

Pump

- Type
  - Deep well jet ☐
  - Shallow well jet ☐
  - Submersible ☒
- Make JACUZZI
- Model # 5
- Capacity 5 GPM
- Pump exceeds well capacity Yes ☐ No ☒
- If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other ☐

Motor

- Horsepower 3/4
- RPM 2
- Voltage 2
  - 110 ☐
  - 220 ☒

Pitless Adapter

- Make MART
- Model # 48
- Depth 48

Tank

- Capacity 60
- Pressure relief valve? YES  
2/1/95  
44" below grade  
1' above grade

Piping

- Type Poly
- Size 1"
- NSF and/or BOCA Code approved ☐
- Depth of supply line 48"

Well data

- Depth 36 ft.
- Yield 30 GPM
- Static water level 30 ft.
- 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: G. Donald Dement

Date: 1-11-95

Note: An <sup>(ORANGE)</sup> sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

{ 1/10/95 No inspection }  
{ Not ready }  
CBE

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4-20-95 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Mr. Thompson

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_

\* OWNER'S NAME: Mr. Thompson

\* WELL LOCATION:

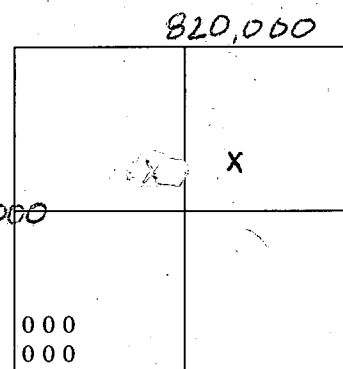
COUNTY: Howard  
NEAREST TOWN: Ellicott City  
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
SUBDIVISION: 11858 Rt. 144  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

MARYLAND GRID COORDINATES

BOX NUMBER E 820,000  
N 531,000

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H	0		9	2		0	0	1	7
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SHOW WELL LOCATION  
BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGURED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION

\* TYPE OF CASING:

☒ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 40 FEET DEEP

\* WAS ANY CASING REMOVED? ☒ YES ☐ NO  
if yes, length removed, in feet: 1

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
marble aggregate cement mix	40	11
capitol Portland cement	11	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

DATE

DENV 828

JULY 1993