

<b>5938</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		<small>SEQUENCE NO. (OEP USE ONLY)</small>		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> <small>FILL IN THIS FORM COMPLETELY PLEASE PRINT OF TYPE</small>		<small>THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.</small> <b>COUNTY NUMBER</b> <b>A-09342</b>	
<small>DATE RECEIVED</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		<small>DATE WELL COMPLETED</small> <b>042487</b>		<small>Depth of Well (TO NEAREST FOOT)</small> <b>165</b>		<small>PERMIT NO. FROM "PERMIT TO DRILL WELL"</small> <b>MD-81-2148</b>	
<small>OWNER</small> <b>BUSSLER</b>		<small>STREET OR RFD</small> <b>DRIVE</b>		<small>TOWN</small> <b>WEST FRIENDSHIP</b>			
<small>SUBDIVISION</small> <b>MAPLE 614 2179</b>		<small>SECTION</small>		<small>LOT</small>			

  

<b>WELL LOG</b> <small>Not required for driven wells</small> STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <b>5</b> NO. OF POUNDS <b>30</b> GALLONS OF WATER <b>30</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>4</b> to <b>19</b> ft. (enter 0 if from surface)			<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>3</b> PUMPING RATE (gal. per min. to nearest gal.) <b>12</b> METHOD USED TO MEASURE PUMPING RATE <b>field</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>20</b> WHEN PUMPING <b>20</b> TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible																																																				
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<b>H</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>35</b>	<b>36</b>	<b>37</b>	<b>38</b>	<b>39</b>	<b>40</b>	<b>41</b>	<b>42</b>	<b>43</b>	<b>44</b>	<b>45</b>	<b>46</b>	<b>47</b>	<b>48</b>	<b>49</b>	<b>50</b>	<b>51</b>						
GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT IN BOX 68			OEP USE ONLY NOT TO BE FILLED IN BY DRILLER																																																							
DRILLERS IDENT. NO. <b>273</b> DRILLERS SIGNATURE <i>Ralph Mayne</i> (MUST MATCH SIGNATURE ON APPLICATION)			SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)																																																							

  

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.

  

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

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)

6-27-88

Nothing open for inspection.  
Contact plumber to confirm  
pitless adaptor depth. JEN

6/24/88

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 # 41837  
Date 5/24/88

Name of Installer Tim Barnard Blunting a Hart Telephone                     

License Number                       
Certified Well Pump Installer                      Well Driller WEICKGENANN Registered Plumber ☒

Name of Property Owner Robert Weickgenannt Telephone                       
Subdivision                      Lot #                      Well Tag # HO-81-2138  
Site Address 2625 Thompson Dr.

Marriottville Md 21047

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 3/4  
2. RPM                       
3. Voltage                       
a. 110                       
b. 220 ☒

Pitless Adapter  
1. Make Hanover  
2. Model # DT 800  
3. Depth 167

Tank  
1. Capacity 40  
2. Pressure relief valve? ☒  
Piping  
1. Type 120 lb  
2. Size 1"  
3. NSF and/or BOCA Code approved ☒  
4. Depth of supply line 42"  
Well data  
1. Depth 167 ft.  
2. Yield 10 GPM  
3. Static water level 100 ft.  
4. Will water supply be disinfected by installer? Plumber

6-27-88 No trench open. Well line covered. Electric line not connected, JENadeau

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: Walter Dyer

Date: 5/24/88

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