C 1 8546 SEQUENCE NO. (OEP USE ONLY)

1 2 3 6

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-3 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: A 34972

DATE Received (8–13)	DATE WELL COMPLETED (15–20)	Depth of Well (22–26) (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" (28–37)
	04 18 88	400	HO-81-2646

OWNER: HENRICH (last name) WERNER (first name)

STREET OR RFD: WEXFORD PARK (OFF BRIGHTON Dam) TOWN: CLARKSVILLE

SUBDIVISION: WATERFORD SECTION: 2 LOT: 15

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	FEET TO	Check if water bearing
Top Soil	0	1	
Tan mica	1	40	
Gray mica	40	60	
Tan mica	60	63	✓
Blue mica	63	360	
white mica	360	365	✓
Blue mica	365	370	
white mica	370	373	✓
Blue mica	373	400	

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 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.

DRILLERS IDENT. NO. 40

Geo. T. Easterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Blaine Lee Shane

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

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL: CEMENT **(CM)** (45 46) BENTONITE CLAY BC (45 46)

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (48 TOP 52) to 27 ft. (54 BOTTOM 58) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL; CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE (60–61)	Nominal diameter top (main) casing (nearest inch) (63–64)	Total depth of main casing (nearest foot) (66–70)
ST	6	43

OTHER CASING (if used): EACH CASING — diameter inch; depth (feet) from / to

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL; BR BRASS BRONZE; HO OPEN HOLE; PL PLASTIC; OT OTHER

C 2 (1 2)

EACH SCREEN	type	DEPTH (nearest ft.) from	to
1 (8–9, 11–15, 17–21)	HO	43	400
2 (23–24, 26–30, 32–36)			
3 (38–39, 41–45, 47–51)			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK from ___ to ___

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T 70 TELESCOPE CASING; (E.R.O.S.) 72 LOG INDICATOR; WQ 74 75 76 OTHER DATA

C 3 (1 2)

PUMPING TEST

HOURS PUMPED (nearest hour) (8–9): 3

PUMPING RATE (gal. per min. to nearest gal.) (11–15): 4

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING (17–20): 24

WHEN PUMPING (22–25): 163

TYPE OF PUMP USED (for test) (27): A air; P piston; T turbine; C centrifugal; R rotary; O other (describe below); J jet; **(S)** submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): 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: (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)

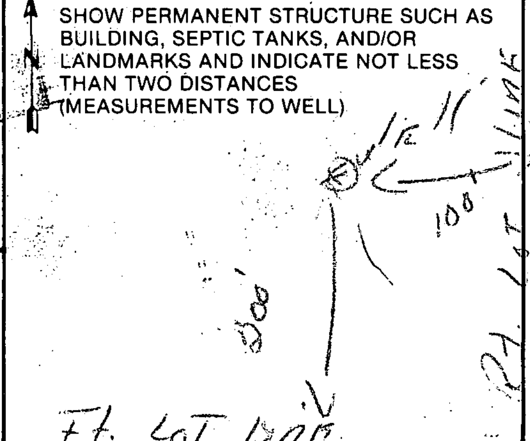
PUMP HORSE POWER (37–41)

PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height) **(+)** above / − below (49) LAND SURFACE (nearest foot) (50–51): 2

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)



HEALTH

EMERGENCY/TEMP NO. IF ANY

B 1 6968 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	**STATE OF MARYLAND PERMIT TO DRILL WELL** please print or type	STATE PERMIT NUMBER HO-81-2646 *fill in this form completely*

Date Received (APA) 4/18/88, 12:30
032388

OWNER INFORMATION

Hendrick Werner
Last Name Owner First Name

5083 Whetstone Rd
Street or RFD

Columbia MD 21044
Town State Zip

DRILLER INFORMATION

George F. Easterday — License No. 40
Driller's Name

L. Franklin Easterday, Inc.
~~9265 Brown Church Rd., Mt.Airy, Md. 21771~~
Firm Name
Address

George F. Easterday 3-9-88
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 600 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER G A P

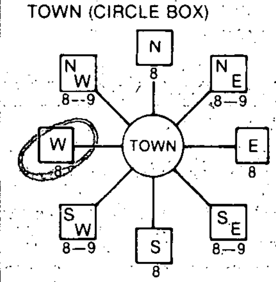
FORCE Bn WRITE INITIALS IN BOX PERMIT No. HO-81-2646

B 3 LOCATION OF WELL

COUNTY: Howard
SUBDIVISION: Wakefield
SECTION 2 LOT 15
NEAREST TOWN: CLARKSVILLE
MILES FROM TOWN (enter 0 if in town) 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WEXFORD PARK (OFF BRIGHTON DAM RD)
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N, W 32 E, WEST EAST, S SOUTH

DISTANCE FROM ROAD 2007
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — A 34772
COUNTY NAME COUNTY NO.

STATE SIGNATURE ____ INSERT S

DATE ISSUED 033188 B Nixon 10/01/88
CO SIGNATURE EXP. DATE

NORTH GRID 497000 EAST GRID 0810000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

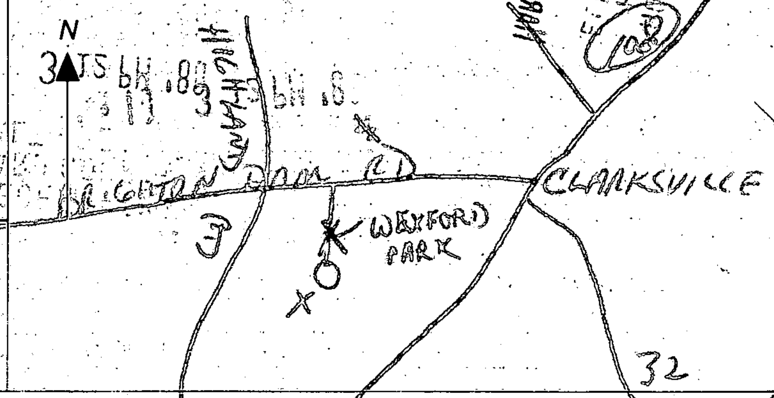
4-18-88
Grouted 1:30 pm
Missed grout.
43 ft casing
27 ft open hole
10 bags cement
2 ft above ground
JENadeau

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8410 0
N 496 7

000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

COUNTY

Date ____ of ____ Thur. 8:00 4-21-88 Review 9-22-88

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2646
Location of property (road) WEXFORD PARK (OFF BRIGHTON DAM)
Subdivision WATERFORD Lot 15 Block ____ Plat ____ Sec. 2
Well Driller GEORGE EASTERDAY Owner WENRICH, WERNER

Depth of well 400 4GPM
Distance of measuring point (M.P.) above ground 1½'
Static water level (S.W.L.) below M.P. 24'

I. High rate pumping -- reservoir drawdown

Time pump started 4:15 Pumping rate 10 gpm
Total time 30 min to reach pumping water level 164 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 ~~X~~ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
4:45	164'	15 Sec	N/A	4 gpm
5:00	164'	15	Pump at 350'	4
5:15	164'	15	R. Hansen	4
5:30	164'	15		4
5:45	164'	15		4
6:00	164'	15		4
6:15	163'	15		4
6:30	164'	15		4
6:45	164'	15		4
7:00	163'	15		4
7:15	163'	15		4
7:30	163'	15		4

HD-224

5/19/89

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 # 44243
Date 5/11/89

Name of Installer MARINO P+H INC Telephone 747-5615

License Number M-3095
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner MRS. HEENRICH, OWNER Jim Brumstead Bldr Telephone ____
Subdivision Waterford Lot # 15 Well Tag # HO -81 -2646
Site Address 12926 WEXFORD PARK

Pump
1. Type
   a. Deep well jet —
   b. Shallow well jet —
   c. Submersible YES
2. Make Goulds
3. Model # 5EOS07412
4. Capacity 5 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 1/2
2. RPM ____
3. Voltage 220
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make BRASS 1"
2. Model # 1"
3. Depth 42"

Tank
1. Capacity WK 250
2. Pressure relief valve? YES

Piping
1. Type 1" 160lb
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data
1. Depth 400' ft.
2. Yield 4 GPM
3. Static water level 50 ft.
4. Will water supply be disinfected by installer? By Bldr

18" OF COVER TO BE ADDED PER BUILDER/PLUMBER. WELL LINE & 2 4" BELOW GRADE IN SOME BEDS 5/19/89 CW CNO STICKER

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: Joseph O Marino

Date: 5/5/89

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

HD-215