

2395

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

A-35302

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26

28 29 30 31 32 33 34 35 36 37

OWNER: CONWELL DOUGLAS; STREET OR RFD: HOBBS ROAD; TOWN: GLENWOOD; SUBDIVISION: WINDSOR FARM ESTATES SECTION; LOT: 3

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

Table with 3 columns: Description, Feet From, Feet To. Rows include Topsoil, Shale, Br. Slate, Tan. Slate, Granite, Tan. Slate, Granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL: CEMENT, BENTONITE CLAY; NO. OF BAGS: 7; NO. OF POUNDS: 700; GALLONS OF WATER: 35; DEPTH OF GROUT SEAL: from 0 to 18 ft.

CASING RECORD

MAIN CASING TYPE: ST; Nominal diameter top (main) casing: 1; Total depth of main casing: 23; OTHER CASING: none.

SCREEN RECORD

screen type or open hole: HO; DEPTH (nearest ft.): 160; SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN: (nearest inch).

C 2

Table for screen depth with columns for depth (nearest ft.) and rows for each screen section.

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour): 3; PUMPING RATE (gal. per min. to nearest gal.): 10; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING: 30; WHEN PUMPING: 35; TYPE OF PUMP USED (for test): 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: S; 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: 5 (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)

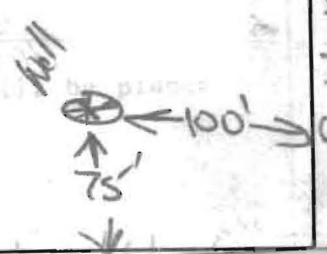
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; E ELECTRIC LOG OBTAINED; P TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



10/22/87

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 # 40816  
Date 10/21/87

Name of Installer JOSEPH HEIL

Telephone 799-7727

License Number 2476  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Douglas Connell Telephone \_\_\_\_\_  
Subdivision WINDSOR FARM ESTATE Lot # 3 Well Tag # HO-81-2043  
Site Address 3075 HOIBBS RD.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Morrison</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>BP 10</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Gould</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>SES</u>		
4. Capacity <u>6</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type <u>160 lb poly.</u>	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size <u>1" black</u>	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? _____

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.

10/24/87 Pressure Tank not installed However Outset work may  
Signature of Applicant: Joseph Heil  
Date: Oct 21, 1987

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

be covered & sticker applied BJJ