

C 1	1194	SEQUENCE NO. (DENV USE ONLY)	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		
ST/GO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		22 [ ] [ ] [ ] [ ] [ ] [ ] 26		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
8 13		15 20		(TO NEAREST FOOT)		28 29 30 31 32 33 34 35 36 37	

OWNER	last name	first name	TOWN
STREET OR RFD			
SUBDIVISION		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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
B <sub>1</sub> Shale	2	30	
Tan Shale	30	65	
Bl Shale	65	70	
B <sub>1</sub> Shale	70	72	
Bl Shale	72	76	
B <sub>1</sub> Shale	76	77	
Bl Shale	77	81	
B <sub>1</sub> Shale	81	82	
Bl Shale	82	95	
B <sub>1</sub> Shale	95	96	
Bl Shale	96	200	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
yes ☒ Y no ☐ N  
TYPE OF GROUTING MATERIAL  
CEMENT ☒ CM BENTONITE CLAY ☐ BC  
NO. OF BAGS 15 NO. OF POUNDS 1500  
GALLONS OF WATER 75  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 42 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
STEEL ☒ ST CONCRETE ☐ CO  
PLASTIC ☐ PL OTHER ☐ OT  
MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch) 5  
Total depth of main casing (nearest foot) 76  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING diameter depth (feet) from to  
[ ] [ ] [ ] [ ] [ ] [ ]  
[ ] [ ] [ ] [ ] [ ] [ ]

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
STEEL ☒ ST BRASS ☐ BR OPEN HOLE ☐ HO  
BRONZE ☐ PL PLASTIC ☐ OT OTHER ☐ OT

**C 2**  
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  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
from to  
56 60 68

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 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 6  
METHOD USED TO MEASURE PUMPING RATE  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 61  
WHEN PUMPING 104  
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 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)

B 1	2162	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">           40-88-1006         </div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">           072989         </div>		LOCATION OF WELL <b>R 47749-WB</b> <div style="text-align: right;">1/24/92</div>		
OWNER INFORMATION		8 COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOMER RD</div> 21 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MIDGE</div>		
15 Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">MARTIN</div> 34 <div style="border: 1px solid black; padding: 2px; display: inline-block;">WILLIAM B</div>		23 SUBDIVISION <div style="border: 1px solid black; padding: 2px; display: inline-block;">TIMPERLEIGH VILLAGE</div> 42		
36 <div style="border: 1px solid black; padding: 2px; display: inline-block;">2218 RT 94</div> 55 <div style="border: 1px solid black; padding: 2px; display: inline-block;">STREET OR RFD</div>		SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">44</div> 46 <div style="border: 1px solid black; padding: 2px; display: inline-block;">LOT 8</div> 50		
57 <div style="border: 1px solid black; padding: 2px; display: inline-block;">WORTHLINE</div> 70 <div style="border: 1px solid black; padding: 2px; display: inline-block;">TOWN</div> 72 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MD 21797</div> 76 <div style="border: 1px solid black; padding: 2px; display: inline-block;">ZIP</div>		52 NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block;">MT AIRY</div> 71		
DRILLER INFORMATION		MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> 73 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MI</div> 76 77 78		
Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">George F. Easterday</div> 77 License No. 80 <div style="border: 1px solid black; padding: 2px; display: inline-block;">40</div>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">L. Franklin Easterday, Inc.</div>		11 <div style="border: 1px solid black; padding: 2px; display: inline-block;">TIMPERLEIGH LANE</div> 30 NEAR WHAT ROAD		
Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">9265 Brown church Rd., Mt. Airy, Md. 21771</div>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">George F. Easterday</div> 9/23/89 Date		NORTH <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> WEST <div style="border: 1px solid black; padding: 2px; display: inline-block;">W</div> EAST <div style="border: 1px solid black; padding: 2px; display: inline-block;">E</div> SOUTH <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>		
WELL INFORMATION		34 <div style="border: 1px solid black; padding: 2px; display: inline-block;">400</div> 37 DISTANCE FROM ROAD ENTER FT OR MI <div style="border: 1px solid black; padding: 2px; display: inline-block;">FT</div> 38 39		
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> 8 12		TOWN 		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		COUNTY NAME <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div> COUNTY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">A 33826</div>		
<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)		STATE SIGNATURE _____ INSERT S <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div> DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block;">10/27/89</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">June 2, 1990</div> 4-27-90 43 NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">534000</div> 55 EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">0764000</div> 63		
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">300</div> 24 28 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3.		
APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH NEAREST		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; display: inline-block;">           E 760 4            N 530 4         </div>		
METHOD OF DRILLING (circle one)		10/31/89 2 pm 42 ft open hole 46 ft casing 15 bags cement 1 ft above grade Location ok JENadeau		
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		Not to be filled in by driller (OEP USE ONLY)		
<input checked="" 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 type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL		APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div> 54 63		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-88-1006</div> 52		FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">JN</div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-88-1006</div> 67 68 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS				



7/27/92 ~~42~~

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 # 330-92  
Date 4-7-94

Name of Installer K.H. Plumbing

Telephone 857-0255

License Number 8300

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Matthew Martin

Telephone 489-5108

Subdivision Timberly Ridge Lot # 8

Well Tag # 40-88-1086

Site Address 17525 Timberly Way

Woodbine 21797

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 ☐

2. RPM ☐

3. Voltage ☐

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make ☐

2. Model # ☐

3. Depth 42"

Tank

1. Capacity ☐

2. Pressure relief valve? ☒

Piping

1. Type ☐

2. Size 1"

3. NSF and/or BOCA Code approved ☒

4. Depth of supply line ☐

Well data

1. Depth ☐ ft.

2. Yield ☐ GPM

3. Static water level ☐ ft.

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.

Signature of Applicant: Keith Hudon

Date: 3-28-92

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

HD-215 7/29/92 OK TO COVER OUTSIDE MARK  
PRESSURE TANK NOT INSTALLED R.H.  
B.H.