

C 1	9531	SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITH-
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBERDATE RECEIVED
(WRA USE ONLY)

DATE WELL COMPLETED

DEPTH OF WELL

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-73-2085
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO.

OWNER

LAST NAME

FIRST NAME

STREET OR RFD

POST OFFICE

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	3	
Shale	3	50	
SANDSTONE	50	70	
MICA	70	300	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)

YES

NO

Y

N

44

44

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT

C M

45 46

BENTONITE CLAY

B C

45 46

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 35 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING
TYPES
INSERT
APPROPRIATE
CODE
BELOW

S T

STEEL

C O

CONCRETE

P L

PLASTIC

O T

OTHER

MAIN
CASING
TYPE

S T

NOMINAL DIAMETER

TOP (MAIN) CASING

(NEAREST INCH)

TOTAL DEPTH

OF MAIN CASING

(NEAREST FOOT)

60 61 63 64 66 70

OTHER CASING (IF USED)

EACH
CASING

DIAMETER

(INCH)

DEPTH (FEET)

FROM TO

SCREEN TYPE
OR OPEN HOLE

SCREEN RECORD

INSERT
APPROPRIATE
CODE
BELOW

S T

STEEL

B R

BRASS
OR BRONZE

H O

OPEN HOLE

P L

PLASTIC

O T

OTHER

C 2

(SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM TO

EACH
SCREEN

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL
CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT
TO DRILL WELL", AND THAT INFORMATION CONTAINED
IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE
TO THE BEST OF MY KNOWLEDGE, INFORMATION AND
BELIEF.

DRILLERS NAME

(PLEASE
PRINT)

SIGNATURE

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

(E.R.O.S.)

T

Q

70

72

TELESCOPE

LOG

CASING

INDICATOR

W Q

74 75 76

OTHER DATA

AVAILABLE

LOCATION OF WELL ON LOT

N SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS,
SEPTIC TANKS, AND/OR OTHER LAND MARKS AND
INDICATE NOT LESS THAN TWO DISTANCES
(MEASUREMENTS TO WELL).

B 1		2537		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER 40-73-2085	
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY					
DATE RECEIVED (WRA USE ONLY) 10/14/77 9:30 a.m.		OWNER <u>KEBEL</u> <u>BRUCE</u> COL 15 LAST NAME FIRST NAME COL 44 STREET OR RFD <u>15151ST WOODWARD</u> <u>GREEN</u> COL 36 COL 5 POST OFFICE <u>COLUMBIA MD</u> <u>21043</u> COL 57 COL 76					
B 1 CONTINUED		DRILLER INFORMATION				B 3 LOCATION OF WELL	
1 2 3 (SEQ. NO.) 6		DATE <u>5/5/77</u> LICENSE NUMBER <u>209</u> 77 80 FIRST NAME <u>HOWARD</u> DRILLER <u>DILLON</u> LAST NAME SIGNATURE <u>Howard Dillon</u>				1 2 3 (SEQ. NO.) 6 COUNTY <u>HOWARD</u> 8 (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>TRIDELPHIA FARMS</u> 23 42 SECTION <u>1</u> LOT <u>9</u> 44 46 48 50 NEAREST TOWN <u>GLENELG</u> 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u> M I 73 76 77 78	
B 2		WELL INFORMATION				B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)	
1 2 3 (SEQ. NO.) 6		MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>300</u> 14 20				1 2 3 (SEQ. NO.) 6 <input checked="" type="checkbox"/> N NORTH <input checked="" type="checkbox"/> E EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input type="checkbox"/> S SOUTH <input type="checkbox"/> W WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST 8 8 8 9 8 9 NEAR WHAT ROAD <u>TRIDELPHIA FARMS</u> 11 NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W 32 32 32 32 F T DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>100</u> M I 34 37 38 39	
22		USE FOR WATER (CIRCLE APPROPRIATE BOX)					
		<input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)					
		<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION					
		<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.					
		<input type="checkbox"/> M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> P PRIVATE WATER COMPANY } <input type="checkbox"/> T TEST					
APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28		APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)					
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) <input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN 30-37 <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSTION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT OTHER (DESCRIBE)		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) <u>41</u> <u>52</u>					
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u> CONDITIONS <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u>		HEALTH DEPARTMENT APPROVAL B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 41 <input checked="" type="checkbox"/> S STATE HEALTH (CIRCLE BOX) <u>Howard</u> <u>W25837</u> MO. DAY YR. <u>10</u> <u>50</u> <u>07</u> DATE <u>050077</u> 43 48 APPROVED BY <u>Donald W. Monaghan, Sanitarian</u> B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6					

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

ATT 25261

New Installation X
Replacement _____

Receipt # 40082
Date 9/18/87

Name of Installer Zepp Plumbing & Heating Inc. Telephone 531-6712

License number 1782
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner J.R. Phillips Constr. Telephone 596-0845
Subdivision Tridelpia Farms II Lot # 9C Well tag # H0-73-2085
Site Address 13342 Tridelpia Road
Ellicott City, Md. 21043

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

Tank	Piping	Well data
1. Capacity <u>82</u>	1. Type _____	1. Depth <u>230</u> ft.
2. Pressure relief valve? <u>Yes</u>	2. Size _____	2. Yield <u>5</u> 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.

Signature of Applicant: [Signature]

Date: 8/11/87

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

Location Apperance of R

(W) 10

Fence

61
40
21

61
35
26 dirt

DIRT ROAD

- ① 63 ft casing with 2 ft of cut of ground
- ② 35 ft depth of open hole measured with a dury
- ③ But pipe pushed down hole for 59 ft
- ④ 15 bags
- ⑤ Well O.K.

10/14/77
R. H. Hodge