

2187

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A27720

DATE Received

DATE WELL COMPLETED 030188

Depth of Well 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H10-81-2573

OWNER MILLER ASSOC. KERWIN
STREET OR RFD VILLADST DRIVE TOWN HIGHLAND
SUBDIVISION GREEN HILL MANOR SECTION 5 LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Topsoil, Br. Mica, Tan Mica, Gray Mica, White Mica, and Gray Mica.

GROUTING RECORD
WELL HAS BEEN GROUTED (Y)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 30 NO. OF POUNDS 3000
GALLONS OF WATER 150
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 7.5 ft.

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE (ST) diameter (6) total depth (80)
OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
DEPTH (nearest ft.) 10, 80, 360

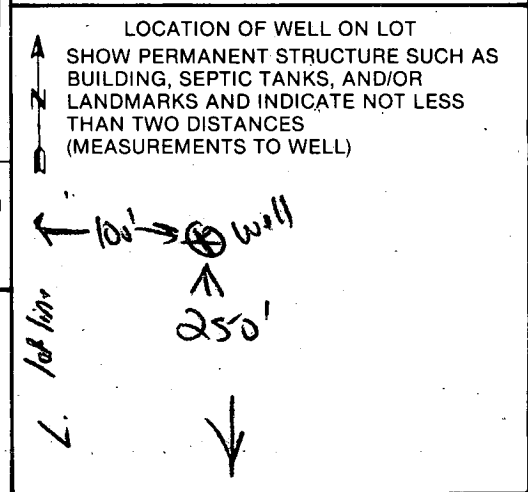
GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 8
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 65 WHEN PUMPING 125
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES (NO)
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 2 (nearest foot)

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...
DRILLERS IDENT. NO. 40
DRILLERS SIGNATURE
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 **6744** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

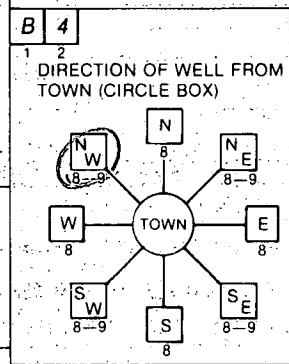
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


STATE PERMIT NUMBER
HO-81-2573
 fill in this form completely.

Date Received (APA) **3-88 1:30**
020588 OWNER INFORMATION
KERWIN MILLER COMM
 15 Last Name Owner First Name 34
4229 CHERY VALLEY D
 36 Street or RFD 55
OLNEY Town **MD 20832**
 57 70 State 72 Zip 76

B 3 LOCATION OF WELL **30.00**
HOWARD COUNTY **3/588**
GREEN HILL MANOR
 23 SUBDIVISION 42
 SECTION **5** LOT **2**
HIGHLAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

DRILLER INFORMATION
George F. Easterday
 Driller's Name **40**
 L. Franklin Easterday, Inc. 77 License No. 80
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday 2/5/88
 Signature Date



VILLADEST DR
 11. NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **235** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 8 12
 14 20

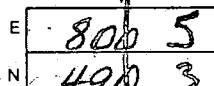
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 27720 COUNTY NO.
 STATE SIGNATURE _____ INSERT S. _____
 DATE ISSUED **022688** B. Nijom 08/26/88
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **493000** EAST GRID **0805000**
 50 55 57 63

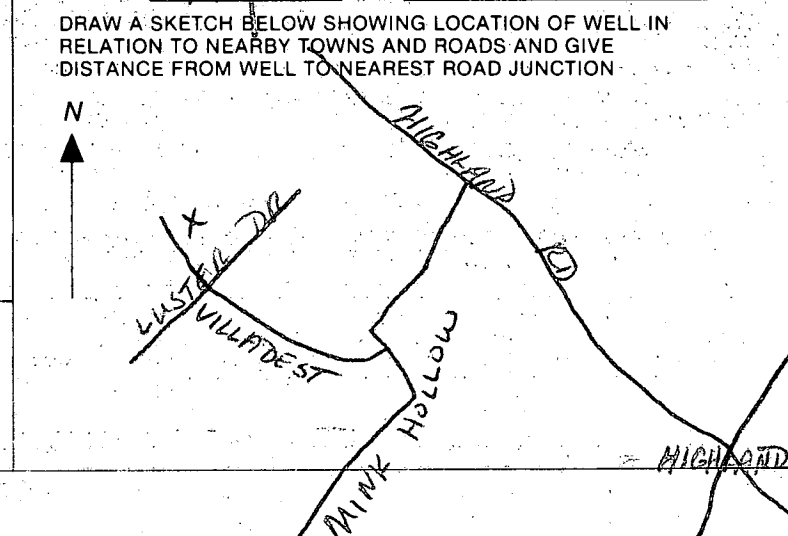
APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 75 ft open hole
 82 ft casing
 30 bags cement
 2 ft above ground
 Location ok
 SE Nadean

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **BN** WRITE INITIALS IN BOX PERMIT NO. **HO-81-2573**
 62 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

9/26/89

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 # _____
Date _____

Name of Installer RA Kelly

Telephone 924-5944

License Number 10757
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Kerwin - Miller Comm. Telephone 924-5944
Subdivision Green Hill Manor Lot # 2 Well Tag # HO-81-2573
Site Address 13522 Ville d'est Dr. Highland MD 20777

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth <u>400</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>8</u> GPM
<u>P.A. 4' B.G.</u>	3. NSF and/or BOCA Code approved _____	3. Static water level <u>70</u> ft.
<u>9/26/89 MR</u>	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: 11-59-88

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

boender associates

*File
in
Folder*

engineers
surveyors
planners

BALTIMORE DIVISION INC.
TOWN & COUNTRY PROFESSIONAL BUILDING
ELLICOTT CITY, MARYLAND 21043
301-465-7777

February 7, 1980

Mr. Don Monaghan
Howard County Health Department
P. O. Box 476
Ellicott City, Maryland 21043

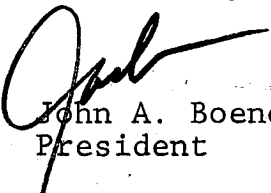
Re: Greenhill Manor- Section 5, lot 2
#77172

Dear Don,

Per our phone conversation, attached, please find a xerox denoting a new well location for lot 2, of the above captioned development.

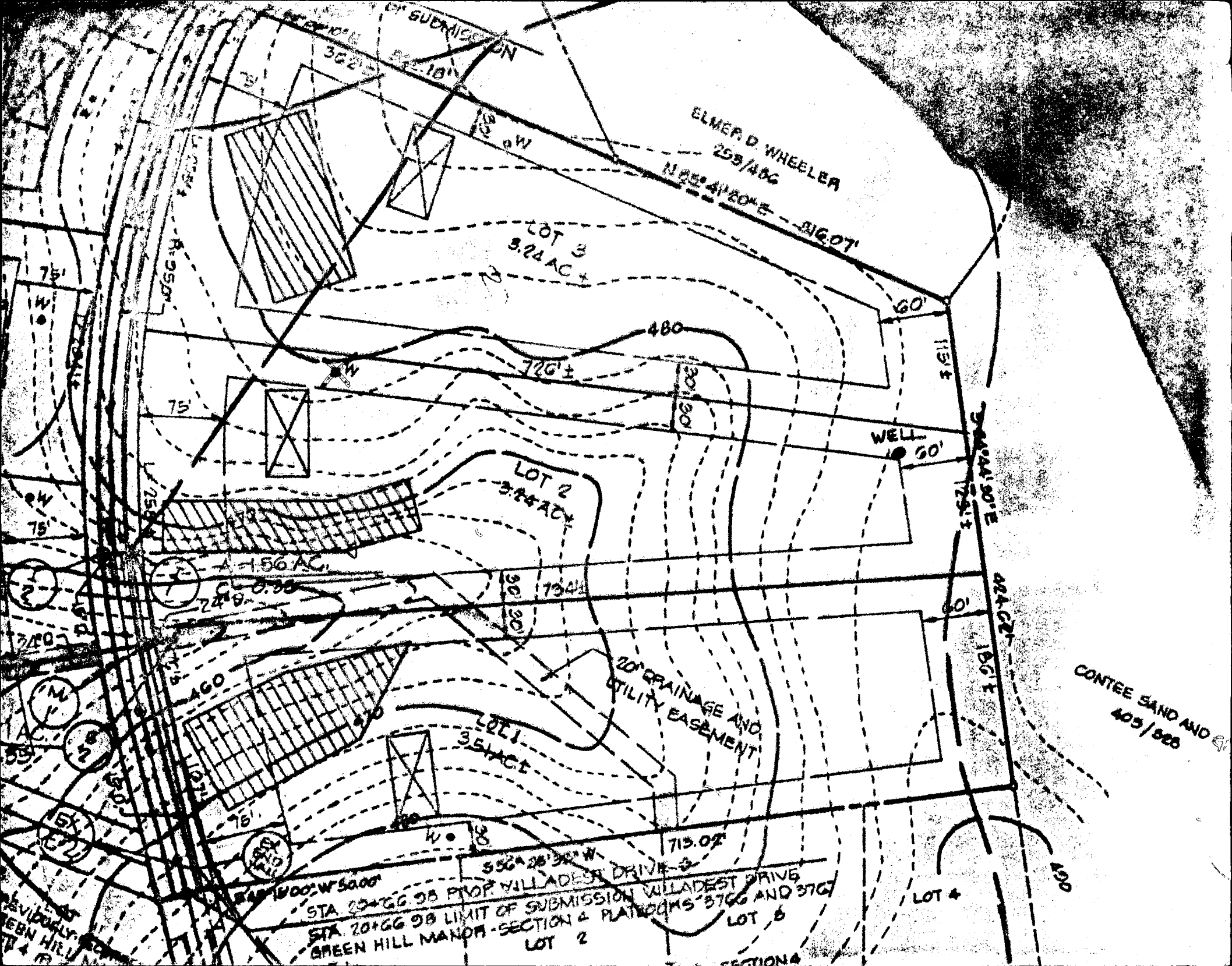
If you have any questions relevant to the above, please contact me at your earliest convenience.

Yours truly,



John A. Boender
President

JAB/shb



ELMER D WHEELER
259/486
N 85° 42' 00" E - 216.07'

LOT 3
3.24 AC ±

LOT 2
3.24 AC ±

LOT 1
3.51 AC ±

LOT 4

CONTEE SAND AND
405/888

WELL

20' DRAINAGE AND
UTILITY EASEMENT

552° 28' 30" W
713.02'
VILLADEST DRIVE
STA 25+66.98 PROP VILLADEST DRIVE
STA 20+66.98 LIMIT OF SUBMISSION VILLADEST DRIVE
GREEN HILL MANOR - SECTION 4 PLAT 00MS 3766 AND 3767
LOT 6
LOT 2
SECTION 4

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