

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing.

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories. (if no casing used, give diameter of well).

FEET
from ___ to ___

4
clay
16
gravel

DIAM.
(inches)

6 1/4"
Pipe

FEET
from ___ to ___

20

34

Shale
Rock

83

granite
Rock

WELL

139

Permit Number Ho-16-W-96
Owner Frank Robinson
Address Chapinville
Subdivision Hollywood Hills
Section _____ Lot 3 19

PUMPING TEST

Hours Pumped 2
Type of Pump Used AW
Pumping Rate _____
Gallons per Minute 2

WATER LEVEL

Distance from land surface to water:
Before Pumping 18 Ft.
When Pumping _____ Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste _____
Odor None

Height of Casing Above Land

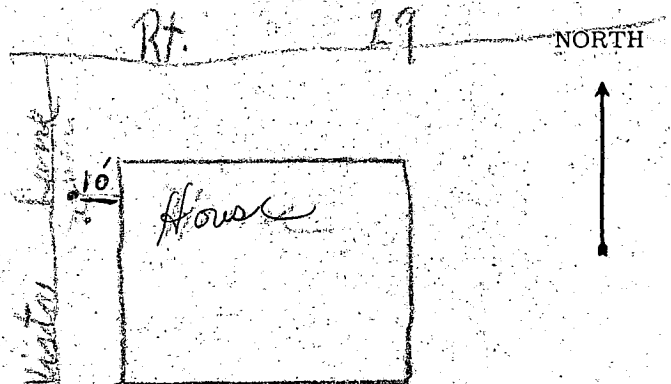
Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well Completed 9/17/63

Well Driller _____
Signature Ch. Burman

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 1 1/4" Pipe 20 ft
2. Total depth of well 139
3. Type, diameter and length of strainer None. Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 94 lbs.
Gals. water 5
6. Standing water level (depth below ground surface when not pumping) 18
7. Yield of well in gallons per minute 2; elevation of water surface when pumped at the designated rate. _____
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance None
10. Log of materials encountered during drilling 4 ft. Clay 16 ft. gravel
34 ft. Shale Rock 85 ft. granite Rock
1. Physical appearance of water at end of final pumping test Clear
2. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth ✓
3. Disinfected by 1 ounces of quint. % Chlorine (Brand name Clorox)

Property Owner Frank Robbins Address Clarksville

Location of property Holidays Hills Sub

Health Department Number _____ Dept. of Water Resources Permit No. HO-66-W-96

Date: 9/17/65, 1965. Ed. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
State Office Building
ANNAPOLIS, MARYLAND 21401

~~ASX~~
A09959

APPLICATION FOR PERMIT TO DRILL WELL

An application must be submitted and permit received before drilling a well

Owner Frank Robbins Driller Ed Brown License Number 288
Street or R. F. D. _____ Post Office R.3 Mt. Airy
Post Office Clarksville Date 9/17/65

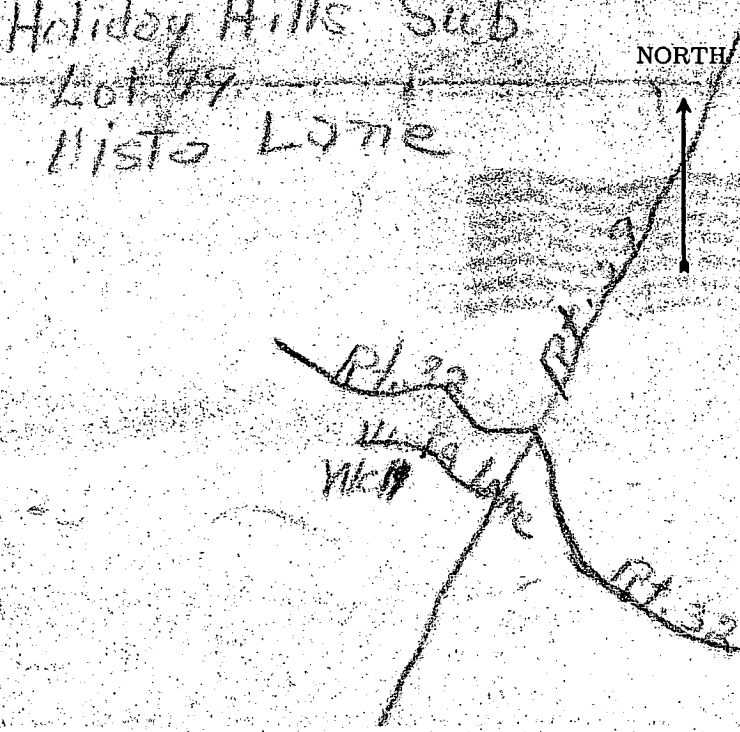
Quantity of Water to be Produced 2 G.P.M. Location of Well _____
Total Quantity Needed For Use _____ G.P.D. County H. Wayne
Use for Water Home Nearest Town ATHOLTON
Approximate Depth of Well (feet) 100 Distance from Town 1/2 mile
Method of Drilling to be used Rotary Direction from Town West

PERMIT TO DRILL WELL
(Permit to be returned to Driller)

NOT TO BE FILLED IN BY DRILLER

Permit No. Ho. 66-W-96
Samples of Cuttings Required by Department Yes No
Owner Requires Permit to Appropriate Water Yes No
Owner Has Permit to Appropriate Water Yes No
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Baul W. Meke Director
Date 9-17-65
Special conditions that may apply: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map).
Near what road Rt. 29
On which side of road West
(North, East, South, West)
Distance from road _____
Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



Health Department Approval of Application
H. Wayne County Department of Health
or State Department of Health
Approved by _____
Title _____
Date 9-17-65

SCALE: 1" = 1/30"

HOWARD COUNTY

BOON/3399

8/5/98 PUBLIC WATER CONNECTED;

ADVISED BP AGENT PAT ORCA THAT

STATUS OF WELL IS CONCERN; BP

ISSUED, LETTER TO BE SENT

TO OWNER

CC=BLDR
OK TO SIGN
MR

8/5/98

3/12/00

NO FOLLOWUP
NO REPORT OF WELL AB.

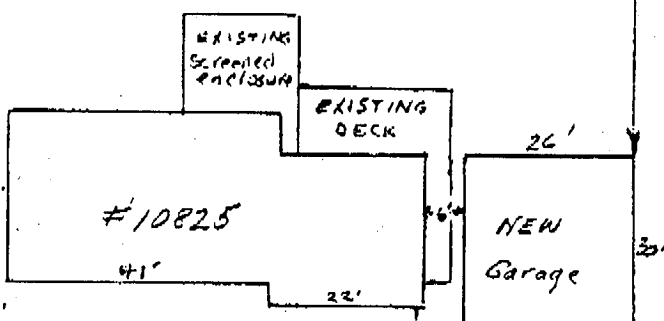
10825
Vista Rd
Holiday Hills
Lot 79

RONALD + KAREN LUMAN

263'

152'

PREV. WELL (DISC.) IN THIS AREA



SEPTIC TANK + LEACHING BED

80'

152'

VISTA ROAD