

C1 3731

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 A31273

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

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries for soil, clay, rock, and grout.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD screen type or open hole, insert appropriate code below

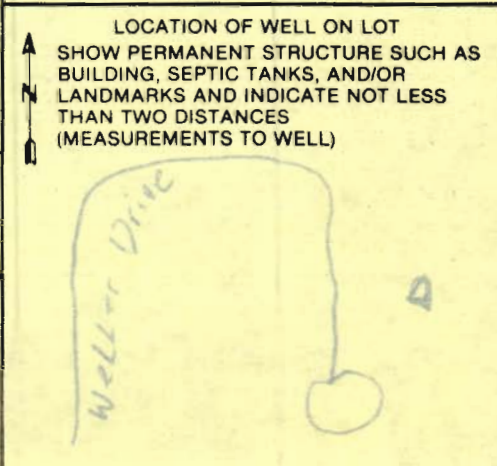
DEPTH (nearest ft.) table, SLOT SIZE, DIAMETER OF SCREEN

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

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

PUMPING TEST HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO., DRILLERS SIGNATURE, SITE SUPERVISOR

B 1 742

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

70 - - - - - 79 fill in this form completely

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

please print or type

Date Received

1 2 3 4 5 6 7 8 9 10 11 12 13

OWNER INFORMATION

15 Last Name Owner First Name 34 Street or RFD 55 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name 77 License No. 80 Firm Name Address Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 G A P 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT NO. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

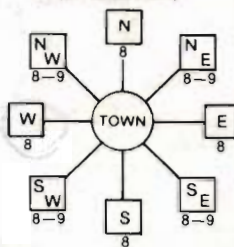
B 3

LOCATION OF WELL

8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 37 DISTANCE FROM ROAD ENTER FT or MI 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

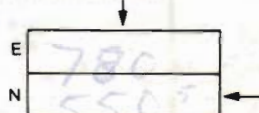
COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S 41 DATE ISSUED 43 48 CO SIGNATURE EXP. DATE NORTH GRID 50 55 EAST GRID 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1791
 Location of property (road) WELLEN DR
 Subdivision PATAPSCO OVERLOOK III Lot 42 Block _____ Plat _____ Sec. _____
 Well Driller B. FEELER Owner JOE SPURMER

Depth of well 250'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 45'

I. High rate pumping -- reservoir drawdown

Time pump started 1:45 Pumping rate 12
 Total time 1 hr to reach pumping water level 118 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:45	45	5		12
2:00	90	5	60	12
2:15	105	5	420 + 1.5	12
2:30	110	6	840 + 73	10
2:45	118	8	926.5 gal	7
3:00	118	8		7
3:15	118	8	118 - 45 73	7
3:30	118	8		7
3:45	118	8		7
4:00	118	8		7
4:15	118	8		7
4:30	118	8		7
4:45	118	8		7

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 # 40571
Date 12/2/87
Name of Installer DICKSON PIR + HD Telephone _____
License Number 1680
Certified Well Pump Installer Well Driller _____ Registered Plumber
Name of Property Owner JOSEPH SPURICK Telephone _____
Subdivision PATAPSCO OVERLOOK Lot # 42 Well Tag # _____
Site Address 7317 WELLS DRIVE

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1 1. Make HARVARD
a. Deep well jet _____ 2. RPM _____ 2. Model # B.P.-10X
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 3' FT
c. Submersible a. 110 _____
2. Make Goulds b. 220
3. Model # 7FH01422
4. Capacity 9 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 260 50gal 1. Type HD-160 1. Depth 230 ft. 159F RUN
2. Pressure relief valve? yes 2. Size 1" 2. Yield 16 GPM
3. NSF and/or BOCA Code approved yes 3. Static water level 100 ft.
4. Depth of supply line 3 FT 4. Will water supply be disinfected by installer? yes
12/2 PITLESS AT 34" INSIDE WORK NOT COMPLETE (SA)

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: Fred Dickson

Date: Dec 2, 1987

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

3/12/87

location - difficult
to assess appears
to be lower area
of the property

grant
held until
location
resolved
& approved

84' casing
50+' open
logs
no sample taken
245 p

3/13/87

REINSPECT LOCATION

BY S. ABEL
C. WILLIAMS

& JOE SPURRIER OWNER

LOCATION IS ACCURATE
CONFUSION RESULTED BECAUSE
LOT WAS NOT CLEARLY MARKED.

OK TO GRANT
@ Williams