

C1 **6064** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP 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 **A 37248**

DATE RECEIVED

DATE WELL COMPLETED **100987**

DEPTH OF WELL **300** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-2261**

OWNER **LARSON** **SLIZARSTH**
STREET OR RFD **WOODSCAPE DRIVE** TOWN **CLARKSVILLE**
SUBDIVISION **THISTLE DOWN** SECTION **7** LOT **7**

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	1	
RED MICA	1	5	
BR. MICA	5	36	<input checked="" type="checkbox"/>
WHITE MICA	36	50	<input checked="" type="checkbox"/>
ORAY MICA	50	250	<input checked="" type="checkbox"/>
WHITE MICA	250	256	<input checked="" type="checkbox"/>
ORAY MICA	256	300	<input checked="" type="checkbox"/>

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **8** NO. OF POUNDS **800**
GALLONS OF WATER **48**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **34** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO** **PL** **OT**
STEEL CONCRETE PLASTIC OTHER
MAIN CASING TYPE **ST** **46** **41**
Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)
diameter inch from to

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

C2
DEPTH (nearest ft.)
EACH SCREEN **HO** **41** **300**
slot size 1 **2** 3
DIAMETER OF SCREEN **56** (NEAREST INCH)

GRAVEL PACK **from to**
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.) **70** **72** **74** **75** **76**
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **5**
METHOD USED TO MEASURE PUMPING RATE **Burbot**
WATER LEVEL (distance from land surface) BEFORE PUMPING **36**
WHEN PUMPING **142**
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**
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED **C**
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
PUMP HORSE POWER **37** **41**
PUMP COLUMN LENGTH (nearest ft.) **43** **47**
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } **3**

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)
WOODSCAPE DRIVE
50'
75'

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

8/24/89

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 # WPI 44709
Date 7-6-89
Name of Installer LOU D. KELLER, INC. TA KELLER-MAY Telephone 1-301-949-3525
License Number 2906
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner RES CONSTRUCTION CO. Telephone 1-301-946-7200
Subdivision THISTLE DOWN Lot # 7200 Well Tag # 40-81-2261
Site Address 7005 WOODSCAPE DR. CLARKSVILLE MD. 21029

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make MYERS
3. Model # S2J52J54P
4. Capacity 4.5 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 1/2
2. RPM 3450
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make Harvard Granite
2. Model # PT 800
3. Depth

Tank
1. Capacity 80
2. Pressure relief valve? Yes

Piping
1. Type Polybutylene
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3'

Well data
1. Depth 300 ft.
2. Yield 5 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? No

Pitless Adaptor OK CAP 4. CRACKED @ 5' B.G. MR 8/24/89 NEW CAP TO BE INSTALLED

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: Lou D. Keller

Date: 7-10-89

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