

C1 9540
SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-7 ON ALL CARDS)

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 A30410

DATE Received:
DATE WELL COMPLETED: 022585

Depth of Well
22 270 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-81-0882

OWNER: HALL RICHARD
STREET OR RFD: WYNFIELD RD
SUBDIVISION: WYNFIELD SECTION: 3 TOWN: WEST FRIENDSHIP LOT: 20

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	
Brown Shale	0	26	
Gray mica rock	26	270	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 6 NO. OF POUNDS 564
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 23 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER
MAIN CASING TYPE S7
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 30

OTHER CASING (if used)
diameter inch depth (feet) from to

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

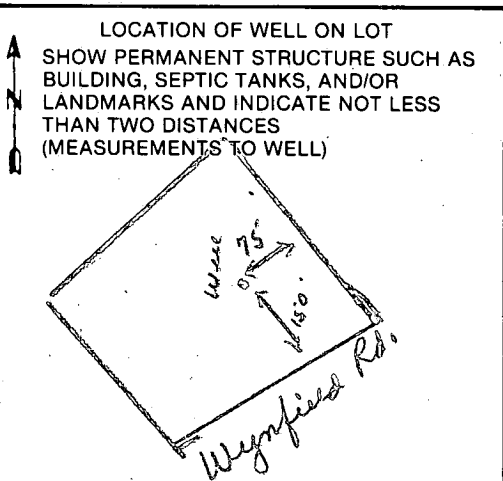
DEPTH (nearest ft.)
H0 29 270
SLOT SIZE 1 2 3
DIAMETER OF SCREEN 56 60 (NEAREST INCH)
from to

GRAVEL PACK
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.) W.Q.
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 7
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37
WHEN PUMPING 86
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
(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: 29
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 7 (nearest foot)
- below }



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. 238
DRILLERS SIGNATURE Joseph L. Maysie
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 1540

SEQUENCE NO.
(OEP USE ONLY)8 AM PUMP
TEST
3 HRSSTATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

H0-81-0882

fill in this form completely

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

please print or type

Date Received

2/25/85

OWNER INFORMATION

HALL

RICHARD

4045

SHINT

JOHN'S

LA

ELLICOTT

ST

MIDRICH

HS

DRILLER INFORMATION

Joseph R. Wagner

238

Joseph R. Wagner

5513 Ridge Rd. Mt. Airy, Md.

Joseph R. Wagner

1/22/85

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

500

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)

APPROXIMATE DEPTH OF WELL

300

FEET

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

REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELLPERMIT 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

GAP

FORCE

JS

WRITE
INITIALS
IN BOX

PERMIT No.

H0-81-0882

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD

8 COUNTY

WYNFIELD

23 SUBDIVISION

SECTION

3

LOT

20

WEST FRIENDSHIP

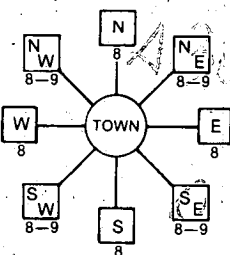
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

1 3/4

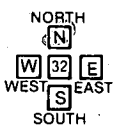
MI

B 4

DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

Wynfield Rd.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

ENTER FT or MI

150

FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

A30410

COUNTY NO.

OEP

SIGNATURE

STATE HEALTH

INSERT S

DATE ISSUED

02/1/85

J. Stayer

8/11/85

NORTH

GRID

531000

EAST

GRID

0816000

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

SOURCES OF DRILLING WATER

1. WELL

2.

3.

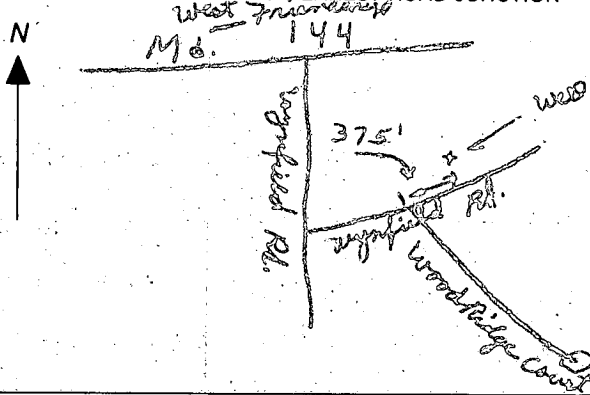
WRITE THE BOX NUMBER
FROM THE MAP HERE

E 810 6

N 530 1

30 ft casing 2/25/85
27 ft annular space
1 ft casing above grade
well site OK
6 bags cement type II
NITRAT sample collected

* JAGEL

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

Page 1 of 1
Date 2/25/85

Well Permit No. HO - 81-0882

Location of property (road) Wynfield Rd.

subdivision Windsor Lot 20 Block Plat Sec. 3

Well Driller Joseph Mayne Owner Richard Hall

Depth of well 270'

Distance of measuring point (M.P.) above ground /

Static water level (S.W.L.) below M.P. 37'

Time pump started 7:30 Pumping rate 10
Total time 30 min. to reach pumping water level 71 ft. below M.P.

[illegible]

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

New Installation ☒
Replacement ☐

Receipt # 36471
Date 1/29/86

Name of Installer Canell Water System

Telephone 876-6886

License number 074

Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☐

Name of Property Owner Stand Home

Telephone 465-3608

Subdivision Wynfield

Lot # 20

Well tag # - - -

Site Address 2781 Wynfield Dr

West Friendship

Pump

1. Type

a. Deep well jet ☐

b. Shallow well jet ☐

c. Submersible ☒

2. Make Gould

3. Model # SES05

4. Capacity 1 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 HANVARD

2. Model # DT 800

3. Depth 4'

Tank

1. Capacity 42 Gal

2. Pressure relief valve? Yes

Piping

1. Type Black Plastic

2. Size 1"

3. NSF and/or BOCA Code approved ☐

4. Depth of supply line ☐

Well data

1. Depth ☐ ft.

2. Yield ☐ GPM

3. Static water level ☐ ft.

4. Will water supply be disinfected by installer? Yes

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: 1/28/86

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

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Richard L. Hall
(Name)

4045 St. John's Lane
Ellicott City, MD 21043
(Address)

HO-81-0882
(OEP Well Permit Number)

1/22/85
(Date)