

C 1 7552

SEQUENCE NO. (DENV 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 40521

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 050490

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. 110-88-1307

OWNER SARITA BUNTERS first name TOWN SUBDIVISION HEDGE HILL SECTION LOT 21

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 entries for TOP soil, Clay, Shaley, Clay, brown Shale, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) (6) Total depth of main casing (nearest foot) (37) OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

C 2

Table for depth measurements with columns for depth (nearest ft.) and rows for each screen section.

C 3

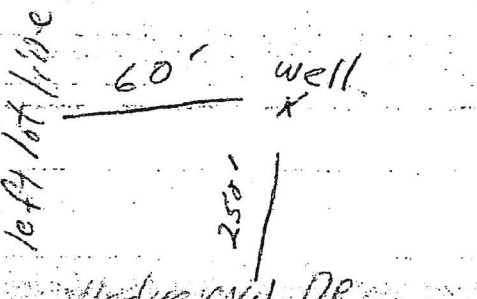
PUMPING TEST

HOURS PUMPED (nearest hour) (6) PUMPING RATE (gal. per min. to nearest gal.) (2) METHOD USED TO MEASURE PUMPING RATE (Piston) WATER LEVEL (distance from land surface) BEFORE PUMPING (37) WHEN PUMPING (170) TYPE OF PUMP USED (for test) (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 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) (4) above } LAND SURFACE (2) (nearest foot)

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)



CIRCLE APPROPRIATE LETTER 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 26.04.04 "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 (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

COUNTY



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

January 27, 1995

Mr. Kelly Cumberland  
Cumberland and Company, Inc.  
16391 A. E. Mullinix Road  
Woodbine, Maryland 21797

RE: WPI Inspection  
13627 Gilbride Lane  
Clarksville, Maryland

Dear Mr. Cumberland:

This office is in receipt of your written request for information dated January 26, 1995, regarding the well line inspection at the above referenced property. Per our telephone conversation on January 26, 1995, you indicated that the WPI inspection was performed between January, 1994, and March, 1994, by Amy McMillen, a sanitarian from our office. However, Ms. McMillen has no recollection of performing this inspection nor do we have any written record of the inspection. In addition, this office has no record of receipt of the Well Line Installation Application from you for the above referenced property.

The extent of the inspection performed by sanitarians from this office is limited to a visual inspection of the pitless adapter and the well water line from the well casing to the house. The depth of the pitless adapter below grade is measured, as well as the length of well casing above grade. Finally, the location of the well is verified. The inspection performed does not include any electrical requirements for the well.

Most of the well line and pitless adapter installations that are inspected are installed by plumbers; only a small percentage are installed by licensed well drillers.

Because this office does not receive Well Line Installation Applications from your company, it is not possible to give you an accurate account of your past performance on installations.

If you have any other questions or concerns, please contact this office at the address below or by calling (410) 313-2640.

Sincerely,

Craig Williams, Director  
Water and Sewerage Program

CW:dks

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Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2642  
Director (410) 313-2645 TDD (410) 313-2323

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