

C1 9504 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)

COUNTY NUMBER A 37993

DATE Received

DATE WELL COMPLETED 09/3/88

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2720

OWNER BARNARD BROS. STREET OR RFD last name BARNARD first name BROS. TOWN WEST FRIENDSHIP SUBDIVISION MAIN PALM SECTION 2 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. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200

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

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) EACH SCREEN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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 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. 273 RATH MARY

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) RATH MARY

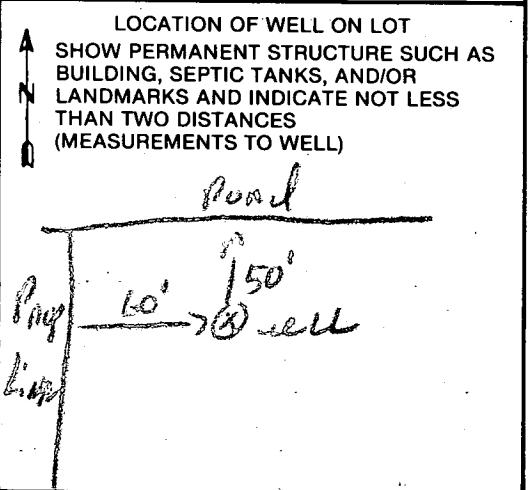
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 50 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 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) LAND SURFACE (nearest foot)



B 1 **7066** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

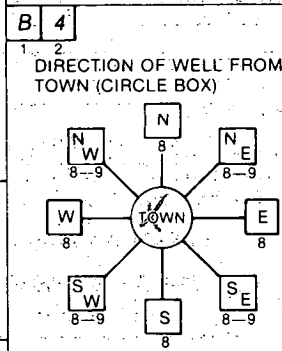
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-81-2726**  
 fill in this form completely

Date Received (APA) \_\_\_\_\_  
 OWNER INFORMATION  
**BARCLAND** **CONSTR** **CO**  
 Last Name Owner First Name  
**1035** **ST** **MICHEALS** **RD**  
 Street or RFD  
**MT AIRY** **MD** **21221**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**MATHIS PROP** SUBDIVISION  
 SECTION **2** LOT **21**  
**WEST FRIENDSHIP** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **0** MI

DRILLER INFORMATION  
**Ralph Mayne** License No. **223**  
**WHISK MAYNE (WELL DRILLING)** Firm Name  
**9120 Brown Church Rd. Mt Airy** Address  
**Ralph Mayne** Signature **4/1/88** Date



**BARCLAND way** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  EAST   
 WEST  SOUTH   
**50** DISTANCE FROM ROAD  
 ENTER FT or MI **FT**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

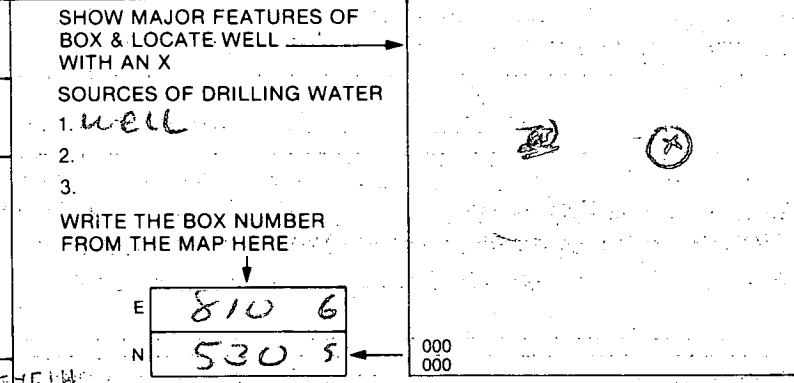
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME **A37993** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
**OSI 188** CO SIGNATURE **Crawford** EXP. DATE **11/1/88**  
 NORTH GRID **535000** EAST GRID **0816000**

APPROXIMATE DEPTH OF WELL **150** FEET

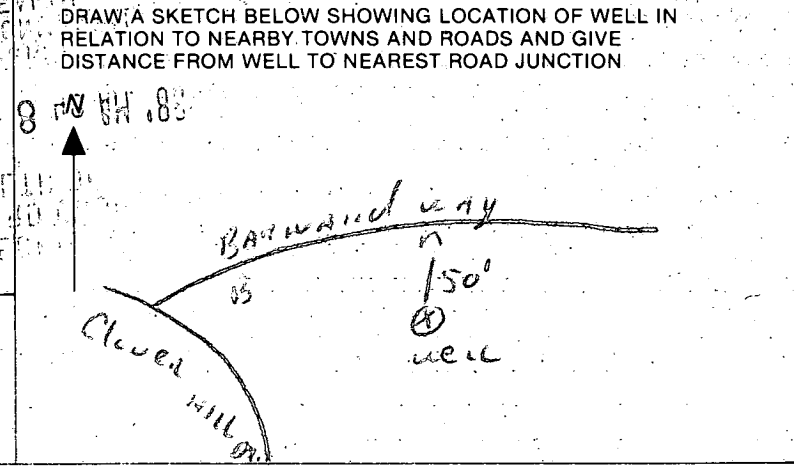
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **CW** INITIALS IN BOX PERMIT NO. **40-81-2726**



SPECIAL CONDITIONS \_\_\_\_\_



8/11/88 - AM

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 X  
Replacement \_\_\_\_\_

Receipt # 42320  
Date 8/10/88

Name of Installer J. Joseph Gartland, Inc.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner Barnard Const. Co., Inc. Telephone 489-7621

Subdivision Mathis Property. Lot # 27 Well Tag # Ho - 21 - 2726

Site Address 12465 Barnard Way.

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible X
- 2. Make Goulds
- 3. Model # 10EJO5422
- 4. Capacity 10 GPM
- 5. Pump exceeds well capacity Yes X No \_\_\_\_\_
- 6. If Yes, is low pressure cutoff switch installed? Yes X 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 \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 X

Pitless Adapter

- 1. Make Harvard
- 2. Model # PT-800
- 3. Depth 42"

Tank

- 1. Capacity 42 gal.
- 2. Pressure relief valve? 75 psi

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 42

Well data

- 1. Depth \_\_\_\_\_ ft.
- 2. Yield \_\_\_\_\_ GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? Yes

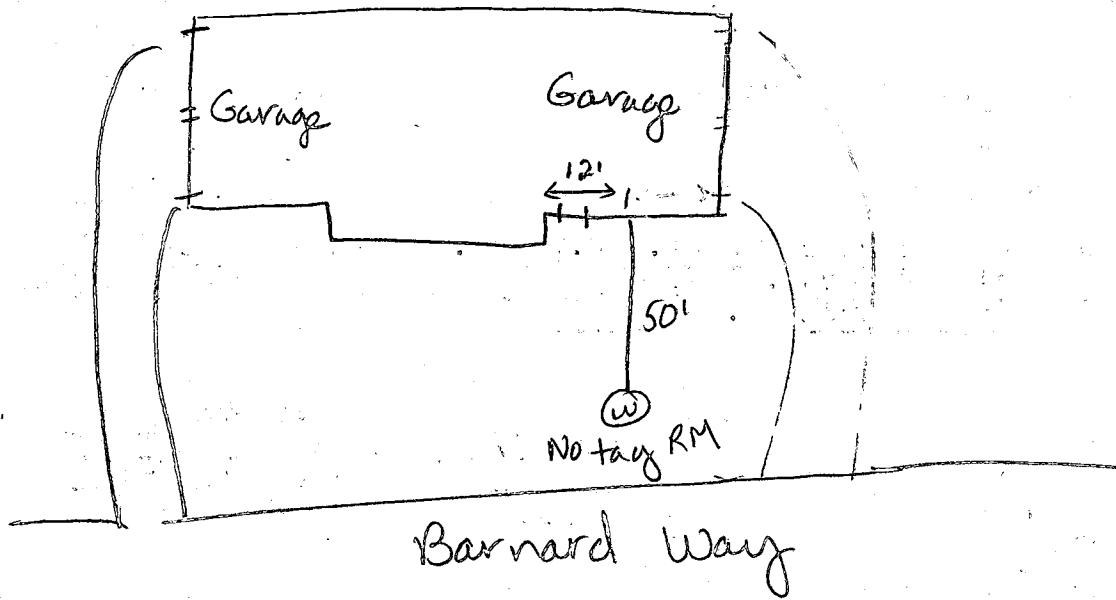
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: 8/10/88

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



$$\begin{array}{r} 21 \\ 2.4 \\ \hline 43.4 \\ 50 \end{array}$$

8-11-88 Pitless adaptor at 30 inches. House connection ok. Well line at 44 inches in trench, No ground. Plastic casing. No pump tank installed yet, JENadeau  
 Check w/ Gartland re: well tag, Damaged casing was replaced at top 2 ft. of well. JEN