

**C1** 2050  
 (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-38976**

DATE RECEIVED  
 8 13

DATE WELL COMPLETED  
 15 20 **120187**

Depth of Well  
 22 26 **305**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 28 29 30 31 32 33 34 35 36 37 **HO-81-2450**

OWNER **CONNOLLY CONSTRUCTION**  
 STREET OR RFD last name **FLORENCE Rd.** first name TOWN **WOODBINE**  
 SUBDIVISION **HICKORY Hill EST.** SECTION LOT **1**

**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	
<i>Green Shale</i>	0	75	
<i>Blue Rock</i>	75	305	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **14** NO. OF POUNDS **1316**  
 GALLONS OF WATER **84**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **50** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **81**

**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 HOLE  
**PL** **OT**  
 PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.)  
 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  
**HO** **80** **305**

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. Maize*  
 (MUST MATCH SIGNATURE ON APPLICATION)

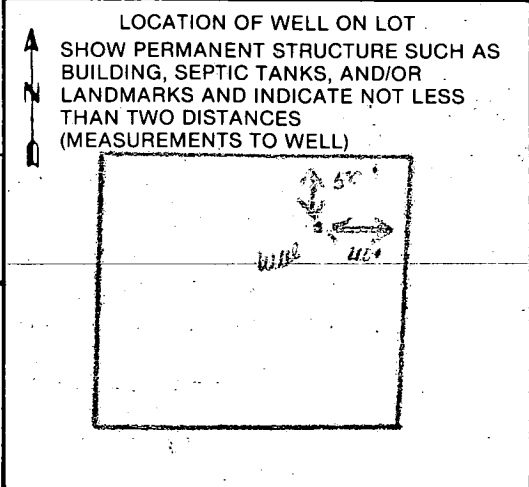
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 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 1/2**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **46** WHEN PUMPING **125**  
 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) **+** above **-** below LAND SURFACE (nearest foot) **1**



RECEIVED  
 HOWARD COUNTY HEALTH DEPT.  
 ELLICOTT CITY, MD.  
 DEC 9 8 57 AM '87

AGRA 2417

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 # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer \_\_\_\_\_

Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_

Well Driller JM

Registered Plumber \_\_\_\_\_

Name of Property Owner CUNNOLLY CONST  
Subdivision HICKORY HILL EST Lot # 1  
Site Address FLORENCE RD

Telephone \_\_\_\_\_  
Well Tag # HO-81-2450  
A38976

- Pump**
- Type
    - Deep well jet \_\_\_\_\_
    - Shallow well jet \_\_\_\_\_
    - Submersible \_\_\_\_\_
  - Make \_\_\_\_\_
  - Model # \_\_\_\_\_
  - Capacity \_\_\_\_\_ GPM
  - Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_
  - If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
  - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

- Motor**
- Horsepower \_\_\_\_\_
  - RPM \_\_\_\_\_
  - Voltage
    - 110 \_\_\_\_\_
    - 220 \_\_\_\_\_

- Pitless Adapter**
- Make \_\_\_\_\_
  - Model # \_\_\_\_\_
  - Depth \_\_\_\_\_

- Tank**
- Capacity \_\_\_\_\_
  - Pressure relief valve? \_\_\_\_\_

- Piping**
- Type \_\_\_\_\_
  - Size \_\_\_\_\_
  - NSF and/or BOCA Code approved \_\_\_\_\_
  - Depth of supply line \_\_\_\_\_

- Well data**
- Depth 305 ft.
  - Yield 5.5 GPM
  - Static water level 46 ft.
  - Will water supply be disinfected by installer? \_\_\_\_\_

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: \_\_\_\_\_

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