

C 1 . 4368  
 SEQUENCE NO. (WRA USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN GODS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WATER RESOURCES ADMINISTRATION  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER A 25267

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED 4-22-77 DEPTH OF WELL 125 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-1828  
 (TO NEAREST FOOT) 22 (TO NEAREST FOOT) 26  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 42

OWNER UNRECORDED HENRY LAST NAME OKLAND FIRST NAME MILLS  
 STREET OR RFD 1120 POST OFFICE COLUMBIA, MD.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>TOP SOIL</u>	<u>0</u>	<u>3</u>	
<u>SHALE</u>	<u>3</u>	<u>12</u>	
<u>BONDED SAND</u>	<u>12</u>	<u>75</u>	
<u>CLAY</u>	<u>75</u>	<u>125</u>	

4-22-77  
 2' case  
 19' open  
 5' slag cement  
 H0 W0

WELL DESCRIPTION

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  Y NO  N  
 44 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  C M BENTONITE CLAY  B C  
 45-46 45-46

NO. OF BAGS 5 NO. OF POUNDS 30

GALLONS OF WATER 20

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 19 FT.  
 (ENTER 0 IF FROM SURFACE)

C 3

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2  
 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6  
 11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 40 (NEAREST FOOT)  
 17 20  
 WHEN PUMPING 125 (NEAREST FOOT)  
 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR  P PISTON  T TURBINE  
 27 27 27  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 27 27 27  
 J JET  S SUBMERSIBLE  
 27 27

**CASING RECORD**

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S STEEL  C CONCRETE  
 P PLASTIC  O OTHER

MAIN CASING TYPE  S T  
 60 61 63 64 66 70

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)  29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  Y NO  N

CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_ 31 \_\_\_\_\_ 35  
 PUMP HORSE POWER \_\_\_\_\_ 37 \_\_\_\_\_ 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_ 43 \_\_\_\_\_ 47

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
<input type="checkbox"/>				
<input type="checkbox"/>				

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S STEEL  B BRASS OR BRONZE  H OPEN HOLE  
 P PLASTIC  O OTHER

C 2

1 2 3 (SEQ. NO.) 6

**DEPTH (NEAREST WHOLE FOOT)**

EACH SCREEN	FROM		TO	
	1	2	3	6
1	<u>8</u>	<u>9</u>	<u>11</u>	<u>21</u>
2	<u>23</u>	<u>24</u>	<u>30</u>	<u>36</u>
3	<u>38</u>	<u>39</u>	<u>41</u>	<u>51</u>

SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE  
 - BELOW } \_\_\_\_\_ (NEAREST FOOT)  
 49 50 51

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

80' HOUSE

**CIRCLE APPROPRIATE BOXES**

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME \_\_\_\_\_  
 (PLEASE PRINT) LFCUSTERMAN  
 SIGNATURE \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

(E.R.O.S.)

70  T TELESCOPE CASING 72  LOG INDICATOR 74 75 76  W Q OTHER DATA AVAILABLE



12/10/78  
 WPT OK to cover  
 (KRM)

HOWARD COUNTY HEALTH DEPARTMENT  
 Bureau of Environmental Health  
 3525-B Ellicott Mills Drive  
 Ellicott City, MD 21043  
 461-0943

APPLICATION FOR PITRESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
 Replacement

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

Name of Installer CHARLES P.H. INC.

Telephone 410-421-3028

License Number 3808  
 Certified Well Pump Installer \_\_\_\_\_

Well Driller \_\_\_\_\_ Registered Plumber 3808

Name of Property Owner Hamilton Real Est.

Telephone 410-742-3100

Address 13385 Frosythe Rd.

Well tag # HO-73-1828

1. Well depth \_\_\_\_\_  
 2. Well type \_\_\_\_\_  
 3. Well type \_\_\_\_\_  
 4. Well type \_\_\_\_\_  
 5. Well type \_\_\_\_\_  
 6. Well type \_\_\_\_\_  
 7. Well type \_\_\_\_\_  
 8. Well type \_\_\_\_\_  
 9. Well type \_\_\_\_\_  
 10. Well type \_\_\_\_\_

Motor  
 1. Horsepower \_\_\_\_\_  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

Pitress Adapter  
 1. Make P-T-847  
 2. Model # \_\_\_\_\_  
 3. Depth 4'

4. Torque restrictors \_\_\_\_\_  
 5. Torque restrictors \_\_\_\_\_  
 6. Torque restrictors \_\_\_\_\_  
 7. Torque restrictors \_\_\_\_\_  
 8. Torque restrictors \_\_\_\_\_  
 9. Torque restrictors \_\_\_\_\_  
 10. Torque restrictors \_\_\_\_\_

1. Pressure relief valve \_\_\_\_\_  
 2. Pressure relief valve \_\_\_\_\_  
 3. Pressure relief valve \_\_\_\_\_  
 4. Pressure relief valve \_\_\_\_\_  
 5. Pressure relief valve \_\_\_\_\_  
 6. Pressure relief valve \_\_\_\_\_  
 7. Pressure relief valve \_\_\_\_\_  
 8. Pressure relief valve \_\_\_\_\_  
 9. Pressure relief valve \_\_\_\_\_  
 10. Pressure relief valve \_\_\_\_\_

Piping  
 1. Type Plastic  
 2. Size 1"  
 3. NSF and/or BOCA Code approved \_\_\_\_\_  
 4. Depth of supply line 22'

Well data  
 1. Depth 125'  
 2. Yield 6 GPM per 1977 report  
 3. Static water level \_\_\_\_\_ ft  
 4. Well water supply be disinfected by installer \_\_\_\_\_

I warrant 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)

The information given above is true to the best of my knowledge

Signature of Applicant: [Signature]

This permit is valid for 30 days from the date of issuance. A copy of this permit will be placed on the well file at the time of the final inspection.