

C1 9501 SEQUENCE NO. (DENV USE ONLY)  
1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 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 A 38 3 88

DATE RECEIVED  
8 13

DATE WELL COMPLETED  
15 20 05 14 88

Depth of Well  
22 205 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-81-2733  
28 29 30 31 32 33 34 35 36 37

OWNER  
CANNON ASSOCIATES  
STREET OR RFD last name GREENWOOD SPRING DR first name TOWN GREENWOOD  
SUBDIVISION GREENWOOD SPRING SECTION LOT 40

**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	
SAND Stone	0	60	
GRAY Micaceous Rock	60	205	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 13 NO. OF ROUNDS 1222  
GALLONS OF WATER 78  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 40 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 57  6  17

**OTHER CASING (if used)**  
EACH CASING 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

**DEPTH (nearest ft.)**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	

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.

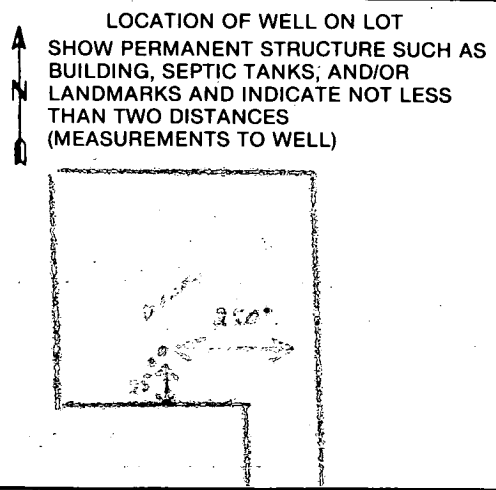
DRILLERS IDENT. NO. 200  
DRILLERS SIGNATURE  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (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.) WQ  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
1 2  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 75  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface) BEFORE PUMPING 29  
WHEN PUMPING 97  
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) 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 (nearest foot)  
 - below } 50 51



B 1 5620

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-81-2733

fill in this form completely

5/16/88

please print or type

Date Received (APA)

OWNER INFORMATION

CARMAN ASCOSINTEG  
PERKINS  
ELLIOTT

LOCATION OF WELL

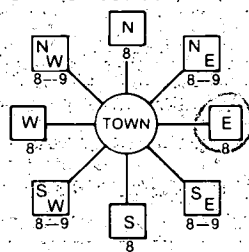
HOWARD  
SLEWOOD SPRINGS  
SECTION 40  
SLEWOOD  
MILES FROM TOWN 5.7 MI

DRILLER INFORMATION

Joseph I. Mayne  
Joseph I. Mayne Well Drilling  
5512 Ridge Rd. Mt. Airy 21771

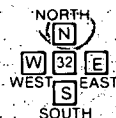
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CLEWOOD SPRINGS DR.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



405  
DISTANCE FROM ROAD  
ENTER FT or MI 55

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 38 320  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 051288  
CO SIGNATURE EXP. DATE 11/12/88  
NORTH GRID 532000 EAST GRID 0795000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

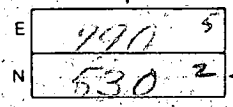
METHOD OF DRILLING (circle one)

Bored or Augered JETTED Jetted & Driven  
AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTary DRive-POINT

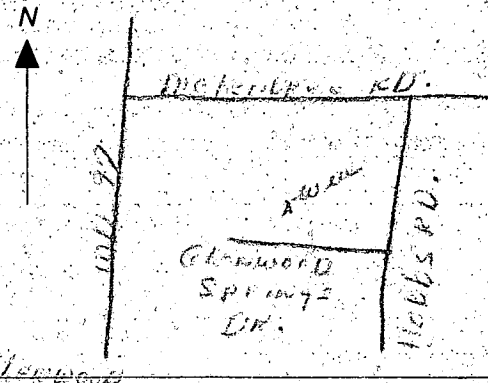
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE CW WRITE INITIALS IN BOX PERMIT NO. 40-81-2733

SPECIAL CONDITIONS

- ① 67 ft casing
- ② 40 ft openhole measured with a string
- ③ Location probably O.K.  
could not judge open field

(4) 13 GA 67

5/16/88  
B J Hodges



11-7-88

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   
Replacement \_\_\_\_\_

Receipt # 942675  
Date 9-27-88

Name of Installer Alta M. Constant Inc

Telephone 442-2221

License Number 1862

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

Name of Property Owner Paul Shea Telephone 498-9352

Subdivision Glenwood's Spring Lot # 40 Well Tag # 10-81-2733

Site Address 2818 Glenwood Ct

- Pump
- Type
    - Deep well jet \_\_\_\_\_
    - Shallow well jet \_\_\_\_\_
    - Submersible
  - Make Gould
  - Model # SES 07412
  - Capacity 5 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 1/2
  - RPM \_\_\_\_\_
  - Voltage \_\_\_\_\_
    - 110 \_\_\_\_\_
    - 220

- Pitless Adapter
- Make HARVEARD
  - Model # \_\_\_\_\_
  - Depth 3/4

- Tank
- Capacity 42
  - Pressure relief valve? Yes

- Piping
- Type 160 ft
  - Size 1"
  - NSF and/or BOCA Code approved Yes
  - Depth of supply line 3 ft

- Well data
- Depth 205 ft.
  - Yield 7 GPM
  - Static water level 29 ft.
  - Will water supply be disinfected by installer? Yes

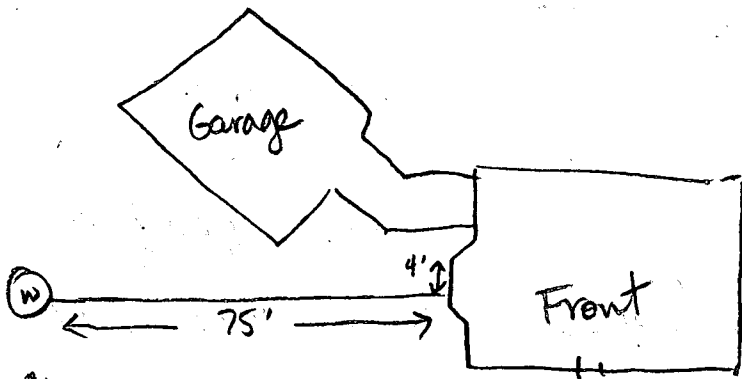
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

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

Date: 9-27-88

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

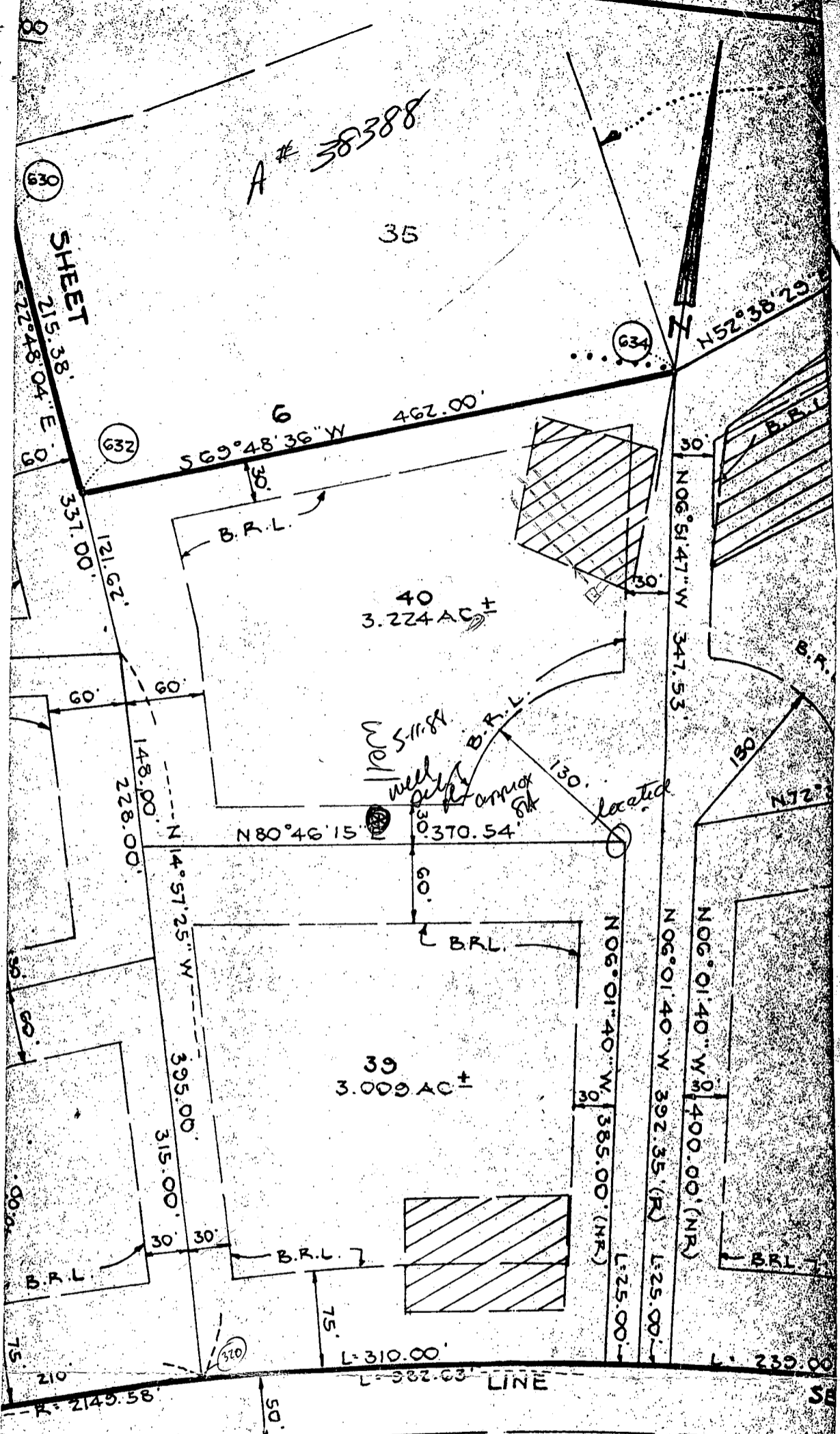


31  
 2.4  
 ---  
 63.4  
 ---  
 74

HO-01-2733

11-7-88 Pitless adaptor at 48 inches. Ground line not connected, House connection OK. Well line at 42 inches. Pump tank installed w/ relief valve. OK to cover. JENadeau

RECEIVED  
 HOWARD COUNTY  
 HEALTH DEPT.  
 SEP 29 12 05 PM '88  
 PHYSICIAN  
 ENVIRONMENTAL  
 HEALTH



81  
 630  
 SHEET  
 215.38  
 222.48 04" E  
 60

A # 38388

35

634  
 N52°38'29"

6  
 569°48'36" W 462.00'

40  
 3.224 AC±

39  
 3.009 AC±

Well  
 511.84  
 will pump  
 for  
 approx  
 50  
 located

L-310.00'  
 L-982.03' LINE

SPRINGS

Glenwood Springs  
 (HAKES PROPERTY)

CERTIFICATE:  
 MARYLAND GENERAL PARTNERSHIP,  
 BEG. HEREON, HEREBY ADOPT THIS PLAN  
 IN THE APPROVAL OF THE FINAL PLAN  
 TO ESTABLISH THE MINIMUM SURVEY