

C1 1989 SEQUENCE NO. (OEP 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 38353

DATE Received DATE WELL COMPLETED 11/02/87

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-2389

OWNER EVANS (last name) RICHARD (first name) STREET OR RFD GLENWOOD SPRINGS DRIVE TOWN GLENWOOD SUBDIVISION GLENWOOD SPRINGS SECTION LOT 6

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND Stone and GRAY Mica Rock.

GRROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 10, NO. OF POUNDS 940.

CASING RECORD. casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING. Nominal diameter 6 inch, Total depth 82 feet.

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD. screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) table with rows for casing and screen depths.

A 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...

DRILLERS IDENT. NO. 238. DRILLERS SIGNATURE: [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) []

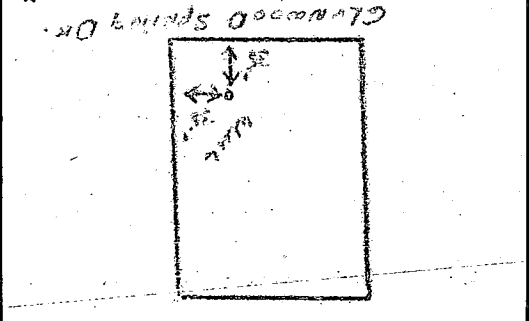
GRAVEL PACK from to. IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

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

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min. to nearest gal.) 6 1/2. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 15, WHEN PUMPING 70. 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.

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).



B 1 9308

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-2384

fill in this form completely

Date Received

8 13

OWNER INFORMATION

EVANS RICHARD

SCAMERON COURT APT A E

BALTIMORE MD 21236

B 3

LOCATION OF WELL

HOWARD

GLENWOOD SPRINGS

SECTION LOT 6

GLENWOOD

MILES FROM TOWN (enter 0 if in town) 6 MI

DRILLER INFORMATION

Joseph I. Mayne 238

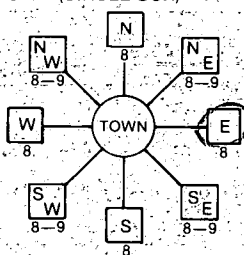
Joseph I. Mayne Well Drilling

5511 Ridge Rd. Mt Airy 21771

Signature Date 10/5/87

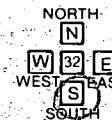
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Glenwood Springs Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 35

ENTER FT OR MI F

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3

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

County Name Howard County No. A38353

OEP SIGNATURE DATE ISSUED

103087 CO SIGNATURE EXP. DATE 4/30/87

NORTH GRID 521000 EAST GRID 0794000

APPROXIMATE DEPTH OF WELL 900 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 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 DEEPEM 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

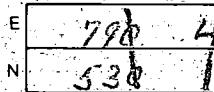
FORCE INITIALS PERMIT NO. HO-81-2384

SPECIAL CONDITIONS

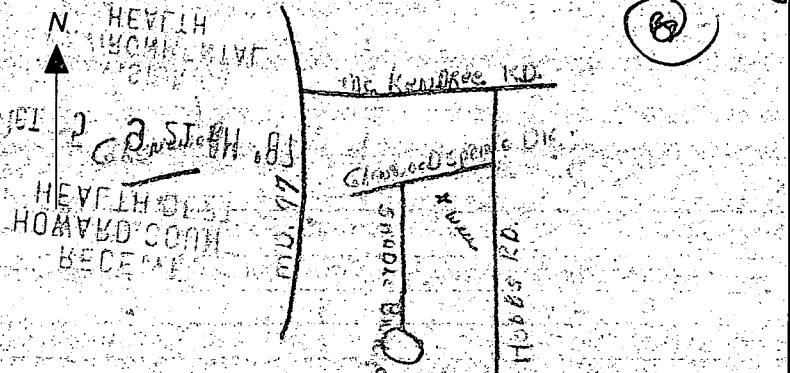
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



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 # 44079
Date 4/25/89

Name of Installer William L. Stator

Telephone 956-5934

License Number 5645

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Louisa, Raymond Telephone _____

Subdivision Glenwood Springs Lot # _____ Well Tag # _____

Site Address 2831 Glenwood Springs Dr

- Pump
- Type
a. Deep well jet
b. Shallow well jet _____
c. Submersible _____
 - Make Grundfos
 - 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 3/4
 - RPM _____
 - Voltage _____
a. 110 _____
b. 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 _____ ft.
 - Yield _____ GPM
 - Static water level _____ 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: William L. Stator

Date: 4/14/89

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

4/17/89

INDICATES HE ~~PLUCED~~
OUT PERMIT ENJOY 4/14
NOT LOCATED AT THIS TIME,
C.W.

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer WIL. STATON Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner RICHARD EVANS Telephone _____
Subdivision GLENWOOD SPRINGS Lot # 6 Well Tag # 40-81-2384
Site Address GLENWOOD SPRINGS DRIVE

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth <u>205</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>62</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>15</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

P.A. ~~NOT~~ APPROVED
P.A. 2' 5" Below Grade 4/17/89

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

Signature of Applicant: _____

Date: _____

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