



1 2 3  
 0  
 4  
 5199 SEQUENCE NO. (DENV USE ONLY)  
 (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-05074

ST/CO USE ONLY  
 DATE RECEIVED  
 DATE WELL COMPLETED  
03-24-92

Depth of Well  
 22 340 20  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
70-713-0005

OWNER PETIT C.B. JR. CONST.  
 STREET OR RFD GREENWOOD DRIVE TOWN CLARKSVILLE  
 SUBDIVISION GREENWOOD FARMS SECTION        LOT 4

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	
Top soil	0	2	
Brown shale	2	15	
Brown mica	15	40	
Sand stone	40	70	
Mica	70	115	✓
Shale	115	240	
Mica	115	240	✓
Sand stone	240	275	✓
Mica	275	285	✓
Sand stone	285	325	✓
Mica	325	340	✓

*grout 3-24-92*  
*57' case*  
*47' case*  
*to base of CBS*  
*prop last 3 hrs*  
*109 pm*

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)  
 TYPE OF GROUTING MATERIAL  
 CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 16 NO. OF POUNDS 1600  
 GALLONS OF WATER 50  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 4 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 (S) STEEL (C) CONCRETE  
 (P) PLASTIC (O) OTHER

MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch) 5 7/8  
 Total depth of main casing (nearest foot) 63  
 OTHER CASING (if used) diameter inch 6 depth (feet) from 60 to 61

SCREEN RECORD  
 screen type or open hole insert appropriate code below  
 (S) STEEL (BR) BRASS (HO) OPEN HOLE  
 (PL) PLASTIC (OT) OTHER

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 4 9  
 from 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68  
 DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 70  
 METHOD USED TO MEASURE PUMPING RATE Direct

WATER LEVEL (distance from land surface) BEFORE PUMPING 2 2  
 WHEN PUMPING 7 6

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 (CIRCLE) (YES OR NO) (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 } LAND SURFACE  
 (-) below } 2 (nearest foot)

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)  
*well 150'*  
*GREENWOOD DR.*

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 28.04.04 "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. 40  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

COUNTY



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HOWARD COUNTY HEALTH DEPARTMENT

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Joyce M. Boyd, M.D., County Health Officer

August 1, 1994

Mr. C.B. Pettit, Jr.  
7560 Greenwood Drive  
Highland, Maryland 20777

RE: Greenwood Farm, Lot #4  
7560 Greenwood Drive  
Well Tag#HO-92-0005

Dear Mr. Pettit:

This is to advise you that the septic system was installed, inspected and approved on December 22, 1993.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-92-0005.

Date of final water sample: June 29, 1994

Date of well approval: March 24, 1992

Sincerely,

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

Water sample dates: March 7, 1994  
June 29, 1994

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Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2642  
Director (410) 313-2645 TDD (410) 313-2323