

C1 5393

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-33680

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED 122486

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. HC-81-1757

OWNER

DEVELOPMENT LAND

STREET OR RFD

WILFORD RD (RTE. 32)

TOWN

CLARKSVILLE

SUBDIVISION

FOX PAUSE

SECTION

LOT 11

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Br mica, Tan mica, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED. (Circle Appropriate Box)

YES (Y) NO (N) boxes

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 25 NO. OF POUNDS 2500

GALLONS OF WATER 125

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 65 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

ST 6 70

OTHER CASING (if used)

diameter inch depth (feet) from to

Empty grid for other casing

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

C2

DEPTH (nearest ft.)

Grid for depth measurements: 40, 68, 100

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 22

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) 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)

Grid for casing height and land surface: 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)

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, 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)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

Date \_\_\_\_\_ of \_\_\_\_\_

12-30-00  
8:00

Review 1-7-87 de S. H. ...

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1757  
 Location of property (road) GUILFORD RD (RTE 32)  
 Subdivision FOX PAUSS Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller GEORGE EASTRABY Owner DEVELOPMENT, LAND

Depth of well 300 1 1/2 GPM  
 Distance of measuring point (M.P.) above ground 2 FT  
 Static water level (S.W.L.) below M.P. 25 FT

I. High rate pumping -- reservoir drawdown  
 Time pump started 9:00 Pumping rate 12.6 GPM  
 Total time 1.5 min to reach pumping water level 123 Ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	123	45 sec	Pump set	1 1/2
9:30	123	45 sec	AT 250 FT	1 1/2
9:45	123	45 sec		1 1/2
10:00	123	45 sec		1 1/2
10:15	123	45 sec		1 1/2
10:30	123	45 sec		1 1/2
10:45	123	45		1 1/2
11:00	123	45		1 1/2
11:15	123	45		1 1/2
11:30	123	45		1 1/2
11:45	123	45		1 1/2
12:00	122	45		1 1/2
12:15	122	45		1 1/2
12:30	122	45		1 1/2
12:45	122	45		1 1/2
1:00	122	45		1 1/2
1:15	122	45		1 1/2
1:30	122	45		1 1/2
1:45	122	45		1 1/2
2:00	122	45		1 1/2
2:15	122	45		1 1/2
2:30	122	45		1 1/2
2:45	122	45		1 1/2
3:00	122	45		1 1/2
3:15	122	45		1 1/2

*[Handwritten signature]*

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Court House Square  
 Ellicott City, Md. 21043  
 461-9933

New Installation    
 Replacement

Receipt # 37935  
 Date 10/27/86

Name of Installer Charles Small

Telephone 926-7464

License number 184040

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Land Dev. Coop

Telephone 924-2866

Subdivision Fox Chase Sect. 11 Lot # 11 Well tag # - - -

Site Address 6700 Guilford Rd  
Clarksville, Md.

Pump

1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible

Motor

1. Horsepower 3/4
2. RPM 1
3. Voltage    
  - a. 110
  - b. 220

Pitless Adapter

1. Make Martinson
2. Model # BP10A
3. Depth 10 ft

2. Make Goldline

3. Model # 7E140-71425222

4. Capacity 10 gph 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

1. Capacity 203 42 gal 200 200
2. Pressure relief valve? Yes Yes

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 36"

Well data

1. Depth 300 ft.
2. Yield 1 1/2 GPM
3. Static water level     ft.
4. Will water supply be disinfected by installer? No

Disinfected By Owner

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: [Signature]  
 Date: 1/5/87

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

