

C1 2254

SEQUENCE NO. (DENV 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-38671

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

Grid for date well completed

Grid for depth of well

Grid for permit number

OWNER: last name JAMES, first name JAMES, STREET OR RFD: MAUDY RD, TOWN: WILSON, SUBDIVISION: CAWMAN, SECTION: , LOT: 7

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, FEET (FROM, TO), Check if water bearing. Rows include Dirt, Soft Brown Shale, Blue & Brown Shale, Brown shale, Blue slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS: 27, NO. OF POUNDS: 2538, GALLONS OF WATER: 162, DEPTH OF GROUT SEAL: 0 to 5 ft.

CASING RECORD

Casing types: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: S, Nominal diameter: 6 inches, Total depth: 87 feet.

OTHER CASING (if used)

Grid for other casing diameter and depth.

SCREEN RECORD

screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.)

Grid for screen depth at various intervals (8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51).

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

Grid for OEP use only: T (TELESCOPE CASING), WQ (WELL LOG INDICATOR), OTHER DATA.

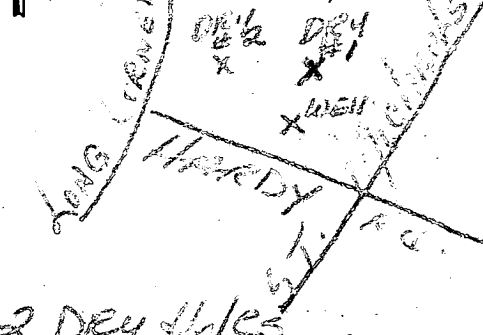
PUMPING TEST

HOURS PUMPED: 6, PUMPING RATE: 1.6 gal/min, METHOD USED TO MEASURE PUMPING RATE: Submersible, WATER LEVEL: 3.5 ft before, 4.0 ft when pumping, TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED

DRILLER WILL INSTALL PUMP: YES (NO), TYPE OF PUMP INSTALLED: S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT: 2 ft (LAND SURFACE).

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)



A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, 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. 296, Ronald L. Kyker, DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1 **5931** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

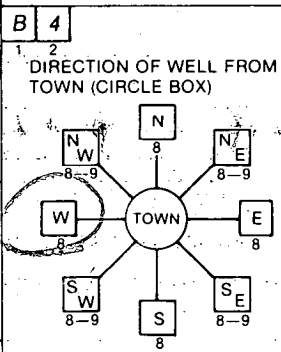
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-0511**  
 fill in this form completely

Date Received (APA) **030189**  
 OWNER INFORMATION  
**FEAGA JAMES L**  
 Last Name Owner First Name  
**6603 CARROLL HIGHLAND**  
 Street or RFD  
**DYKESVILLE** **MDR1784**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**LAURAN** SUBDIVISION  
 SECTION **7** LOT **1**  
**LISBON** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **5** MI

DRILLER INFORMATION  
**Ronald L. Kyker**  
 Driller's Name License No. **276**  
**Westminster Rotary Well Drilling, Inc.**  
 Firm Name  
**P.O. Box #961., Westminster, Md. 21157**  
 Address  
**Ronald L. Kyker 2/27/89**  
 Signature Date



**HARDY** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
**1000** DISTANCE FROM ROAD  
 ENTER FT or MI **FT**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **550**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**A-38671** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **032789** July 2nd 09-21-89  
 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 NORTH GRID **551000** EAST GRID **0764000**

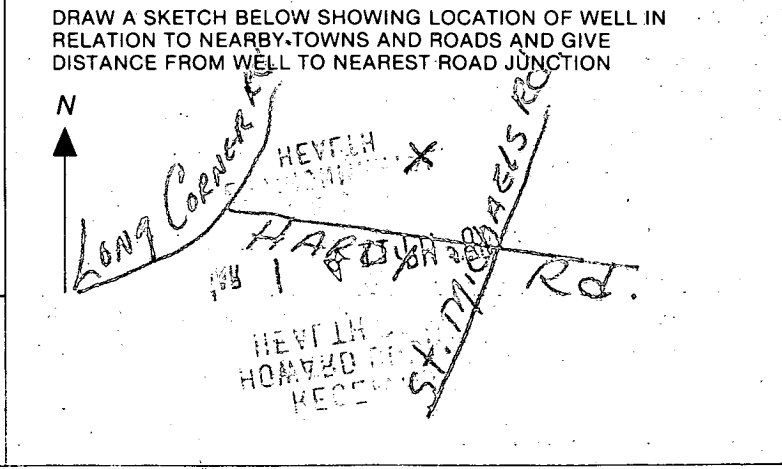
APPROXIMATE DEPTH OF WELL **300** FEET

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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **CITY**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **7604**  
 N **54051**  
**83' OPEN**  
**85' CASING**  
**1' CASING A.G.**  
**27 BAGS GROUT**  
**OBS'D**  
**MR 4/18/89**  
**2 DRY HOLES**  
**TAG OK ALSO GROUTED**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 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 **5A** WRITE INITIALS IN BOX PERMIT No. **40-88-0511**

SPECIAL CONDITIONS

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0511  
 Location of property (road) Harley Rd.  
 Subdivision Lauraan Lot 7 Block      Plat      Sec.       
 Well Driller D. Kybur Owner Feaga

Depth of well 502 Ft.  
 Distance of measuring point (M.P.) above ground 2 Ft.  
 Static water level (S.W.L.) below M.P. 35

I. High rate pumping -- reservoir drawdown

Time pump started 8:40 Am Pumping rate 15  
 Total time 1 1/2 hours to reach pumping water level 434 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 <del>5</del> 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:40	35	4 Sec.		15
8:55	124	4 Sec.		15
9:10	212	5 Sec.		12
9:25	290	6 Sec.		10
9:40	349	8 Sec.		7.5
9:55	398	10 Sec.		6
10:10	434	43 Sec.		1.3
10:25	433	43 Sec.		1.3
10:40	430	40 Sec.		1.4
10:55	426	42 Sec.		1.4
11:10	423	36 Sec.		1.6
11:25	421	38 Sec.		1.5
11:40	419	37 Sec.		1.6
11:55	417	36 Sec.		1.6
12:10	416	36 Sec.		1.6
12:25	514	36 Sec.		1.6
12:40	414	36 Sec.		1.6
12:55	413	36 Sec.		1.6
1:10	412	36 Sec.		1.6
1:25	411	36 Sec.		1.6
1:40	410	36 Sec.		1.6
1:55	409	36 Sec.		1.6
2:10	408	36 Sec.		1.6
2:25	407	36 Sec.		1.6



8/30/89  
P.M.

8/30 Partial ↓  
see below

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 # 44869  
Date 08-15-89  
Name of Installer J.A. Smith & Co Inc. Telephone 796-7532  
License Number 5581  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner JAMES FEAGA Telephone \_\_\_\_\_  
Subdivision LAURAND Lot # 7 Well Tag # HO-99-0511 ✓ 8/30/89  
Site Address 17590 HARDY RD Mt Airy 21721 ~~HO 81-7761~~

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Coolds  
3. Model # SE510412  
4. Capacity 7 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 \_\_\_\_\_

Motor  
1. Horsepower 1  
2. RPM 3450  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter  
1. Make MARTINSON  
2. Model # BK10  
3. Depth 42"

Tank  
1. Capacity 20  
2. Pressure relief valve? yes

Piping  
1. Type NPT 200  
2. Size 1"  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 42"

Well data  
1. Depth 495 ft.  
2. Yield 2 GPM  
3. Static water level 40 ft.  
4. Will water supply be disinfected by installer? NO

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: J. Allen Smith Jr.  
Date: 8/11/89

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

HD-215  
8/30/89 Partial - Water line and pitless adapter is OK - only: C.B. S