

A-07359

HOWARD COUNTY  
MARYLAND STATE DEPARTMENT OF HEALTH  
8 Church Road  
ELLICOTT CITY, MARYLAND

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 2" M.O.D. 55 ft.
2. Total depth of well 87 ft.
3. Type, diameter and length of strainer \_\_\_\_\_ Size of screen openings \_\_\_\_\_
4. Method of sealing top and bottom of screen \_\_\_\_\_
5. Method of grouting Cement. Quantity, cement used 2 Bags lbs.  
Gals. water 10 Gall.
6. Standing water level (depth below ground surface when not pumping) 60 ft.
7. Yield of well in gallons per minute 6; elevation of water surface when pumped at the designated rate 70 ft.
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from 68 ft.
11. Physical appearance of water at end of final pumping test Partly clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 6 ounces of Clorox % Chlorine (Brand name \_\_\_\_\_)

Property Owner Wm. Mayfield Address Woodlawn  
Location of property Hepes Hill Road of Jones Road  
Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. \_\_\_\_\_

Date: Aug. 18, 1964. Dwight Brown # 56  
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.