

SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 7/30/76 DEPTH OF WELL 300 PERMIT NO. FROM "PERMIT TO DRILL WELL" _____
 8-13 15 20 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 201

OWNER _____ LAST NAME _____ FIRST NAME _____
 STREET OR RFD _____ POST OFFICE _____

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Sand	0	54	
Micha Rock	54	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES Y NO N
 44 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT C M BENTONITE CLAY B C
 45 46 45 46

NO. OF BAGS _____ NO. OF POUNDS 1316

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 42 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 S T C O
 STEEL CONCRETE
 P L O T
 PLASTIC OTHER

MAIN CASING TYPE S T
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 300

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 S T B R H O
 STEEL BRASS OR BRONZE OPEN HOLE
 P L O T
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	4
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 (E.R.O.S.)

TELESCOPE CASING T 70
 LOG INDICATOR L 72
 OTHER DATA AVAILABLE W 74 Q 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 8

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11

METHOD USED TO MEASURE PUMPING RATE 26

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 17 (NEAREST FOOT)
 WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE
 - BELOW } (NEAREST FOOT)
49 50 51



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME _____
 (PLEASE PRINT) John A. Green
 SIGNATURE John E. Druehl

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

March 3, 1988

Mr. Joseph Bruno
13791 Highland Road
Highland, Maryland 20777

RE: Russell Zepp property, Lot 4

Dear Mr. Bruno:

This is to advise you that the septic system was installed, inspected and approved on March 15, 1977.

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 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-73-1744.

Date of Final Sampling
January 21, 1988

Date of Acceptance
January 27, 1988

Jane E. Nadeau
Jane Nadeau, Sanitarian
Water and Sewerage Program

Water Sample Dates: 12/15/87
1/21/88

JN:hs