

C1 1118 SEQUENCE NO. (DENV 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.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 29116

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 08 22 87

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-48-0991

OWNER: Fagan Timothy last name first name STREET OR RFD: Old Frederick Road TOWN: Jacks Corner SUBDIVISION: Daddered Cemetery SECTION: LOT: 2

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Entries include Top Soil, Shale, Mika, Sandstone, and Mika with depth ranges.

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS: 17 NO. OF POUNDS: 1700.2

CASING RECORD: MAIN CASING TYPE (DL), Nominal diameter (1), Total depth (93)

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below

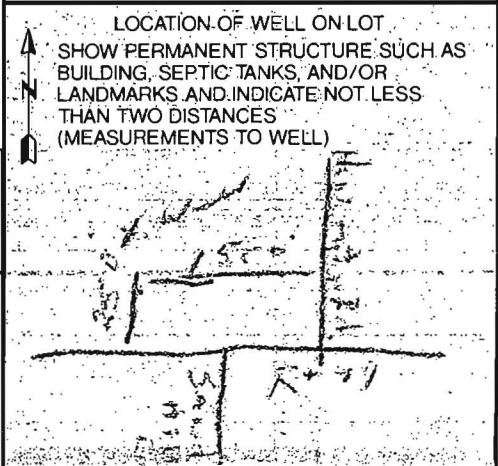
C2: DEPTH (nearest ft.) table with columns for depth ranges and slot size information.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3: PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED (S) submersible



A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS IDENT. NO. 459

DRILLERS SIGNATURE: Timothy Fagan SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)



11AM  
7/2/99

SITE INSPECTION SHEET

OWNER: Reamer

DATE REQUESTED: 7/2/99

PHONE #: 410-442-2027

CONTRACTOR: \_\_\_\_\_

ADDRESS: 12070 Old Fred Rd

WELL TAG #: 40-88-0991

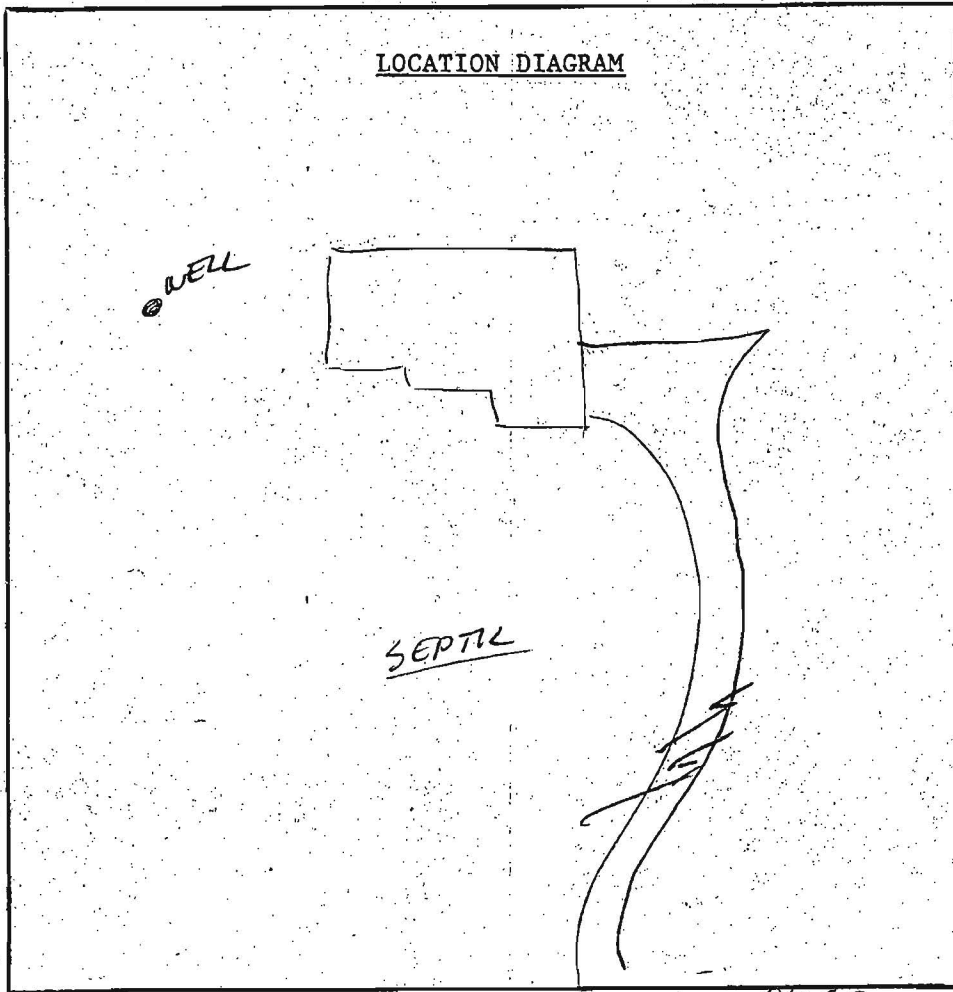
Peddicord Lot 2

COUNTY #: \_\_\_\_\_

PROPOSAL: requests HD inspection to verify well water emergency to support emergency inclusion in Metro District

LETTER TO BE FAXED TO CHARLOTTE DRYDEN @ 3408 7/2/99 FRIDAY ASAP

LOCATION DIAGRAM



COMMENTS: Ran water from 11:20 to 12:20 <sup>RF 99</sup>

did not run out of H<sub>2</sub>O - 2 hoses going - owners

never showed 7/2/99 T/C W/OWNER REPORTING ABOVE & THAT

"EMERGENCY" MAY BE DUE TO EXCESSIVE OUT DOOR WATERING - CALL BACK <sup>SHE WILL</sup>

DATE: 7/2/99

INSPECTOR: A McMillen <sup>IF NEC- FOR</sup>

10/22/92  
PM - Not Connected today 10/22/92

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 # 0  
Date 10/19/92

Name of Installer Allen M. Van Sant Inc

Telephone 442-2227

License Number 1862

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Steven & Pamela Adams Telephone 461-5255

Subdivision Redwood Property Lot # 2 Well Tag # 10-88-0991

Site Address 12070 Old Road Wch Rd.  
ROUTE 99.

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make Gould
- Model # 5K205412
- Capacity 5 GPM
- Pump exceeds well capacity Yes  No
- If Yes, is low pressure cutoff switch installed? Yes  No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Motor

- Horsepower 1/2
- RPM
- Voltage 
  - 110
  - 220

Pitless Adapter

- Make Howard
- Model #
- Depth 3 FT

Tank

- Capacity 80 gal equal
- Pressure relief valve?

Piping

- Type #160 L.D.
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 3 FT

Well data

- Depth 250 ft.
- Yield 5 GPM
- Static water level      ft.
- Will water supply be disinfected by installer?

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: 10-19-92

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