

C1 3244 SEQUENCE NO. (OEP 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) FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE COUNTY NUMBER **A 19180**

DATE RECEIVED: [] DATE WELL COMPLETED: **03/19/87** Depth of Well: **123** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **HD-B71-0755**

OWNER: **Howell** (last name) **Roger** (first name)
 STREET OR RFD: **Mustang Path** TOWN: **Glenwood**
 SUBDIVISION: **Glenwood Estates** SECTION: **1** LOT: **6**

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown Shale	0	28	
Stratified rock	28	123	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL: CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **20** NO. OF POUNDS: **1880**
 GALLONS OF WATER: **120**
 DEPTH OF GROUT SEAL (to nearest foot) from [] ft. to [] ft. (enter 0 if from surface)

CASING RECORD
 casing types: **ST** **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): [] Total depth of main casing (nearest foot): **32**

OTHER CASING (if used)
 diameter inch: [] depth (feet) from: [] to: []

SCREEN RECORD
 screen type or open hole: **ST** **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)
 1 **40** 30 123
 2 [] [] [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] [] [] []

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. **238**
Richard S. Montgomery

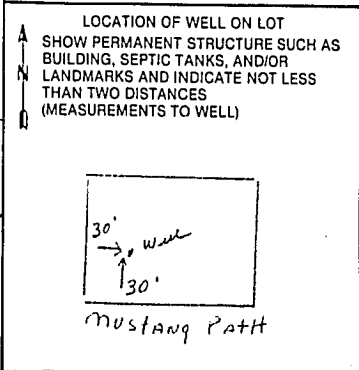
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN [] (NEAREST INCH)
 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.) 70 [] 72 [] WQ 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING [] WHEN PUMPING []
 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) **(+)** above **(-)** below LAND SURFACE [] (nearest foot)



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 X Replacement _____
 Receipt # 38456
 Date 1-21-87
 Name of Installer Zopp Plumbing & Htg. Inc. Telephone 531-6712
 License number 1782
 Certified Well Pump Installer, _____ Well Driller _____ Registered Plumber X
 Name of Property Owner Roger J. Howell Telephone _____
 Subdivision Glenwood Estates Lot # 6 Well tag # _____
 Site Address 14620 Mustang Path
Glenwood, Md. 21738

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible v
 2. Make could
 3. Model # 2143054416
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes X No _____
 6. If Yes, is low pressure cutoff switch installed? Yes v No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards v Other _____

Motor
 1. Horsepower 1/2
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 v

Pitless Adapter
 1. Make Martinson
 2. Model # _____
 3. Depth _____

Tank
 1. Capacity 82
 2. Pressure relief valve? yes

Piping
 1. Type Poly blue
 2. Size 1"
 3. NSF and/or BOCA Code approved 11
 4. Depth of supply line _____

Well data
 1. Depth 102 ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? Yes

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: 1/21/87

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

