

C1 2361

SEQUENCE NO. (OEP 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.

COUNTY NUMBER A-38359

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

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT) 145

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-81-2026

OWNER: DENNIS HUBBARD (last name), DENNIS (first name), TOWN: GLENWOOD, SUBDIVISION: DENNIS HUBBARD POOL, SECTION: , LOT: 3

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 FROM TO Check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Entries: Brown Shale (0-10), Carrara Rock (10-145)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 6 NO. OF POUNDS 564

GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter 6 Total depth 22

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

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

Table for screen depth: H0 20 145

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) T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

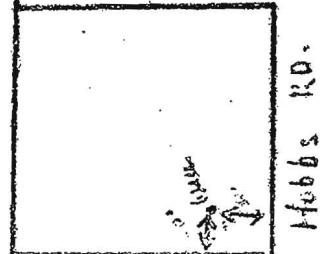
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 WHEN PUMPING 35 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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) LAND SURFACE (nearest foot)

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)



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 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



6/20/89  
6/23/89

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 # WPI 44501  
Date 6-13-89  
Name of Installer Leonard E. Sutton Co Telephone 744-4552  
License Number 3041  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner Fred & Sharon Goldsmith Telephone 744-6888  
Subdivision Dennis Hubbard Prop. Lot # 3 Well Tag # 81-20-26  
Site Address 2970 Hobbs Road

Pump  
1. Type  
a. Deep well jet   
b. Shallow well jet   
c. Submersible   
2. Make myers  
3. Model # \_\_\_\_\_  
4. Capacity 10 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  
2. RPM \_\_\_\_\_  
3. Voltage 220  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

Pitless Adapter  
1. Make   
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

Tank  
1. Capacity XTadl 202  
2. Pressure relief valve? 75

Piping Big Blue  
1. Type 150lb  
2. Size 1"  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 36"

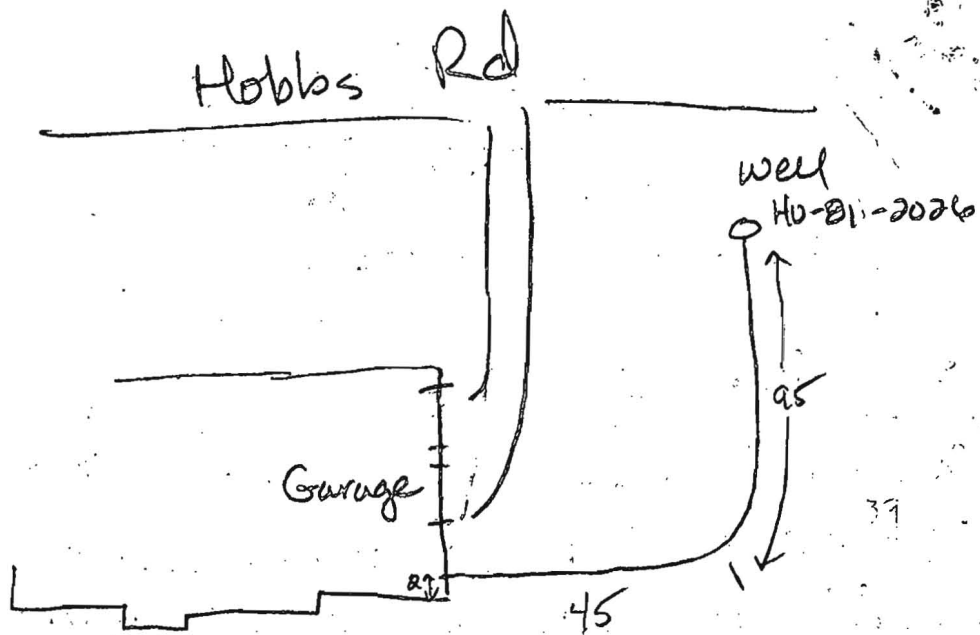
Well data  
1. Depth 150 ft.  
2. Yield 12 GPM  
3. Static water level 35 ft.  
4. Will water supply be disinfected by installer?

4/20/89 No work done/RA

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: Leonard E. Sutton  
Date: 6-13-89

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



6-23-89

Well line at 3.5 ft below grade. House connection  
 OK. Ground installed but not connected.  
 Pitless adaptor at 36 inches below grade. Pump  
 tank installed w/ relief valve, JENadeau

DAIRY  
PA

N 44° 54' 01" E 256.38'

B.R.L. 60°

30'

B.R.L.

N 57° 08' 22" W 528.24'

LOT 3  
3,000 Ac.±  
2 STORY FRAME

B.R.L.

30'

N 22° 22' 30" W 527.25'



LOT 2

LOT 4

8' x 4' CONCRETE AIR CONDITIONER PAD

SEPTIC CLEAN OUTS

5' x 11' WOOD DECK

20' x 40' WOOD DECK

78 1/2'

36' 30"

COVERED WOOD DECK

WELLO

GRAVEL DRIVE

105'±

118'±

75'

B.R.L.

R-525.00'

L-187.16'

HOBBS ROAD

R-477.21'

L-70.37'