

C1 1959

SEQUENCE NO. (DENV 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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid: 103090

Depth of Well grid: 300 (TO NEAREST FOOT)

PERMIT NO. grid: 40-85-1629

OWNER: MARY RALPH E KAREN; STREET OR RFD: 234 PennShop Rd; TOWN: Mt Airy Md 21771; SUBDIVISION: Waves; SECTION: ; LOT: ;

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Brownslate, Blueslate, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 6, NO. OF POUNDS: 600, GALLONS OF WATER: 36, DEPTH OF GROUT SEAL: 19 ft.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: PL, Nominal diameter top (main) casing: 6, Total depth of main casing: 21 ft.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 453; DRILLERS SIGNATURE: Frank D. G. (MUST MATCH SIGNATURE ON APPLICATION)

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

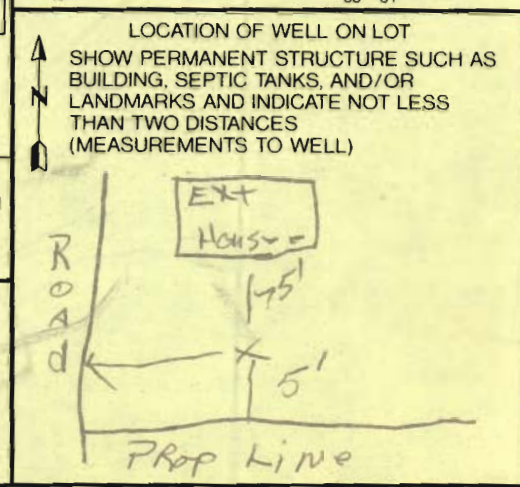
DEPTH (nearest ft.) grid: 19, 300; SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN: 56-60 (NEAREST INCH); from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER); T (70), (E.R.O.S.) (72), WQ (74, 75, 76); TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: C 3; HOURS PUMPED: 6; PUMPING RATE: ; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL: 15; BEFORE PUMPING: 15; WHEN PUMPING: 300; TYPE OF PUMP USED: A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO); TYPE OF PUMP INSTALLED: ; CAPACITY: ; GALLONS PER MINUTE: ; PUMP HORSE POWER: ; PUMP COLUMN LENGTH: ; CASING HEIGHT: ; LAND SURFACE: ;



COUNTY

B 1 **2879** SEQUENCE NO. (DP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-1629
 fill in this form completely

Date Received (APA) **103090**
OWNER INFORMATION
 15 Last Name **Delph** Owner First Name **Kathleen**
 36 Street or RFD **18234 Penn Shop Rd**
 57 Town **Mt Airy** 70 State **72** Zip **76**

B 3 LOCATION OF WELL
 8 COUNTY **Howard**
 23 SUBDIVISION **Delph Prop**
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN **Mt Airy**
 MILES FROM TOWN (enter 0 if in town) **2** M I

DRILLER INFORMATION
 Driller's Name **Frank Delph** 77 License No. **453**
 Firm Name **Frank Delph - well Drilling**
 Address **18234 Penn Shop Rd Mt Airy**
 Signature **Frank Delph** Date **10/30/90**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD **Penn Shop**
 DISTANCE FROM ROAD **50** ENTER FT or MI **27**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **R4-46537**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **103090** CO SIGNATURE **Mark E. Riffin** EXP. DATE **4/30/91**
 NORTH GRID **550000** EAST GRID **0756000**

APPROXIMATE DEPTH OF WELL **400** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-Percussion **ROTARY (Hydraulic Rotary)**
 CABLE REVerse-ROTary Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **MD** WRITE INITIALS IN BOX PERMIT No. **HO-88-1629**

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 NORTH **7586** EAST **0756000**
 SOUTH **550**
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~461-9933~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # _____
Date _____

Name of Installer Ralph Mayo

Telephone 410-489-4939

License Number 117

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner KAREN & FRANK DELPH Telephone 301-607-9232

Subdivision None Lot # _____ Well Tag # 88-14-29

Site Address 18234 Pennshop Rd Mt Airy Md (HO-88-1629)

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

2. Make Shur-Pak

3. Model # SD-A202

4. Capacity 16 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 3/4

2. RPM _____

3. Voltage 230

a. 110 _____

b. 220 _____

Pitless Adapter

1. Make Cambell

2. Model # _____

3. Depth 38 in

Tank

- Capacity 40 gal
- Pressure relief valve?

Piping

1. Type 160 PSI

2. Size 1 inch

3. NSF and/or BOCA Code approved

4. Depth of supply line 36 ft

Well data

1. Depth 300 ft.

2. Yield 1 GPM

3. Static water level 15 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.

NO INSP
EVER DONE

Signature of Applicant: Frank Delph

Date: 2, 24, 01

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

REPLACEMENT WELL SITE INSPECTION

~~12/1/89~~
~~8/10/90~~
10/30/90

OWNER Frank Delph

DATE REQUESTED _____

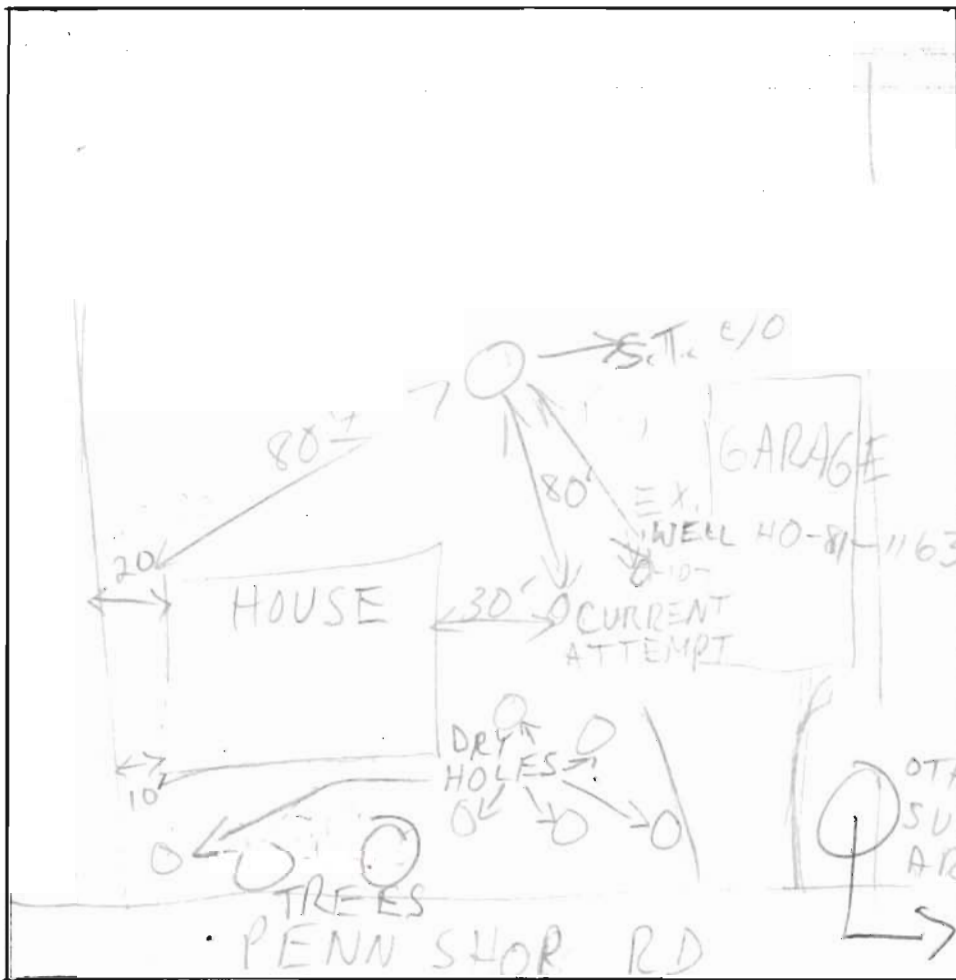
ADDRESS 18234 Penn Shop Rd

DRILLER _____

WELL TAG# _____

COUNTY# _____

LOCATION DIAGRAM



COMMENTS: 10/18/89 OWNER TO CONTINUE W/CURRENT ATTEMPT; SUGGESTED RIGHT FRONT LOT CORNER AS POTENTIAL SITE