C 1 665[redacted] SEQUENCE NO. (DENV USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 43422

ST/CO USE ONLY DATE Received ☐☐☐☐☐☐ (8–13)	DATE WELL COMPLETED 1 1 1 3 9 2 (15–20)	Depth of Well 140 (22–26) (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-0239 (28–37)

OWNER Kroll Developer
last name first name
STREET OR RFD [illegible] TOWN Lisbon
SUBDIVISION Cabin Branch Park SECTION ______ LOT 42

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	FEET TO	Check if water bearing
Brown Shale	0	61	
Blue Rock	61	140	✓

CIRCLE APPROPRIATE LETTER
- 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 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 938

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) [✓ Y] yes N no (44)
TYPE OF GROUTING MATERIAL
CEMENT [✓ CM] (45 46) BENTONITE CLAY BC (45 46)
NO. OF BAGS 14 NO. OF POUNDS 1316
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (48–52 TOP) to 50 ft. (54–58 BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	66 (66–70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to
☐☐			
☐☐			

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2
1 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO (8 9)	64 (11–15)	140 (17–21)
2	(23 24)	(26–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

SLOT SIZE 1____ 2____ 3____
DIAMETER OF SCREEN ☐☐☐☐☐ (56–60) (NEAREST INCH)

GRAVEL PACK from ______ to ______
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 ☐

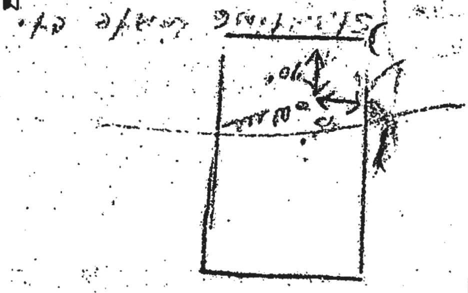
OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (70) ☐ TELESCOPE CASING
(E.R.O.S.) (72) ☐ LOG INDICATOR
W Q (74 75 76) ☐☐☐ OTHER DATA

C 3
1 2

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)
PUMPING RATE (gal. per min. to nearest gal.) 10 (11–15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43 (17–20)
WHEN PUMPING 54 (22–25)
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet [✓ S] submersible (27)

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: ☐ (29)
CAPACITY: GALLONS PER MINUTE (to nearest gallon) ☐☐☐☐☐ (31–35)
PUMP HORSE POWER ☐☐☐☐☐ (37–41)
PUMP COLUMN LENGTH (nearest ft.) ☐☐☐☐☐ (43–47)
CASING HEIGHT (circle appropriate box and enter casing height)
[✓ +] above (49) − below (49) LAND SURFACE 2 (50 51) (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)



COUNTY

5/26/94
WPI - OK
to cover final
A. McMullen

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 # ____
Date ____
Name of Installer Plumbing Heating & Supplies
Telephone 410-848-5300
License Number 5165
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓
Name of Property Owner Frill Dev.
Telephone ____
Subdivision Cabin Crane Farms Lot # 42 Well Tag # 92-02-34
Site Address 3215 Shut Castle Court

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 1EH0542
4. Capacity 7 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 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Campbell
2. Model # B-300X
3. Depth 4

Tank
1. Capacity 7
2. Pressure relief valve? yes

Piping
1. Type Plastic
2. Size 1
3. NSF and/or BOCA Code approved NSF
4. Depth of supply line 4

Well data
1. Depth 4 ft.
2. Yield 10 GPM
3. Static water level 43 ft.
4. Will water supply be disinfected by installer? No

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).

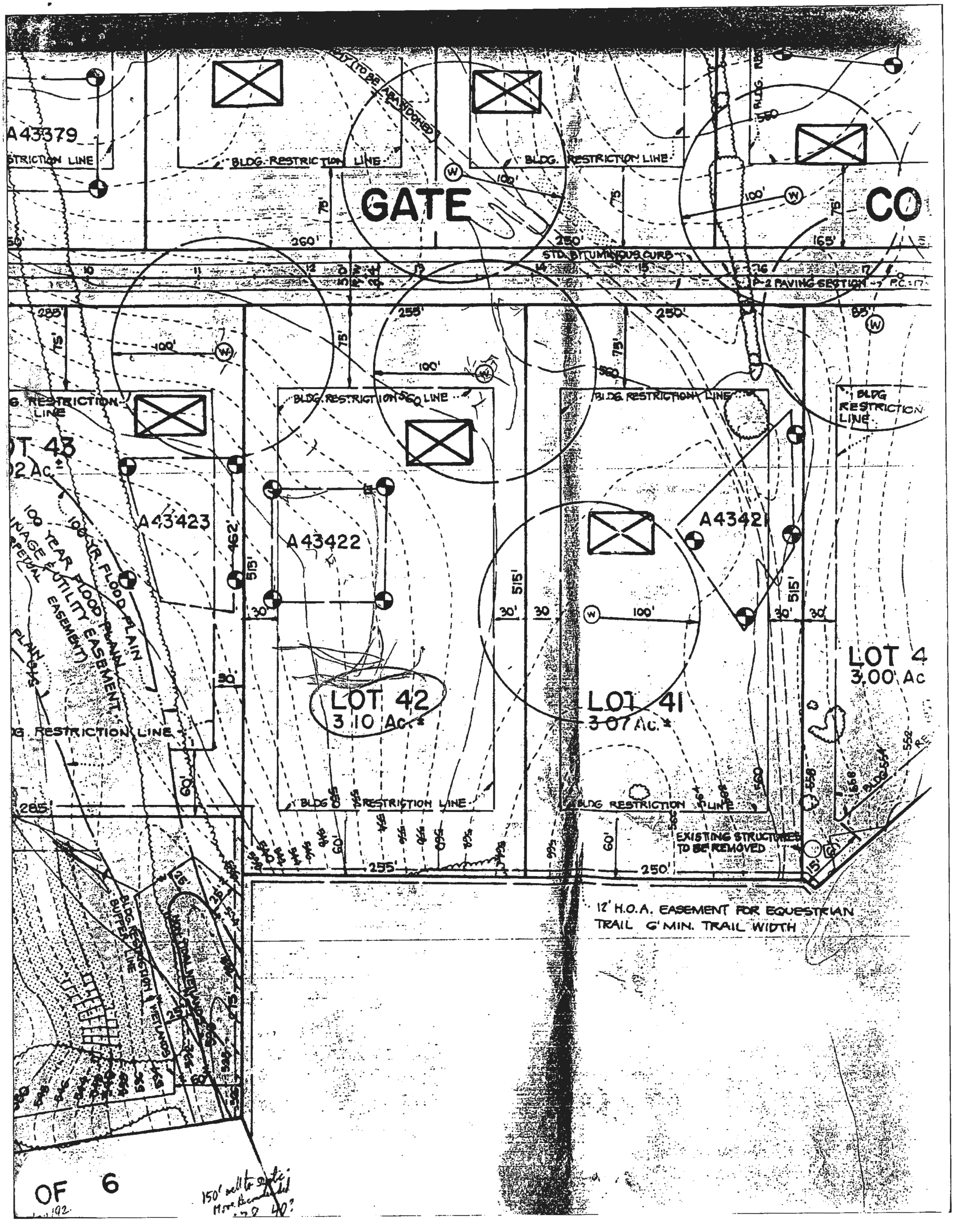
All information given above is true to the best of my knowledge.

Signature of Applicant: Edgar E. Parry

Date: May 25, 1994

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

HD-215


A43379
BLDG. RESTRICTION LINE
(TO BE ABANDONED)
GATE
CO
75'
100'
260'
250'
165'
STD. BITUMINOUS CURB
P-2 PAVING SECTION
285'
255'
250'
85'
LOT 43
A43423
A43422
A43421
100 YR. FLOOD PLAIN
DRAINAGE & UTILITY EASEMENT
462'
515'
30'
60'
LOT 42
3.10 Ac.±
LOT 41
3.07 Ac.±
LOT 4
3.00 Ac
EXISTING STRUCTURES TO BE REMOVED
15'
WETLANDS
BUFFER LINE
12' H.O.A. EASEMENT FOR EQUESTRIAN TRAIL 6' MIN. TRAIL WIDTH
OF 6

150' well to septic;
More Recommended
[illegible] 40?