

1 0047

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 C.O.L.S. 3-6 ON ALL CARDS)

COUNTY NUMBER A 42236

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD last name first name TOWN SUBDIVISION SECTION LOT

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries for Topsoil, Clay & shale, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

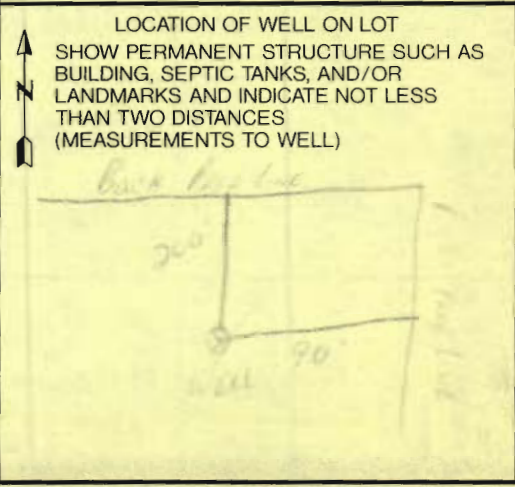
DEPTH (nearest ft.) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) W Q LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED

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)



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. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 9161

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0723

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

please print or type

Date Received (APA)

05/18/89

OWNER INFORMATION

KOREN DEVELOPMENT

15 Last Name Owner First Name 34

ONE CENTRE PARK DR

36 Street or RFD 55

COLUMBIA MD 21045

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. easterday

40

Driller's Name

77 License No. 80

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

5/4/89

Signature

Date

B 3

LOCATION OF WELL

12-94289

HOWARD

8 COUNTY 21

ADAMS REACH

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

CLARKSVILLE

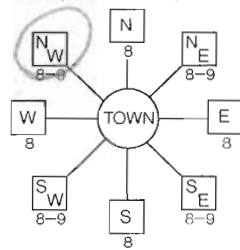
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town)

1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13 ROAD WATER LANE

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 200 37

DISTANCE FROM ROAD

ENTER FT or MI FT

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

Howard A-42236

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 06/28/89

CO SIGNATURE EXP. DATE

NORTH GRID 509000 EAST GRID 081000

APPROXIMATE DEPTH OF WELL 200 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

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 deepen an existing well
(If number of well to be replaced or deepened available)

Not to be filled in by driller (OEP USE ONLY)

PERMIT NUMBER GAP

WRITE INITIALS IN BOX PERMIT No. 40-88-0723

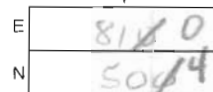
CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

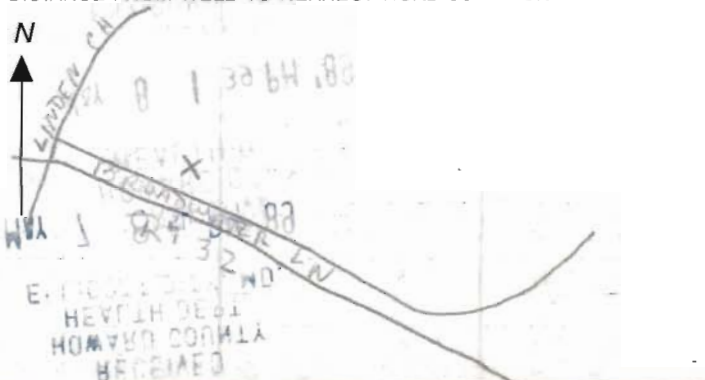
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Fraser - 6 hr
 7-24-89

Review dlc 8/1/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0723
 Location of property (road) Bloodwater Camp
 Subdivision Adams Reach Lot 7 Block _____ Plat _____ Sec. 1
 Well Driller G Eastaday Owner Karen Development

Depth of well 400
 Distance of measuring point (M.P.) above ground 2 1/2 FT.
 Static water level (S.W.L.) below M.P. 22'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
 Total time 0 to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	17'	6 sec	380'	10 GPM
8:15	50'	6 sec		10 GPM
8:30	64'	6 sec		10 GPM
8:45	74'	6 sec		10 GPM
9:00	78'	6 sec		10 GPM
9:15	83'	6 sec		10 GPM
9:30	88'	6 sec		10 GPM
9:45	92'	6 sec		10 GPM
10:00	95'	6 sec		10 GPM
10:15	98'	6 sec		10 GPM
10:30	101'	6 sec		10 GPM
10:45	103'	6 sec		10 GPM
11:00	105'	6 sec		10 GPM
11:15	107'	6 sec		10 GPM
11:30	108'	6 sec		10 GPM
11:45	109'	6 sec		10 GPM
12:00	109'	6 sec		10 GPM
12:15	110'	6 sec		10 GPM
12:30	110'	6 sec		10 GPM
12:45	110'	6 sec		10 GPM
1:00	111'	6 sec		10 GPM
1:15	111'	6 sec		10 GPM
1:30	111'	6 sec		10 GPM
1:45	111'	6 sec		10 GPM

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 # 00
Date 8/9/93
Name of Installer CR B. DODD & SON INC Telephone _____
License Number 7729
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner ALAN Plumley Telephone _____
Subdivision ADAMS Reach Lot # 7 Well Tag # HO-88-0723
Site Address 5601 Broadwater Ln
Charksville md 21029

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1 1. Make Campbell
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 36"
c. Submersible a. 110 _____
2. Make JACUZZI b. 220
3. Model # TIBS47ISS2
4. Capacity 76pm 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 _____

Tank Piping Well data
1. Capacity 80 1. Type Poly eth. 1. Depth 400 ft.
2. Pressure relief valve? 2. Size 1 2. Yield 10 GPM
3. NSF and/or BOCA Code approved 3. Static water level 22 ft.
4. Depth of supply line 36" 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: CR B. DODD

Date: 8-9-93

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