

C1 1168 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-32045**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
030790

Depth of Well
 22 **750** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
10-88-1241

OWNER **MALCOLM L. JOHN** last name first name
 STREET OR RFD **TRIPLE DELTA MILL RD** TOWN **CLARKSVILLE**
 SUBDIVISION **THOMPSON PROPERTY** SECTION **---** LOT **F1**

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	
rotary ground	0	36	
gray schist	36	105	
water			
gray schist	105	107	
water			
gray schist	107	141	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **17** NO. OF POUNDS **1578**
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from **---** ft. to **---** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **7** Total depth of main casing (nearest foot) **71**
OT **7** **63** **64** **66** **70**

OTHER CASING (if used)
 diameter inch **---** depth (feet) from **---** to **---**
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN **750** **41** **430**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN **---** (NEAREST INCH)
 from **---** to **---**

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **0**
 PUMPING RATE (gal. per min. to nearest gal.) **17**
 METHOD USED TO MEASURE PUMPING RATE **with bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **41**
 17 20
 WHEN PUMPING **430**
 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

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **---**
 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 } LAND SURFACE (nearest foot)
 below }

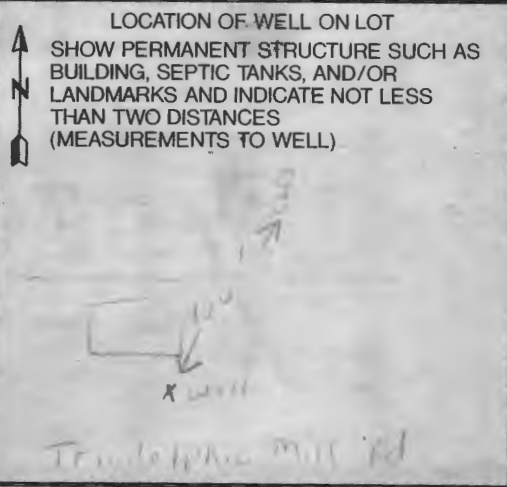
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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

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 **---**
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



COUNTY

10/10/90

NO APPLICATION YET.
APPLICATION MAILED TO INSTALL - THIS DATE C.W.

10/15/90

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

Final
OK of well
C.B.D.

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____
Name of Installer WM REICHAUT Telephone _____
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____
Name of Property Owner NORA MAGLAUGHIN Telephone _____
Subdivision THOMPSON PROPERTY Lot # E-1 Well Tag # 40-58-12411
Site Address 13135 TAYLOR AVE

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ 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 _____ 1. Type _____ 1. Depth _____ ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

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: _____
Date: _____

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

Left original