

C 1 **5875** SEQUENCE NO. (WRA USE ONLY)

2 3 (SEQ. NO.)

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 5/9/75 DATE WELL COMPLETED

DEPTH OF WELL 175 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-11-074 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 209

OWNER FARNANDAIS LAST NAME WATER FIRST NAME

STREET OR RFD 6202 Columbia Road POST OFFICE Columbia Md 21045

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Mica Soil</u>	<u>0</u>	<u>20</u>	
<u>Shale Rock</u>	<u>20</u>	<u>30</u>	
<u>Mica Rock</u>	<u>30</u>	<u>175 X</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 30 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S T C O

STEEL CONCRETE

P L O T

PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 30

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

S T B R H O

STEEL BRASS OR BRONZE OPEN HOLE

P L O T

PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT)

FROM 30 TO 175

EACH SCREEN

1 40 8 9 11 15 17 21

2 _____ 23 24 26 30 32 36

3 _____ 38 39 41 45 47 51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T W O

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 35 (NEAREST FOOT)

WHEN PUMPING 150 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A J P R S T O

PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 _____ 35

PUMP HORSE POWER _____ 37 _____ 41

PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 _____ 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Handwritten note: BORD - 12/10/75 well

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Howard Dillon

(PLEASE PRINT) Howard Dillon

SIGNATURE Howard Dillon

5/12/94
10 AM

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 # 00
Date 5/10/94
Name of Installer R.W.T. Inc Telephone ³⁰¹ 498-6138
License Number _____
Certified Well Pump Installer Well Driller _____ Registered Plumber _____
Name of Property Owner ROBERT L. GLADDON JR Telephone _____
Subdivision Roscommon Estate Lot # 22 Well Tag # HO-78-0956
Site Address 3211 Roscommon Drive Not open well

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Grundfos
3. Model # Demosa
4. Capacity 4 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 7 yard
a. 110 _____
b. 220
Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 47

Tank
1. Capacity _____
2. Pressure relief valve?
Piping
1. Type Coldwater Jet
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 47
Well data
1. Depth 175 ft.
2. Yield 4 GPM
3. Static water level 35 ft.
4. Will water supply be disinfected by installer?

Need pitless adapter on old well
OK @ 3 ft. RP 5/10/94
casing + great look OK

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: Edward W. Thompson
Date: 5/10/94

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