

A08471

HOWARD COUNTY
 MARYLAND STATE DEPARTMENT OF HEALTH
 8 Church Road
 ELLICOTT CITY, MARYLAND

65-W-179

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 5 5/8 steel 65ft
2. Total depth of well 68
3. Type, diameter and length of strainer _____ Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 270 lbs. Gals. water 18
6. Standing water level (depth below ground surface when not pumping) 10
7. Yield of well in gallons per minute 24; elevation of water surface when pumped at the designated rate 30.
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance 2 gal
10. Log of materials encountered during drilling Top soil 2 ft Yellow Clay 2-10 sand 20-60 inches Rock 60-68
11. Physical appearance of water at end of final pumping test _____
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth 1/2
13. Disinfected by _____ ounces of _____ % Chlorine (Brand name _____)

Property Owner R. Hepner Phillips Address Simpsonville Sup
 Location of property Brown Badge Rd

Health Department Number _____ Dept. of Water Resources Permit No. _____

Date: Oct 10, 1964. John C. Malone
 Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.