

C1 1248 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER P 33801

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 120189

Depth of Well 140 (TO NEAREST FOOT)

OK MR 12/22/89

PERMIT NO. FROM "PERMIT TO DRILL WELL" Hd-88-1110

OWNER 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. Rows include Top Soil, Br shale, Clay, Br mica, Gray mica, Br mica, Gray mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 31 NO. OF POUNDS 2100

CASING RECORD MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 77

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) 140 75 140

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.02 "WELL CONSTRUCTION"

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)

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) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 50 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 140 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) 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) 4 above LAND SURFACE 2 (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)

B 1 **2218** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

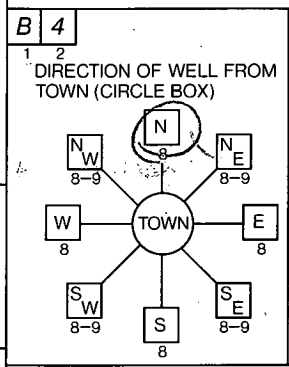
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-89-11110
fill in this form completely

Date Received (APA) **111689**
OWNER INFORMATION
O'NEIL DANA
Last Name Owner First Name
13998 BURNWOODS RD
Street or RFD
GLENELG MD 21737
Town State Zip

B 3 LOCATION OF WELL
HOWARD
COUNTY
23 SUBDIVISION
SECTION **44** LOT **48**
GLENELG
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION
George F. Easterday
Driller's Name License No. **40**
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday **11/14/89**
Signature Date



13998 BURNWOODS RD
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **200**
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 **P32821**
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED **112489** **Dave C. Indian** **5-24-90**
NORTH GRID **525000** EAST GRID **0901000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

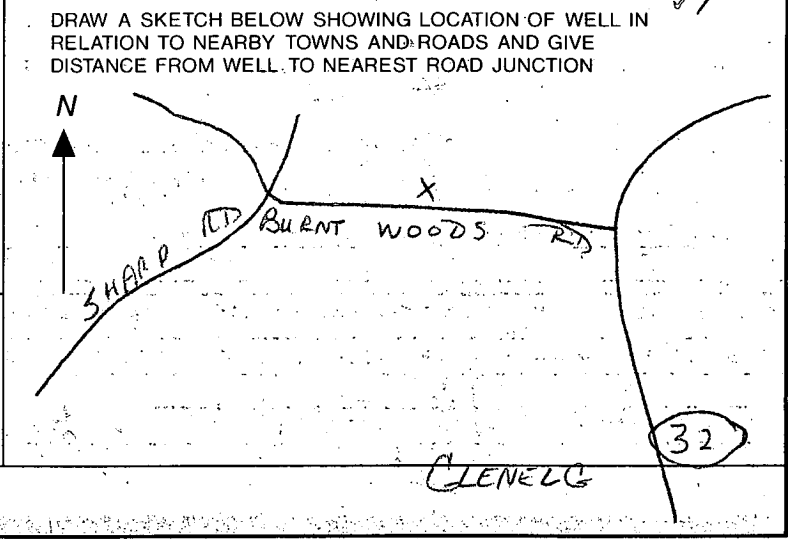
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRIVE-POINT
other _____

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

E	800	1
N	520	5

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

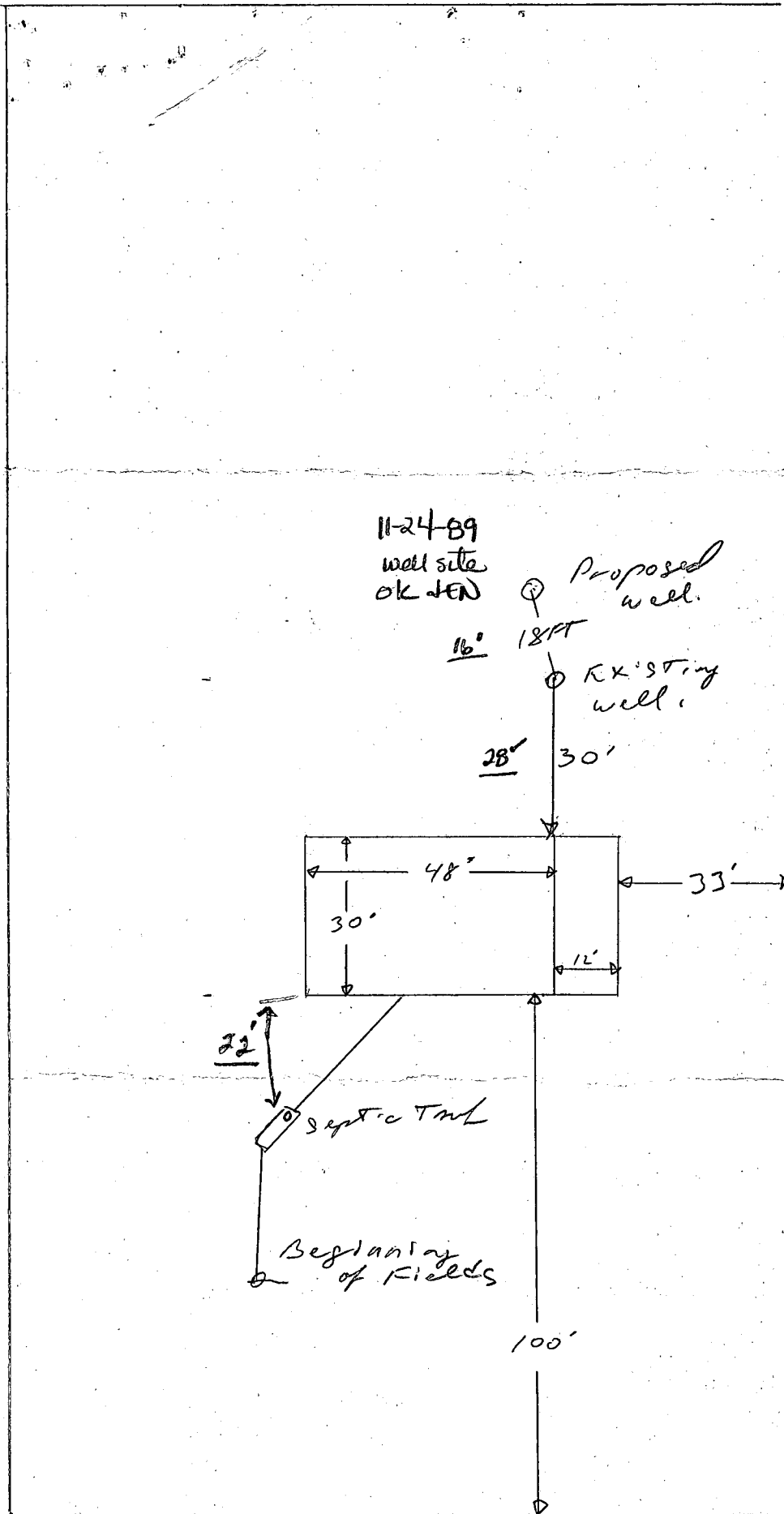
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER **G A P**
FORCE **JN** PERMIT No. **40-89-11110**

SPECIAL CONDITIONS **442-2013**

DANA 4
Katherine
O'Neill
13998 Buxatwoods
Road.
Glencely Md.
21737

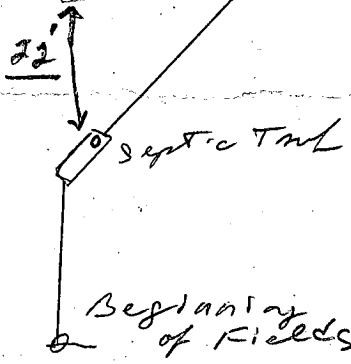
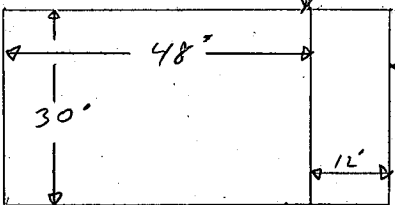


288 FT

11-24-89
well site
OK JEN

Proposed
well.

Existing
well.



100'

150 FT

~~Michael J. K... ..~~

Scale 30 FT = 1"

12/6/89

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 # 45312
Date 11-30-89

Name of Installer Allen M. Van Santine Telephone 442-2221

License Number 1862
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Diana O'Neill Telephone 442-2013
Subdivision Burntwoods Lot # Well Tag # HO-88-1110
Site Address 13998 Burntwoods Rd

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u> </u>	1. Make <u>Hanvood</u>
a. Deep well jet <u> </u>	2. RPM <u> </u>	2. Model # <u> </u>
b. Shallow well jet <u> </u>	3. Voltage <u> </u>	3. Depth <u>3 FT</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <u> </u>	
2. Make <u>Gold</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u> </u>		
4. Capacity <u> </u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>42</u>	1. Type <u>#160</u>	1. Depth <u> </u> ft.
2. Pressure relief valve? <u>Yes</u>	2. Size <u>1"</u>	2. Yield <u> </u> GPM
	3. NSF and/or BOCA Code approved <u>Yes</u>	3. Static water level <u> </u> ft.
	4. Depth of supply line <u>3 FT</u>	4. Will water supply be disinfected by installer? <u>Yes</u>

P.A. COVERED, TOLD INSTALLER TO UNCOVER FOR INSP
P.A. OK @ B.S' B.G.
MR 12/6/89

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: [Signature]

Date: 11-30-89

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