

C1- 2355

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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL (TO NEAREST FOOT)

OWNER STREET OR RFD 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: Brown Shale 0-43, Blue Rock 73-145.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) 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 inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) EACH SCREEN SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

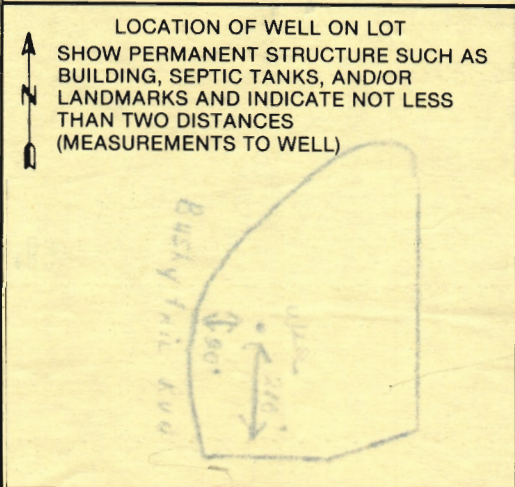
DRILLERS IDENT. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) WQ 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 (for test) air piston turbine centrifugal rotary other (describe below) jet 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 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)



B. 1 **7963** 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  
**40-88-0977**  
 fill in this form completely

Date Received (APA) **01/17/89**

**OWNER INFORMATION**

8 COUNTY **011729**

15 Last Name **BRVANT** Owner First Name **GROUP**

36 Street or RFD **2815 WYFLAND ROAD**

57 Town **FALKS** 70 State **22** Zip **043**

B. 3 LOCATION OF WELL

8 COUNTY **011729**

23 SUBDIVISION **FAKES**

SECTION **44** LOT **46**

52 NEAREST TOWN **CLEWOD**

MILES FROM TOWN (enter 0 if in town) **3.2** MI

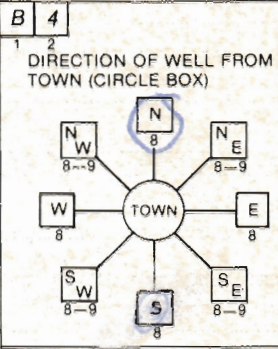
**DRILLER INFORMATION**

Driller's Name **Joseph L. Mayne** 77 License No. **0238**

Firm Name **Joseph L. Mayne Well Drilling**

Address **5511 W. B. RD. PH. 2177**

Signature **Joseph L. Mayne** Date **1/9/89**



**Bushytail Run**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 DISTANCE FROM ROAD 37 **20**

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

COUNTY NAME **HOWARD** COUNTY NO. **A 39214**

STATE SIGNATURE \_\_\_\_\_ INSERT S

DATE ISSUED **030789** CO SIGNATURE **June E. Madson** EXP. DATE **9-7-89**

NORTH GRID **538000** EAST GRID **078600**

APPROXIMATE DEPTH OF WELL **220** 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

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 **780**

N **5308**

**8-23-89 Groat #23**  
 Unable to observe groat.  
 Left at 11:25am. JEN

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

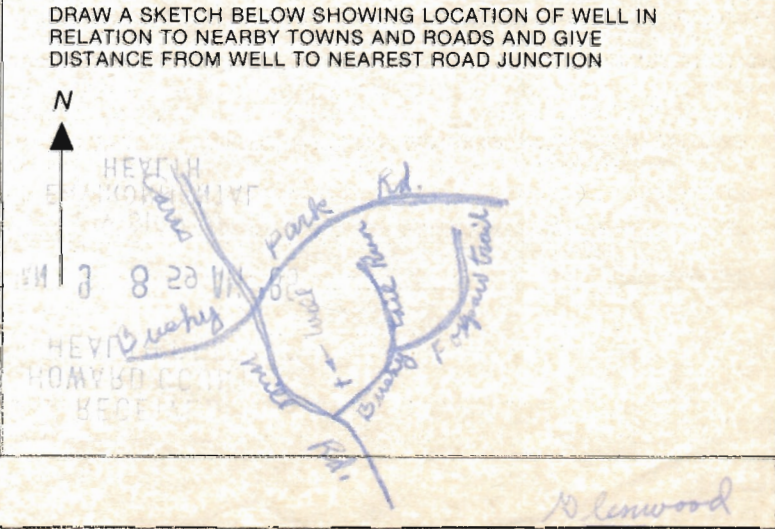
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_



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

APPROP. PERMIT NUMBER \_\_\_\_\_

FORCE **LV** INITIALS PERMIT No. **40-88-0977**

SPECIAL CONDITIONS

2/4/91  
10230

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 X  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Roy Hunt Plg. + Htg.

Telephone 384-8334

License Number 291

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner Tim Smith

Telephone \_\_\_\_\_

Subdivision Foxport Plantation Lot # 1 Well Tag # Ho - 88 - 047

Site Address 15501 BUSHY TAIL RUN

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? _____

Pitless Adaptor OK @ 35'  
B.G. MR 2/4/92 TOLD PLBR. TO MAIL CHECK

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: X Vance B. Hunt 2/4/92

Date: \_\_\_\_\_

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