

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

45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER **A32670**

DATE Received
8 13

DATE WELL COMPLETED
15 20 **050388**

Depth of Well
22 26 **225**
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
28 29 30 31 32 33 34 35 36 37
W0-81-2683

OWNER **GRACE PHILLIP**
last name first name
STREET OR RFD **TIME KILN ROAD** TOWN **FULTON**
SUBDIVISION **MAP 46 Q2 P.146** SECTION _____ LOT _____

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SANDstone	0	41	
GRAY Mica Rock	41	225	

WELL LOG
Not required for driven wells

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

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **13** NO. OF POUNDS **1222**

GALLONS OF WATER **78**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **32** 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 Nominal diameter (nearest inch) Total depth (nearest foot)
SA **4** **47**

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST **BR** **HO**
STEEL BRASS OPEN HOLE
PL **OT**
PLASTIC OTHER

C 2

DEPTH (nearest ft.)

1	HO	45	225
2			
3			

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

CIRCLE APPROPRIATE LETTER WHEN THIS WELL WAS COMPLETED

A A WELL WAS ABANDONED AND SEALED

E ELECTRIC LOG OBTAINED

P 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**

DRILLERS SIGNATURE **[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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min. to nearest gal.) **79**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)
BEFORE PUMPING **10**
WHEN PUMPING **71**

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 (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

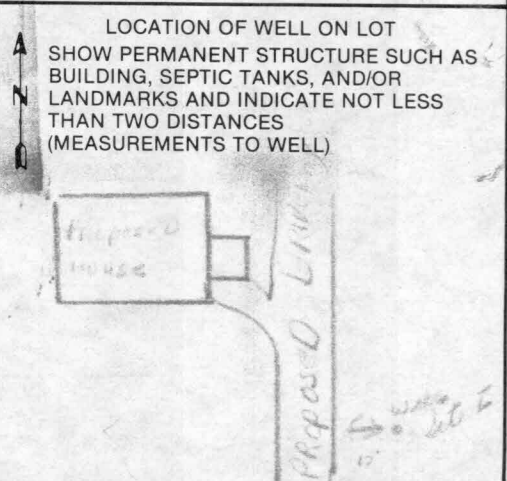
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **2** (nearest foot)



B 1 366.7

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-81-2683

Date Received (ARA)

052388

OWNER INFORMATION

GRABBE PHILIP K... 5160 RMAN W... TOWN... 70 State 72 Zip 76

B 3

LOCATION OF WELL

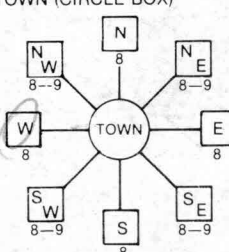
8 COUNTY... 23 SUBDIVISION... SECTION... LOT... 52 NEAREST TOWN... MILES FROM TOWN

DRILLER INFORMATION

Driller's Name... License No. 80... Firm Name... Address... Signature... Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD... 11... 30

ON WHICH SIDE OF ROAD... DISTANCE FROM ROAD... ENTER FT OR MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE... AVERAGE DAILY QUANTITY NEEDED

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME... COUNTY NO... STATE SIGNATURE... DATE ISSUED... CO SIGNATURE... EXP. DATE... NORTH GRID... EAST GRID

APPROXIMATE DEPTH OF WELL... FEET

APPROXIMATE DIAMETER OF WELL... 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

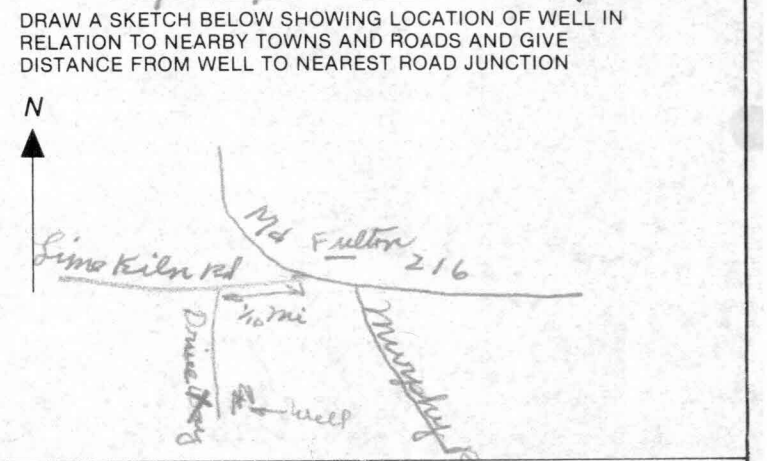
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D 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)

APPROP. PERMIT NUMBER... FORCE... PERMIT No. 40-81-2683

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
829 1
470 9
000 - H2O sample taken



SPECIAL CONDITIONS

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

A 32670

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # P 42794 ¹⁰⁻¹⁷⁻⁸⁸
Date 10-17-88
Name of Installer Timothy J. Rollman Telephone 725-2392
License Number 7079
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Philip Grace Telephone _____
Subdivision Graceland Lot # 146 Well Tag # 40-81-2683
Site Address 11891 Line Kien Rd.

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make Narvard
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 4'
c. Submersible a. 110 _____
2. Make JACUZZI b. 220
3. Model # _____
4. Capacity 10 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 42 gal Eqw. 1. Type Creston 1. Depth _____ ft.
2. Pressure relief valve? yes 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved yes 3. Static water level _____ ft.
4. Depth of supply line 4' 4. Will water supply be disinfected by installer? yes

10/19/88 Pitless at 46"; well casing 40-46"; Pump installation not seen;

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).

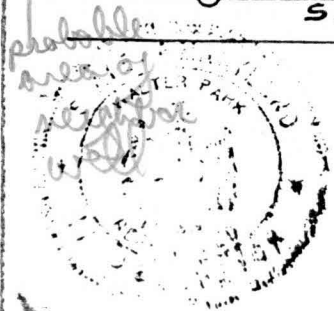
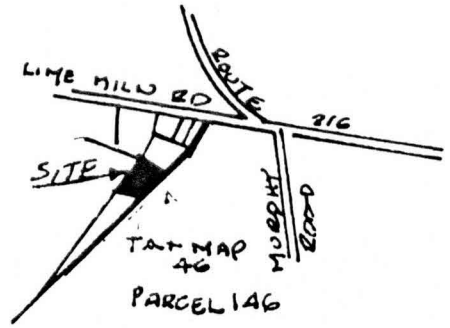
All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: 10-17-88

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

NOTE: ALL PROPERTY CORNERS WERE FOUND.



HUDKINS ASSOCIATES, INC.
 SUITE 231, JOSEPH SQUARE
 5485 HARPERS FARM ROAD
 COLUMBIA, MD. 21044

PROPERTY SURVEY
 REMAINDER DEED L.871 F.190
 9th ELECTION DISTRICT
 HOWARD COUNTY, MD
 SCALE 1"=100' APRIL 1, 1985

Disallowed
 (probably too close to septic field)

2 sites OK'd
 (elevation slightly lower than septic)

low lying area

gently sloping
 1.78 ±

rough pier
 80' ±

failed meter

probable area of septic