

1690

SEQUENCE NO.
(DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBERNUMBER IS TO BE PUNCHED
U.S. 3-6 ON ALL CARDS)

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

Clay
Sand
Clay
gray sand
GRAVEL
CLAY
black sand
green silt
white MARL

0 16
16 26
26 40
40 50
50 55
55 80
80 180
180 250
250 280

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CMBENTONITE CLAY ☒ BC

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 3 ft. to 50 ft.
(enter 0 if from surface)

casing
types
insert
appropriate
code
below

CASING RECORD

☒ ST ☒ CO
STEEL CONCRETE
☒ PL ☒ OT
PLASTIC OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)☒ PL

4

110

270

EACH
CASING

OTHER CASING (if used)

diameter
inchdepth (feet)
from to☒ PL

2

110

270

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

☒ ST ☒ BR ☒ HO
STEEL BRASS OPEN
BRONZE HOLE
☒ PL ☒ OT
PLASTIC OTHER

C 2

EACH
SCREEN

DEPTH (nearest ft.)

☒ PL

270

280

21

23

24

26

30

32

36

38

39

41

45

47

51

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN

2

(NEAREST
INCH)

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74

75

76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

C 3

1 2

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)

☒ 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 USETYPE 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(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)

COUNTY

QUEEN ANNE'S COUNTY HEALTH DEPARTMENT, CENTREVILLE
APPLICATION for SANITARY CONSTRUCTION PERMIT

Telephone 758-2281

11100
TAX MAP 76

Parcel 30
Lot 1

1. OWNER Joyce William 10766 Baltimore Ave.
last name first name address
301-595-4353
phone no.

2. BUILDER or
GEN'L. CONTRACTOR (if any)
last name first name address

3. PLUMBER Lewis Carl E 7593 Commerce Lane
last name first name address
Clinton, Md 20735

4. Exact Location of Building Site Parcel 1 - Kent Point Manor @ 2125 Kent Point Manor, Kent
Island (Stevensville, Md. P.O.) TAX MAP 76 Parcel 30 LOT 1
(give detailed directions so inspector can find the site)

5. Lot size: 230' feet X 1700' feet

6. In Town Limits? () Yes (xx) No

7. Construction and Use: (xx) New? () Addition?

() Remodeling? (xx) Residence? () Commercial?

(xx) Garbage Grinder? A (xx) Automatic Washer? () Basement
Fixtures

Est. persons per 24 hr. period 5 No. bedr'ms 4

8. Water Supply: () Municipal? (xx) Drilled Well?

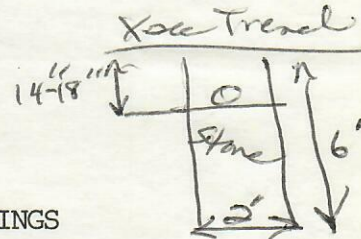
() Dug Well? () Driven Well? () Other

(xx) New? () Existing?

Installed by licensed well installer

Address to be selected

SEE ATTACHED DRAWINGS



(3) 100' Trenches
6'ft Overall Trench depth
14-18" tile line setting

9. Disposal System () Septic Tank & Tile Field?
Proposed:

() Septic Tank & Seepage Pit?

() Approved Privy?

() Other

Installed by Owner

Builder Joyce Engr. Corp. Plumber Carl E. Lewis Owner William Joyce

10. I, 10766 Baltimore Avenue February 26, 1988
signature of applicant address date of application
Beltsville, Md. 20705

Draw house and lot to scale (indicate scale used). Show exact location of septic tank, distribution box, irrigation trenches, pits, property lines, adjacent streets and all nearby wells. Designate direction of slope and distance to wells.

NOTE: Notify Health Dept. at least forty-eight (48) hours before you are ready to fill in trenches. Trenches must NOT be filled until the Health Dept. inspection is made and COMPLETION CERTIFICATE ISSUED.

hereby agree to install water supply and/or sewage disposal facilities in accordance with regulations of the Maryland State Board of Health.

IMPORTANT: The applicant must arrange for necessary soil test. No construction shall be started before receiving a County Health Department Approval. Permit expires 2 yrs. after date of issue.

11. Soil Test Results: Percolation test 2 inches in 10 minutes. Depth to porous soil 5 Depth of test 6' ft.

12. Septic Tank: Liquid Capacity 2500 gallons. Tank: X X Distance to any Water supply 50' ft.

13. Tile Field (if used): Total Length of tile 300 ft. Number of trenches 3 Length of each trench 100' Width of each trench 2 ft. Distance from any water supply source to nearest part of tile field 50 ft. Depth of drain tile 14-18"

14. Seepage Pit (if used): Total depth ft. Size X ft. Number of pits Effective depth ft.
Square feet of seepage area Distance from any water supply source to nearest part of seepage pit ft.

15. Put drawing in area above, showing scale used - Return all copies to Health Dept. for issuance of Permit.

16. Building Permit No. Sanitary Permit No. 16109 Plumbing Permit No. 16109

17. Plans and Application approved 3-4-88 by John E. Neekman
date Queen Anne's Health Department

18. Final Inspection 9-13-88 by
date

