

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ☒COUNTY
NUMBER

A589930

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
10 04 99

Depth of Well

22 165 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO - 94 - 2407
28 29 30 31 32 33 34 35 36 37OWNER BRS Developers

STREET OR RFD

last name

Rolling Hills Dr

first name

TOWN

Glenwood

SUBDIVISION

Cathail Ridge

SECTION

LOT

4

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)

FEET

FROM

TO

check if water bearing

Top Soil

0 2

Sandy

2 40

Sand Stone

40 45 ✓

MICKN

45 20

Sand Stone

20 25 ✓

MICKN

25 165

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)☒ Y ☐ N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CMBENTONITE CLAY ☐ BCNO. OF BAGS 15NO. OF POUNDS 1500GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.
(enter 0 if from surface)
48 TOP 52 54 BOTTOM 58

CASING RECORD

casing types insert appropriate code below

☒ ST☐ CO

STEEL

CONCRETE

☐ PL☐ OT

PLASTIC

OTHER

MAIN CASING TYPE

ST

Nominal diameter top (main) casing (nearest inch)

6

Total depth of main casing (nearest foot)

50

60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

screen type or open hole

SCREEN RECORD

insert appropriate code below

☒ ST☐ BR☒ HO

STEEL

BRASS

OPEN HOLE

BRONZE

☐ PL☐ OT

PLASTIC

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
☒ Y ☐ N

CIRCLE APPROPRIATE LETTER

- A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E** ELECTRIC LOG OBTAINED
- P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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 LIC. NO. M SD 116

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 117

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70 TELESCOPE CASING

72 LOG INDICATOR

74 75 76 OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

10

METHOD USED TO MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

41 ft.

WHEN PUMPING

89 ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO)

YES ☒ NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH (nearest ft.)

43 47

CASING HEIGHT

(circle appropriate box and enter casing height)

☒ + above

LAND SURFACE

☐ - below2 (nearest foot)

LOCATION OF WELL ON LOT

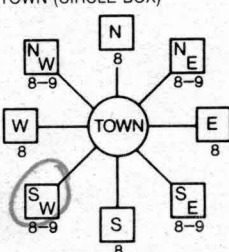
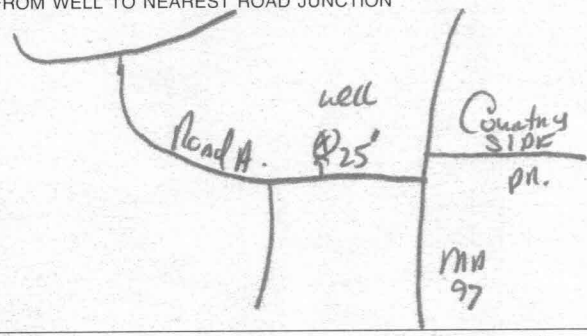
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Prop Line

15' well

120'

Prop Line

B 1		1985	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER HO-94-2407 <small>fill in this form completely</small>	
				DATE RECEIVED (APA) 083099 <small>8 MM DD YY 13</small>		LOCATION OF WELL Howard <small>8 COUNTY 21</small>	
		OWNER INFORMATION		CATTAIL RIDGE <small>23 SUBDIVISION 42</small>		SECTION - LOT 4 <small>44 46 48 50</small>	
		BNS Developments LLC <small>15 Last Name Owner First Name 34</small>		8808 Centre Park Dr. Suite 209 <small>36 Street or RFD 55</small>		Columbia MD 21045 <small>57 Town 70 State 72 Zip 76</small>	
DRILLER INFORMATION		Ralph MAYNE <small>Driller's Name 76 License No. 81</small>		M S D 116 <small>Firm Name</small>		9120 Brown Church Rd. Mt Airy <small>Address</small>	
		Ralph Mayne well Drilling <small>Signature Date</small>		8-25-99		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION		5 <small>APPROX. PUMPING RATE (GAL. PER MIN.)</small>		25 <small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small>		Rolling Hills Drive <small>11 NEAR WHAT ROAD 30</small>	
		500 <small>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)</small>		FL <small>DISTANCE FROM ROAD ENTER FT OR MI</small>		21 3 <small>TAX MAP: BLK: PARCEL</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		Howard Co A589930 <small>COUNTY NAME COUNTY NO.</small>	
		<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE _____ INSERT S →		090799 A.M. Miller 090700 <small>DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>	
		<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		NORTH GRID 525 000 EAST GRID 790 000		10/4/99 Missed grout. (BB)	
		<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
		<input type="checkbox"/> TEST, OBSERVATION, MONITORING		SOURCES OF DRILLING WATER			
		<input type="checkbox"/> GEO-THERMAL		1. well			
APPROXIMATE DEPTH OF WELL 150 FEET		APPROXIMATE DIAMETER OF WELL 6" INCH		WRITE THE BOX NUMBER FROM THE MAP HERE		750 525	
METHOD OF DRILLING (circle one)		<input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
		<input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary)					
		<input type="radio"/> CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT					
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL					
		<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED					
		<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS					
		<input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL					
		PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)					
		Not to be filled in by driller (MDE OR COUNTY USE ONLY)					
APPROX. PERMIT NUMBER		G A P					
		PERMIT No. HO-94-2407					
		SPECIAL CONDITIONS					

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Wilmington Plumb Telephone #: 410-781-7051
Address: 6203 HATFIELD DR
SYKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: # 6992
Name (Print): Chris Willoughby

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: SYNDACOM Property Telephone #: _____
Subdivision: Cattail Lot #: 4 Well Tag #: HO94-2407
Site Address: 15004 Rolling Hills
Glenwood, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>JACUZZI</u>	Make: <u>HARVARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>14.5</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: L

Piping to house	House Connection
Type: <u>PESTLINE</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1"</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>L</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby date: 1/23/01

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 5/1/01 Date Insp. Approved: 5/1/01
Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒
Two piece cap installed and attached to casing securely ☒
Elec. conduit extends at least 18" below grade/attached to cap properly ☒
Safety rope installed inside of well casing ☒
Correct well tag attached properly and casing 8" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒

*5/1/01 Plumber ^{cement}
didn't seal sleeve
at house. Hatfields
said they would
take care of it.
(BB)*

