

C 1 08077 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER  
WELL IS COMPLETED. 1/24/01 OK BBCOUNTY  
NUMBER 13 A56495ST/CO USE ONLY  
DATE Received  
MM DD YY

DATE WELL COMPLETED

MM DD YY  
12 12 2000

Depth of Well

22 200 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-94-2889

28 29 30 31 32 33 34 35 36 37

OWNER VIKING Development  
STREET OR RFD Route 97  
SUBDIVISION Spring Meadow Farm SECTION TOWN Cooksville LOT 4

## 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  
bearingOverburden  
Gray Rock

0

50

50

200

x

water at 63'

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.  
48 TOP 52 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

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

60 61

63 64

66 67

70

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

E  
A  
C  
H  
C  
A  
S  
I  
N  
Gscreen type  
or open hole  
(insert  
appropriate  
code  
below)

## SCREEN RECORD

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

A 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

C 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

N 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK

IF WELL DRILLED

WAS FLOWING WELL

INSERT F IN BOX 68

68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70

72

74

75

76

TELESCOPE

LOG

OTHER DATA

INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

14.2

METHOD USED TO

MEASURE PUMPING RATE

Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17

18

20

ft.

WHEN PUMPING

22

52

25

ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other

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

49

-

below

LAND SURFACE

1

50

51

(nearest

foot)

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES  
AND INDICATE NOT LESS THAN  
TWO DISTANCES  
(MEASUREMENTS TO WELL)15' 115'  
Property Lines

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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  
WELLI 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. 1 M W D 399

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

JW 241

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

<b>B 1</b> <span style="font-size: 24pt; font-weight: bold;">6492</span> <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> <i>W514657</i> please print or type	STATE PERMIT NUMBER <span style="font-size: 24pt; font-weight: bold;">40-94-2889</span> <small>fill in this form completely</small>
Date Received (APA) <span style="font-size: 24pt; font-weight: bold;">11/16/2000</span> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION</b> 15 <u>Viking Development</u> Owner First Name 34 36 <u>815 Windriver Drive</u> Street or RFD 55 57 <u>Sykesville</u> Town 70 <u>MD</u> State 72 <u>21784</u> Zip 76		<b>B 3</b> <span style="font-size: 24pt; font-weight: bold;">Howard</span> LOCATION OF WELL 8 COUNTY 21 23 <u>Spring Meadow Farm</u> SUBDIVISION 42 SECTION <u>4</u> LOT <u>4</u> <small>44 46 48 50</small> 52 <u>Colerwood</u> NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> M I <small>73 76 77 78</small>	
<b>DRILLER INFORMATION</b> Driller's Name <u>Paul M. Faliszak</u> M <u>4</u> D <u>3</u> 9 9 <small>76 License No. 81</small> Firm Name <u>G. Edgar Harr Sons' Corp</u> Address <u>12047 Falls Rd. Cockeysville</u> 21030 Signature <u>Paul M. Faliszak</u> Date <u>11/13/00</u>		<b>B 4</b> <span style="font-size: 24pt; font-weight: bold;">Route 97</span> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>200</u> 37 DISTANCE FROM ROAD 38 <u>17</u> 39 <small>ENTER FT OR MI</small> TAX MAP: <u>14</u> BLK: <u>5</u> PARCEL <u>254</u>	
<b>B 2</b> <span style="font-size: 24pt; font-weight: bold;">2</span> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME <span style="font-size: 24pt; font-weight: bold;">(13) A56495</span> COUNTY NO. STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <u>12/7/2000</u> <u>Brian Baber</u> 12/7/2001 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID <u>538</u> 0 0 0 EAST GRID <u>796</u> 0 0 0 <small>50 55 57 63</small>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>7968</u> N <u>5388</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>250</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input type="checkbox"/> JETTED <input checked="" type="checkbox"/> Jetted & DRIVEN 30 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROX. PERMIT NUMBER _____ <b>G</b> _____ PERMIT No. <u>40-94-2889</u> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

Well Permit No. HO - 94-2889  
Location of property (road) Route 97  
Subdivision Spring Meadow Farm Lot 4 Block      Plat      Sec.       
Well Driller G. Edgar Harr Owner Viking Development

Static water level (S.W.L.) below M.P. 18'

Time pump started 0745 Pumping rate 15gpm  
Total time 15min to reach pumping water level 36 ft. below M.P.

[illegible]

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

owner Viking Development

Static water level (S.W.L.) below M.P.

Total time	to reach pumping water level	ft. below M.P.
10	10	10
20	20	20
30	30	30
40	40	40
50	50	50
60	60	60
70	70	70
80	80	80
90	90	90
100	100	100
110	110	110
120	120	120
130	130	130
140	140	140
150	150	150
160	160	160
170	170	170
180	180	180
190	190	190
200	200	200
210	210	210
220	220	220
230	230	230
240	240	240
250	250	250
260	260	260
270	270	270
280	280	280
290	290	290
300	300	300
310	310	310
320	320	320
330	330	330
340	340	340
350	350	350
360	360	360
370	370	370
380	380	380
390	390	390
400	400	400
410	410	410
420	420	420
430	430	430
440	440	440
450	450	450
460	460	460
470	470	470
480	480	480
490	490	490
500	500	500
510	510	510
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730	730	730
740	740	740
750	750	750
760	760	760
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780	780	780
790	790	790
800	800	800
810	810	810
820	820	820
830	830	830
840	840	840
850	850	850
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870	870	870
880	880	880
890	890	890
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980	980	980
990	990	990
1000	1000	1000

HD-224

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

7/17/01  
Late PM  
8/7/01  
Anytime

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) !!!!! COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: WTC III Plumbing & Heating Telephone #: 410 489-4457  
Address: 1820 Gillis Falls Rd Woodbine Md 21797

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

Name (print): William T Cumberland III License# 7979

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

Name of Property Owner: Joz Njak Telephone #:                       
Subdivision: Spring Meadow Farm Lot #: 4 Well Tag #: HO-94-2889  
Site Address: 2351 Roxbury Mill Rd

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit Make:
Make: <u>Myers</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>3ST52-8</u>	Model#: <u>B10 X</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>                    </u>	GPM Depth:- (36" min) <u>                    </u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>14.2</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>                    </u> (feet) Conduit secured to well cap:- 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 - <u>                    </u>		

Piping to House	House Connection
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration <u>yes</u>
PSI: <u>160</u> (160psi Min)	Approximate Length of sleeve <u>5ft</u>
Depth of supply line: <u>48</u> (36"min)	Sleeve sealed and caked properly: <u>yes</u>

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: [Signature] Date: 7-16-01

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

Date Insp. Requested: 7/16/01 Date Insp. Approved: 8/7/01 DMC  
Inspection Data: Pitless adapter and water supply line at least 36" below grade                       
Two piece cap installed and attached to casing securely Pump Not Installed  
Elec. conduit extends at least 18" below grade/attached to cap properly                       
Safety rope installed inside of well casing Pump Not Installed  
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                     

8/7/01

