

C 1		6055		SEQUENCE NO. (MDE 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.			
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER <u>A50560 EE</u>			
ST/CO USE ONLY DATE Received <u>7 8 97</u>		DATE WELL COMPLETED MM DD YY <u>7 1 97</u>		Depth of Well 22 <u>320</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H6 - 94 - 1160</u>					
OWNER <u>SDC</u>		last name <u>St. James Rd.</u>		first name		TOWN <u>W. Friendship</u>					
STREET OR RFD		SUBDIVISION <u>Shogler Property</u>		SECTION		LOT <u>5</u>					
WELL LOG Not required for driven wells		GROUTING RECORD									
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <div style="display: flex; justify-content: space-around;"><input checked="" type="checkbox"/> Y<input type="checkbox"/> N</div>									
		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC									
		NO. OF BAGS <u>19</u> NO. OF POUNDS <u>1786</u>									
		GALLONS OF WATER <u>114</u>									
		DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>56</u> ft. (enter 0 if from surface)									
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		CASING RECORD					
						casing types insert appropriate code below					
						<div style="display: flex; justify-content: space-around;"><div><input checked="" type="checkbox"/> ST STEEL</div><div><input type="checkbox"/> CO CONCRETE</div></div>					
						<div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> PL PLASTIC</div><div><input type="checkbox"/> OT OTHER</div></div>					
						MAIN CASING TYPE <u>ST</u>					
Sand Gray Mica Rock		0 55 55 320				Nominal diameter top (main) casing (nearest inch): <u>6</u>					
						Total depth of main casing (nearest foot): <u>60</u>					
						OTHER CASING (if used)					
						diameter inch depth (feet) from to					
						EACH CASING					
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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		SCREEN RECORD					
						screen type or open hole (insert appropriate code below)					
						<div style="display: flex; justify-content: space-around;"><div><input checked="" type="checkbox"/> ST STEEL</div><div><input type="checkbox"/> BR BRASS <input type="checkbox"/> PL PLASTIC</div><div><input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> OT OTHER</div></div>					
						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					
DRILLERS LIC. NO.1 <u>M SD 024</u> DRILLERS SIGNATURE <u>Larry Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.1 <u>M SD 027</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		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)					
									SLOT SIZE 1 2 3		
									DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u>		
									from to		
									TELESCOPE CASING LOG INDICATOR OTHER DATA		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)											

B 1	7442	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-1160 <small>fill in this form completely</small>
<p><small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small></p>				
Date Received (APA) 04/22/97		OWNER INFORMATION 15 Last Name: SDC Owner: _____ First Name: _____ 36 Street or RFD: 0080X417 57 Town: Elk Lott City 70 State 72 MD Zip 76 21041		
DRILLER INFORMATION Driller's Name: Joseph R. Maize Firm Name: Joseph R. Maize Well Drilling Address: 5512 Ridge Rd. Mt. Airy 21771 Signature: Joseph R. Maize Date: 4/21/97		LOCATION OF WELL 8 COUNTY: HOWARD 23 SUBDIVISION: STIEGLER PROPERTY SECTION: _____ LOT: 5 52 NEAREST TOWN: WESTFRIENDSHIP MILES FROM TOWN (enter 0 if in town): 1 MI		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NEAR WHAT ROAD 11 St James Rd. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 360 37 DISTANCE FROM ROAD ENTER FT OR MI F+		
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO.: H50560-EE STATE SIGNATURE: _____ DATE ISSUED: 5/20/98 CO SIGNATURE: Kim Maize EXP. DATE: 5/20/98 NORTH GRID: 538000 EAST GRID: 0814000		
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 814 N 54038		
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 <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): _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER: _____ FORCE: 11 PERMIT No. 40-94-1160 SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1160
Location of property (road) St. James Road
Subdivision Stiegler Property Lot 5 Block Plat Sec.
Well Driller Joseph Mayne Owner SDC

Depth of well 320'
Distance of measuring point (M.P.) above ground 2 1/2
Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm.
Total time 30 min. to reach pumping water level 256 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

**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: Michael P. Gartland Inc. Telephone #: (410) 549-1755
Address: 6984 Burkles Rd
MT. Airy MD 31771

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

Name (Print): Michael Gartland License# 6353

*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: Dorsey Family Home Telephone #: (410) 465-7200
Subdivision: Lyndonbrook Lot #: 5 Well Tag #: HO-99-1160
Site Address: 2670 Saint James Rd
West Friendship MD

Submersible Pump Data

Make: 240221
Model #: 2445077004
Pump Capacity: 2 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Amer Grundy
Model#: PT 800
Depth: 42 (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 240 (feet)

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 no

Piping to house

Type: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: yes

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: Michael Gartland

date: 11/27/01

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

Date Insp. Requested: Date Insp. Approved: 10/17/01 50 SRK

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 ✓

