

C 1 08040

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER  
WELL IS COMPLETED.COUNTY  
NUMBER

34799

ST/CO USE ONLY

DATE Received

MM DD YY  
10/31/2000

DATE WELL COMPLETED

MM DD YY  
10/12/00

Depth of Well

22 200 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO - 94 - 2860

OWNER

STREET OR RFD

SUBDIVISION

last name first name  
Silas Guy  
3700 Sharp Road  
Nicholas Sharp Property

TOWN

Glenelg

SECTION

LOT

3

## 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  
bearingTOPSOIL  
SAND SHALE  
SANDSTONE  
TAN MICA  
GRAY MICA  
TAN MICA  
GRAY MICA  
TAN MICA  
GRAY MICA0 1  
1 25  
25 38  
38 55  
55 70  
70 73  
73 80  
150 155  
155 200

## GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C BENTONITE CLAY BC

NO. OF BAGS 23 NO. OF POUNDS 2300

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 45 58 BOTTOM  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST 6 53  
60 61 63 64 66 70

## OTHER CASING (if used)

diameter depth (feet)  
inch from toE  
A  
C  
H  
C  
A  
S  
I  
N  
Gscreen type  
or open hole

## SCREEN RECORD

ST  
STEELBR  
BRASS  
BRONZEHO  
OPEN  
HOLEPL  
PLASTICOT  
OTHER(insert  
appropriate  
code  
below)

C 2

DEPTH (nearest ft.)

1 2  
8 9 11 15 17 21  
23 24 26 30 32 36  
38 39 41 45 47 51  
SLOT SIZE 1 2 3DIAMETER  
OF SCREEN (NEAREST  
INCH)56 60  
from toGRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70  
TELESCOPE  
CASING72  
LOG  
INDICATOR74 75 76  
OTHER DATA

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

12  
11 15METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

41  
17 20 ft.

WHEN PUMPING

81  
22 25 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

- below

(nearest  
foot)

## LOCATION OF WELL ON LOT

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

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  
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

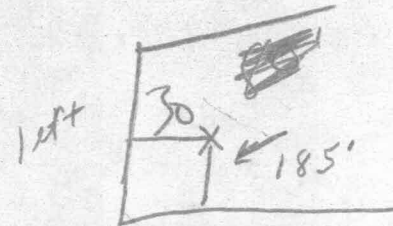
MW D 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

JW D 328

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

B 1 01471		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type W514 230		STATE PERMIT NUMBER H0-94-2860 fill in this form completely	
Date Received (APA) 090600 8 MM DD YY 13				OWNER INFORMATION 8388		B 3 LOCATION OF WELL	
15 Last Name Silas 36 First Name Guy 3753 Ivory Rd Glenelg, Md 21737 57 Town 70 State 72 Zip 76				8 COUNTY Howard 23 SUBDIVISION Sharp Property SECTION 44 46 LOT 3 48 50 52 NEAREST TOWN Glenelg MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78		CG# 21	
DRILLER INFORMATION George F. Easterday M W D 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday 9/5/2000 Signature Date				B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N W N E W E S S TOWN ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 125 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: 21 BLK: PARCEL 45		Sharp Rd (3700) 11 NEAR WHAT ROAD 30	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20				USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 34799 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 092500 Steven R. King 092501 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 522 0 0 0 EAST GRID 796 0 0 0 GRID 50 55 57 63	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28				APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 10/12/20 12:30 grout NO IN SP	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTARY Drive-POINT other				WRITE THE BOX NUMBER FROM THE MAP HERE E 796 N 5202		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 9 E 9	
REPLACEMENT OR DEEPEINED 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 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52				Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. H0-94-2860 70 71 72 73 74 75 76 77 78 79		Sketch showing location of well in relation to nearby towns and roads. Includes labels: Shady Lane, Dorsey Mill, Glenelg, Sharp Rd, and a circled X indicating the well location.	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -							

Review 10/31/00 Ok (BB)

Maryland Well Permit No. Ho-94-2860 Election District \_\_\_\_\_  
Location of Property (road) 3700 Sharp Rd  
Subdivision SHARP Prop Lot 3 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller EASIERDAY Owner SILAS, Guy

Depth of Well 280 108pm  
Distance of Measuring Point (M.P.) above ground 2' last  
Static Water Level (S.W.L.) below M.P. 41' last

Time pump started 8:30 Pumping rate 15 gpm  
Total time to reach pumping water level \_\_\_\_\_ ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes. PUMP Set 180

[illegible]

SONNY

AMY  
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: DELUXE PLUMBING + HEATING Telephone #: 410-549-2118  
Address: 719 SILVER ROWN VALLEY RD.  
WESTMINSTER, MD 21158

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

Name (Print): DAVID W. WISNIEWSKI SR License# 8494

\*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: GUY SILAS Telephone #: 301-622-1841  
Subdivision: NICHOLAS SHARP PROP. Lot #: 3 Well Tag #: HO-94-2860  
Site Address: 3700 SHARP RD.  
GILKESWOOD, MD 21238

Submersible Pump Data

Make: GOODS  
Model #: 76507412C  
Pump Capacity 7 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: HANWARD  
Model #: PT 800  
Depth: 4' (36" min)  
NSF approved: YES

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: 200 (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 YES

Piping to house

Type: CER FLEX  
PSI: 160 (160 psi min)  
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 6'  
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]  
Signature of company representative responsible for installation

6-25-01  
date

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

Date Insp. Requested: 5/16/01 Date Insp. Approved: 5/22/01 RJP SRN  
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 ✓

Health Dept.  
Copy  
Well site plan

