

C11448A

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBERB3A09278

123
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MMDDYY
813

DATE WELL COMPLETED
3/15/02

Depth of Well
22100026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H10-94-3384

28293031323334353637

OWNERLYNCHDANIEL

STREET OR RFD34th Reservoir Rd.

SUBDIVISIONBeaumont Park

SECTIONMAP:45

TOWNFulton

LOT PARCEL 26

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
Top Soil	0	2
Brown shale	2	8
Brown mica	8	15
Gray mica	15	600
Brown clay	600	660
Gray mica	660	1000

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GCEMENTCMBENTONITE CLAYBC

NO. OF BAGS454615NO. OF POUNDS454690

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)38

from48TOP52ft. to54BOTTOM58ft.
(enter 0 if from surface)

CASING RECORD

types insert appropriate code below

MAIN CASING TYPEST

Nominal diameter top (main) casing (nearest inch!)6

Total depth of main casing (nearest foot)40

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole

insert appropriate code below

STEELSTBRONZEBRONZEPLPLASTIC

DEPTH (nearest ft.)

89111517

232426303236

383941454751

SLOT SIZE 123

DIAMETER OF SCREEN (NEAREST INCH)

5660

fromto

C3

PUMPING TEST-3

HOURS PUMPED (nearest hour)89.5

PUMPING RATE (gal. per min.)15

METHOD USED TO MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING50ft.

WHEN PUMPING1000ft.

TYPE OF PUMP USED (for test)

AairPpistonTturbine

centrifugalRrotaryOother (describe below)

JjetSsubmersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)YESNO

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)3135

PUMP HORSE POWER3741

PUMP COLUMN LENGTH (nearest ft.)4347

CASING HEIGHT (circle appropriate box and enter casing height)

above2 (nearest foot)

below

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTUREDyesnoN

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

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. 1 MWD-040

DRILLERS SIGNATURE

LIC. NO. 1 JS D 038

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

DEPTH (nearest ft.)

40381000

89111517

232426303236

383941454751

SLOT SIZE 123

DIAMETER OF SCREEN (NEAREST INCH)

5660

fromto

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.)

7072747576

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

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)

see plot

B 1 4896
1 2 3 6SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HD-94-3384
fill in this form completely

Date Received (APA)

03 26 02
8 MM DD YY 13

OWNER INFORMATION

8934

LYNCH DANIEL

15 Last Name Owner First Name 34

8496 RESERVOIR RD

36 Street or RFD 55

FULTON, MD 20759

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday MW 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 3/21/2002

Signature Date

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5

(GAL. PER MIN.) 8 500 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING☐ PUBLIC WATER SUPPLY WELL☐ TEST, OBSERVATION, MONITORING☐ GEO-THERMALAPPROXIMATE DEPTH OF WELL 300 FEET
24 28APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-PERCussion ROTARY (Hydraulic Rotary)

87 CABLE REVerse-ROTary DRIVE-POINT

other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED39 ☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS☐ THIS WELL WILL DEEPEN 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 G

PERMIT No. HD-94-3384
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

D 3

Howard

LOCATION OF WELL

CC# 21

8 COUNTY

23 SUBDIVISION 42

Beaufort Park

SECTION 44 46 LOT 48 50

Fulton

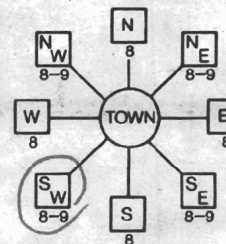
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



8496 Reservoir Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 45 BLK: 12 PARCEL 26

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A:09278

COUNTY NAME COUNTY NO

STATE SIGNATURE INSERT S 41

DATE ISSUED 4/19/02 KACN Haddley 4/9/03

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 000 EAST GRID 000

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

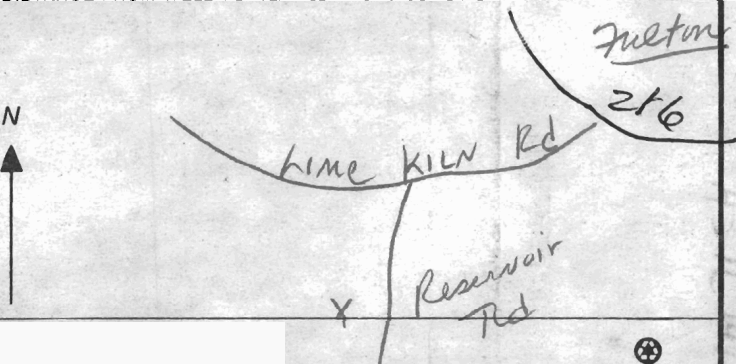
SOURCES OF DRILLING WATER

1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8106
4206
N 000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



6/27/02
AM

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: Beaumont Park Lot #: 4 Well Tag #: HO-94-3384
Site Address: 8996 Reservoir Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

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

House Connection

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

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 _____ date _____

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

Date Insp. Requested: 6/27/02 Date Insp. Approved: 6/27/02 KN
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 ☒

HOWARD COUNTY HEALTH DEPARTMENT



Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

July 22, 2002

Daniel Lynch
8496 Reservoir Rd.
Fulton, MD 20759

RE: **Replacement Well Sampling**
8496 Reservoir Road
Repl. Well Permit #: HO-94-3384

Dear Mr. Lynch:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable sampling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Although there isn't a fee for the initial water sampling, we need a check allowing for the standby use of the low-yielding well. Please write an \$80.00 check to the Director of Finance. If you have any questions, or would like to discuss this matter further, please call me at (410) 313-2640.

Respectfully,

Kacie Noonan, Sanitarian
Water and Sewerage Program

cc: Community Environmental Health Program
File