

C 1' 3899 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER 13 A520401

ST/CO USE ONLY

DATE Received  
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY  
3/16/05

Depth of Well

22 300 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-94-4097

OWNER

STREET OR RFD Part of 14866 Bushy Park Rd. TOWN Woodbine

SUBDIVISION Gaither Property SECTION LOT 2

## 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  
bearing

Top Soil	0	2	
Clay	2	6	
Brown shale	6	35	
Brown slate	35	70	
Gray slate	70	80	
Brown slate	80	81	✓
Gray slate	81	300	

## 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 26 NO. OF POUNDS 2600

GALLONS OF WATER 156

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 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)

ST

6

29'

60 61

63 64

66 67 70

OTHER CASING (if used)

diameter  
inchdepth (feet)  
from toE  
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

E 1

A 8 9 11

C 2

H 23 24 26

S 30 32

C 3

R 38 39 41

E 45 47

E 51

N

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

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

TELESCOPE

CASING

LOG

INDICATOR

74 75 76

OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

15  
11 15

METHOD USED TO

MEASURE PUMPING RATE Bucher

WATER LEVEL (distance from land surface)

BEFORE PUMPING 70 ft.  
17 20WHEN PUMPING 73 ft.  
22 25

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 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)

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)CASING HEIGHT (circle appropriate box  
and enter casing height)+ above } LAND SURFACE  
- below } 11" (nearest  
foot)

## 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)

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. 1 M W D 040 1

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W D 788 1

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

B 1	<b>9791</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 520761 please type	STATE PERMIT NUMBER <b>HO-94-4097</b> fill in this form completely
Date Received (APA) 07/10/04 8 MM DD YY 13		OWNER INFORMATION <b>9785</b>		
15 Last Name <b>GAITHER</b> Owner First Name <b>WAYNE</b> 34		LOCATION OF WELL B 3 <b>Howard</b> COUNTY <b>21</b> <b>Gaither Property</b> 23 SUBDIVISION <b>1</b> 42 SECTION <b>1</b> LOT <b>2</b> 44 46 48 50 <b>Cooksville</b> 52 NEAREST TOWN <b>71</b> MILES FROM TOWN (enter 0 if in town) <b>1</b> M I 73 76 77 78		
36 Street or RFD <b>14866 BUSHY PARK RD</b> 55				
57 Town <b>WOODBINE, MD</b> 70 State <b>21797</b> 72 Zip <b>76</b>				
DRILLER INFORMATION				
Driller's Name <b>George F. Easterday</b> M W D <b>040</b> 76 License No. <b>81</b>		B 4 <b>14866 Bushy Park To Be Subdivided</b> 11 NEAR WHAT ROAD <b>30</b> 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"/> 34 100 37 DISTANCE FROM ROAD Ft. <b>100</b> ENTER FT OR MI <b>38 39</b> TAX MAP: <b>8</b> BLK: <b>22</b> PARCEL <b>89</b>		
Firm Name <b>L. Franklin Easterday, Inc.</b>				
Address <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b>				
Signature <b>George F. Easterday</b> 6/30/04 Date				
B 2 WELL INFORMATION		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20				
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard 13 A520401</b> COUNTY NAME <b>Howard</b> COUNTY NO. <b>13</b> STATE SIGNATURE <b>Brian Baber</b> INSERT S <b>41</b> DATE ISSUED <b>1/10/05</b> CO SIGNATURE <b>1/10/2006</b> EXP. DATE NORTH GRID <b>541</b> 0 0 0 EAST GRID <b>791</b> 0 0 0 50 55 57 63		
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>wells</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>790</b> N <b>540</b> 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>4 B 13</b> 		
APPROXIMATE DIAMETER OF WELL <b>6</b> INCH 24 28				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVERSE-ROTARY DRIVE-POINT other				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		
<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 DEEPEM 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. <b>HO-94-4097</b> 70 71 72 73 74 75 76 77 78 79		





**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: EASTERDAY WELL & PUMP Telephone #: \_\_\_\_\_  
Address: 9265 BROWN CHURCH RD  
MT. AIRY, MD 21771  
301-831-5170

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer **X**  
License # and name of individual responsible for the field installation:  
Name (Print): Jerry A. Miller III License# AWP817  
\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Wayne Gaither Telephone #: 410-442-9844  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-4097  
Site Address: 14866 Bushy Park Rd.  
Woodbine, MD 21797

**Submersible Pump Data**

Make: Goulds  
Model #: 10GS10420  
Pump Capacity 12 GPM  
Well Yield: 12 GPM

Depth of well encountered at time of pump installation: 300 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ✓

**Pitless Adapter**

Make: Martinson  
Model#: B-10X  
Depth: 3 1/2 (36" min)  
NSF/WSC 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: ✓

**Piping to house**

Type: PE  
PSI: 200 (160 psi min)  
Depth of supply line: 3 1/2 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve: 5ft  
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: Jerry A. Miller III

date: 8/9/05

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 \_\_\_\_\_

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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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC 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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing \_\_\_\_\_

**Piping to house**

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

**House Connection**

PVC sleeve 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 \_\_\_\_\_

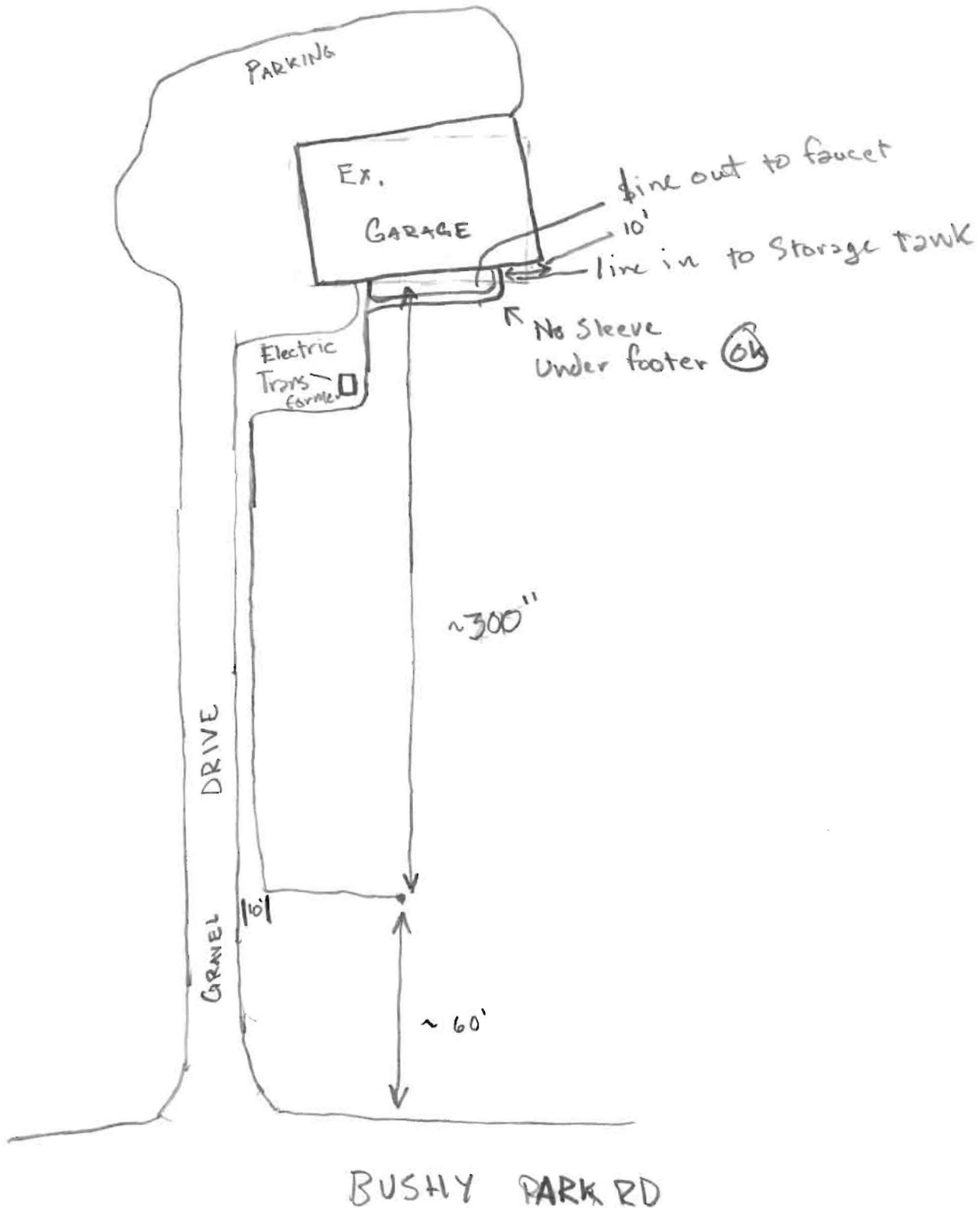
**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 8/4/05 Date Insp. Approved: 8/9/05 Inspector: GAC

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ☒

8/4 + 8/5/05  
No Work  
Done  
(BB)

10/3/05  
Site Ans.  
KTB





1020.17

EXISTING GARAGE

1/10/05  
Well Site Staked  
By Brian Dietz

PROPOSED DWELLING

10'

140' B.R.L.

PROPOSED WELL

595

100' Rad

30' B.R.L.

EX. DRIVEWAY

30' B.R.L.

PERC B 5

PROPOSED S.R.A.

13,100 sq.ft.

PERC C

PERC A PERC E PERC D 30' B.R.L.

S43°00'44"W

55.04

N42°15'42"W

139.61

N46°59'16"W 283.16'

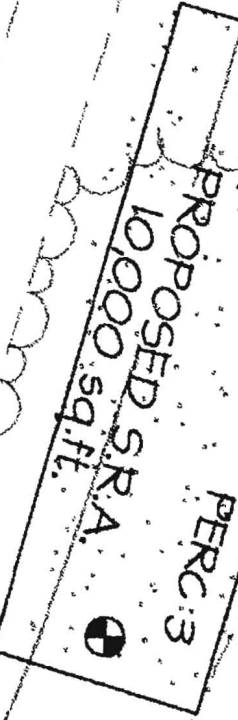
PERC 5

PERC 4

PERC 3

PROPOSED S.R.A.

10,000 sq.ft.



EX. DWELL. #14866

EXISTING WELL

EX. DRIVEWAY

AREA LOT 1

= 3.006 AC.

650

1"=50'

PERC 2

PERC 1

DRY WELL  
ANDONED  
15-04

EX. SEPTIC  
ANDONED  
9-15-04

S46°26'49"W 238.82'

S44°51'50"W

156.55'

PARK

ROAD