

C114103

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
NUMBER13A512793

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MMDDYY
813

DATE WELL COMPLETED
MMDDYY
31803

Depth of Well
22280263/12/04
(TO NEAREST FOOT)OK(BB)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-3629
28293031323334353637

OWNERKnillDanny

STREET OR RFD1521St. Michaels ROAD

TOWNLISBON

SUBDIVISIONKnill Prop

SECTION

LOT

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 FROMTO	check if water bearing
Top Soil	02	
Brown Shale	230	
Brown Shale	3045	✓
Blue Shale	4570	
Brown Shale	7075	✓
Blue Shale	75175	
Flint Rock	175180	✓
Blue Shale	180280	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
yesno
YNY
4444

TYPE OF GROUTING MATERIAL (Circle one)
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS21NO. OF POUNDS2100
GALLONS OF WATER126
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to30ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
STEELSTCONCRETECO
PLASTICPLOTHEROther

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)6
Total depth of main casing (nearest foot)45
606163646670

OTHER CASING (if used)
diameter inchdepth (feet) fromto

SCREEN RECORD

screen type or open hole
(insert appropriate code below)
STEELSTBRASSBRBRONZEPLASTICPLOTHEROther

DEPTH (nearest ft.)
110043280
EACH CASING
18911151721
2232426303236
3383941454751
SLOT SIZE 123
DIAMETER OF SCREEN (NEAREST INCH)
5660
fromto

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)6.15

METHOD USED TO MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING43ft.
WHEN PUMPING23ft.

TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother (describe below)
JjetSsubmersible

PUMP INSTALLED

DRILLER INSTALLED PUMPYESNO

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)
+above
-below
LAND SURFACE2(nearest foot)

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTURED
yesno
YNY

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. 1MSD1121
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1D

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

C2

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.)WQ
7072747576
TELESCOPE CASINGLOG INDICATOROTHER 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)

DENV-CR00

COUNTY

B 1	2452	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518528 please type	STATE PERMIT NUMBER HO-94-3629 fill in this form completely
Date Received (APA) 1/31/03 8 MM 00 YY 13		OWNER INFORMATION		
15 Last Name KNILL		21 Owner First Name DANNY		
36 Street or RFD 1521 St. Michaels Rd		42		
57 Town Mt Airy MD 21771		71		
DRILLER INFORMATION				
76 Driller's Name Ralph E. MAYNE		81 License No. M S D 117		
Firm Name Ralph E. MAYNE Well Drilling				
Address 17024 Handy Rd Mt Airy MD 21771				
Signature <i>Ralph E. Mayne</i>		Date 1-28-03		
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.)		12	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME HOWARD COUNTY NO. A512793 STATE SIGNATURE _____ INSERT S → DATE ISSUED 2/3/03 CO SIGNATURE Kacie Noonan EXP. DATE 2/3/04 NORTH GRID 770 000 EAST GRID 550 000 50 55 57 63				
APPROXIMATE DEPTH OF WELL 150 FEET		NEAREST INCH		
APPROXIMATE DIAMETER OF WELL 6"				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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 _____ G _____				
PERMIT No. HO-94-3629 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS Recommend Barrier around well on North side of dirt road. (KN)				

LOCATION OF WELL
 8 COUNTY **Howard**
 23 SUBDIVISION **Knill Prop.**
 SECTION **-** LOT **I**
LISBON
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** M I
 73 76 77 78
 NEAR WHAT ROAD **St. Michaels Rd**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 **250** 37
 DISTANCE FROM ROAD **ft**
 ENTER FT OR MI 38 39
 TAX MAP: **7** BLK: **13** PARCEL **209**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

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 **550**
 N **770**
 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

Depth of well 280
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 43 ft

HD-224

**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 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

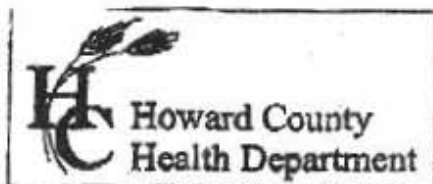
PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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: _____ 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 _____



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

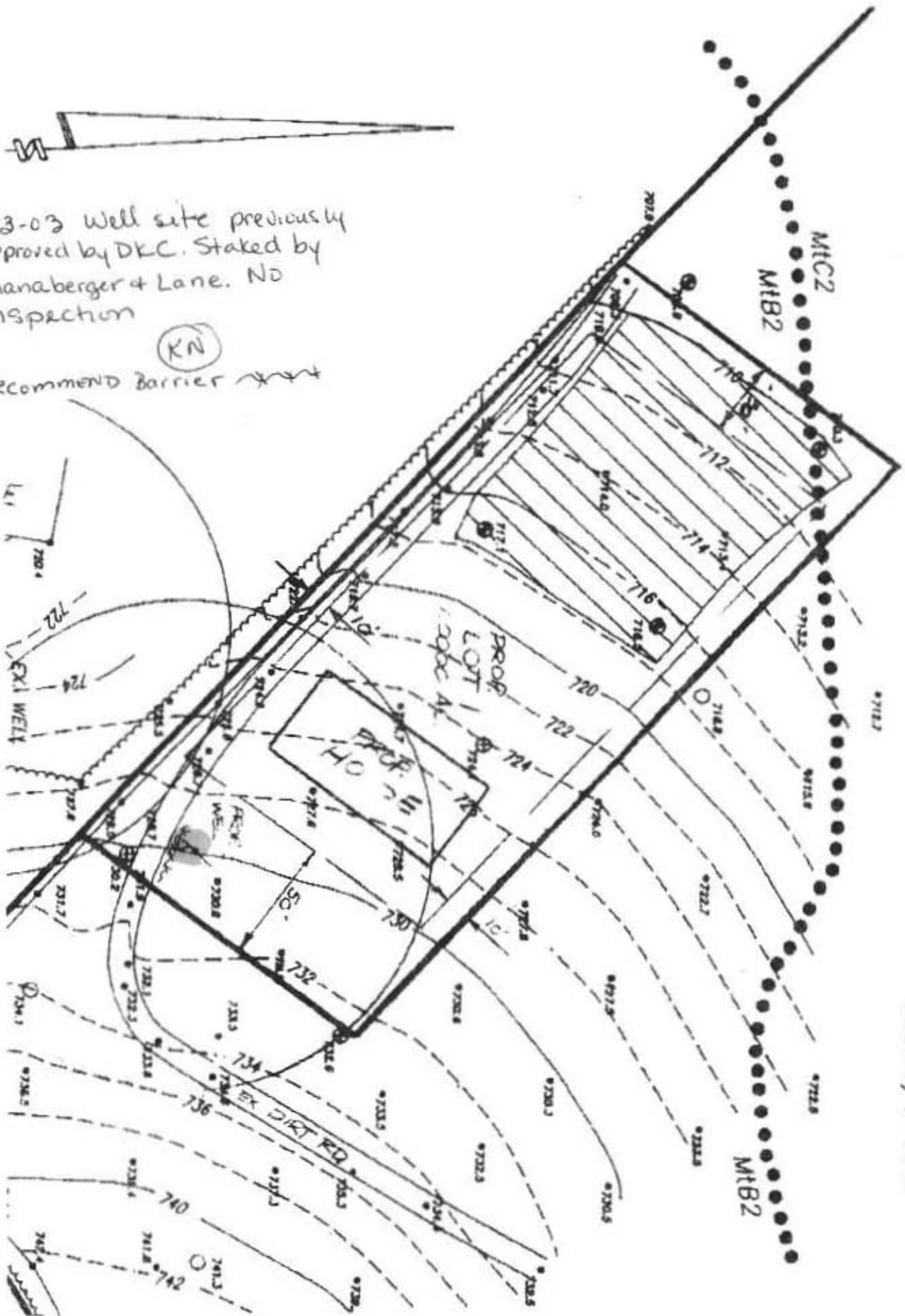
When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Shanaberger & Lane on 1/28/03 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☒ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

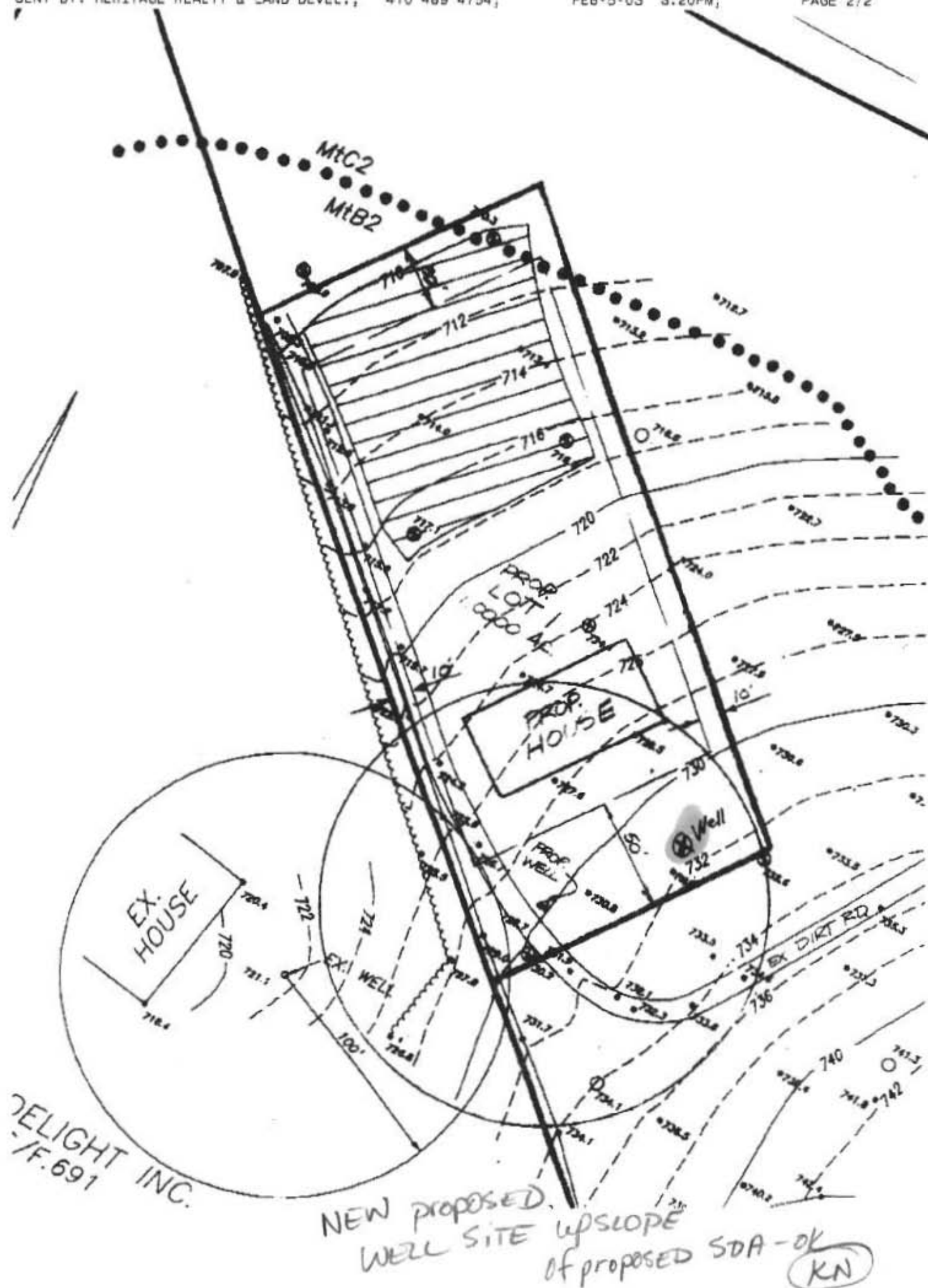
KNILL PROPERTY L.346/F.466



2-3-03 Well site previously approved by DKC. Staked by Shanaberger & Lane. NO inspection

KN

Recommend Barrier



CASSELL TESTING, INC.**ENVIRONMENTAL SAMPLING AND TESTING****10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742**

The Plumber
12400 Frederick Road
West Friendship, Maryland 21794

Report Date: February 5, 2003

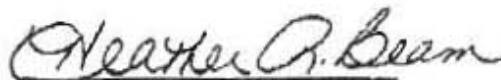
Listed below are results of drinking water analyses on a water sample collected by 1530EA and delivered to Cassell Testing for analysis:

CTI Number: 03-0538
Reference: U & D 6636 Cedar Lane
Received in lab: 02/04/03 at 2:00 pm
Sample Started : 02/04/03 at 2:05 pm

RESULTS:

Nitrate-N:	5.8 mg/L	Pass
Turbidity:	<1.0 NTU	Pass
pH:	5.6 Units	
Total Coliform:	Absent	Pass

This information was supplied from The Plumber:
BP#: B00139160
Tag Number: Tag not visible
Chlorine: None
Sand: None


Heather R. Beam
Cassell Testing, Inc.

Please note: Cassell Testing Inc. is not responsible for the collection or transportation of the sample.