C 1 8183 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER A49861 A

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED 02/14/95

Depth of Well 660 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-94-0316

OWNER Dermitt Richard
STREET OR RFD last name Springdale Dr. first name TOWN Clarksville IND.
SUBDIVISION Spring Dale SECTION LOT 10

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	FEET TO	Check if water bearing
SAND	0	81	✓
GRAY MICA ROCK	81	660	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 53 NO. OF POUNDS 4982
GALLONS OF WATER 318
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 95 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	84

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	80	660
2		
3		

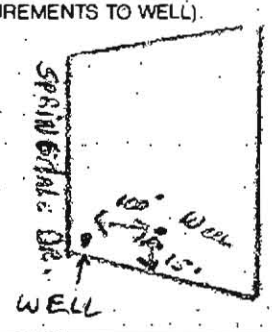
SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)
from ____ to ____
GRAVEL PACK ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 3.3
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 33
WHEN PUMPING 34
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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
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 – below LAND SURFACE 1 (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).



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 IDENT. NO. 24
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING LOG INDICATOR OTHER DATA

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 5338 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0316 *fill in this form completely*

Date Received (APA) 121294

OWNER INFORMATION

Last Name: DEMMITT Owner First Name: RICHARD

Street or RFD: BOX 228

Town: CLARKSVILLE State: MD Zip: 21029

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne — MSD/MGD/MWD License No. 24

Firm Name: Joseph L. Mayne Well Drilling

Address: 5512 Ridge Rd. Mt. Airy, Md. 21771

Signature: Joseph L. Mayne Date: 12/10/94

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (H) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 265 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other:

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE MR (WRITE INITIALS IN BOX) PERMIT No. HO-94-0316

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: SPRINGDALE

SECTION — LOT 10

NEAREST TOWN: CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) 3 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX): W (circled)

NEAR WHAT ROAD: Springdale Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): W (circled)

DISTANCE FROM ROAD 25 — ENTER FT OR MI: FT

TAX MAP: ______ BLK: ______ PARCEL ______

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO. A 49861 A

STATE SIGNATURE ______ INSERT S

DATE ISSUED 011995 CO SIGNATURE Mark E. Rifkin EXP. DATE 1/19/96

NORTH GRID 496000 EAST GRID 0804000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

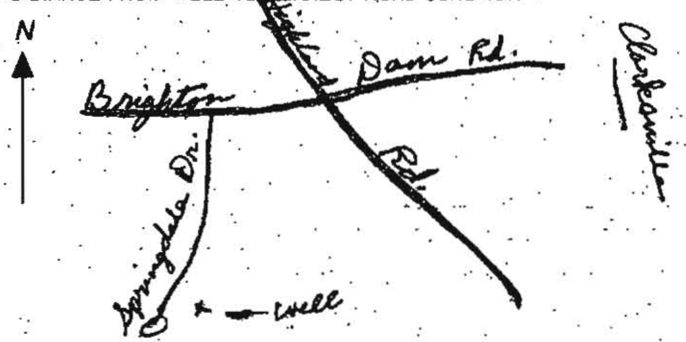
2-14-95
11:00 grout
84' casing
175' open
53 bags
per driller

SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

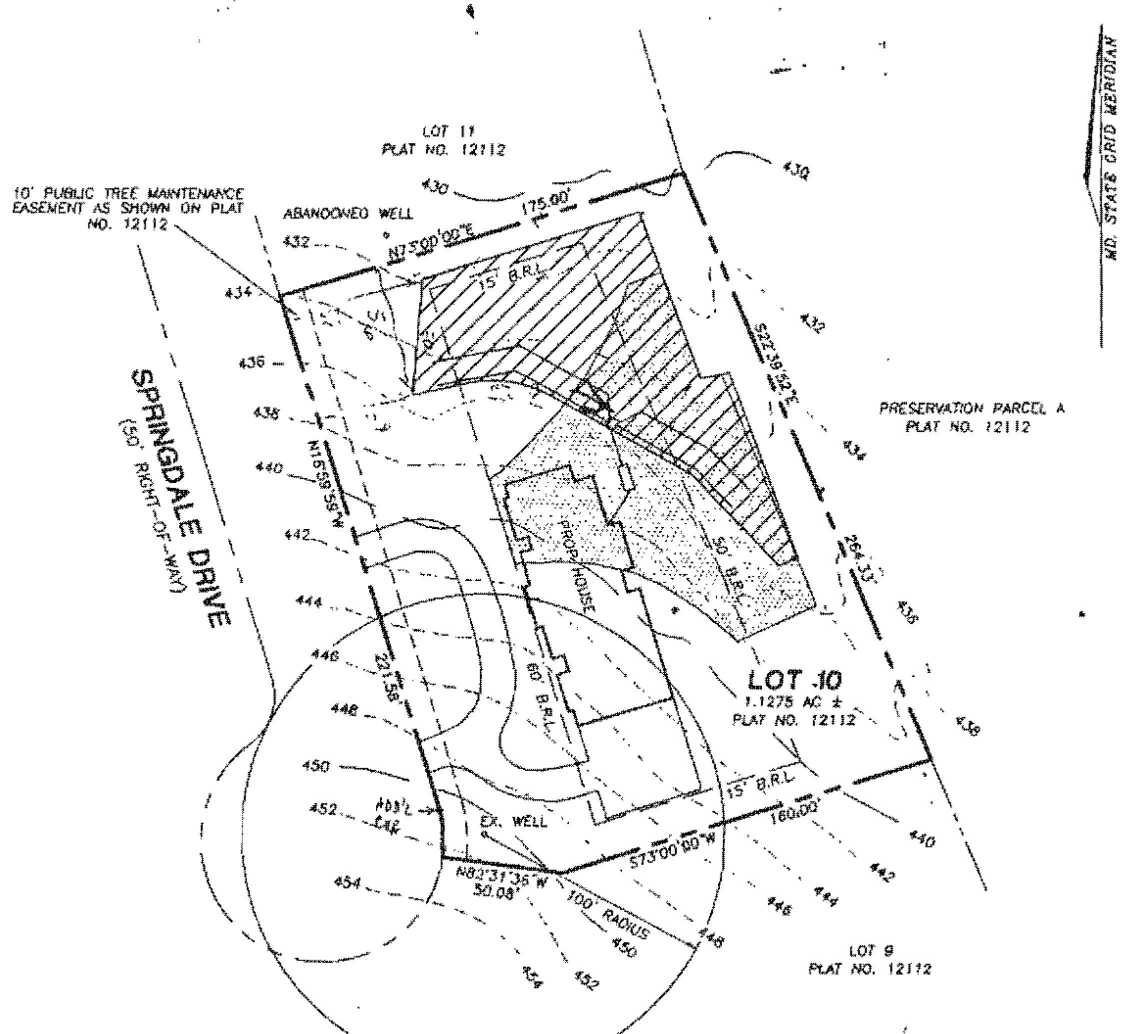
E 8084
N 4986

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



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY



LEGEND

EXISTING SEPTIC EASEMENT AREA ON LOT 10 AS SHOWN ON PLAT NO. 12112

NEW SEPTIC EASEMENT AREA FOR LOT 10.

NOTE:
1. THE CONTOURS AND ELEVATIONS SHOWN HEREON ARE BASED ON CLIENT SUPPLIED TOPOGRAPHY.
2. THE PROPERTY LINES SHOWN HEREON ARE BASED ON A PLAT ENTITLED 'SPRINGDALE ESTATES LOTS 1-18 AND PRESERVATION PARCELS A&B AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND AS PLAT NO. 12112
3. ALL EXISTING WELLS AND SEPTIC EASEMENTS WITHIN 100' OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.

(EX. WELL IS FIELD LOCATED)

THIS AREA DESIGNATES A MINIMUM 10,000 SQ FT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS ⊕

PERCOLATION AREAS AND WATER WELLS WITHIN 100 FEET OF PROPERTY LINES ARE SHOWN ON THIS PLAT.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

Joyce M Boyland per [signature] 9/28/98

COUNTY HEALTH OFFICER MR — DATE

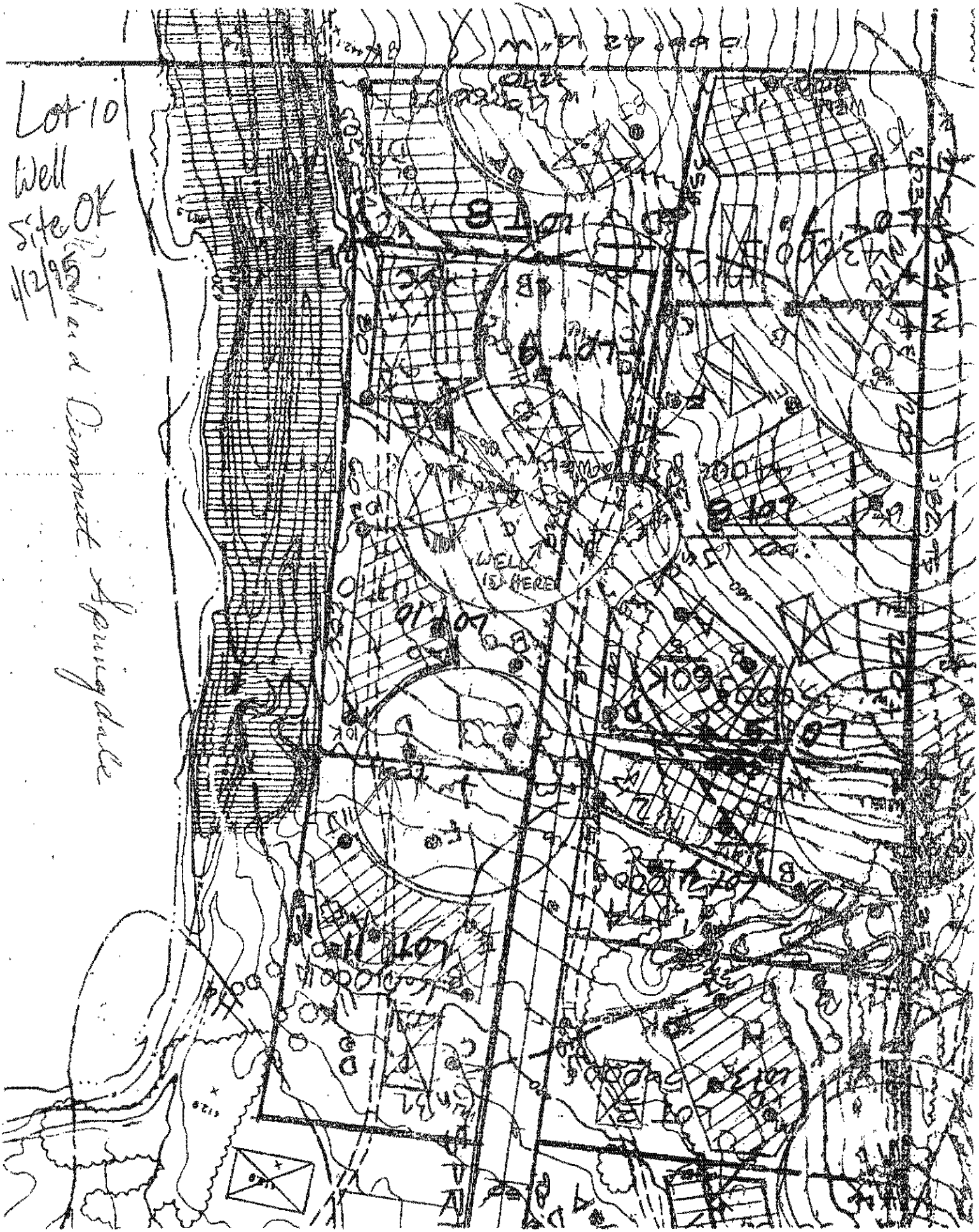
RECORD REFERENCES

TAX MAP : 34
PARCEL : 60
PLAT NO./FOLIO : 12112

SCALE : 1"=50'
DATE : 9-16-98

PERCOLATION TEST PLAT
SPRINGDALE ESTATES
LOT 10
5TH ELECTION DISTRICT
HOWARD COUNTY
MARYLAND

VOGEL & ASSOCIATES
ENGINEERS · SURVEYORS · PLANNERS
3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3966


Lot 10
Well
site OK
4/2/95
Land Commit Springdale
WELL
IS HERE

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
481-0835

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer Willoughby Plumbing
Telephone 410-781-7051

License Number 6992
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Dale Thompson
Telephone ____
Subdivision Rosedale Est Lot # 10
Well Tag # HO-94-1316
Site Address 13711 Rosewood Dr
Clarksville, MD 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make JACUZZI
3. Model # ____
4. Capacity ____ GPM
5. Pump exceeds well capacity Yes ____ No ✓
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ✓ Cable guards ✓ Other TAPE

Motor
1. Horsepower 3/4 HP
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make [illegible]
2. Model # ____
3. Depth ____

Tank
1. Capacity 40 gal
2. Pressure relief valve? yes

Piping
1. Type PRESSLINE
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4FT

Well data
1. Depth 600 ft.
2. Yield 3.5 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

4/9/99 OK BY SRK

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Chris Willoughby

Date: 4/9/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-316