

C1

4040

SEQUENCE NO.
(MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.
COUNTY
NUMBER 13 ALLEGANY 11/28/01

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
11/7/01

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 94 - 3265

OWNER BLOOMER, HAL
last name first name
STREET OR RFD 14545 Roxbury Rd
TOWN Glenelg
SUBDIVISION LAIRD B SCOTT SECTION LOT 6

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		check if water bearing
	FROM	TO	
Top soil	0	1	
Brown mica	1	34	
Tan mica	34	41	
Brown mica	41	75	
Brown slate	75	84	
Brown slate	84	91	
Tan slate	91	105	
Gray shale/flint	105	112	
Blue/Gray slate	112	300	

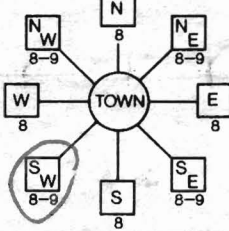
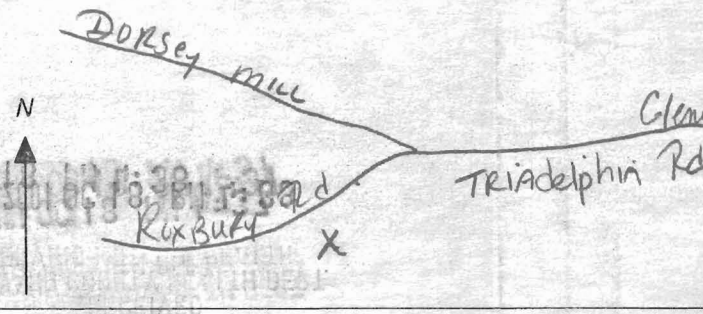
GROUTING RECORD
yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
44 44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
45 46 45 46
NO. OF BAGS 22 NO. OF POUNDS 220
GALLONS OF WATER 130
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface) 0 59
CASING RECORD
casing types insert appropriate code below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
St 6 89
60 61 63 64 66 70
OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to
SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C3
1 2
PUMPING TEST
HOURS PUMPED (nearest hour) 3
8 9
PUMPING RATE (gal. per min.) 8
11 15
METHOD USED TO MEASURE PUMPING RATE Built
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50 ft.
17 20
WHEN PUMPING 300 ft.
22 25
TYPE OF PUMP USED (for test)
A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

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
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M J D 727
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2
1 2
DEPTH (nearest ft.)
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
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 68
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

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. 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 (nearest foot)
- below } 49 50 51
LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
House 75' 250'
Roxbury Rd

B 1	5090	SEQUENCE NO. (MDE USE ONLY)	W516408 STATE OF MARYLAND PERMIT TO DRILL WELL NOTES Please print or type	STATE PERMIT NUMBER HO-94-3265 <small>fill in this form completely</small>
Date Received (APA) 8780 8 MM DD YY 13 OWNER INFORMATION 15 BLOOMER WILLIAM Owner First Name 34 14545 ROXBURY RD 36 GLENELG, MD 21737 Street or RFD 55 57 Town 70 State 72 Zip 76			B 3 Howard LOCATION OF WELL EC# 8 COUNTY 21 23 Laird B. Scott SUBDIVISION 42 SECTION Glenelg LOT 6 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
DRILLER INFORMATION Driller's Name George F. Easterday MW D 040 Firm Name L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature <i>George F. Easterday</i> Date 10/16/2001			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  14545 Roxbury Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 100 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 23 PARCEL 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 13 A6760 STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 11/6/2001 CO SIGNATURE Brian Baker EXP. DATE 11/6/2002 NORTH GRID 518 000 EAST GRID 795 000 50 55 57 63	
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			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 7905 5208 E N DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 907 	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH 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			REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 39 <input checked="" 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 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-94-3265 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED -				

10/4/01 (Thursday)
Met owner @ 1:30 PM @ Site
(Easterday will have site staked)

See AO 6760
P09396?

SITE INSPECTION SHEET

OWNER: William Bloomer

DATE REQUESTED: 10/2/01

ADDRESS: 14545 Roxbury Road

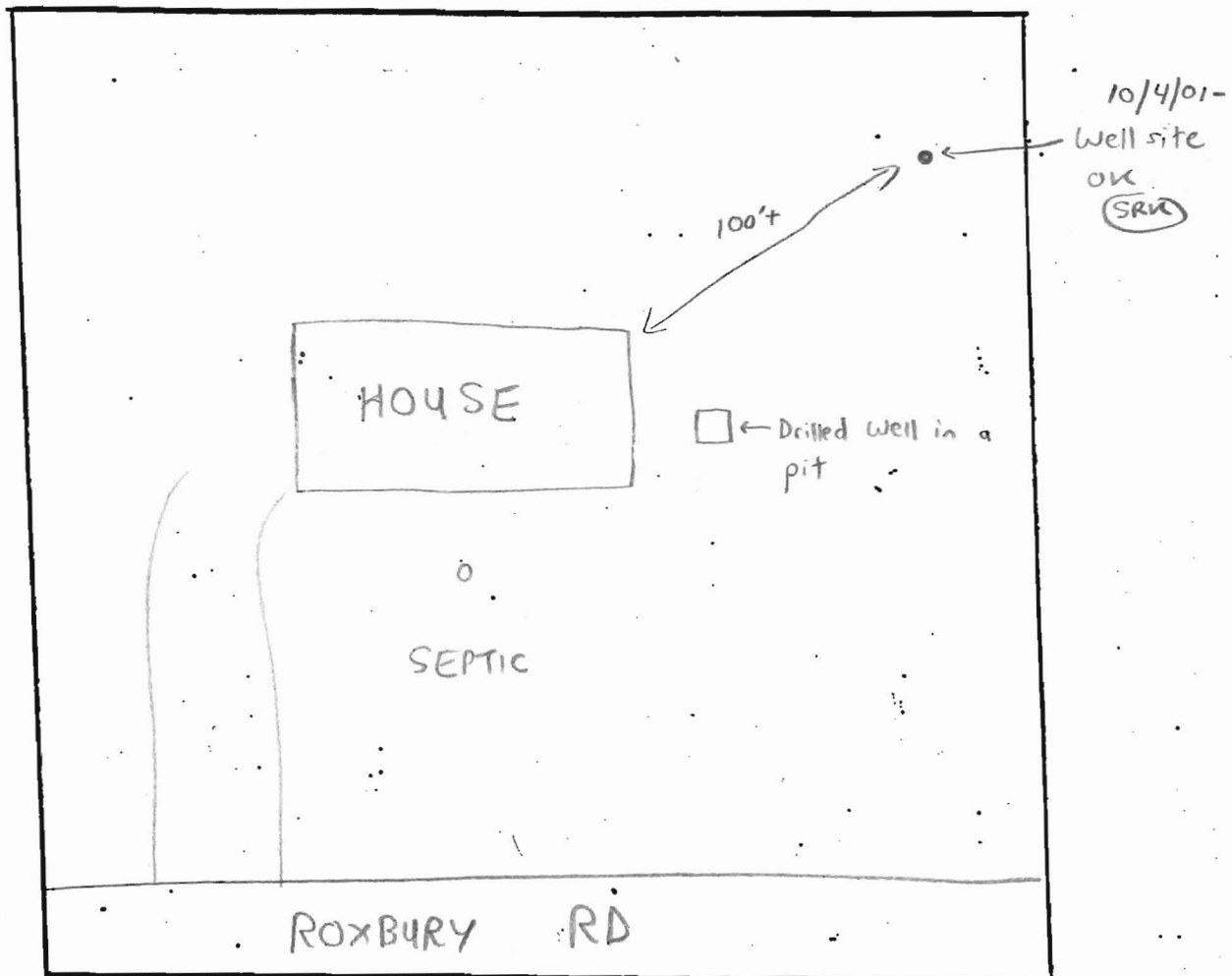
DRILLER: Easterday

WELL TAG # _____

COUNTY # _____

PROPOSAL: Old well (circa 1840s '65) has very low yield - Needs to deepen or preferably drill a new well -

LOCATION DIAGRAM



COMMENTS: Met owner at site. Ok to drill (owner (Mr. Bloomer) says well site is on his property.

Would like to keep ex. well as standby supply

DATE: 10/11/01

INSPECTOR: SRK

Attn: Mark

**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

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

Name (Print): Lester C. Simms Jr. License# AWD611

*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: William Bloomer Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3265
Site Address: 14545 Roxbury Road
Glen Ridge, MD 21734

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>56505422</u>	Model #: <u>B101</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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: Crossin
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒
Approximate length of sleeve: 5
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: Lester C. Simms Jr. date: 11/9/01

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

Date Insp. Requested: 11/9/01 3pm Date Insp. Approved: (MR) SRK 11/9/01
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 _____

ON 11/9/01 Mark advised OK to Backfill ditch