

C1 2595

SEQUENCE NO.  
(DENV USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBERPERMIT NO.  
FROM "PERMIT TO DRILL WELL"

DATE Received

DATE WELL COMPLETED

Depth of Well

22 26  
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER

last name

first name

TOWN

STREET OR RFD

SUBDIVISION

SECTION

LOT

## 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

Check  
if water  
bearing

Top Soil 0 1  
Red clay 1 4  
Red mud 4 60  
PA mud 60 80  
Blue M. PA 80 300

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM  
45 46BENTONITE CLAY BC  
45 46

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 52 ft. to 54 58 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHERMAIN Nominal diameter Total depth  
CASING top (main) casing of main casing  
TYPE (nearest inch) (nearest foot)

60 61 63 64 66 70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter depth (feet)  
inch from to

EACH CASING

screen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
belowST BR HO  
STEEL BRASS OPEN  
PL BRONZE HOLE  
PLASTIC OTHER

C 2

E  
A  
C  
H  
S  
C  
R  
E  
E  
N

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

WQ

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C 3

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 YES NO

(CIRCLE) (YES or 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 } LAND SURFACE (nearest foot)

- below }

## 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)

A CIRCLE APPROPRIATE LETTER  
A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

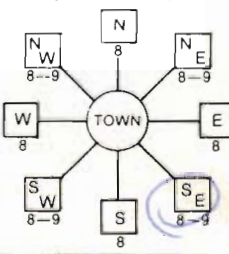

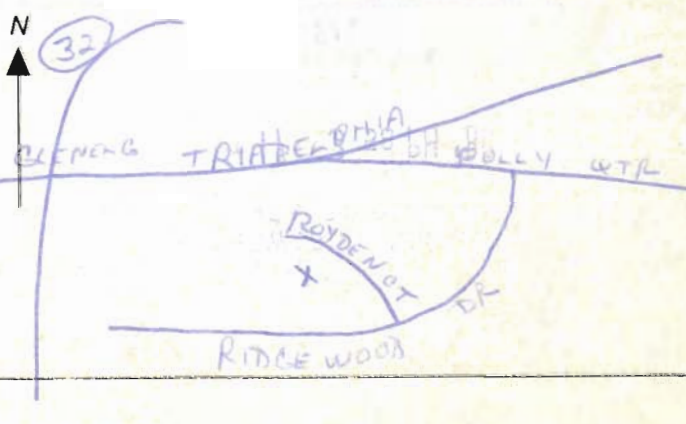
P TEST WELL CONVERTED TO PRODUCTION  
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"  
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE  
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION  
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST  
OF MY KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

COUNTY



B 1 <b>9783</b> <small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>10-88-0267</b> <small>70 79</small> fill in this form completely
Date Received (APA) <b>10/25/88</b> <small>8 13</small> <b>OWNER INFORMATION</b> <b>RIDGEWOOD ASSOCIATES</b> <small>15 Last Name 34 Owner First Name</small> <b>RBB E LEADWOOD ST</b> <small>36 55</small> <b>BALTIMORE</b> <small>57 Town 70 State 72 Zip 76</small>		B 3 <b>LOCATION OF WELL</b> <b>R-42844</b> <b>40.00</b> <b>10/25/88</b> <b>HOWARD</b> <small>8 COUNTY 21</small> <b>RIDGEWOOD</b> <small>23 SUBDIVISION 42</small> SECTION <b>44</b> <b>46</b> LOT <b>48</b> <b>50</b> <b>BALTIMORE GLENELB</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <b>1</b> <b>MI</b> <small>73 76 77 78</small>
<b>DRILLER INFORMATION</b> <b>George F. Easterday</b> Driller's Name <b>L. Franklin Easterday, Inc.</b> <small>77 License No. 80</small> <b>9265 Brown Church Rd., Mt. Airy, Md. 21771</b> Firm Name <b>George F. Easterday</b> Address <b>10/16/88</b> Signature Date		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>ROYDEN CT</b> <small>11 30</small> NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  <b>750</b> <small>34 37</small> DISTANCE FROM ROAD ENTER FT or MI <b>FT</b> <small>38 39</small>
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> COUNTY NAME <b>A #38864</b> COUNTY NO. STATE SIGNATURE _____ INSERT S <b>41</b> DATE ISSUED <b>10/18/88</b> <small>43 48</small> CO SIGNATURE <b>x Charles B. Bynum</b> NORTH GRID <b>520 000</b> EAST GRID <b>0807 000</b> <small>50 55 57 63</small> EXP. DATE
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <b>11/17/88 1 PM / Well drilled</b> <b>17 Bags of cement</b> <b>2' casing above ground</b> <b>63' casing grouted</b> <b>68' casing</b> <b>C.B.V. &amp; M.B.</b> <b>1 on tag at site</b> WRITE THE BOX NUMBER FROM THE MAP HERE E <b>800 7</b> N <b>520</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 
APPROXIMATE DEPTH OF WELL <b>200</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST INCH</small>		
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 37</small> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 <small>39</small> <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) <b>41</b> <b>52</b>		
Not to be filled in by driller (QEP USE ONLY) APPROP. PERMIT NUMBER <b>108</b> <b>GAP</b> <small>34 63</small> FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. <b>10-88-0267</b> <small>61 69 70 71 72 73 74 75 76 77 78 79</small>		
SPECIAL CONDITIONS		



Well Permit No. HO - 88-0267  
Location of property (road) ROYDEN COURT  
Subdivision ROYDEN COURT <sup>Righted</sup> Lot 26 Block - Plat - Sec. -  
Well Driller G. EASTERDAY Owner

Static water level (S.W.L.) below M.P.

Time pump started 1:15 Pumping rate G.P.M.  
Total time 5 min to reach pumping water level 84 ft ft. below M.P.

HD-224

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0267  
Location of property (road) ROYDEN COURT  
Subdivision ROYDEN COURT Lot 26 Block - Plat - Sec. -  
Well Driller G. EASTERDAY Owner

Depth of well 200' 5 GPM  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 46

### I. High rate pumping -- reservoir drawdown

Time pump started 1:15 Pumping rate 10 G.P.M.  
Total time 15 min to reach pumping water level 84 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]



8-27-98  
8/28/98  
P.M.

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # \_\_\_\_\_  
Date 8-14-98

Name of Installer Keith Hundertmark

Telephone 410-857-0255

License Number 8300

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber ☒

Name of Property Owner Earl Scott

Telephone 410-799-7647

Subdivision Ridgewood Estates Lot # 22

Well Tag # HO-88-0267

Site Address 13307 Royden Cr.

Pump

1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible ☒
2. Make \_\_\_\_\_

Motor

1. Horsepower \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 ☒

Pitless Adapter

1. Make yes  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

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 \_\_\_\_\_

Tank

1. Capacity \_\_\_\_\_  
2. Pressure relief valve? ☒

Piping

1. Type \_\_\_\_\_  
2. Size 1"  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line 42"

Well data

1. Depth 200 ft.  
2. Yield 5 GPM  
3. Static water level 46 ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

8/28/98  
WPE  
Well line, P.A. 4' below grade  
Well casing 1' above grade  
2 pc cap installed  
PVC conduit pipe OK TO COVER (DUS)

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: Keith Hundertmark

Date: 8-14-98

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



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

December 17, 1998

Bernard Construction  
1612 Brittle Branch Way  
Woodbine, Maryland 12797

RE: Ridgewood - Lot 26  
13307 Royden Court  
Well Permit #HO- 88-0267

Dear Sirs,

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on August 27, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was found to be in compliance with COMAR water quality standards.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO- 88-0267. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the Health department within six (6) months of receipt of this letter. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

### INTERIM CERTIFICATE OF POTABILITY

Date(s) of water sample(s): December 14, 1998  
Date of well completion: November 11, 1988

Approving Authority

*Amy Mc Millen*

Amy Mc Millen, Sanitarian  
Water and Sewerage Program

cc: Building Inspector's office  
file