

C105016

SEQUENCE NO.
(MDE USE ONLY)

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
NUMBERA51577H

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
6899
1520

Depth of Well
2228526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
10-94-1562
28293031323334353637

OWNERHIGHLAND DEV. CORP.
STREET OR RFDlast nameTRIADELPHIA MILL ROADfirst nameTOWNDAYTON
SUBDIVISIONSMALL RIDGESECTIONLOT4

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	
Sand Stone	0	16	
Gray Mica Rock	16	285	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
yesno
Y44N44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENTICMBENTONITE CLAYBC

NO. OF BAGS45466NO. OF POUNDS4548364

GALLONS OF WATER36

DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to19ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST	CO
STEEL	CONCRETE
PL	OT
PLASTIC	OTHER

MAIN CASING TYPESt

Nominal diameter
top (main) casing
(nearest inch)!6

Total depth
of main casing
(nearest foot)21

606163646670

OTHER CASING (if used)

diameterdepth (feet)
inchfromto

EACH CASING

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

ST	BR	HO
STEEL	BRASS	OPEN
	BRONZE	HOLE
	PL	OT
	PLASTIC	OTHER

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTUREDyesno
YN

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. 1MSD024

DRILLERS SIGNATUREJoseph L. Mayne
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1M D

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

C2DEPTH (nearest ft.)

12No20285

8911151721

232426303236

383941454751

SLOT SIZE 123

DIAMETER
OF SCREEN(NEAREST
INCH)
5660
fromto

GRAVEL PACK IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 6868

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T(E.R.O.S.)WQ

7072747576

TELESCOPE LOG
CASING INDICATOROTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3
89

PUMPING RATE (gal. per min.)20
1115

METHOD USED TO
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING40ft.
1720
45

WHEN PUMPING2225ft.

TYPE OF PUMP USED (for test)

AairPpistonTturbine
272727

CcentrifugalRrotaryOother
272727
(describe below)

JjetSsubmersible
2727

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO
(CIRCLE) (YES or 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)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)

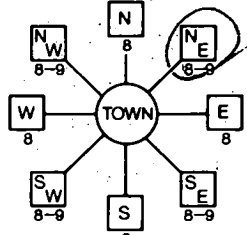
+above- below

LAND SURFACE1(nearest
foot)
495051

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)

20 well
65

B 1 6705 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 170-94-1562 <small>fill in this form completely</small>
Date Received (APA) 5 14 98 8 MM DD YY 13 Highland Development 15 Last Name Owner First Name 34 P.O. Box 228 36 Street or RFD 55 Clarksville Md. 21029 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Smallwood Ridge 42 SECTION 44 46 LOT 48 50 4 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78	
DRILLER INFORMATION Joseph L. Mayne MS DO24 76 Driller's Name License No. 81 Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy 21771 57 Address Joseph L. Mayne 5/13/98 57 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Philadelphia Mill Rd. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 815 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 6 BLK: 11 PARCEL: 142	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A-57577H COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5 29 98 10/31/99 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 510 000 EAST GRID 794 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		APPROXIMATE DEPTH OF WELL 260 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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		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 794 N 500 000 000	
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 39 <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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Dayton Philadelphia Mill Rd.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 63 PERMIT No. 170-94-1562 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

HD-224

1/27/00
Anytime WPI

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer Michael O'Connell

Telephone (410) 794-8358

License Number 3444

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Michael Estes Telephone _____

Subdivision _____ Lot # _____ Well Tag # HO-94-1562

Site Address 18612 Tenthredin Mill Road

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X

2. Make Goulds

3. Model # _____

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No X

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 X Cable guards X Other _____

Motor

1. Horsepower 1/4

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 X

Pitless Adapter

1. Make Mechman

2. Model # B10A

3. Depth 40"

Tank

1. Capacity _____

2. Pressure relief

valve? yes

Piping

1. Type PVC 160 PSI

2. Size 1"

3. NSF and/or BOCA

Code approved X

4. Depth of supply

line 34"

Well data

1. Depth 285 ft.

2. Yield 20 GPM

3. Static water

level 40 ft.

4. Will water supply be disinfected by installer? yes

1/27/00 (HO-94-1562) Two piece cap.
Can't check pitless, grout etc.
already backfilled, Cap 8" above grade BB

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: Michael O'Connell

Date: 10/12/99

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