

1 2 3 4 5 6
3519
(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

45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER **A 25054**

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED
032095

Depth of Well
225
(TO NEAREST FOOT)

OK MR 8/26/97

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-0326

OWNER **Dickey** last name **Day Rd** first name **Jean** TOWN **Sykesville**
STREET OR RFD
SUBDIVISION **DICKEY FARMS** SECTION _____ LOT **16**

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	
Overburden	0	45	
Gray Rock	45	225	x

water was encountered at 210'

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **20** NO. OF POUNDS **2000**
GALLONS OF WATER **120**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **50** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO** **PL** **OT**
STEEL CONCRETE PLASTIC OTHER
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **50**

OTHER CASING (if used)
diameter inch _____ depth (feet) from _____ to _____

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED **Y** **N**

C 2
DEPTH (nearest ft.)
E A C H S C R E E N
1 **H0** **50** **225**
2
3
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

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

GRAVEL PACK _____
IF FLOWING WELL INSERT F IN BOX 68 **68**

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. **399**
Allen Conpton
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) **70** **72** **74** **75** **76**
W Q
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) **6**
PUMPING RATE (gal. per min. to nearest gal.) **2**
METHOD USED TO MEASURE PUMPING RATE **Submersible**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **14**
WHEN PUMPING **215**
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: **29**
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)
Map to be supplied by Developer

B 1 **6348** 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
40-94-0326
 fill in this form completely

Date Received (APA) **082294**
 OWNER INFORMATION
 Dickey, Jean
 13858 Forsythe Road
 Sykesville MD 21784

LOCATION OF WELL
 Howard
 Dickey Farms
 SECTION 16 LOT 16
 Sykesville
 MILES FROM TOWN 2 MI

DRILLER INFORMATION
 Paul M. Fabiszak
 G. Edgar Harr Sons' Corp.
 12047 Falls Rd Cockeysville 21030
 8/16/94

Day Road
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 300 FT
 TAX MAP: 9 BLK: 3 PARCEL 270

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A25054
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED 020895 Mark E. Piffin 2/8/96
 NORTH GRID 549000 EAST GRID 0808000

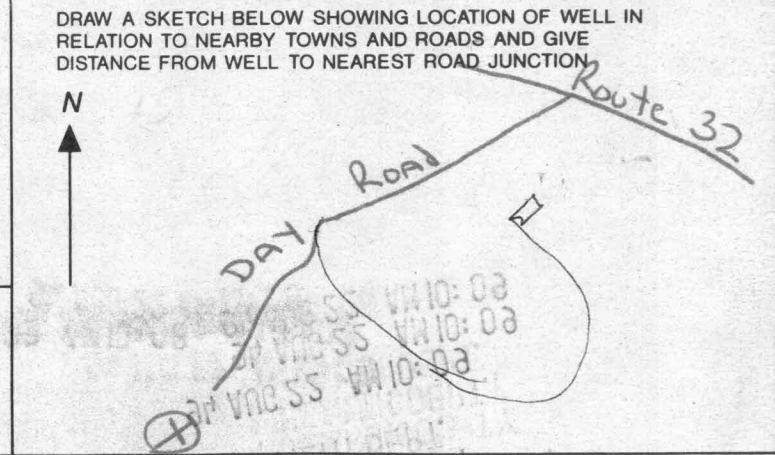
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROtary DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. GROUT NOT DONE?
 2. MR 3/6/95
 3. 3/7/95 9:00
 NO WSP page 4 K-10

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
 PPROP. PERMIT NUMBER GAP
 SOURCE MKR WRITE INITIALS IN BOX PERMIT No. 40-94-0326

3/14/95
3/14/95

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0326
Location of property (road) Day Rd
Subdivision DICKEY FARMS Lot 16 Block _____ Plat _____ Sec. _____
Well Driller Harr Owner Dickey, Jean

Depth of well 225'
Distance of measuring point (M.P.) above ground 1 1/2'
Static water level (S.W.L.) below M.P. 14'

I. High rate pumping -- reservoir drawdown
Time pump started 7:45 Pumping rate 20 GPM ±
Total time 30 min to reach pumping water level 215 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	215'	15 sec	—	4 GPM
11:00	215'	20 sec	—	3 GPM
11:10	215'	17 sec	—	3.5 GPM
			PUMP @ 215'	
2:00	215'	39 sec	—	1.54 GPM
2:15	215'	39 sec	—	1.54 GPM
2:30	215'	39 sec	—	1.54 GPM

CAREFUL REVIEW OF COMPLETION REPORT SUGGESTED
 $PRODUCTION = 1.5(225 - 14) + 1.54 \times 120 = 315 \pm + 185 = 500 \text{ GAL} \pm$
 INSUFFICIENT STORAGE
 ADD'L DRILLING ~~REQUIRED~~ NEEDED
 RECOMMEND REQUIREMENT FOR ADD'L PUMP TEST
 3/14/95 H₂O CLARITY
 CHEM HO-2526 TAKEN AT 11:00
 SPECS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0326
 Location of property (road) Day Rd
 Subdivision DICKEY FARMS Lot 16 Block _____ Plat _____ Sec. _____
 Well Driller Harr Owner Dickey, Jean

Depth of well 225'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 14'

I. High rate pumping -- reservoir drawdown

Time pump started 0745 Pumping rate 20.0
 Total time 45 min to reach pumping water level 215 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0745	14'	3		20.0
0800	155'	4		15.0
0815	215'	5		12.0
0830	215'	12		5.0
0845	215'	15		4.0
0900	215'	15		4.0
0915	215'	15		4.0
0930	215'	15		4.0
0945	215'	15		4.0
1000	215'	15		4.0
1015	215'	15		4.0
1030	215'	15		4.0
1045	215'	17		3.53
1100	215'	17		3.53
1115	215'	17		3.53
1130	215'	20		3.0
1145	215'	20		3.0
1200	215'	24		2.50
1215	215'	24		2.50
1230	215'	30		2.0
1245	215'	35		1.71
1300	215'	35		1.71
1315	215'	39		1.54
1330	215'	39		1.54

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0326
 Location of property (road) Day Rd
 Subdivision DICKEY FARMS Lot 16 Block _____ Plat _____ Sec. _____
 Well Driller Harr Owner Dickey, Leon

Depth of well 225'
 Distance of measuring point (M.P.) above ground 1'
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TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1345	215'	39		1.54
1400	215'	39		1.54
1415	215'	39		1.54
1430	215'	39		1.54

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: AR Crowell Plumbing Telephone #: 410-715-9565
Address: PO Box 423
Savage MD 20769

Must circle one: Licensed Plumber Licensed Well Driller
License # and name of individual responsible for the field installation: _____ Licensed Well Pump Installer
Name (Print): Robert Crowell License # 8980

*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: Patapsco Homes Telephone #: 410-489-0319
Subdivision: _____ Lot #: 16 Well Tag #: HO-94-0326
Site Address: 999 Day Rd.
Sykesville, MD

Submersible Pump Data
Make: Genios
Model #: 237528
Pump Capacity: 8 GPM
Well Yield: 4 GPM

Pitless Adapter
Make: Campbell
Model #: PT80
Depth: 42" (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit
Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 250 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches, 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: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

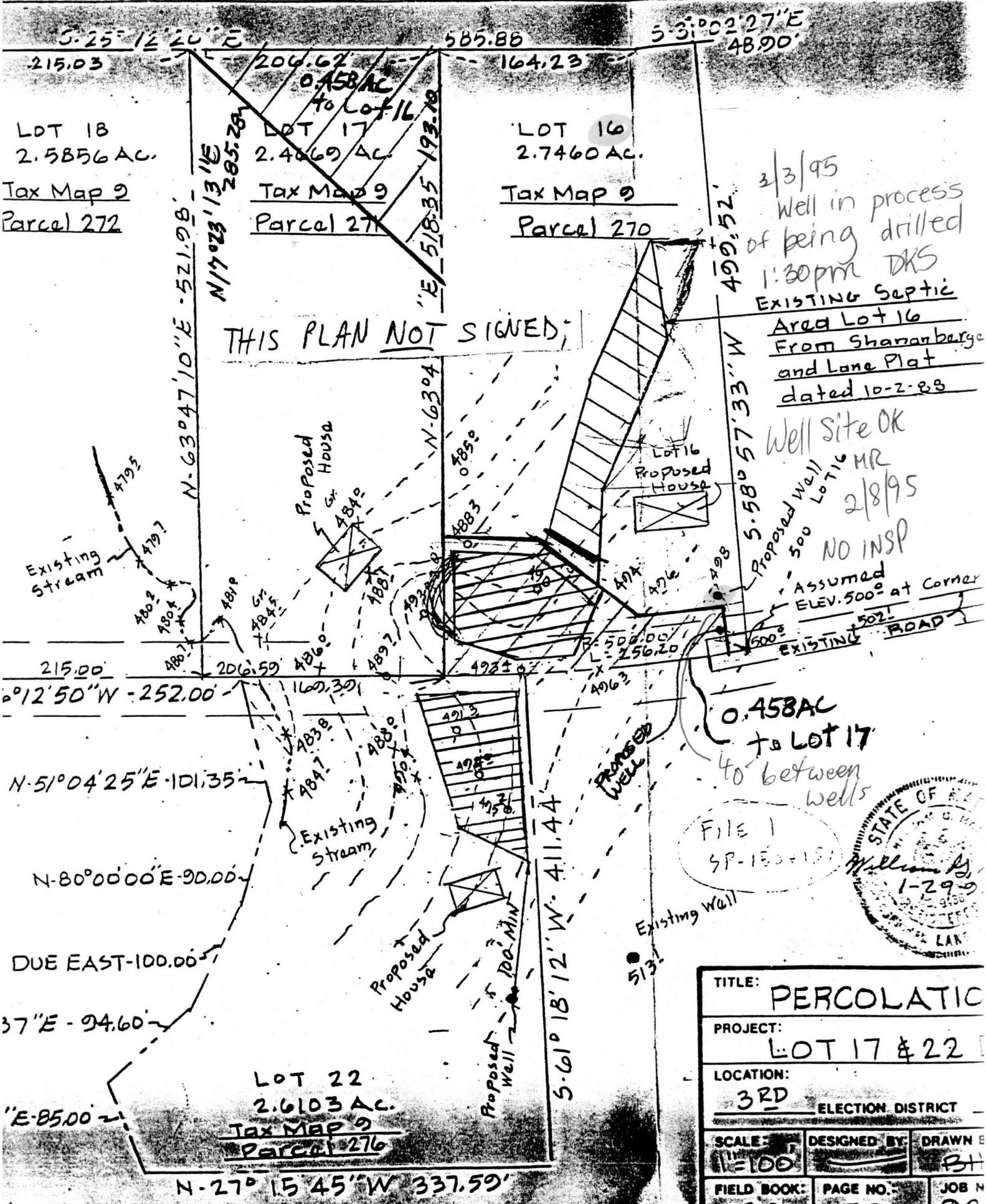
House Connection
PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 8'
Sleeve caulked and sealed properly: yes

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: [Signature] date: 9/10/01

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/anchored 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 ?



THIS PLAN NOT SIGNED;

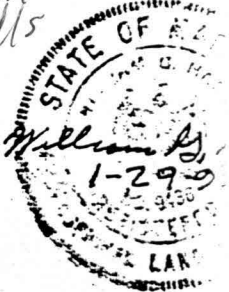
3/3/95
Well in process
of being drilled
1:30pm DKS
EXISTING Septic
Area Lot 16
From Shanaburge
and Lane Plat
dated 10-2-88

Well site OK
Proposed Well
500 Lot 16 MR
2/8/95
NO INSP

Assumed
ELEV. 500' at Corner
EXISTING ROAD

0.458 AC
to Lot 17
to between
wells

FILE 1
SP-150-15



TITLE: PERCOLATIC		
PROJECT: LOT 17 & 22		
LOCATION: 3RD ELECTION DISTRICT		
SCALE: 1"=100'	DESIGNED BY: [Signature]	DRAWN BY: BH
FIELD BOOK: [Blank]	PAGE NO.: [Blank]	JOB NO.: [Blank]