

1981		STATE OF MARYLAND WELL COMPLETION REPORT		WELL IS COMPLETED.	
DATE RECEIVED		DATE WELL COMPLETED		PERMIT NO.	
COUNTY NUMBER		DEPTH OF WELL		FROM "PERMIT TO DRILL WELL"	
OWNER		STREET OR RFD		TOWN	
SUBDIVISION		SECTION		LOT	
WELL LOG		GROUTING RECORD		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED		HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one)		PUMPING RATE (gal. per min.)	
FEET		CEMENT		METHOD USED TO MEASURE PUMPING RATE	
FROM TO		BENTONITE CLAY		WATER LEVEL (distance from land surface)	
check if water bearing		NO. OF BAGS		BEFORE PUMPING	
NO. OF POUNDS		GALLONS OF WATER		WHEN PUMPING	
DEPTH OF GROUT SEAL (to nearest foot)		from ft. to ft.		TYPE OF PUMP USED (for test)	
Casing types insert appropriate code below		Casing Record		A air	
Main casing type		Nominal diameter top (main) casing (nearest inch)		P piston	
Total depth of main casing (nearest foot)		Other casing (if used)		T turbine	
EACH CASING		diameter inch		C centrifugal	
depth (feet) from to		depth (feet) from to		R rotary	
screen type or open hole		SCREEN RECORD		O other (describe below)	
(insert appropriate code below)		ST STEEL		J jet	
BR BRASS		PL PLASTIC		S submersible	
HO OPEN HOLE		OT OTHER		PUMP INSTALLED	
C 2		DEPTH (nearest ft.)		DRILLER INSTALLED PUMP	
A 8 9 11 15 17 21		H 0 60 125		YES NO	
C 23 24 26 30 32 36				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
S 38 39 41 45 47 51				TYPE OF PUMP INSTALLED	
R 38 39 41 45 47 51				PLACE (A,C,J,P,R,S,T,O)	
E 38 39 41 45 47 51				IN BOX 29	
N 38 39 41 45 47 51				CAPACITY: GALLONS PER MINUTE	
SLOT SIZE 1 2 3				(to nearest gallon)	
DIAMETER OF SCREEN				PUMP HORSE POWER	
(NEAREST INCH)				PUMP COLUMN LENGTH	
56 60				(nearest ft.)	
from to				CASING HEIGHT	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				(circle appropriate box and enter casing height)	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)				+ above	
T (E.R.O.S.) W Q				LAND SURFACE	
70 72 74 75 76				- below	
TELESCOPE CASING LOG INDICATOR OTHER DATA				(nearest foot)	
55' 15'				LOCATION OF WELL ON LOT	
				SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	

B 1 14103.

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-2422
fill in this form completely

Date Received (APA)

083099
8 MM DD YY 13

OWNER INFORMATION

15 Last Name CATTAIL
Owner OVERLOOK LLC
36 Street or RFD 8808 CENTRE PARK DR. SUITE 108
57 Town Columbia
70 State MARYLAND
72 Zip 21045
76

DRILLER INFORMATION

Driller's Name MICHAEL BARLOW
76 License No. MWD 355
81
Firm Name MICHAEL BARLOW WELL DRILLING INC.
Address 912 FAWN CT. JOPPA MD 21085
Signature [Signature] 8/18/99
Date

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- 22 ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
☐ INDUSTRIAL, COMMERCIAL, DEWATERING
☐ PUBLIC WATER SUPPLY WELL
☐ TEST, OBSERVATION, MONITORING
☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTary DRIVE-POINT
other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- 39 ☒ 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 DEEPEN 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 54 G A P 63

PERMIT No. HO-94-2422
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

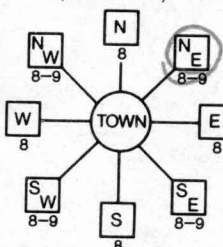
B 3

LOCATION OF WELL

8 COUNTY HOWARD
21
23 SUBDIVISION CATTAIL RIDGE
42
SECTION 44 46 LOT 19 48 50
52 NEAREST TOWN ROXBURY
71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 ROAD D NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
34 15 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard Co A58993T
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 090799 A M M L 00 090700
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 520 000 EAST GRID 780 000
50 55 57 63

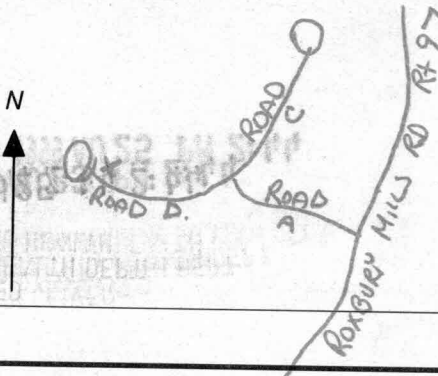
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780
N 520

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



Well Permit No. HO - 94 2422
Location of property (road) Windy Path Court
Subdivision Cattail Ridge
Well Driller ~~Ralph M. M...~~ Lot 19 Block Plat Sec.
Michael Burlew Owner BRS Develop.
Depth of well 125 FEET.
Distance of measuring point (M.P.) above ground
Static water level (S.W.L.) below M.P.

- Time pump started 2:15 Pumping rate 20 gpm
Total time _____ to reach pumping water level _____ ft. below M.P.

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

HD-224

**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, Pileless 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: Willoughby, Plumb Telephone #: 410-781-7051
Address: 6203 8th Ave. Dr.
SEKESVILLE, MD 21784

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

Licensed Well Pump Installer

License # 1992

*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: WOODRUFF Telephone #: 410-977-7007
Subdivision: CATHART PARK Lot #: 19 Well Tag #: HO-94-2432
Site Address: 3500 WINDING PATH
SEKESVILLE, MD 21788

Submersible Pump Data

Make: JACOZZI
Model #: _____
Pump Capacity: _____ GPM
Well Yield: 20 GPM

Pileless Adapter
Make: RODWARD
Model #: _____
Depth: 48" (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: ☒
Screened, vented well cap: ☒
Cap secured to casing: ☒
Conduit min 1 1/2" B.G.: ☒
Conduit secured to well cap: ☒

Depth of well encountered at time of pump installation: 15 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Flange to house

Type: CREEP LINE
PSI: 1" (160 psi min)
Depth of supply line: 36" (min)

House Connection

PVC sleeved to undisturbed soil at well penetration: ☒
Approximate length of sleeve: 6'
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: Chris Willoughby Pres
date: 10-25-01

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

Date Insp. Requested: 10/29/01

Date Insp. Approved: 10/29/01

Inspection Data: Pileless adaptor 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 grant observed below pileless adaptor ☒

SRK/KG

