

SEQUENCE NO. (MDE USE ONLY)  
1 2 3 6  
1973  
ST/CO. USE ONLY  
DATE Received  
MM DD YY  
8 13  
DATE WELL COMPLETED  
MM DD YY  
10-4-99  
15 20

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE  
Depth of Well  
22 250 26  
(TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED AFTER  
WELL IS COMPLETED.  
COUNTY  
NUMBER A58993DD  
PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0 - 94 - 2431  
28 29 30 31 32 33 34 35 36 37

OWNER Cathail Overlook  
last name first name  
STREET OR RFD Windy Path Ct  
TOWN Glenwood  
SUBDIVISION Cathail Ridge  
SECTION LOT 28

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  
Brown soil 0 75  
Gray Granite 75 250  
125  
240

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO  
Y N  
44 44  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT CM BENTONITE CLAY BC  
45 46  
NO. OF BAGS 21 NO. OF POUNDS 1974  
GALLONS OF WATER 126 GALS.  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0' ft. to 81' ft.  
(enter 0 if from surface)  
48 TOP 52 54 BOTTOM 58

CASING RECORD  
casing types insert appropriate code below  
ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER  
MAIN CASING TYPE  
ST 06 81  
60 61 63 64 66 70  
Nominal diameter top (main) casing (nearest inch)  
Total depth of main casing (nearest foot)

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

SCREEN RECORD  
screen type or open hole  
insert appropriate code below  
ST STEEL BR BRASS HO OPEN HOLE  
PL PLASTIC OT OTHER  
DEPTH (nearest ft.)  
1 2 81 250  
EACH CASING

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. M D 355  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. MWD 549  
Max S. Jones

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

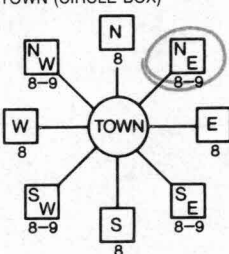
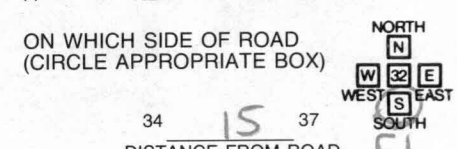
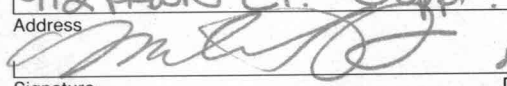
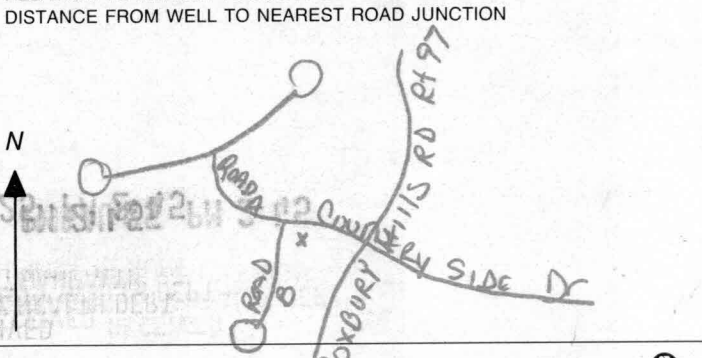
DEPTH (nearest ft.)  
1 2 81 250  
EACH CASING  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68  
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

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
8 9  
PUMPING RATE (gal. per min.) 6.6  
11 15  
METHOD USED TO MEASURE PUMPING RATE WATCH BUCKET  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 39' ft.  
17 20  
WHEN PUMPING 116.6' 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

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  
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  
- below 3 (nearest foot)  
49 50 51

LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)  
LEFT Prop. Line  
20'  
15'  
FRONT Prop. Line

B 1 <b>16683</b>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type		STATE PERMIT NUMBER <b>HO-94-2431</b> <small>fill in this form completely</small>	
Date Received (APA) <b>08 30 99</b> <small>8 MM DD YY 13</small>				<b>B 3</b> <b>Howard</b> LOCATION OF WELL <small>8 COUNTY 21</small> <b>CATTAIL RIDGE</b> <small>23 SUBDIVISION 42</small> SECTION <small>44 46</small> LOT <b>28</b> <small>48 50</small> <b>ROXBURY</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <small>73 76 77 78</small> <b>2</b> <small>M I</small>			
<b>OWNER INFORMATION</b> <b>CATTAIL OVERLOOK LLC</b> <small>15 Last Name 34</small> <b>8808 CENTRE PARK DR. Suite 108</b> <small>36 Street or RFD 55</small> <b>Columbia, MARYLAND 21045</b> <small>57 Town 70 State 72 Zip 76</small>				<b>B 4</b> <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  <small>34 37</small> DISTANCE FROM ROAD <b>15</b> <small>38 39</small> ENTER FT OR MI <b>FT</b> TAX MAP: _____ BLK: _____ PARCEL: _____			
<b>DRILLER INFORMATION</b> <b>MICHAEL BARLOW</b> <b>MWD 355</b> <small>Driller's Name 76 License No. 81</small> <b>MICHAEL BARLOW WELL DRILLING INC.</b> <small>Firm Name</small> <b>912 FAWN CT. JORDA. MD 21085</b> <small>Address</small>  <b>8/18/99</b> <small>Signature Date</small>				<b>B 2</b> <b>WELL INFORMATION</b> <small>1 2</small> APPROX. PUMPING RATE <b>5</b> <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED <b>500</b> <small>(GAL. PER DAY) 14 20</small>			
<b>USE FOR WATER</b> (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				<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <b>Howard CO</b> <b>A58993DD</b> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S <small>41</small> DATE ISSUED <b>090799</b> <b>A McMullo</b> <b>9-7-00</b> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID <b>520 000</b> EAST GRID <b>780 000</b> <small>50 55 57 63</small>			
APPROXIMATE DEPTH OF WELL <b>250</b> FEET <small>24 28</small>				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3.			
APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH				WRITE THE BOX NUMBER FROM THE MAP HERE E <b>780</b> N <b>520</b> <div style="float: right; text-align: right;">10-1-99 9:30 Grout No insp A</div>			
<b>METHOD OF DRILLING</b> (circle one) <b>BORED</b> (or Augered) <b>JETTED</b> <b>Jetted &amp; DRIVEN</b> <small>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVerse-ROTary DRive-POINT</small> other _____				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 			
<b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX) <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 <input 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) <small>41 52</small>				<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROX. PERMIT NUMBER <b>54</b> <b>GAP</b> <b>63</b> PERMIT No. <b>HO-94-2431</b> <small>70 71 72 73 74 75 76 77 78 79</small>			
<b>SPECIAL CONDITIONS</b> <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>							

Well Permit No. HO - 94-2431  
Location of property (road) Windy Path Ct  
Subdivision Cattail Ridge Lot 28 Block        Plat        Sec.         
Well Driller Michael Barlow Owner BRS Development

Depth of well 250 FEET

Distance of measuring point (M.P.) above ground

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

I. High rate pumping -- reservoir drawdown

Time pump started 10:30

Pumping rate 6.6 g.p.m.  
level ft. below M.P.

Total time 12.55 to reach pumping water level 6.6 gpm ft. below M.P.

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

HD-224



6/14/01  
a.m.

FROM : HoCo EnvHealth

FAX NO. : 4103132648

Jun. 12 2001 01:42PM P1

**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 Lines**

**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 PATRICK DR  
SPRINGVILLE, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

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

Name (Print): Chris Willoughby License # 6992

\*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: SUNDAWN Property Telephone #: \_\_\_\_\_

Supervisor: LATTA, RITA License #: 28 Well Tag #: HO 94-285

Site Address: 3504 WINDING ROAD

Submittable Pump Data: GLENWOOD Pitless Adapter: 410-21738

Make: JACO 221 Make: HERARD Well Cap and Electric Conduit

Model #: \_\_\_\_\_ Model #: \_\_\_\_\_ Two piece watertight cap: ✓

Pump Capacity: \_\_\_\_\_ GPM Depth: 48" (36" min) Screened, vented well cap: ✓

Well Yield: 2 GPM NSF approved: \_\_\_\_\_ Cap secured to casing: ✓

Depth of well encountered at time of pump installation: 450 (feet) Conduit min 18" B.G.: ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1000 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 \_\_\_\_\_

Flow to house: \_\_\_\_\_ House Connection

Type: PIPELINE PVC sleeved to undisturbed soil at wall penetration: ✓

PSI: 160 (160 psi min) Approximate length of sleeve: 6"

Depth of supply line: 36" (36" min) 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 date: 6/13/01

**For Health Department Use Only - Not to be completed by installer**

Date Insp. Requested: 6/14/01 Date Insp. Approved: 6/14/01

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 grom observed below pitless adapter ✓

Missing One  
Bolt But  
Cap Tight-OK

