

SEQUENCE NO.
(MDE USE ONLY)

DATE RECEIVED
MM DD YY

DATE WELL COMPLETED
MM DD YY

OWNER
last name first name

STREET OR RFD

SUBDIVISION

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
FROM TO

check if water bearing

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from ft. to ft.

TOP BOTTOM

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole

insert appropriate code below

STEEL

BRASS

OPEN HOLE

PLASTIC

OTHER

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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

WELL IS COMPLETED.

COUNTY NUMBER

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

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 INSTALLED PUMP (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) IN BOX 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 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

2 COUNTY

Front Prop. Line

B 1 14199 1 2 3 6		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER HO - 94 - 2425 fill in this form completely	
Date Received (APA) 083099 8 MM DD YY 13				B 3 LOCATION OF WELL Howard 8 COUNTY 21 CATTAIL RIDGE 23 SUBDIVISION 42 SECTION 44 46 LOT 22 48 50 Columbia MARYLAND 21045 57 Town 70 State 72 Zip 76			
OWNER INFORMATION CATTAIL OVERLOOK, LLC 15 Last Name Owner First Name 34 8808 CENTRE PARK Drive Suite 108 36 Street or RFD 55 Columbia MARYLAND 21045 57 Town 70 State 72 Zip 76				B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N W N E W E S S 8 8 8 8 8 8 8 8 TOWN ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N W W E WEST S EAST 34 15 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:			
DRILLER INFORMATION MICHAEL BARLOW MWD 355 Driller's Name 76 License No. 81 MICHAEL BARLOW Well Drilling, Inc. Firm Name 912 Fawn Ct. Joppa, MD 21085 Address Signature Date 8/18/99				Windy Path Ct ROAD D 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N W W E WEST S EAST 34 15 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:			
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A58993X COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 090799 A M M M 9/7/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 520 000 EAST 780 000 GRID 50 55 57 63			
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL				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			
APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" INCH NEAREST INCH				9/22/99 Grout 3:30 Cancelled BB 9/23/99 x 20' casing 6 bags cement Missed grout and yield BB			
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				REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D 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 GAP 63 PERMIT No. HO - 94 - 2425 70 71 72 73 74 75 76 77 78 79				SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Well Permit No. HO - 94-2425
Location of property (road) Windy Path Ct
Subdivision Cattail Ridge Lot 22 Block Plat Sec.
Well Driller Michael Barlow Owner BRS Development

Depth of well 150 FEET
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate 20
Total time _____ to reach pumping water level _____ ft. below M.P.

HD-224

5/15/01
PM

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: Willoughby Plumb Telephone #: 410-781-7051
Address: 4003 Potomac Dr.
SYKEVILLE, MD 21784

(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: WOODRIDGE BUILDER Telephone #: 410-997-7400
Subdivision: Cathail Ridge Lot #: 22 Well Tag #: HO 94-2425
Site Address: 3512 WINDING PATH
ALLEN WOOD, MD

Submersible Pump Data

Make: JACUZZI

Model #:

Pump Capacity: _____ GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: 150 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

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

Pitless Adapter

Make: HARVARD

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 18" B.G.: ☒

Conduit secured to well cap: ☒

Piping to house

Type: CROSSLINK

PSI: 1" (150 psi min)

Depth of supply line: ☒ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall 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: 5-14-01

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

Date Insp. Requested: 5/15/01

Date Insp. Approved: 5/15/01 (BB)

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely ☒

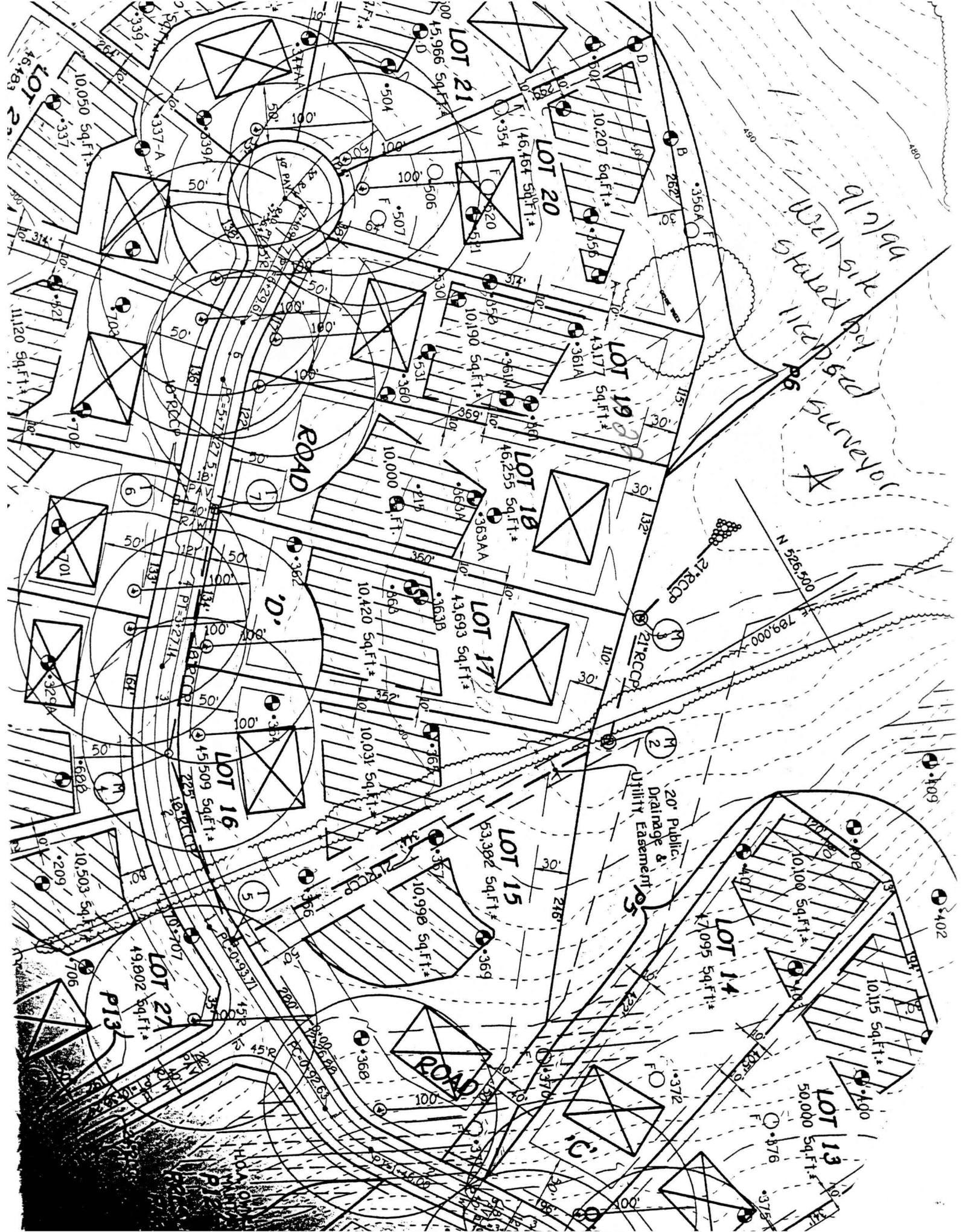
Elec. conduit extends at least 18" below grade/attached to cap properly ☒

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 grout observed below pitless adapter ☒



9/2/99
Well site
located by
surveyor
A

20' Public
Drainage &
Utility Easement