

C 1 07898

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.

COUNTY
NUMBER

13

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
10 25 00

Depth of Well

22 145 26 11/2/00
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
No - 94 - 2809
28 29 30 31 32 33 34 35 36 37

OWNER BRS DEVELOPERS
last name first name
STREET OR RFD WINDRIDGE CT TOWN GLENELG
SUBDIVISION WINDRIDGE FARMS SECTION 23 LOT 23

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	
Top Soil	0	2	
Sandy	2	11	
Sandstone	11	15	
Micka	15	30	
Sandstone	30	35	✓
Micka	35	70	
Sandstone	70	75	✓
Micka	75	145	

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

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 20 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 22
60 61 63 64 66 70

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

screen type or open hole
(insert appropriate code below)

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> PL BRONZE	<input type="checkbox"/> OT OTHER

C 2 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

SLOT SIZE 1 2 2 3 3 4
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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9

PUMPING RATE (gal. per min.) 12
11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.
17 20

WHEN PUMPING 38 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) 29
IN BOX 29.

CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

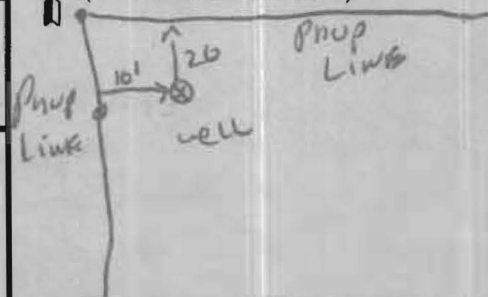
PUMP COLUMN LENGTH (nearest ft.) 43 47

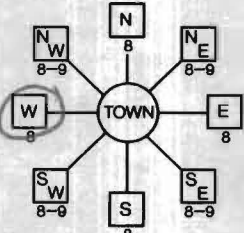
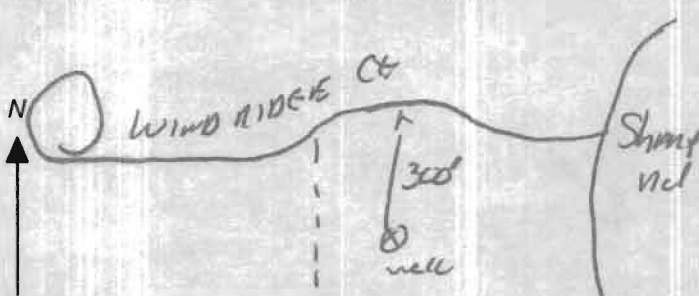
CASING HEIGHT (circle appropriate box and enter casing height)

☒ + above } LAND SURFACE
49
☐ - below } 2 (nearest foot)
49 50 51

LOCATION OF WELL ON LOT

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



B 1 18655 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type W513672	STATE PERMIT NUMBER HO -94 - 2809 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 BNS Developers LLC 15 Last Name Owner First Name 34 8808 Cowden Park Dr Suite 209 36 Street or RFD 55 Columbia MD 21045 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 WINDRIDGE FARMS 23 SUBDIVISION 42 SECTION 2 LOT 23 44 46 48 50 GLEN ELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
DRILLER INFORMATION PAUL MAYNE M SD 16 Driller's Name 76 License No. 81 PAUL MAYNE well drilling Firm Name 9120 Brown Church Rd Mt Airy Address Paul Mayne D-5-00 Signature Date		B 4 WINDRIDGE CT. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W WEST EAST 34 300 37 DISTANCE FROM ROAD 44 ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (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		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 08/10/00 Ca. Wilder 8/9/01 43 MM DD YY 48 GO SIGNATURE EXP. DATE NORTH GRID 520 0 0 0 EAST GRID 0790 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		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 750 N 520 000 000	
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 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (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 39 <input checked="" 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ 63 PERMIT No. HO -94 - 2809 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

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: CLARKE P+H Inc Telephone #: 410-489-4029
Address: 3510 Ridge Rd
Westminster, MD 21157

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

Name (Print): Ken Clarke License# 3808

*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: Hamilton Reed Telephone #: 410-480-9196
Subdivision: Windridge Farms Lot #: 23 Well Tag #: HO
Site Address: 19517 Windridge Ct

Submersible Pump Data

Make: Goulds
Model #: 105B17422
Pump Capacity 10 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Harvard
Model#: P-T-800
Depth: 12 (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: ✓

Depth of well encountered at time of pump installation: (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

Piping to house

Type: PLASTIC
PSI: 1 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

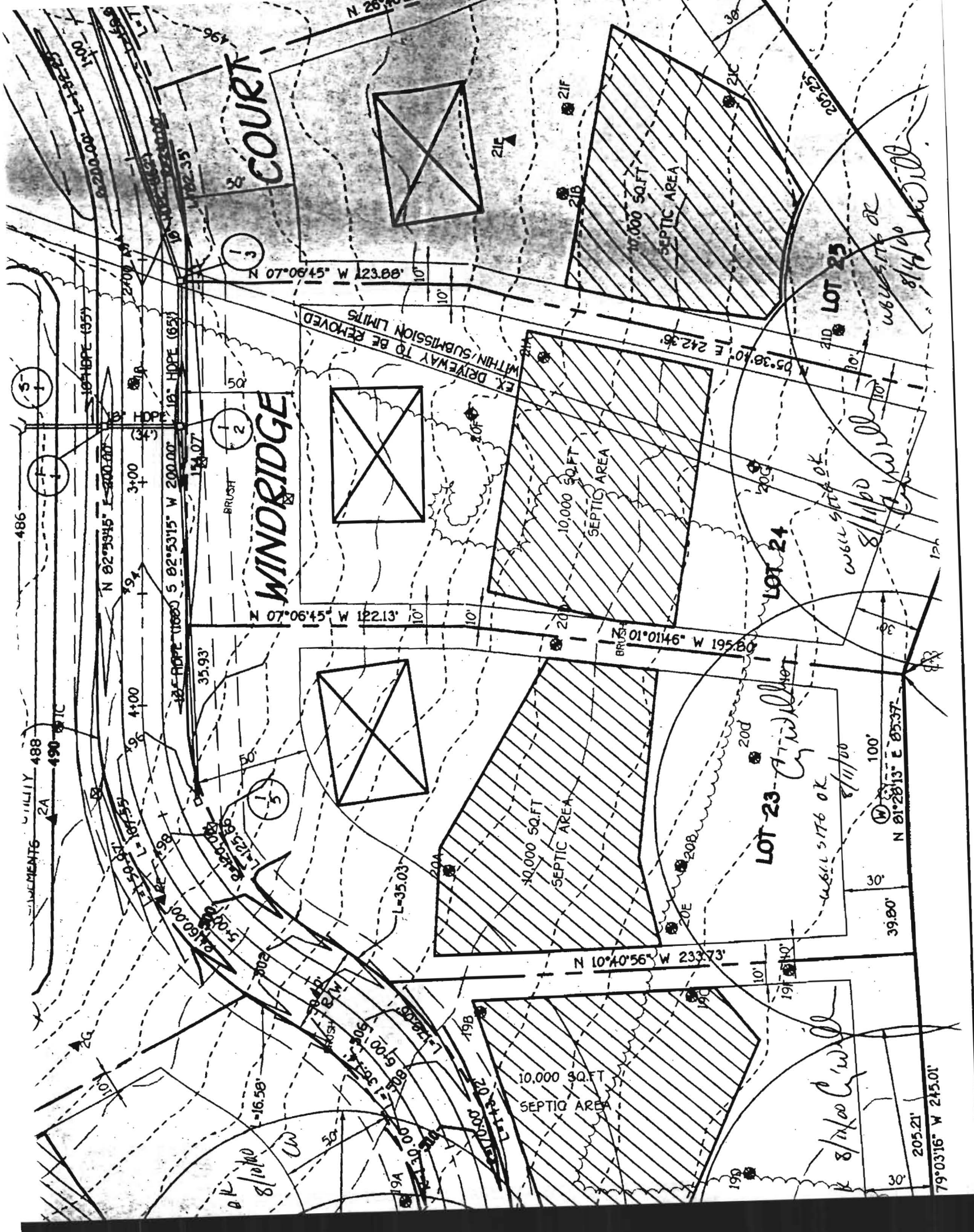
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 15'
Sleeve caulked and sealed properly: ✓

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: Ken Clarke date: 10-26-01

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

Date Insp. Requested: Date Insp. Approved: 9/17/01 MR
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ BB
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 ✓



OPEN SPACE
LOT 8

S 84°32'45" W 84.56'

10
SqFt.

10,000 SQ.FT
SEPTIC AREA

LOT 9
44,261 SqFt.

10/16/00
- Well on Lot 22 drilled in
wrong location-but OK
as shown.
- Lot 23 - well site OK as
proposed, but adjust
to SDA on Lot 22
would be necessary
du

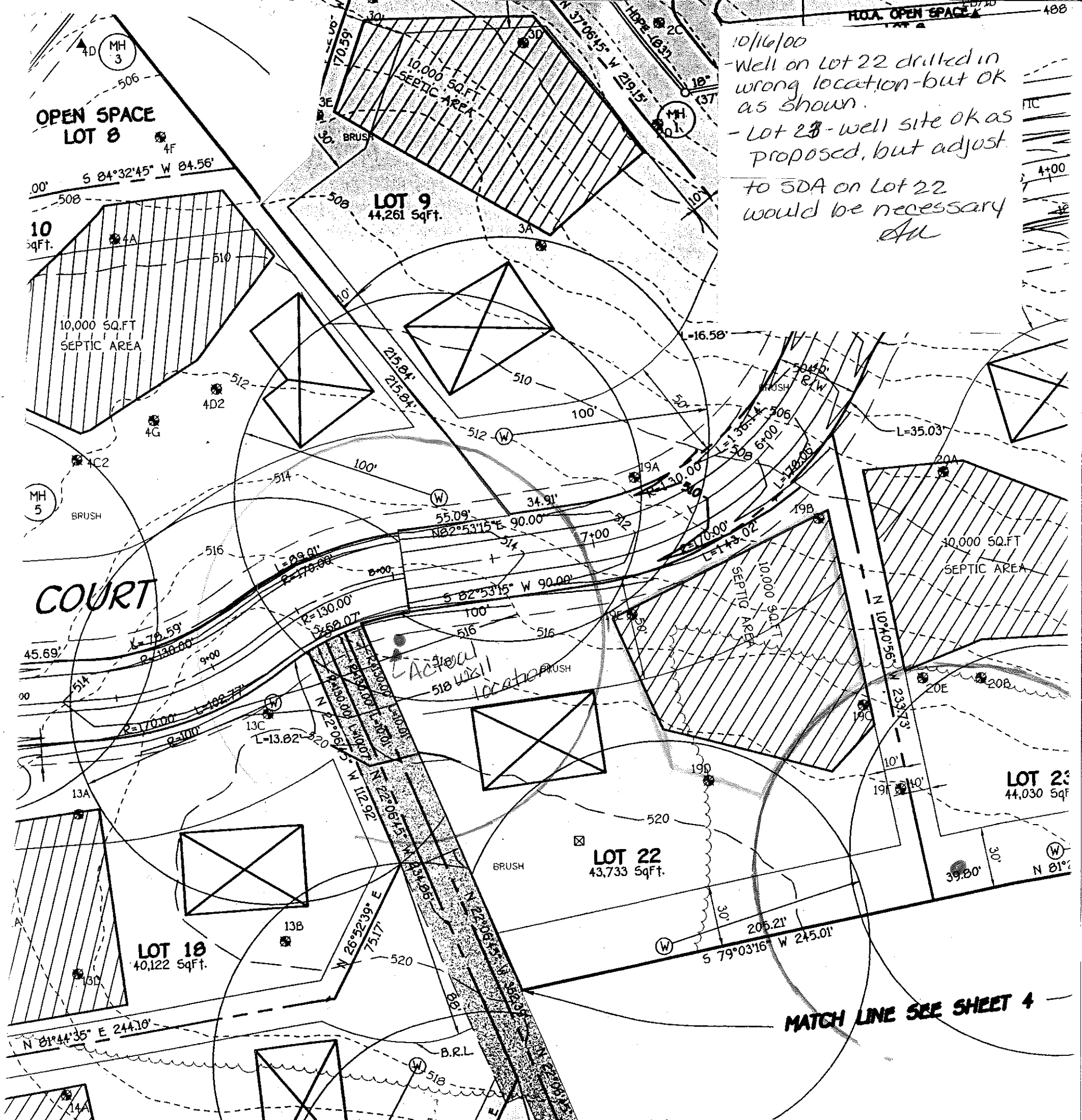
COURT

LOT 18
40,122 SqFt.

LOT 22
43,733 SqFt.

LOT 23
44,030 SqFt.

MATCH LINE SEE SHEET 4





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

FAX

Date: 10/16/00

To: Steve Forney

From: Amy McMillen

Phone: _____

Pages: 3

Re: Windsridge lot 22 cc: _____
23
12

Comments:

- I don't see any "fix" to lot 12 but
redrilling the well
- lot 22 & 23 seem possible w/ slight
modification to SDA on lot 22
(Well site on lot 22 OK even w/out
modification if it is really 10' from
the front and right lot lines)

Am

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
Director (410) 313-2640 TDD (410) 313-2323 TOLL FREE - 1-877-4MD-DHMH