

C1 14502 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A516476

ST/CO USE ONLY

DATE Received
MM DO YY

8. 13

DATE WELL COMPLETED

MM DO YY

8. 13

Depth of Well

22 520' 26
(TO NEAREST FOOT)

OKSRK

6/10/02

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-94-3394

OWNER

STREET OR RFD

SUBDIVISION

Altenburg

Philadelphia Rd

Altenburg Property

Jim

first name

TOWN

Ellicott City

SECTION

LOT

2/2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOcheck
if water
bearingSand
Gray Mica
rock

0 37

37 520

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 15

NO. OF POUNDS 1910

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

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

CASING RECORD

ing
types
insert
appropriateC O
CONCRETE

below

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61

63 64

66 67

70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
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

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED

VAR

DO

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
WELLI 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. 1 M SD 024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

8 9

PUMPING RATE (gal. per min.)

2.7

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

24 ft.

WHEN PUMPING

290 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

centrifugal

R rotary

O other
(describe
below)

J jet

S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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)

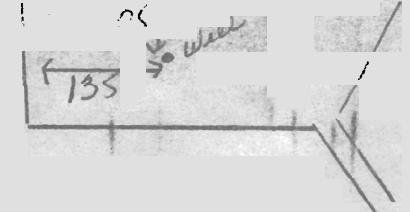
+ above

LAND SURFACE

- below

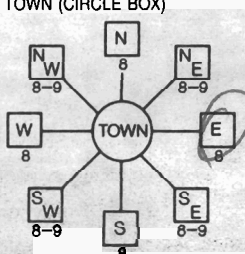
(nearest
foot)

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)

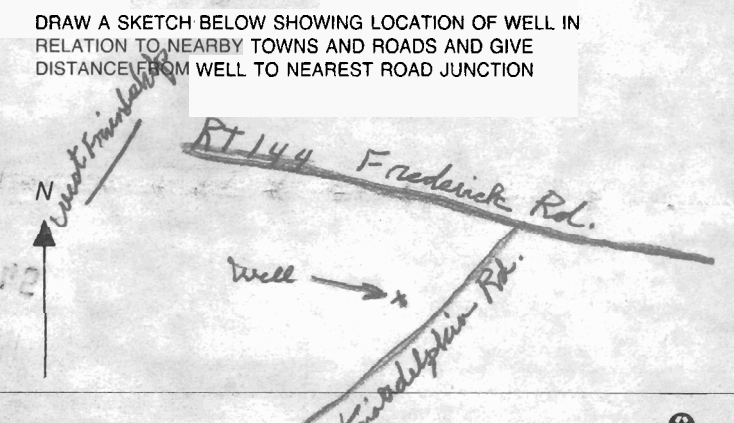
B 1 1 2 3 6 <div style="font-size: 2em; font-weight: bold;">7767</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W516918</i> Please print or type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">HO-94-3394</div> 70 fill in this form completely 79
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Date Received (APA) 4 10 02 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <i>Altenburg</i> Owner First Name <i>Jim</i> 34 36 Street or RFD <i>2202 Old Frederick Rd</i> 55 57 Town <i>Catonsville Md</i> 70 State <i>21228</i> 72 Zip 76	B 3 LOCATION OF WELL 8 COUNTY <i>Howard</i> 21 23 SUBDIVISION <i>Altenburg Prop.</i> 42 SECTION <i>44</i> 46 LOT <i>12</i> 48 50 52 NEAREST TOWN <i>West Friendship</i> 71 MILES FROM TOWN (enter 0 if in town) <i>2 1/2</i> M 73 76 77 78
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DRILLER INFORMATION Driller's Name <i>Joseph L. Magne</i> MS D 24 76 License No. 81 Firm Name <i>Joseph L. Magne Well Drilling</i> Address <i>5512 Ridge Rd. Mt Airy Md. 21771</i> Signature <i>Joseph L. Magne</i> 4/9/2002 Date	B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD <i>Triadelphia Rd</i> 30 34 120 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <i>16</i> BLK: PARCEL <i>312</i>
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WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <i>5</i> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <i>500</i> 14 20	USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL
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APPROXIMATE DEPTH OF WELL <i>300</i> FEET 24 28 APPROXIMATE DIAMETER OF WELL <i>6</i> INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <i>Howard</i> COUNTY NO <i>A516476</i> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <i>04 23 02</i> 43 MM DD YY 48 CO SIGNATURE <i>Stev...</i> 42303 EXP. DATE NORTH GRID <i>530 000</i> 50 55 EAST GRID <i>820 000</i> 57 63
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REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <i>well</i> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <i>820</i> N _____ DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
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Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <i>HO-94-3394</i> 70 71 72 73 74 75 76 77 78 79	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
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FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3394
 Location of property (road) Triadelphia Rd
 Subdivision Altenburg Property Lot 1 Block Plat Sec.
 Well Driller Joe Mayne Owner Tim Altenburg

Depth of well 520
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 24'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 am. Pumping rate 20 gpm.
 Total time 30 min to reach pumping water level 290 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	126	3 sec.	N/A	20 gpm.
9:00	290	3		20
9:15	289	22		2.7
9:30	289	22		2.7
9:45	288	22		2.7
10:00	287	22		2.7
10:15	285	22		2.7
10:30	288	20		3
10:45	288	22		2.7
11:00	288	22		2.7
11:15	288	22		2.7
11:30	288	22		2.7
11:45	287	22		2.7
12:00	286	22		2.7
12:15	286	22		2.7
12:30	286	22		2.7
12:45	285	22		2.7
1:00	285	22		2.7
1:15	285	22		2.7
1:30	285	22		2.7
1:45	286	22		2.7
2:00	286	22		2.7
2:15	286	22		2.7
2:30	286	22		2.7
HD-224 2:45	286	22		2.7
3:00	286	22		2.7
3:15	286	22		2.7

Well Permit No. HO - 94-3394
Location of property (road) Triadelphia Rd
Subdivision Altenburg Property Lot 1 Block Plat Sec.
Well Driller Joe Mayne Owner Jim Altenburg

I. High rate pumping -- reservoir drawdown

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

[illegible]

**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. The 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.

Contractor Name: Shelton P & H, Inc. Telephone #: 410 775-2127
Address: 11713 Green Valley Rd.
Union Bridge, MD 21791

Installer (check one): ☒ Licensed Plumber ☐ Licensed Well Driller ☐ Licensed Well Pump Installer

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

Ed Shelton

License # 16905

The licensed individual must perform the actual installation. All remedies must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be verified in the field verification.

Project Name: Farm, West Builders Telephone #: 410 978-8900
Address: Altensburg Property Lot #: HO-94-3394
11814 Tridaphnia Rd.
Ellicott City, MD 21043

Submittal Date:

Make: Goulds

Model: 5.6510412L

Flow: 5 GPM

Well Type: UPV

Pitless Adapter

Make: Campbell

Model: 8-10 X

Depth: 42" (36" min)

NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: X

Screened, vented well cap: X

Cap secured to casing: X

Conduit min 1 1/2" B.G.: X

Conduit secured to well cap: X

Installation of pump required at time of pump installation: (feet)

To protect against excessive well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Additional notes: also required - Must circle one

Pressure of pump attached to inside of well casing with eye bolt

Pressure of pump

Flow

Flow: 160 GPM

Flow: 42 GPM

House Connection

PVC sleeved 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, easement box, and fields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of installer: Ed Shelton Date: 5-14-03

Signature of community representative responsible for installation

date

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

Inspection Date: 5/14/03 Date Insp. Approved: 5/29/03 (50) SRK

Inspection of water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Electric conduit extends at least 18" below grade/attached to cap properly

Well cap installed inside of well casing

Well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Approved ground observed below pitless adapter

Inspector's Signature

