

C106769

SEQUENCE NO.
(MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBERA09607

ST/CO USE ONLY
DATE Received
10 20 99

DATE WELL COMPLETED
MM 05 DD 25 YY 99

Depth of Well
22 320 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0 - 94 - 2270

OWNERCLAYTON JIM

STREET OR RFD3527 WALT ANN DR

TOWNGLENELG

SUBDIVISIONSHEPHERDS GLAW

SECTION

LOT3

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
Top Soil	0	2
Sandy	2	35
Sand Stone	35	40
MICKA	40	50
Sand Stone	50	55
MICKA	55	190
Sand Stone	190	195
MICKA	195	320

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ C M BENTONITE CLAY ☐ B C

NO. OF BAGS 45 46 16 NO. OF POUNDS 45 46 288

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)
from 0 to 30+ ft.

CASING RECORD

casing types insert appropriate code below

☒ C O CONCRETE
☒ P L PLASTIC
☐ O T OTHER

MAIN CASING TYPE 8 L

Nominal diameter top (main) casing (nearest inch)! 6

Total depth of main casing (nearest foot) 46

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

SCREEN RECORD

screen type or open hole ☒ S T STEEL ☐ B R BRASS ☒ H O OPEN HOLE

insert appropriate code below

IP IL I IO IT I

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft

WHEN PUMPING 320 ft

TYPE OF PUMP USED (for test)

☒ A air ☐ P piston ☐ 1 turbine
☐ centrifugal ☐ rotary ☐ 0 other (describe below)

☐ J jet ☐ submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ 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. 1 M SD 116

DRILLERS SIGNATURE

LIC. NO. 1 M SD 116

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

C2

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

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR

PUMP INSTALLED

DRILLER WILL INSTALL 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 2 (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)

Diagram showing well location relative to house and road.

B 1 1927

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

H0 - 94 - 2270

fill in this form completely

Date Received (APA)

5/21/99

OWNER INFORMATION

8 MM DD YY 13

OCEANON

Jim

15 Last Name

Owner

First Name

3827 WALT ANN D

Street or RFD

ELlicott City MD. 21042

57 Town

70 State

72 Zip

DRILLER INFORMATION

Ralph MAYNE

M S D 116

Driller's Name

76 License No.

Ralph MAYNE (well drilling)

Firm Name

9120 Brown Church Rd Mt Airy

Address

Ralph Mayne

5-21-99

Signature

Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)

5

8

500

12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

14

20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ 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 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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)☐ 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)

APPROX. PERMIT NUMBER

54

GAP

63

PERMIT No. H0 - 94 - 2270

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 COUN

23 SUBDIVISION

SECTION

44 46

LOT

3

48 50

GLENELG

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

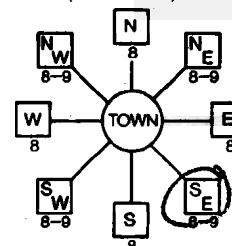
73

76

77

78

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

WALT ANN DR.

11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 220 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

COUNTY NAME

A09607

COUNTY NO.

STATE

SIGNATURE

INSERT S

DATE ISSUED

5/21/99

43 MM DD YY 48

NORTH GRID

521 000

50 55

EAST GRID

0807 000

57 63

EXP. DATE

5/20/00

41

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

1. well

2.

3.

WRITE THE BOX NUMBER
FROM THE MAP HERE

E 810

N 52

000 000

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

In Delphi's Rd

WALT ANN DR.

220

well

N

1000

10:03

10:03

10:03

10:03

10:03

10:03

10:03

10:03

10:03

10:03

STATE OF MARYLAND
 DEPARTMENT OF THE ENVIRONMENT
 DIVISION OF WATER
 PERMIT TO DRILL WELL

SECTION NO. 1927
 DATE RECEIVED (A/R) 5/11/99
 OWNER INFORMATION: [redacted]
 WELL INFORMATION: [redacted]
 LOCATION OF WELL: [redacted]
 DISTANCE FROM TOWN (miles): [redacted]
 TOWN: [redacted]
 COUNTY: [redacted]
 DISTANCE FROM ROAD: [redacted]
 ROAD: [redacted]
 ENTER FT OR MI: [redacted]
 PARCEL: [redacted]
 BE FILLED BY: [redacted]
 APPROVAL: [redacted]

COUNTY NAME: [redacted]
 STATE: [redacted]
 SIGNATURE: [redacted]
 DATE ISSUED: 5/11/99
 EXP. DATE: 5/11/00
 NORTH: 000
 EAST: 000
 GRID: 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCE OF DRILLING WATER: [redacted]
 WRITE THE BOX NUMBER FROM THE MAP HERE: [redacted]
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: [redacted]

RECEIVED
 HOWARD COUNTY HEALTH DEPT.
 ENVIRONMENTAL HEALTH
 1999 MAY 21 AM 10:03

No record of upstate to septic system

APPROXIMATE LOCATION OF WELL: [redacted]
 THIS WELL WILL BE REPLACED BY AN EXISTING WELL: [redacted]
 THIS WELL WILL BE REPLACED BY A WELL THAT WILL BE ABANDONED AND SEALED: [redacted]
 THIS WELL WILL BE REPLACED BY A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY: [redacted]
 FOR POLICY ON STANDBY WELLS: [redacted]
 THIS WELL WILL BE DEEPER AN EXISTING WELL: [redacted]
 PERMIT NUMBER OR WELL TO BE REPLACED OR DEEPENED: [redacted]
 BE AVAILABLE: [redacted]
 THIS WELL WILL BE REPLACED BY A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY: [redacted]
 FOR POLICY ON STANDBY WELLS: [redacted]
 APPROX. BEAM NUMBER: [redacted]

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement

Receipt #
Date

5/26/99

Name of Installer

Cornwell Plumbing - Perry

Telephone

410 988-9221

License Number

9805

Certified Well Pump Installer ☒

Well Driller

Registered Plumber

yes

Name of Property Owner

Jim Clayton

Telephone

410 442-1510

Subdivision

Shepherd's Glen

Lot #

Well Tag #

Site Address

3827 Wootton Park Dr Ellicott City MD 21042

Pump

1. Type

- a. Deep well jet
b. Shallow well jet
c. Submersible ☒

2. Make

3. Model #

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No _____

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

1. Horsepower

3/4

2. RPM

3. Voltage

220

a. 110

b. 220 ☒

Pitless Adapter

1. Make

2. Model #

1"

3. Depth

Tank

1. Capacity

2. Pressure relief valve?

Piping

1. Type

PVC

2. Size

1"

3. NSF and/or BOCA Code approved ☒

4. Depth of supply line

360

Well data

1. Depth

320 ft.

2. Yield

6 GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? ☒ chlorinated yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

WPI OK

5/27/99

SKH

Signature of Applicant:

James Cullum

Date:

5/26/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.