

|   |  |   |  |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|--|
| <b>C 1</b> 14314  |  | SEQUENCE NO.<br>(MDE USE ONLY)  |  | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE   |  |  |  | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED. |  |  |  |
| 1 2 3 4 5 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS)  |  |   |  |  |  | COUNTY <b>13</b> <b>AS16958</b><br>NUMBER  |  |  |  |  |  |
| ST/CO USE ONLY<br>DATE Received<br>MM DD YY<br>8 13   |  | DATE WELL COMPLETED<br>MM DD YY<br>12 2 02  |  | Depth of Well<br>22 200 26<br>(TO NEAREST FOOT)  |  | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br>12-19-02 <b>HO-94-3563</b>  |  |  |  |  |  |
| OWNER<br>last name <b>Jones</b> first name <b>Emily &amp; Philip</b>  |  | STREET OR RFD<br><b>1081 Underwood Road</b>   |  | TOWN<br><b>West Friendship</b>   |  | SUBDIVISION<br><b>Jones Tract</b> SECTION LOT <b>2 (Two)</b>   |  |  |  |  |  |
| <b>WELL LOG</b><br>Not required for driven wells  |  | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED<br>(Circle Appropriate Box)<br>TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b><br>NO. OF BAGS <b>17</b> NO. OF POUNDS <b>1348</b><br>GALLONS OF WATER <b>102</b><br>DEPTH OF GROUT SEAL (to nearest foot)<br>from <b>0</b> TOP 52 ft. to <b>54</b> BOTTOM 58 ft.<br>(enter 0 if from surface) |  | <b>C 3</b><br>1 2<br><b>PUMPING TEST</b><br>HOURS PUMPED (nearest hour) <b>3</b><br>PUMPING RATE (gal. per min.) <b>15</b><br>METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b><br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING <b>39</b> ft.<br>WHEN PUMPING <b>63</b> ft.<br>TYPE OF PUMP USED (for test)<br><b>A</b> air <b>P</b> piston <b>T</b> turbine<br><b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)<br><b>J</b> jet <b>S</b> submersible            |  |  |  |  |  |  |  |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR<br>COLOR, DEPTH, THICKNESS AND IF WATER BEARING  |  | <b>CASING RECORD</b><br>casing types insert appropriate code below<br><b>ST</b> STEEL <b>CO</b> CONCRETE<br><b>PL</b> PLASTIC <b>OT</b> OTHER<br>MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>60</b>  |  | <b>PUMP INSTALLED</b><br>DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>NO</b><br>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.<br>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29<br>CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35<br>PUMP HORSE POWER 37 41<br>PUMP COLUMN LENGTH (nearest ft.) 43 47<br>CASING HEIGHT (circle appropriate box and enter casing height)<br><b>+</b> above LAND SURFACE<br><b>-</b> below <b>3</b> (nearest foot) |  |  |  |  |  |  |  |
| DESCRIPTION (Use additional sheets if needed)   |  | FEET<br>FROM TO<br><b>Brown Shale</b> 0 54<br><b>Blue Rock</b> 54 200 ✓   |  | <b>OTHER CASING (if used)</b><br>EACH CASING diameter inch depth (feet) from to  |  | <b>SCREEN RECORD</b><br>screen type or open hole insert appropriate code below<br><b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE<br><b>PL</b> PLASTIC <b>OT</b> OTHER       |  |  |  |  |  |
| NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>  |  | WELL HYDROFRACTURED <b>Y</b> <b>N</b>   |  | <b>C 2</b><br>1 2<br><b>HO</b> 57 200<br>EACH CASING 8 9 11 15 17 21<br>23 24 26 30 32 36<br>38 39 41 45 47 51<br>SLOT SIZE 1 2 3<br>DIAMETER OF SCREEN (NEAREST INCH) 56 60<br>from to  |  | <b>LOCATION OF WELL ON LOT</b><br>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)<br> |  |  |  |  |  |
| CIRCLE APPROPRIATE LETTER<br><b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br><b>E</b> ELECTRIC LOG OBTAINED<br><b>P</b> 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.   |  | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>T (E.R.O.S.) W Q<br>70 72 74 75 76<br>TELESCOPE CASING LOG INDICATOR OTHER DATA   |  |  |  |  |  |  |  |
| DRILLERS LIC. NO. <b>M S D 024</b><br><b>Joseph &amp; Maryne</b><br>DRILLERS SIGNATURE<br>(MUST MATCH SIGNATURE ON APPLICATION)<br>LIC. NO. <b>D</b>                                    |  | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68   |  |  |  |  |  |  |  |  |  |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)   |  |   |  |  |  |  |  |  |  |  |  |

|   |                  |   |  |   |  |
|---|------------------|---|--|---|--|
| B 1   | <b>6798</b>      | SEQUENCE NO.<br>(MDE USE ONLY)            | STATE OF MARYLAND<br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br><i>W517941</i> please type | STATE PERMIT NUMBER<br><i>HO-94-3563</i><br><small>70 fill in this form completely 79</small> |  |
| Date Received (APA)<br><i>10/02/02</i><br><small>8 MM DD YY 13</small>  |                  | OWNER INFORMATION                         |  |   |  |
| 15 Last Name<br><i>Jones</i>  |                  | Owner First Name<br><i>Emily + Philip</i> |  | 34  |  |
| 36 Street or RFD<br><i>1081 Underwood Rd</i>  |                  | 55  |  |   |  |
| 57 Town<br><i>Seylesville Md</i>  |                  | 70 State<br><i>21784</i>                  |  | 76 Zip  |  |
| DRILLER INFORMATION   |                  |   |  |   |  |
| Driller's Name<br><i>Joseph L. Mayne</i>  |                  | License No.<br><i>MS D 24</i>             |  |   |  |
| Firm Name<br><i>Joseph L. Mayne Well Drilling</i>   |                  |   |  |   |  |
| Address<br><i>5512 Ridge Rd. Int Aring Md. 21771</i>  |                  |   |  |   |  |
| Signature<br><i>Joseph L. Mayne</i>   |                  | Date<br><i>10/1/02</i>                    |  |   |  |
| B 2   | WELL INFORMATION |   |  |   |  |
| 1 APPROX. PUMPING RATE<br>(GAL. PER MIN.)   |                  | 5   |  |   |  |
| AVERAGE DAILY QUANTITY NEEDED<br>(GAL. PER DAY)   |                  | 500                                       |  |   |  |
| 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<br>HEALTH DEPARTMENT APPROVAL  |                  |   |  |   |  |
| COUNTY NAME<br><i>HOWARD</i>  |                  |   |  |   |  |
| COUNTY NO.<br><i>A 516958</i>   |                  |   |  |   |  |
| STATE SIGNATURE<br><i>Kacie Noonan</i> INSERT S → 41  |                  |   |  |   |  |
| DATE ISSUED<br><i>11/08/02</i>  |                  |   |  |   |  |
| CO SIGNATURE<br><i>11/08/03</i>   |                  |   |  |   |  |
| NORTH GRID<br><i>50 048 000</i>   |                  |   |  |   |  |
| EAST GRID<br><i>57 804 000</i>  |                  |   |  |   |  |
| 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>80X4</i>   |                  |   |  |   |  |
| N <i>54X8</i>   |                  |   |  |   |  |
| 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 DEEPEMED 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  |                  |   |  |   |  |
| <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) 41 _____ 52   |                  |   |  |   |  |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY)   |                  |   |  |   |  |
| APPROX. PERMIT NUMBER _____ G _____   |                  |   |  |   |  |
| PERMIT No. <i>HO-94-3563</i><br><small>70 71 72 73 74 75 76 77 78 79</small>  |                  |   |  |   |  |
| SPECIAL CONDITIONS<br><small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>   |                  |   |  |   |  |



KN

### I. High rate pumping -- reservoir drawdown

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

[illegible]

ATTN: JOHN WILLIAMS

**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: JL WILLIAMS PLUMBING Telephone #: 410 489 7610  
Address: 1097 UNDERWOOD RD  
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): JOHN WILLIAMS

License# 12150

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: PHIL JONES

Telephone #: 410 489 4410

Subdivision:

Lot #: 2 Well Tag #: HO 94-3563

Site Address: 1453 UNDERWOOD  
SYKEVILLE MD 21784

**Submersible Pump Data**

Make: STURTELL

Model #: 55K

Pump Capacity 10 GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: 20 (feet)

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

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Pitless Adapter**

Make: ACME

Model#: PT900 1"

Depth: 40" (36" min)

NSF/WSC approved: ☒

**Well Cap and Electric Conduit**

Two piece watertight cap: ☒

Screened, vented well cap: ☒

Cap secured to casing: ☒

Conduit min 18" B.G.: 3"

Conduit secured to well cap: ☒

**Piping to house**

Type: PVC

PSI: 200 (160 psi min)

Depth of supply line: 40 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: 60"

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.

JL Williams  
Signature of company representative responsible for installation

3 31 04  
date

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 3/12/04 Date Insp. Approved: 3/12/04 Inspector: SD BB

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ☒

GRID NORTH

11/8/02  
well  
Site OK  
per plan  
Staked By  
licensed  
engineer  
No map

KN

AGRICULTURE  
LOT 2  
1.00 ACRES

EXISTING  
TREELINE

PROPOSED  
DWELLING

PROP.  
WELL (W)  
SITE 2

PROP.  
WELL (W)  
SITE 3

PROP.  
WELL (W)  
SITE 1

30' BRL

10' BRL

PERC 4  
587.7

PERC 3  
585.9

PERC 5  
586.9

PERC 2  
584.8

PERC 6  
587.5

PERC 1  
584.7

10' BRL

50' BRL

SEPTIC  
RESERVE  
AREA  
APPLICATION #A516958

Lot 2 Jones Tract

N 12°17'58" E

N 08°49'52" E

N 15°5'

81.90'

98.11'

93.

Philip & Emily Jones  
40-489-4490

EXISTING 14' WIDE  
DRIVEWAY 600' TO Un



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 26, 2004

Phil Jones  
1081 Underwood Road  
Sykesville, MD 21784

RE: 1453 Underwood Road  
Jones Tract, Lot 2  
BP # B00143883  
Well Permit # HO-94-3563

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 02/12/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3563. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 04/22/2004  
Date of Well Completion: 12/02/2002

Respectfully,

*Brian Baker*

Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File