

C1 0590

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.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3*6 ON ALL CARDS)COUNTY
NUMBER

P50227-E

ST/CO USE ONLY

DATE Received

MM DD YY
02 22 02
8 13

DATE WELL COMPLETED

MM DD YY
2 7 02
15 20

Depth of Well

22 445 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"40-94-3311
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

Latham

last name

3902 Walt Ann Dr

first name

TOWN

Glenelg

SECTION

LOT 13

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

TO

check
if water
bearing

Sand

0

40

Gray Mica
Rock

40

445

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

1410

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
types
insert
appropriate
code
below

CASING RECORD

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

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

ST

6

44

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole(insert
appropriate
code
below)

SCREEN RECORD

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN
HOLE

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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.: MSD0224

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD0224

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)

6

PUMPING RATE (gal. per min.)

3

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

48 ft.

WHEN PUMPING

340 ft.

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)

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

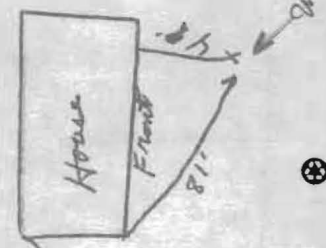
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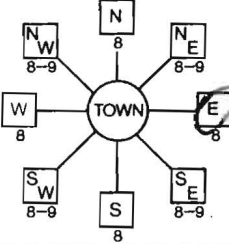
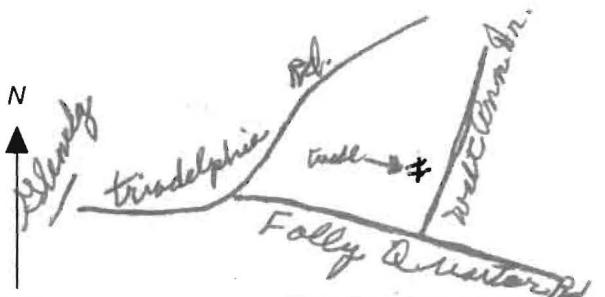
below

LAND SURFACE

(nearest
foot)

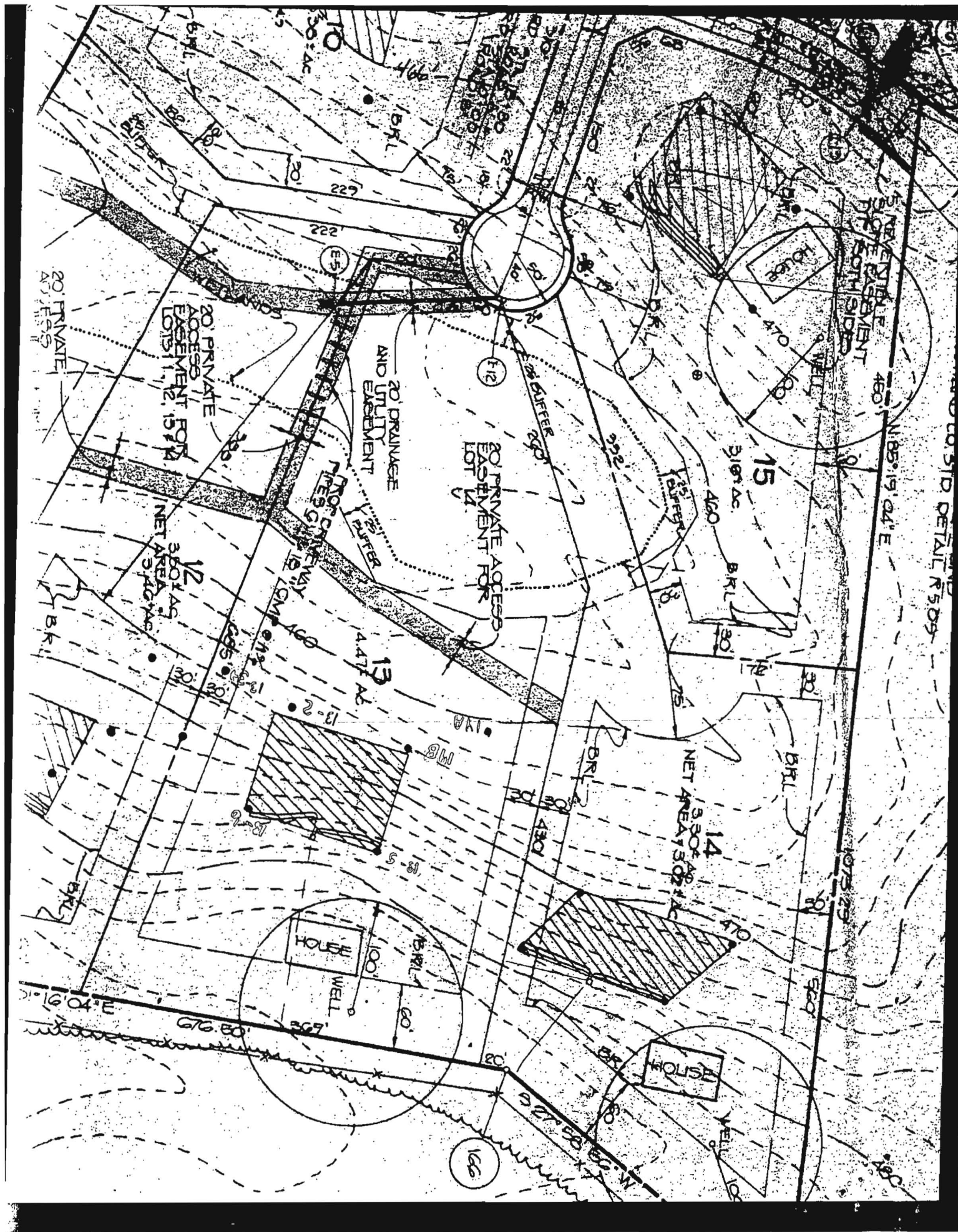
LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

B 1 <u>7212</u> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W516503 please print or type	STATE PERMIT NUMBER <u>Ho - 94 - 3311</u> 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 <u>Letnam Sr. Jimmie & John</u> 15 Last Name Owner First Name 34 <u>P.O. Box 7376</u> 36 Street or RFD 55 <u>Baltimore Md 21337-0376</u> 57 Town 70 State 72 Zip 76		B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY 21 <u>Shepherd's Man</u> 23 SUBDIVISION 42 SECTION <u>13</u> LOT <u>13</u> 44 46 48 50 <u>Lilensky</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
DRILLER INFORMATION <u>Joseph L. Mayre</u> <u>MSD 024</u> Driller's Name 76 License No. 81 <u>Joseph L. Mayre Well Drilling</u> Firm Name <u>5512 Ridge Rd Mt. Airy Md 21771</u> Address <u>Joseph L. Mayre 2/4/02</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <u>3902 West Ann Drive</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 65 37 DISTANCE FROM ROAD <u>65</u> FT ENTER FT OR MI 38 39 TAX MAP: <u>22</u> BLK: <u>15</u> PARCEL <u>145</u>	
B 2 <u>2</u> WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 <u>500</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 <u>500</u> 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>(13) P50227E</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>2/4/02</u> <u>Brian Baber 2/4/03</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>521</u> 0 0 0 EAST GRID <u>808</u> 0 0 0 50 55 57 63	
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		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER <u>1 need</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>808</u> N <u>521</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>320</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ GAP _____ 63 PERMIT No. <u>Ho - 94 - 3311</u> 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: ALLEN M. VANSANT INC. Telephone #: 410-442-2221

Address: 12630 FREDERICK ROAD
WEST FRIENDSHIP, MD 21794

(Must circle one) Licensed Plumber

Licensed Well Driller

Licensed Well Pump Installer

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

Name (Print): MICHAEL J. KASMAN

License# 6501

*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: Chris Duen

Telephone #: 410-531-2434

Subdivision: Shepherds Glen

Lot #: 13 Well Tag #: HO-94-3311

Site Address: 3908 WALT ANN DRIVE

ELLICOTT CITY, MD 21042

Submersible Pump Data

Make: Gould

Model #: 56240412

Pump Capacity: _____ GPM

Well Yield: 3 GPM

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 ☒

Pitless Adapter

Make: Campbell

Model #: B-101

Depth: 3/4 (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: 1" PE

PSI: 160 (160 psi min)

Depth of supply line: 3/4 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____

Approximate length of sleeve: _____

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: Michael J. Kasman

2-18-02
date

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

Date Insp. Requested: 2/19/02 AM

Date Insp. Approved: 2/19/02

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 3" above finished grade ☒

Water supply line sleeved adequately at house connection ☒

Adequate grout observed below pitless adapter ☒

Note - Elec. line sleeved all the way to well

2/4/02.
3:00

SITE INSPECTION SHEET

OWNER: John Latham

DATE REQUESTED: _____

PHONE #: _____

CONTRACTOR: J. Mayne

ADDRESS: 3902 Walt - Ann Dr

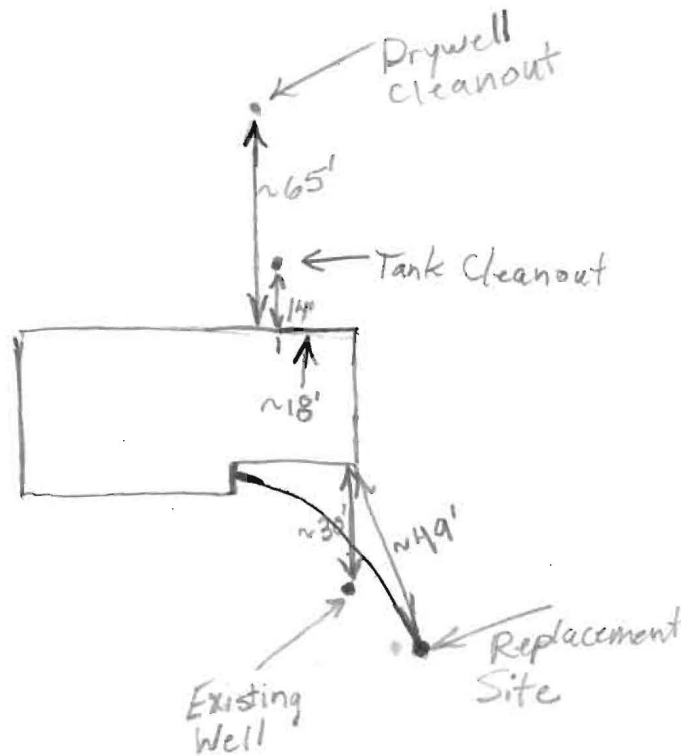
WELL TAG #: 94-3311

Shepherd's Glen Lot 13

COUNTY #: P50227E

PROPOSAL: Replacement well requested due to low flow

LOCATION DIAGRAM



COMMENTS: _____

Walt Ann Drive

DATE: 2/5/02

INSPECTOR: B. Baber