

C1 9548

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 NUMBER 58125-C

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED 01/20/98

DATE WELL COMPLETED 12/02/97

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1284

OWNER: land marketing consultants
STREET OR RFD: Dorsey Mill Rd.
SUBDIVISION: Clark Property SECTION TOWN: Glenelg LOT: 4

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	
Overburden	0	20	
Soft Shale	20	56	
Granite	56	300	x

water was encountered at 225 & 280'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY

NO. OF BAGS 11 NO. OF POUNDS 100
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 44 ft.

CASING RECORD

casings types insert appropriate code below

STEEL CONCRETE
PLASTIC OTHER

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

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL BRASS OPEN HOLE
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. 399
TAP M. J.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
MWD 009
LIC. NO. Allen Caplan

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

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

40 60 300

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T 70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3.1

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)
BEFORE PUMPING 52 ft.
WHEN PUMPING 264 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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

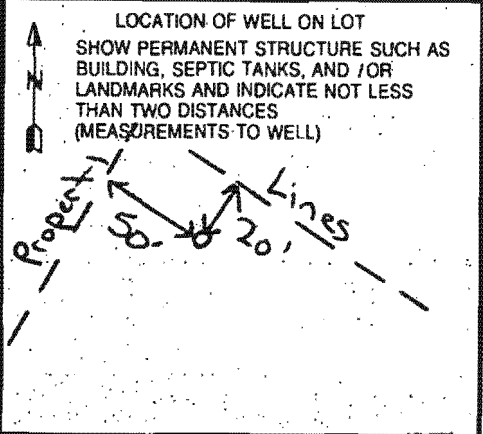
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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
- below
LAND SURFACE (nearest foot) 50 51



STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1284
fill in this form completely

B 1 0627
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(MDE USE ONLY)

Date Received (APA) 9/16/97
8 MM DD YY 13
Land Marketing Consultants
15 Last Name Owner First Name 34
3243 Bethany Lane
36 Street or RFD 55
Elliot City MD 21043
57 Town 70 State 72 Zip 76

OWNER INFORMATION

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Clark Property 42
SECTION 44 46 LOT 4 48 50
Glenely
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION
Driller's Name Paul M. Fabiszak M WD 399
76 License No. 81
Firm Name G. Edgar Harr Sons' Corp
Address 10047 Falls Rd Gockysville 21039
Signature [Signature] Date 9/15/97

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH (N) SOUTH (S) EAST (E) WEST (W)
NORTH (N) SOUTH (S) EAST (E) WEST (W)
NEAR WHAT ROAD Dorsey Mill Road 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 400 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard COUNTY NO. A 58125
STATE SIGNATURE _____ INSERT S _____
DATE ISSUED 9/16/97 EXP. DATE 9/16/98
43 MM DD YY 48 CO SIGNATURE [Signature]
NORTH GRID 521 000 EAST GRID 0793 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 750 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

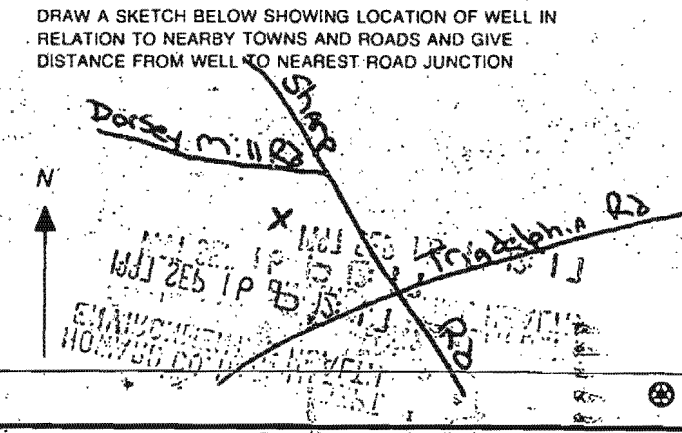
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other _____

REPLACEMENT OR DEEPEMED WELLS- (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D 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)
APPROP. PERMIT NUMBER _____ G A P _____
54 63
WRITE INITIALS IN BOX PERMIT No. HO-94-1284
FORCE DS 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
11/26/97
10/20
SOURCES OF DRILLING WATER
1. _____
2. _____
3. _____
WRITE THE BOX NUMBER FROM THE MAP HERE
E 7903
N 510



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

10/23/98
 P.A. 5' below grade,
 casing - 2' above grade,
 has 2 piece cap (FW)

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # _____
 Date _____

Name of Installer Garland Plumbing, Inc.

Telephone 410-875-8303

License Number 6352

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner David Gurian

Telephone 410-781-6782

Subdivision Blackwood II Lot # 1
 Site Address 14397 Dasey Mill Rd

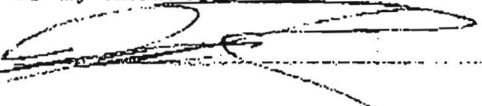
Well Tag # Ho-94-1284

Pump	Motor	Fitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Crawley</u>	b. 220 _____	
3. Model # <u>2EH 34HP</u>		
4. Capacity <u>2</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>Wellstroll 250</u>	1. Type <u>Poly</u>	1. Depth <u>300</u> ft.
2. Pressure relief valve? <u>Yes</u>	2. Size <u>1"</u>	2. Yield <u>10</u> GPM
	3. NSF and/or BOCA Code approved <u>Yes</u>	3. Static water level <u>50</u> ft.
	4. Depth of supply line <u>98"</u>	4. Will water supply be disinfected by installer? <u>No</u>

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.

Signature of Applicant: 
 Date: _____

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