

C 1 15563

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 600

OK 5/6/16 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2453

OWNER SANTANGELO, MARK WELL SITE ADDRESS 1836 Quarter Horse Dr. TOWN Woodstock SUBDIVISION PARKSIDE SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown shak, sand stone, Gray mica, Brown mica, Gray mica, opening, and Gray mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 14, NO. OF POUNDS 1400, GALLONS OF WATER 84, DEPTH OF GROUT SEAL 37 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6 inch, Total depth of main casing 40 feet.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (ST, BR, HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

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. MWD 040, DRILLERS SIGNATURE (George F. Easton), LIC. NO. JSD 038, SITE SUPERVISOR (Bruce Sherman)

DEPTH (nearest ft.) table with columns for depth ranges and corresponding casing types.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 60 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 50 ft. BEFORE PUMPING, 600 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) A all, C centrifugal, J jet, P piston, R rotary, S submersible, T turbine, O other.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), 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) 49 above, 49 below, LAND SURFACE 2 (nearest foot).

LATITUDE 39.324923, LONGITUDE 76.883999 (DEFAULT COORD. WGS 84)

NOTES:

B 1 16692  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

HO - 95 - 2453  
70 fill in this form completely 79

Date Received (APA)

12 07 12  
8 MM DD YY 13

OWNER INFORMATION

12405

B 3

LOCATION OF WELL

CC#

SANTANGELO MARK  
15 Last Name Owner First Name 34  
1830 QUARTER HORSE DR  
36 Street or RFD 55  
WOODSTOCK MD 21163  
57 Town 70 State 72 Zip 76

8 COUNTY Howard 21  
23 SUBDIVISION  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN Woodstock 71

DRILLER INFORMATION

George F. Easterday M VD 040  
Driller's Name 76 License No. 81  
L. Franklin Easterday, Inc.  
Firm Name  
9265 Brown Church Rd., Mt. Airy, Md 21774  
Address  
George F. Easterday 12/6/2012  
Signature Date

B 4

SOURCES OF DRILLING WATER

1. wells  
2.  
3.

1830 Quarter Horse Dr  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
WEST 32 EAST  
SOUTH  
34 100 37  
DISTANCE FROM ROAD Ft.  
ENTER FT OR MI 38 39  
TAX MAP: 10 BLK: 23 PARCEL 36

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 500  
(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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard 13 A 49715  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 12/6/12  
43 MM DD YY 46 CO SIGNATURE EXP. DATE 12/6/13

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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 DEEPEINED WELLS  
(CIRCLE APPROPRIATE BOX)

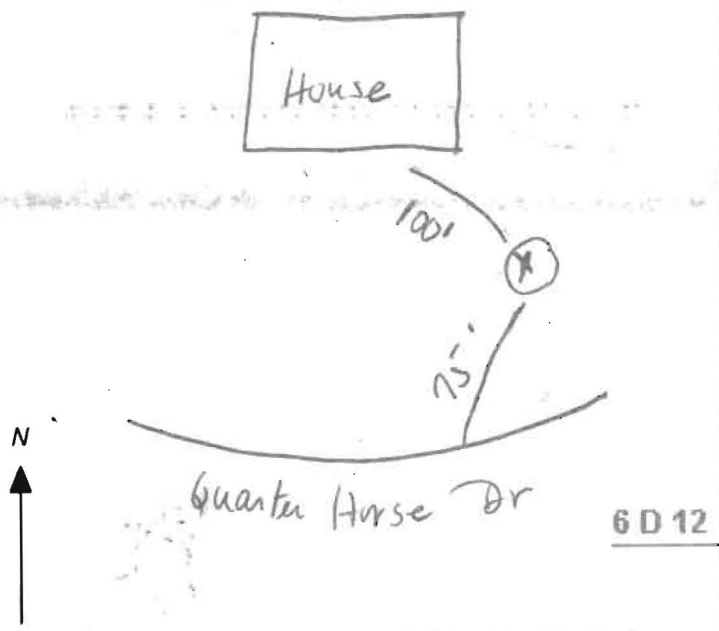
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED  
(IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G  
PERMIT No. HO - 95 - 2453  
70 71 72 73 74 75 76 77 78 79

PROPOSED LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,  
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO  
DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS Ex. Well to be sealed, may be tied in w/ new well

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Depending on yield of new well

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
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SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK  
 5/6/10 SC

DATE WELL ABANDONED: 12/19/12 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 88 - 1491

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 95 - 2453

\* PERSON ABANDONING WELL: Richard Crummett

WELL DRILLER'S LICENSE NUMBER: W40014

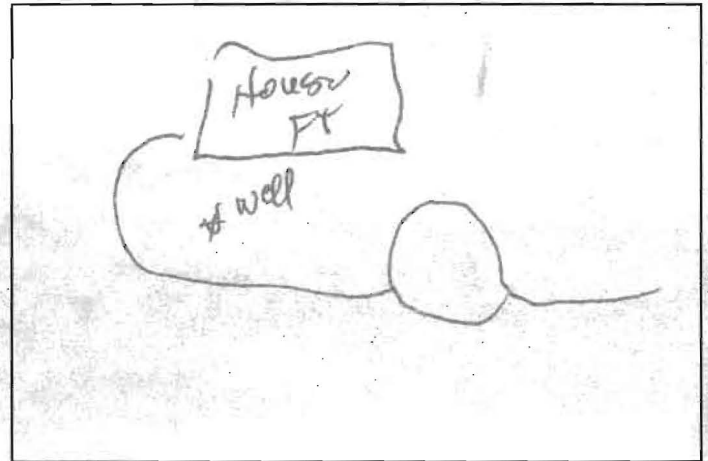
CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: MARK SANTANGELO

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: WOODSTOCK  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 1830 Quarter Horse Dr.

SITE LOCATION MAP



LATITUDE 3 9.324347

LONGITUDE 7 6.883987

\* TYPE OF WELL BEING ABANDONED:

DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Benfonte</u>	<u>300</u>	<u>1</u>
<u>TOP soil</u>	<u>1</u>	<u>0</u>

\* USE CODE: DOMESTIC

IRRIGATION  MUNICIPAL/PUBLIC  
 TEST/OBSERVATION  INDUSTRIAL  
 \_\_\_\_\_  GEOTHERMAL

\* TYPE OF CASING:

STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 300 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED?  YES  NO

VOLUME OF MATERIAL USED

18 Bag Benfonte



HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: EASTERDAY WELL & PUMP Telephone #: \_\_\_\_\_  
Address: 9265 BROWN CHURCH RD  
MT AIRY MD 21771  
301-831-5170

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer **X**  
License # and name of individual responsible for the field installation:  
Name (Print): Lesler C. Simmons, Jr. License# JSD098  
\*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: Mark Santangelo Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0453  
Site Address: 1830 Quarter Horse Dr Woodstock, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Marinon</u>	Two piece watertight cap: _____
Model #: <u>10630F</u>	Model#: <u>B-DK</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>31 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>60</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 ✓

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (3' minimum from foundation): <u>5 ft</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

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.

Lesler C. Simmons, Jr.      12-17-12  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 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 \_\_\_\_\_

SITE INSPECTION SHEET

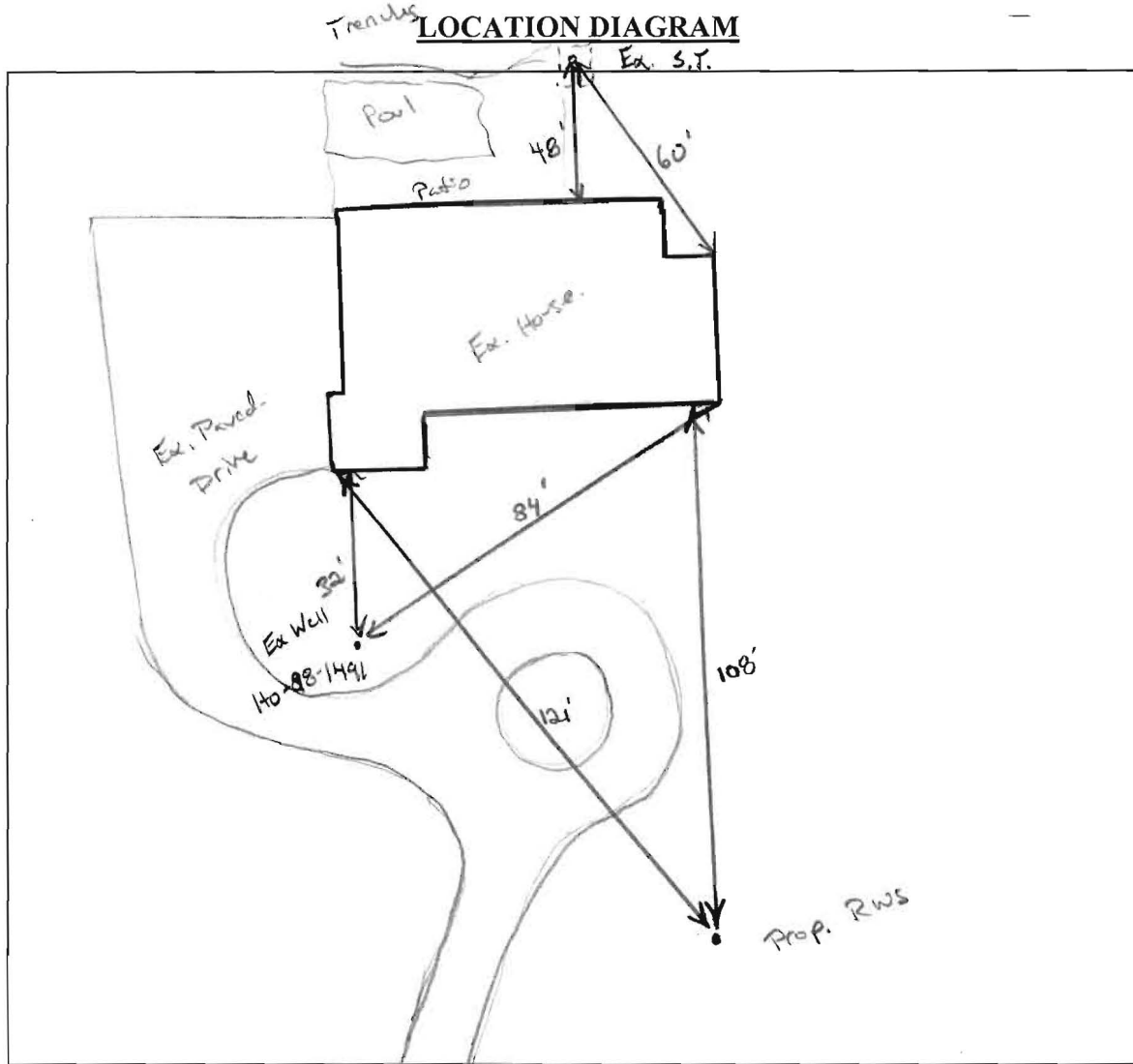
OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: 1830 Quarterhouse Dr. CONTRACTOR: Easterday

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: 13

PROPOSAL: Out of H<sub>2</sub>O



COMMENTS: Property sits on gravel area. Ex. well not pulling much water. 6 lpm recharge w/m 24 hr. period. Seal ex well once new well has been drilled.

DATE: 12/6/12 INSPECTOR: K. Wolf