

C1 8260

SEQUENCE NO. (OEP 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)

COUNTY NUMBER

Date Received (OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

110913

224 (TO NEAREST FOOT)

28-31-32-33-34-35-36-37

OWNER last name first name

STREET OR RFD TOWN

SUBDIVISION SECTION LOT

WELL LOG

GROUTING RECORD

C 3 (seq no)

PUMPING TEST

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 90 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP (enter 0 if from surface) ft. to 60 BOTTOM 58 ft.

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 55

WHEN PUMPING 120

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

BROWN Shale 0 60 GRAY GRANITE 60 224

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top/main/casing (nearest inch) Total depth of main casing (nearest foot) ST 6 64

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS, BRONZE OPEN HOLE PLASTIC OTHER

C 2 (seq no)

DEPTH (nearest ft.) 62 224

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED YES NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

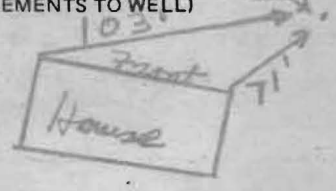
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft)

CASING HEIGHT (circle appropriate box and enter casing height) above 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)



CIRCLE APPROPRIATE BOX 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 10.17.13 "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 IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 **5193** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

**H0-81-0122**  
 fill in this form completely

Date Received **6/9/83 - 1:00pm.**  
 OWNER INFORMATION  
**SHOFFELT** PAUL  
 15 Last Name Owner First Name  
**2640 JENNINGS CHAPEL RD**  
 36 Street or RFD 55  
**Woodbine** MO 21797  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
 1 2 **HOWARD**  
 8 COUNTY 21  
**Jax Map 13 Parcel 190**  
 23 SUBDIVISION 42  
 SECTION **44-46** LOT **48-50**  
**FLORENCE**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1 3/4** MI  
 73 76 77 78

DRILLER INFORMATION  
**Joseph L. Mayne** 238  
 Driller's Name 77 License No. 80  
**Joseph L. Mayne**  
 Firm Name  
**5512 Ridge Rd. Mt Airy Rd**  
 Address  
**Joseph L. Mayne 5/25/83**  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 1 2 **Jennings Chapel Rd.**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 37  
 DISTANCE FROM ROAD  
 ENTER FT or MI **MI**  
 38 39

B 2 WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 14 20

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

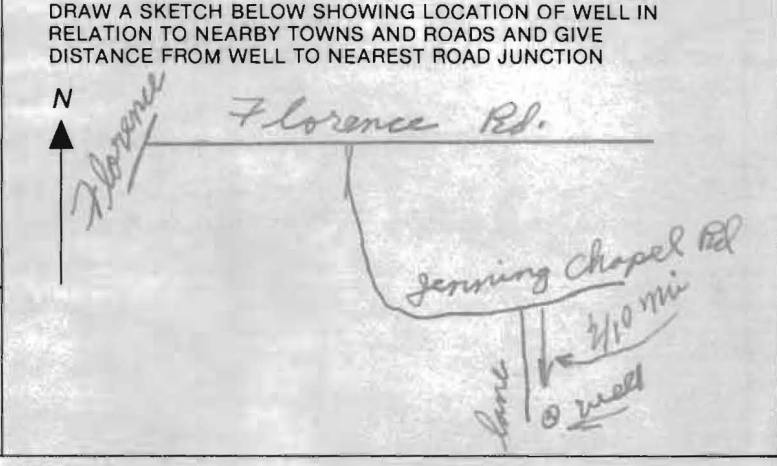
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
 COUNTY NO. **Z**  
 OEP SIGNATURE **Frank Skinn** STATE HEALTH INSERT S  
 DATE ISSUED **12/2/83**  
 CO SIGNATURE EXP. DATE  
 NORTH GRID **533000** EAST GRID **077000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **140** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. WELL  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **7700**  
 N **5303**  
 000 6/9/83 JS  
 000

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  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **H0-81-0122**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

5/20/83

FILE Replacement Well Site DATE REPORTED 5/18/83

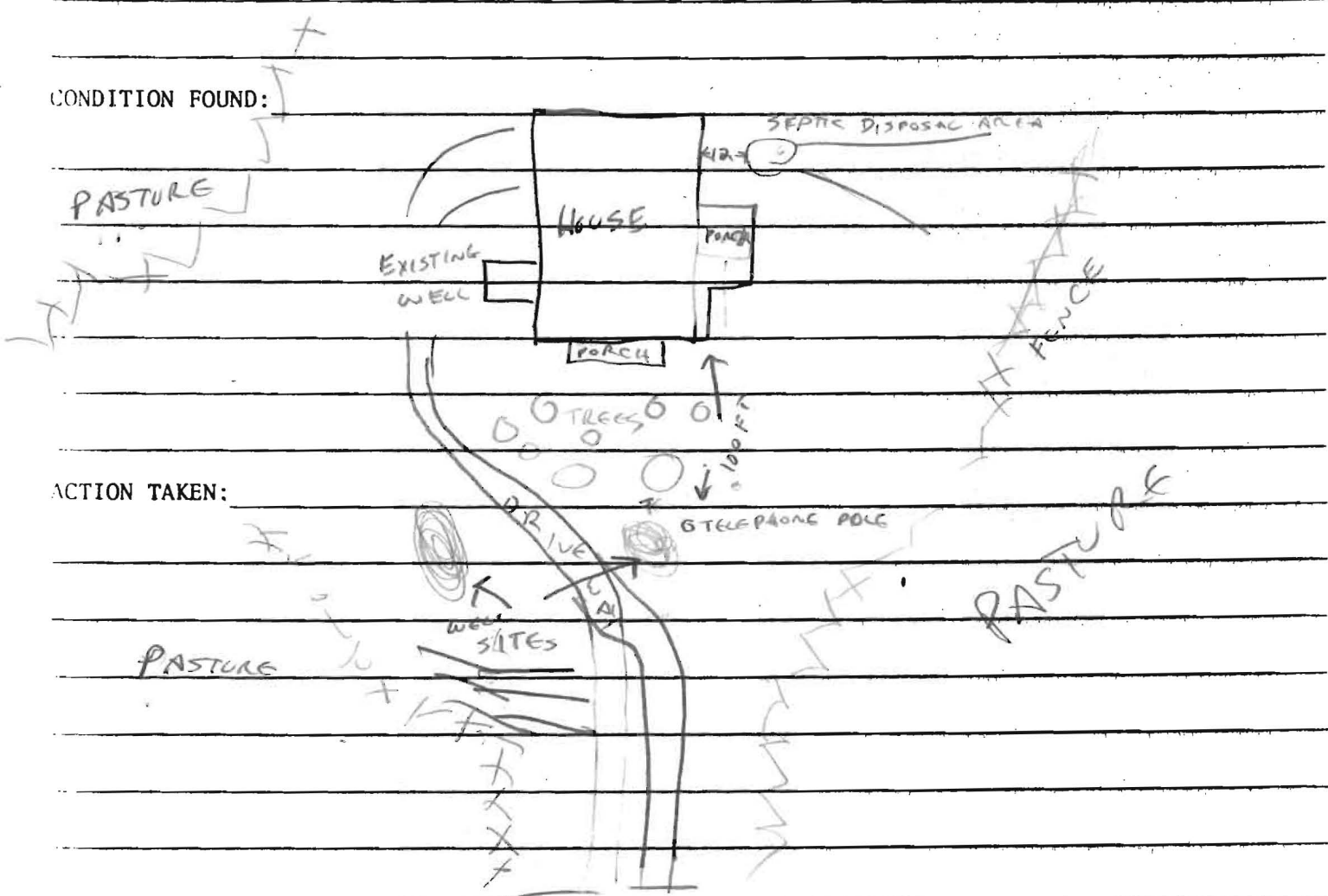
PROPERTY OWNER Paul & Lynn Shoffeitt 489-7636

P. O. ADDRESS 2640 Jennings Chapel Road

DIRECTIONS TO PROPERTY \_\_\_\_\_

INFORMANT Mrs. Shoffeitt has had a history of coliform contamination with existing well. Joseph Mayne is well driller. In front yard probably best site.

CONDITION FOUND:



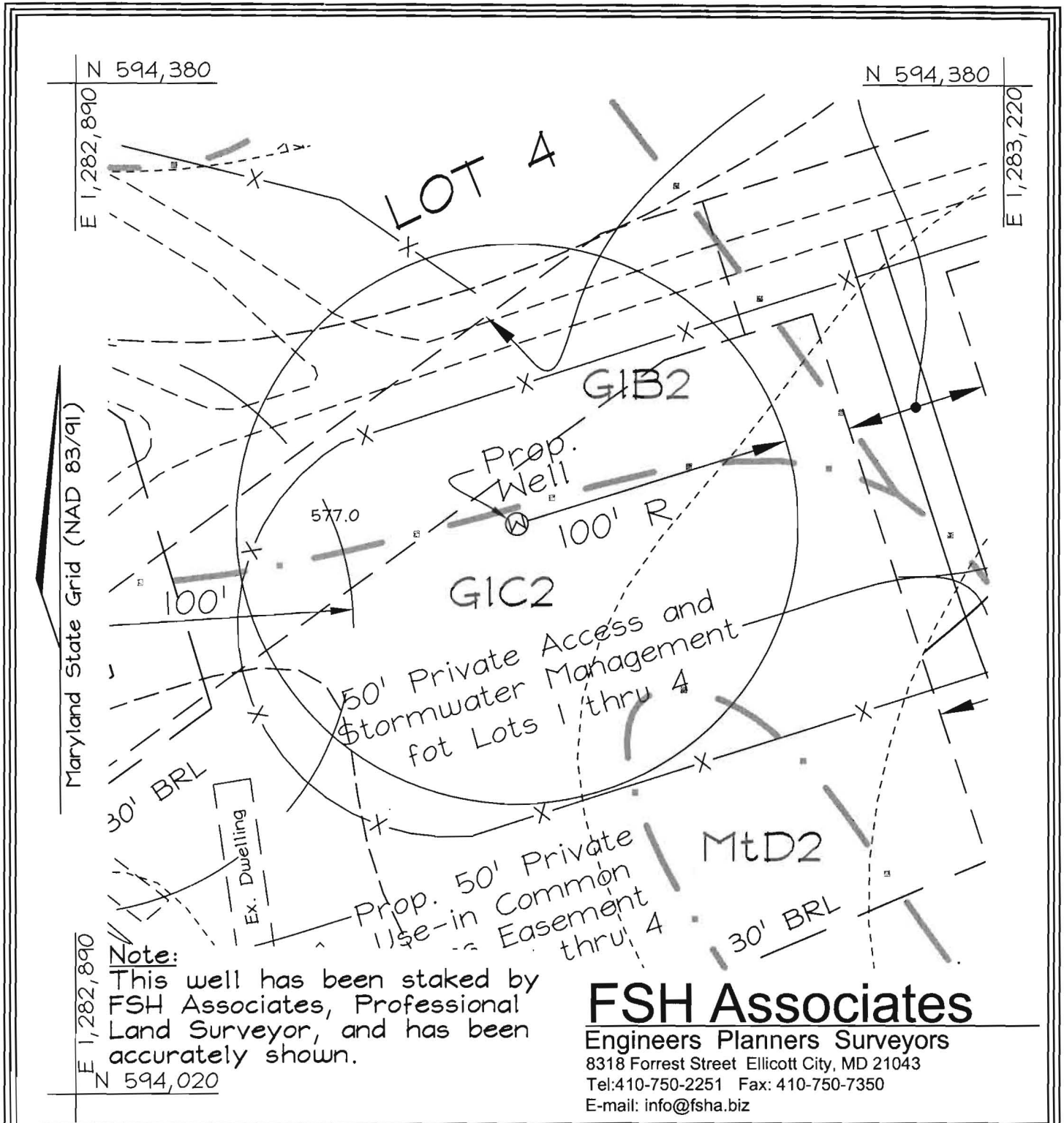
ACTION TAKEN:

FINAL DISPOSITION:

WELL COULD BE NEAR TELEPHONE POLE, OR ON OPPOSITE SIDE OF DRIVEWAY FROM TELEPHONE POLE.

6/9/83 Well drilled OK. F.S.

5-20-83 C. Williams



**Note:**  
 This well has been staked by FSH Associates, Professional Land Surveyor, and has been accurately shown.

**FSH Associates**  
 Engineers Planners Surveyors  
 8318 Forrest Street Ellicott City, MD 21043  
 Tel: 410-750-2251 Fax: 410-750-7350  
 E-mail: info@fsha.biz

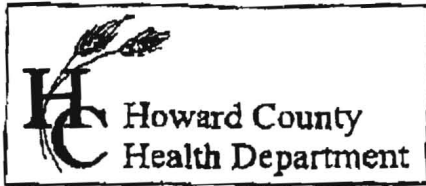
DESIGN BY: PS  
 DRAWN BY: CD  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: Jan. 06, 2006  
 W.O. No.: 3235  
 SHEET No.: 1 OF 1

**WELL PERMIT PLAN**  
**CHAPEL VIEW FARM**

LOT 4

TAX MAP 13 GRID 14  
 4TH ELECTION DISTRICT

PARCEL 339  
 HOWARD COUNTY, MARYLAND



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

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

**ATTENTION WELL DRILLERS!!!**

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well <sup>sites have</sup> ~~site has~~ been staked by FSH Associates on 10-21-2005 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Chapel View  
Shorrett Property*



MICHAEL PFAU  
President

*dedicated to excellence and service*

November 16, 2005

FROM: ~~TO:~~ Zack 410.750.7350  
TO: ~~From:~~ Michael Pfau  
RE: Shoffeitz Property, Chapel View Farm

Zach,

Please complete Health Department form verifying that the well sites have been staked.

Can you fax it to me and I will fax to the Health Dept.

Ralph Mayne has already submitted the Well Permit Application.

Respectfully,

Michael

3675 Park Avenue, Suite 301, Ellicott City, MD 21043 - 410-480-0023 - Fax 410-480-0013

5/18/01  
12:00

SITE INSPECTION SHEET

OWNER: Ollie Bennett

DATE REQUESTED: 5/18/01

ADDRESS: 2672 Jennings Chapel  
Road

DRILLER/CONTRACTOR: Joe Mayne

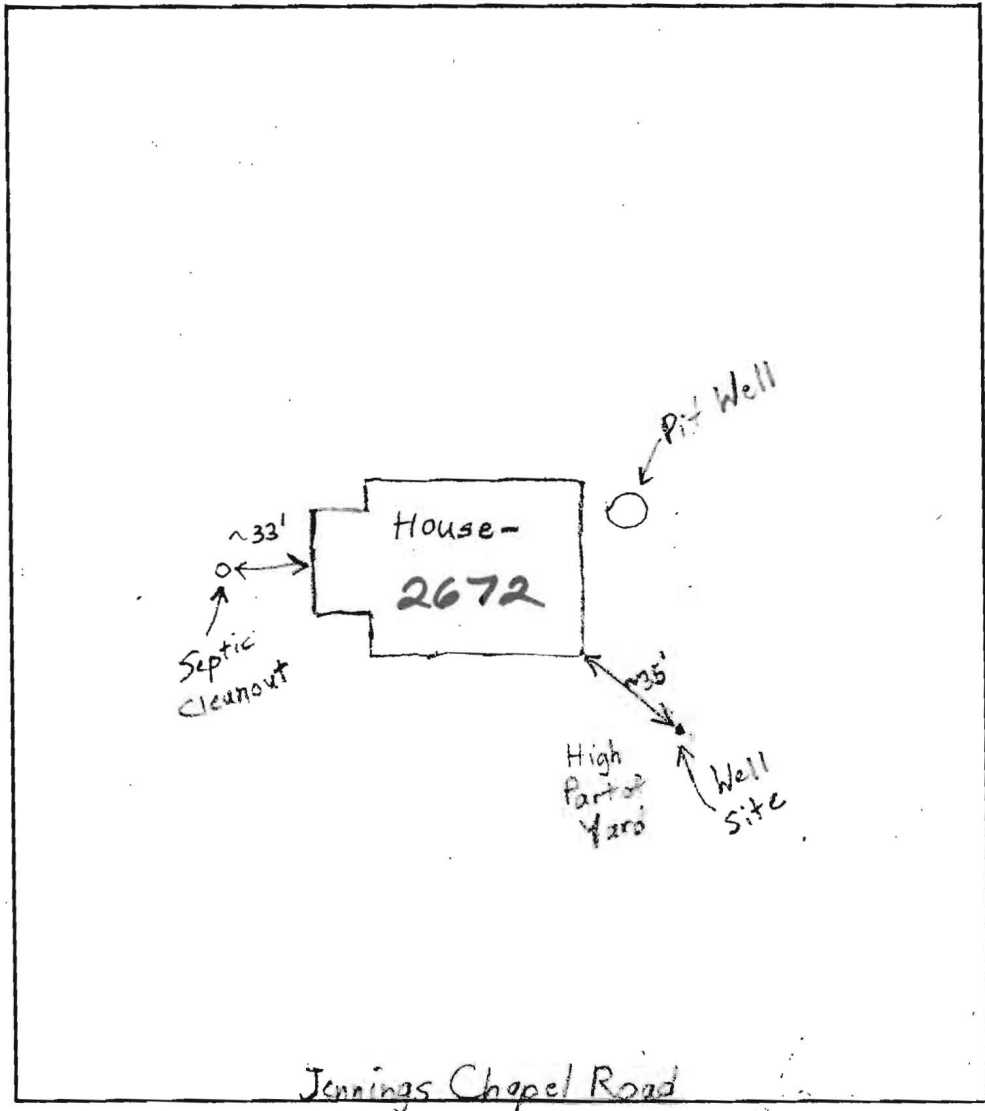
WELL TAG NUMBER: \_\_\_\_\_

TAX & PARCEL: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PROPOSAL: Replacement Well

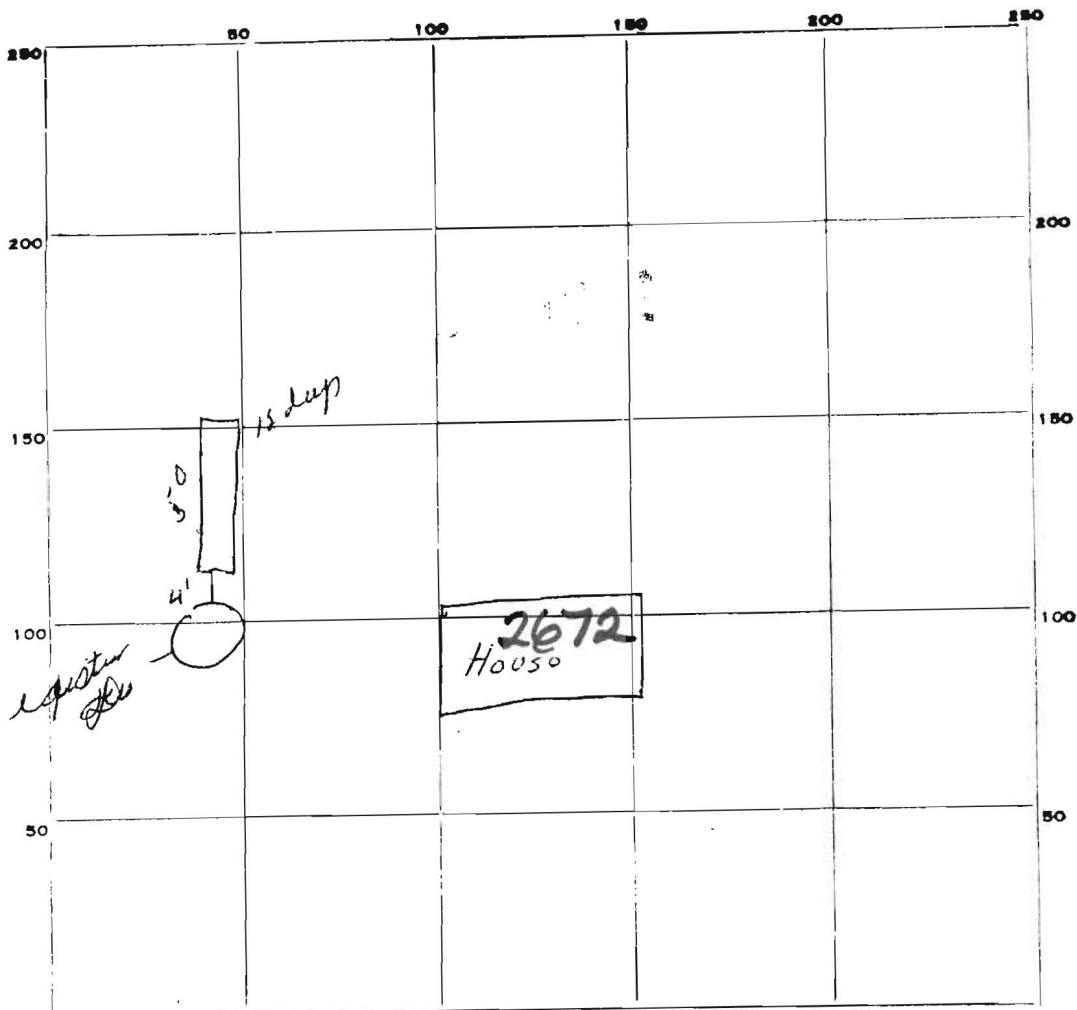
LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Jennings Chapel Rd

PERMIT CARD OK

SEPTIC TANK, LEVEL \_\_\_\_\_

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 96 IN. TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 400 SQ. FT.

REMARKS 5-5-78 OK to put gravel in trench down

DATE SYSTEM APPROVED 5/12/78

INSPECTOR [Signature]