

C 1 36725 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS 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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

MM DD YY

22 400 26

OK 2/23/16 SC HO-15-0183

OWNER NORMAN, JEFF last name first name WELL SITE ADDRESS 1580 WOODBINE RD TOWN LISBON SUBDIVISION JAGWOOD FARMS SECTION LOT 1-3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 8 NO. OF POUNDS 400 GALLONS OF WATER 184 DEPTH OF GROUT SEAL (to nearest foot) 40

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 11.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: SOFT Brown SL (0-22), Brown Silt (22-38), Gray Rock (38-50), Tan Rock (50-53), Gray Rock (53-143), HARD Gray Rock (143-144), HARD Gray Rock (144-400).

CASING RECORD

casings types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER. MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 L Total depth of main casing (nearest foot): 47

BEFORE PUMPING 50 ft. WHEN PUMPING 400 ft. TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

OTHER CASING (if used)

Table with columns: E A C H I N G, diameter inch, depth (feet) from, to.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

Table with columns: 1 2, 8 9 11, 15 17, 21, 23 24 26, 30 32, 36, 38 39 41, 45 47, 51. Rows include: HO 47, 400, 47, 400, 47, 400, 47, 400, 47, 400.

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

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 WELL

CASING HEIGHT (circle appropriate box and enter casing height) 41 above LAND SURFACE 1 (nearest foot) below

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...

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE Sean F. Eustenley

LIC. NO. 1 WR 107 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 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.333535 LONGITUDE 77.080308 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed.

B 1	<b>32080</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO-15-0183</b> <small>70 fill in this form completely 79</small>
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Date Received (APA) **13177**

**OWNER INFORMATION**

8 MM DD YY 13  
**NORMAN** **JEFF**

15 Last Name Owner First Name 34

36 **2680 JENNINGS CHAPEL ROAD** 55  
Street or RFD

57 **WOODBINE MD 21797** 76  
Town 70 State 72 Zip

B 3

**LOCATION OF WELL CO#**

**Howard**

8 COUNTY 21

**Jagwood Farms**

23 SUBDIVISION 42

SECTION **w-1** LOT **1-3**

44 46 48 50

**Lisbon**

52 NEAREST TOWN 71

**DRILLER INFORMATION**

**George F. Easterday** **M W D** **040**

Driller's Name 76 License No. 81

**L. Franklin Easterday, Inc.**

Firm Name

**9265 Brown Church Rd., Mt. Airy, Md. 21771**

Address

*George F. Easterday* **11/17/2015**

Signature Date

B 4

**SOURCES OF DRILLING WATER**

1. **wells**

2.

3.

**1580 Woodbine Road**

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 200+ 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: **7** BLK: **17** PARCEL **542**

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)

22  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)**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED **12-1-15** **12-1-16**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

39  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

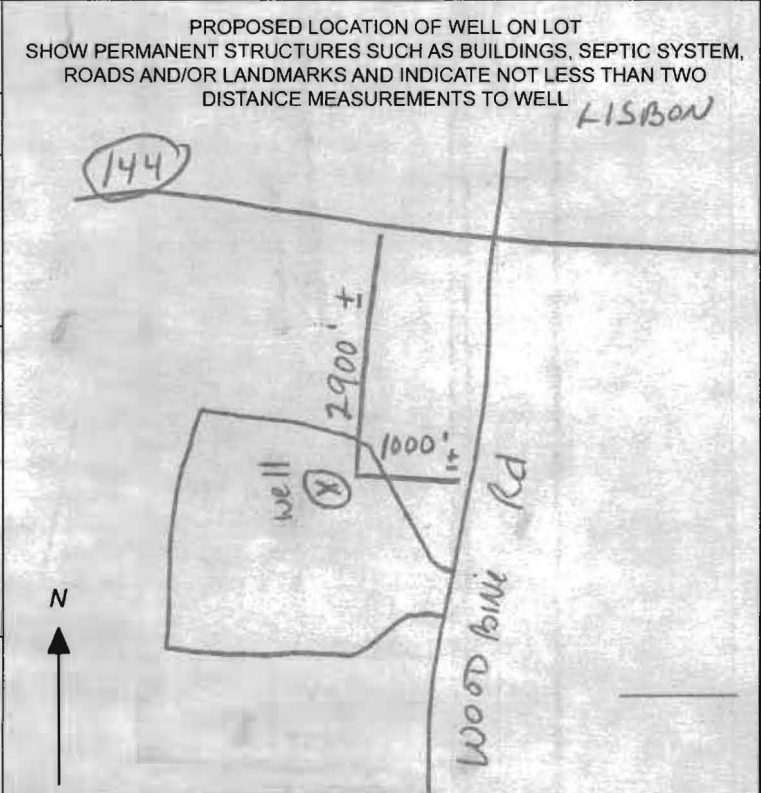
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER **G**

PERMIT No. **HO-15-0183**

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

*May be subject to GWAP depending on future Proposal*

*use (>10,000 gpd) COUNTY*

**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: Egsterday-Wilson Water Telephone #: 301-889-1640  
Address: 9265 Brown Church Rd  
Mt Airy md 21771

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Daren Wilson License# MSD/88

**\*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: Norman Farm Market Telephone #: 301-674-9988  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0183  
Site Address: 1580 Woodbine Rd

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Gould</u>	Make: <u>Morton</u>	Two piece watertight cap: _____
Model #: <u>25G530</u>	Model#: <u>B-10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>25</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>25</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>390</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 <u>inside of well casing</u> <input checked="" type="checkbox"/>		

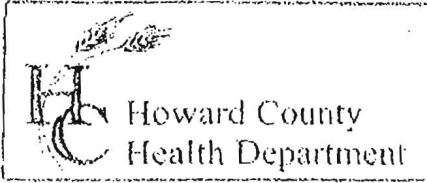
<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>300</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>5ft</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve sealed properly: <u>yes</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.

Signature of company representative responsible for installation: Daren Wilson date: 4-31-16

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

Date Insp. Requested: 4/1/16 Date Insp. Approved: 4/1/16 Inspector: SC  
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  *under shed*  
Adequate grout observed below pitless adapter



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by owner,  
(professional land surveyor or company employing professional land surveyors)  
on 11-18-15 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

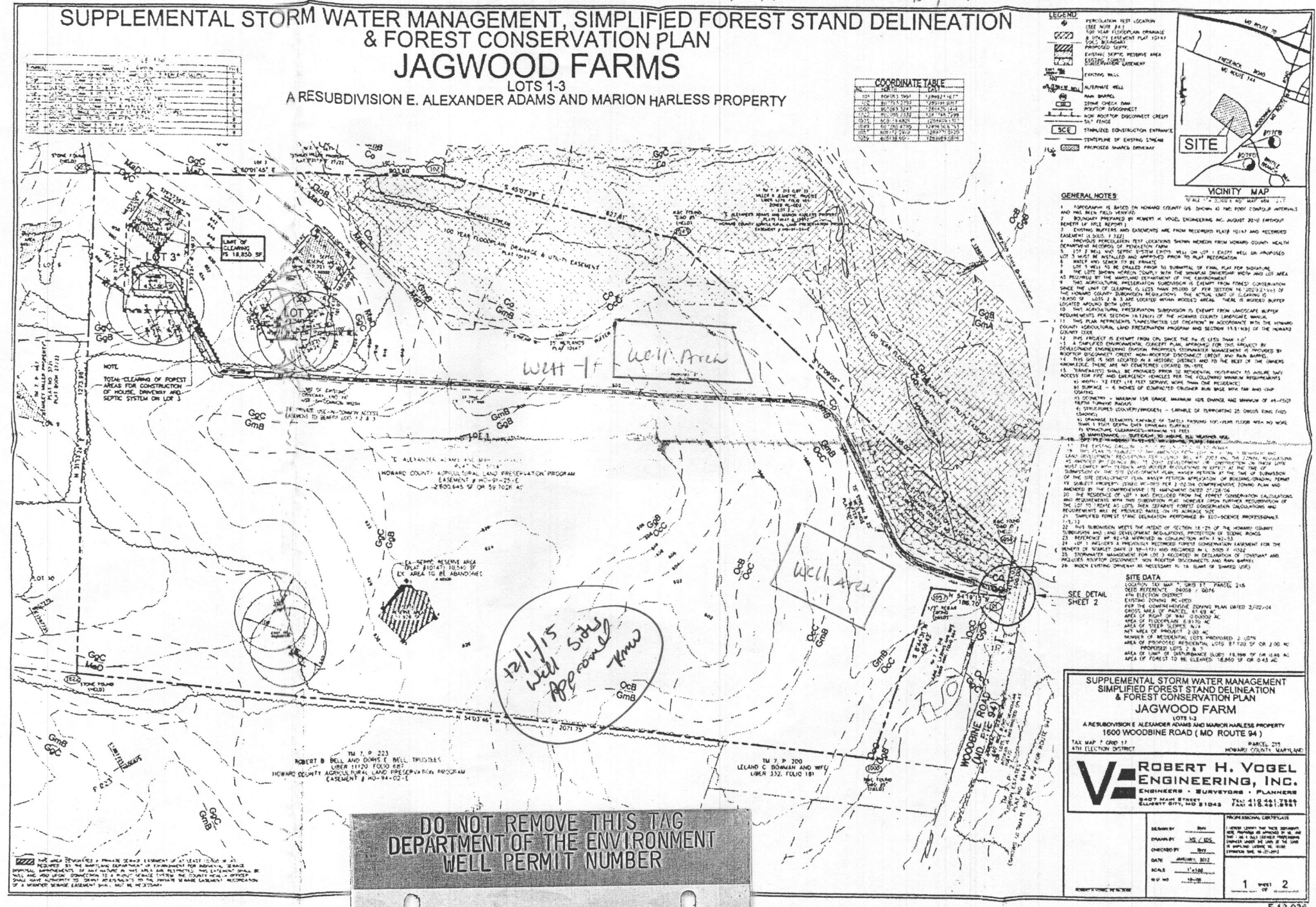
Revised 6/10/03

1580 Woodbine Road

well 1

NORMAL

PLAT OK'd by Kevin Wolfe



The 2 proposed well areas are well within siting limits. The closest thing to either area is the right of way which will be over 30' away