



# HOWARD COUNTY HEALTH DEPARTMENT

45141

CODES

DATE

9/31/13

W5



CASH



CHECK

NO.

33330

Received From

For

Chesapeake Beach System

Well Permit / 304 S. Union Chgo

One hundred eighty <sup>xx</sup> // Dollars

\$

160.00

Received By

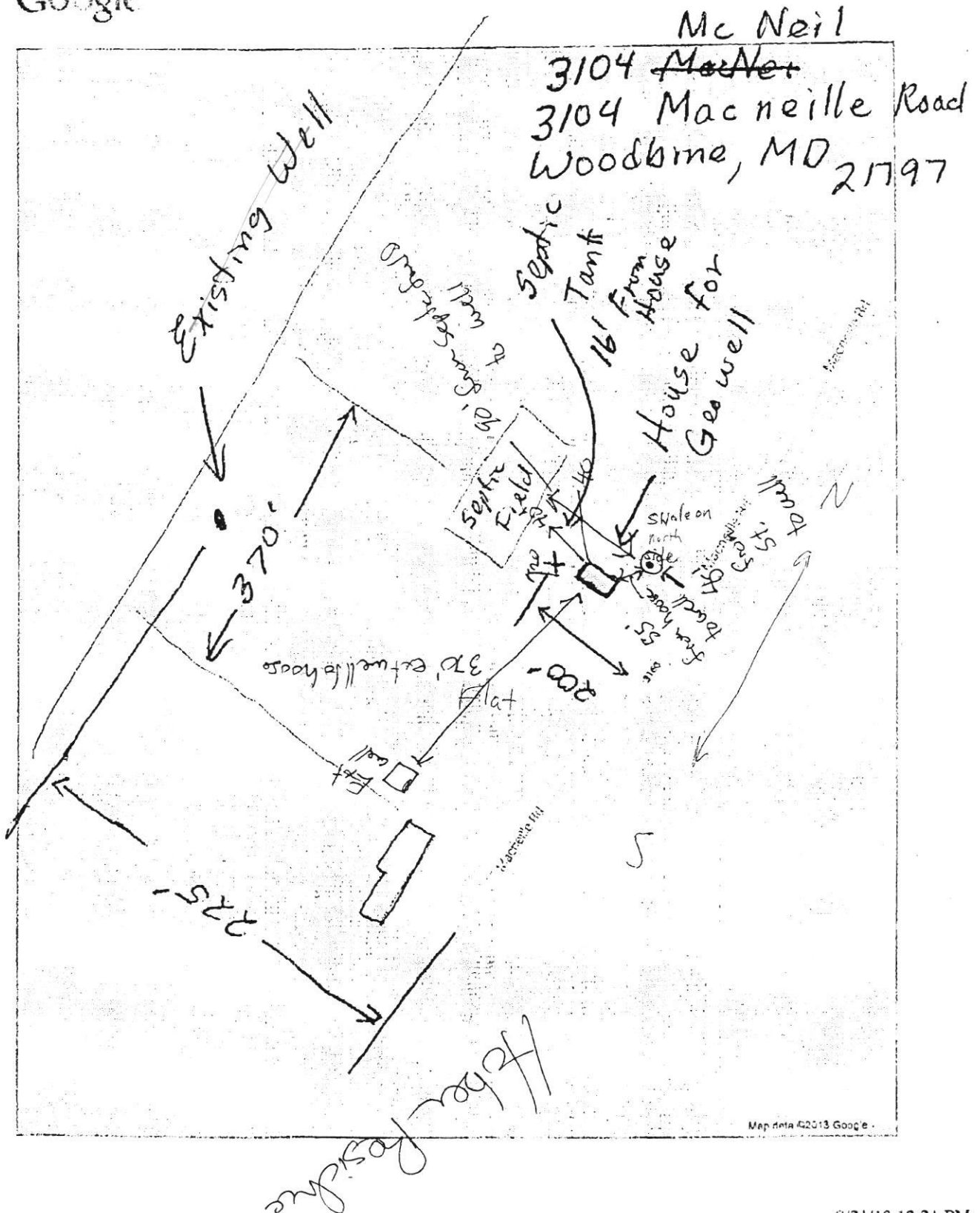
J King

<b>C1</b> 14548		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		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 Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 9 26 13		Depth of Well 22 400 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
						28 29 30 31 32 33 34 35 36 37	
OWNER <u>Cattail 11, LLC</u> WELL SITE ADDRESS <u>3104 MacNeille Road</u> TOWN <u>Woodbine</u> SUBDIVISION <u>0000</u> SECTION _____ LOT _____							
<b>WELL LOG</b> Not required for driven wells				<b>GROUTING RECORD</b>			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box)			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL (Circle one)			
FEET FROM TO check if water bearing				CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>			
Brown, dry, silt 0 16				NO. OF BAGS <u>4</u> NO. OF POUNDS <u>200</u>			
Brown, moist mic. silt, trace sand 16 28				GALLONS OF WATER <u>50</u>			
28 240				DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)			
28 240				CASING RECORD			
28 240				casing types insert appropriate code below			
28 240				MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>40</u>			
28 240				OTHER CASING (if used) diameter inch from to depth (feet)			
28 240				<u>ST</u> <u>6</u> <u>2</u> <u>40</u>			
28 240				SCREEN RECORD			
screen type or open hole (insert appropriate code below)				<input checked="" type="checkbox"/> STEEL <input checked="" type="checkbox"/> BRASS <input checked="" type="checkbox"/> OPEN HOLE <input checked="" type="checkbox"/> PLASTIC <input checked="" type="checkbox"/> OTHER			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				C2 DEPTH (nearest ft.)			
WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO				1 <u>HO</u> -40 -400			
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				2 23 24 26 30 32 36			
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				3 38 39 41 45 47 51			
DRILLERS LIC. NO. <u>MWD 567</u> <u>Jeff Conner</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>				SLOT SIZE 1 _____ 2 _____ 3 _____			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				DIAMETER OF SCREEN (NEAREST INCH) 56 60			
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				from to			
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q				70 72 74 75 76			
TELESCOPE CASING LOG INDICATOR OTHER DATA				LATITUDE 3 _____ LONGITUDE 7 _____ (DEFAULT COORD. WGS 84) NOTES:			

<b>B 1</b> <span style="font-size: 24pt;">23611</span> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <span style="font-size: 24pt;">40-95-2605</span> <small>70 fill in this form completely 79</small>
<b>Date Received (APA)</b> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             8 MM DD YY 13              CATTAIL 11, LLC              15 Last Name Owner First Name 34              PO BOX 2249              36 Street or RFD 55              COLUMBIA, MD 21045              57 Town 70 State 72 Zip 76           </div>		<b>B 3 LOCATION OF WELL</b> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             8 COUNTY 21              HOWARD COUNTY              23 SUBDIVISION 42              0000              SECTION 44 46 LOT 48 50              WOODBINE              52 NEAREST TOWN 71           </div>	
<b>OWNER INFORMATION</b> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             Driller's Name 76 License No. 81              JEFF CORRON MWD 567              Firm Name              CHESAPEAKE GEOSYSTEMS, INC.              Address              6720 FORT SMALLWOOD ROAD BALT              Signature Jeff Corron Date 9.3.13           </div>		<b>B 4 SOURCES OF DRILLING WATER</b> 1. MUNICIPAL 2. 3.	
<b>B 2 WELL INFORMATION</b> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             APPROX. PUMPING RATE (GAL. PER MIN.) 8 12              N/A              AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20              N/A           </div>		<b>PROPERTY: 3104 MACNEILLE RD</b> <b>HOWARD COUNTY LISTING AS:</b> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             11 STREET ADDRESS 30              3104 S. UNION CHAPEL RD              ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)              NORTH N              WEST W EAST E              SOUTH S              34 2000 37 45              DISTANCE FROM ROAD FT              ENTER FT OR MI 38 39              TAX MAP: 0014 BLK: 0019 PARCEL 0064           </div>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION (KW)  <input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)  <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING  <input type="checkbox"/> PUBLIC WATER SUPPLY WELL  <input checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING  <input type="checkbox"/> OPEN LOOP GEOTHERMAL  <input type="checkbox"/> CLOSED LOOP GEOTHERMAL           </div>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             COUNTY NAME 41              Howard COUNTY NO. (13)              STATE SIGNATURE INSERT S              DATE ISSUED 11/8/13              43 MM DD 48 CO SIGNATURE Kim M. Wall 11/8/14              EXP. DATE           </div>	
<b>APPROXIMATE DEPTH OF WELL</b> 24 28 <span style="font-size: 24pt;">400</span> FEET		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="text-align: center; margin-top: 20px;"> </div>	
<b>APPROXIMATE DIAMETER OF WELL</b> NEAREST INCH <span style="font-size: 24pt;">6"</span>			
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other		<b>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</b> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL (OK)  <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  <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 DEEPEAN AN EXISTING WELL              PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 52           </div>	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <span style="font-size: 24pt;">40-95-2605</span> <small>70 71 72 73 74 75 76 77 78 79</small>			
<b>SPECIAL CONDITIONS</b> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

Digitized by Google

To see all the details that are visible on the screen, use the "Print" link next to the map.



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: Chesapeake Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*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: CAT + Gil LLC Telephone #: 240-743-6508  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-2605  
Site Address: 3104 Menard Rd  
Woodbine, MD 21797

Submersible Pump Data

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Pump Capacity \_\_\_\_\_ GPM

Well Yield: \_\_\_\_\_ 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, 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

Pitless Adapter

Make: \_\_\_\_\_

Model#: \_\_\_\_\_

Depth: \_\_\_\_\_ (36" min)

NSF/WSC 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: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_

Length of sleeve (5' minimum from foundation): \_\_\_\_\_

Sleeve 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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 8/26/14 Date Insp. Approved: 8/28/14 Inspector: RR

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 (not observed)

Adequate grout observed below pitless adapter (none observed)

corrected  
8/28/14  
cap and does not extend  
at least 18" below grade

### SITE INSPECTION SHEET

OWNER: Cottrell II LLC PHONE #: \_\_\_\_\_

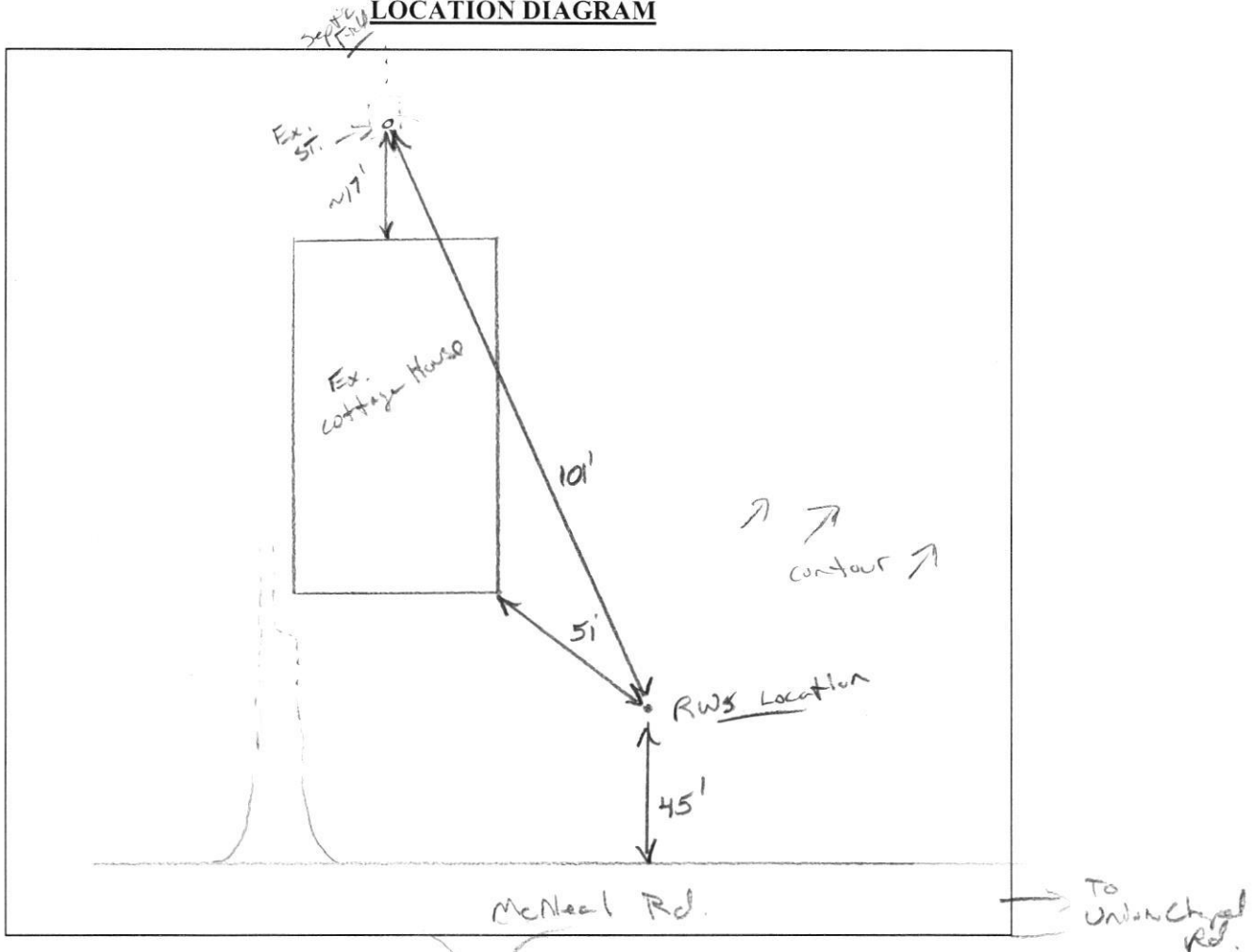
ADDRESS: 3104 Union Chapel Rd. CONTRACTOR: Chesapeake Geo

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

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

PROPOSAL: To select well location w/ Driller on-site for rep. well  
Ex. well used by main house.

### LOCATION DIAGRAM



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

10/24/13 Well was already drilled in location specified. Rep! well location ok, needs setbacks. Warning will be issued Verbal never given to drill well. Driller stated there was miss communication w/ HD (myself) and their secretary (Tiffany).

DATE: 10/24/13 INSPECTOR: Jd. Wolf



10

10/27/13