

C10611

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.  
COUNTY  
NUMBER138/21/01 O.K.  
PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-94-3150

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
7 31 01

Depth of Well  
22 265 26  
(TO NEAREST FOOT)

OWNER Ridgen Jones  
STREET OR RFD Underwood Rd TOWN Cooksville  
SUBDIVISION Jones Tract SECTION LOT 1

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	
Brown Shale	0	47	
Blue Rock	47	265	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box) ☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 18 NO. OF POUNDS 1620  
GALLONS OF WATER 108  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 44 ft.  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

☒ ST STEEL  
☐ PL PLASTIC  
☐ CO CONCRETE  
☐ OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 51

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

SCREEN RECORD

screen type or open hole ☒ ST STEEL ☐ BR BRASS ☐ HO OPEN HOLE ☐ PL PLASTIC ☐ OT OTHER

insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ Y ☐ 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

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. M S D 024

DRILLERS SIGNATURE [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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	52	53	54	55	56	57	58	59	60	61	62	63
64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29 ft.

WHEN PUMPING 175 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 INSTALLED 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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

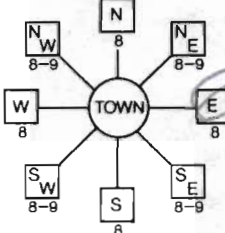
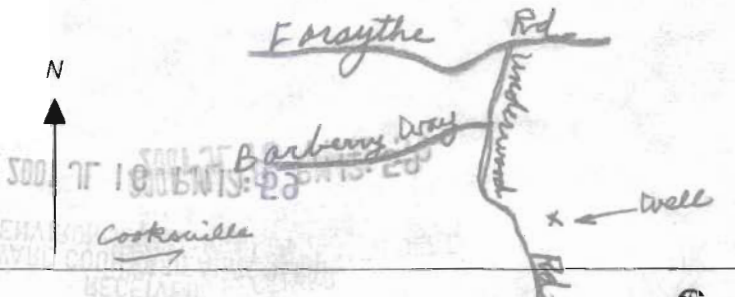
CASING HEIGHT (circle appropriate box and enter casing height)

☒ above 49 LAND SURFACE 2 (nearest foot)  
☐ below 49 50 51

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.)



<b>B 1</b> 1 2 3 6 <u>8460</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> <u>W515349</u> please print or type	STATE PERMIT NUMBER <u>HO - 94 - 3150</u> 70 fill in this form completely 79
Date Received (APA) <u>7/18/01</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> 15 <u>Jones</u> Last Name <u>Ridgely</u> Owner <u>T.</u> First Name 34 36 <u>6751 Old Waterloo Rd</u> Street or RFD 55 57 <u>Elkridge</u> Town <u>md</u> State <u>21075</u> Zip 76		<b>B 3</b> LOCATION OF WELL 8 <u>Howard</u> COUNTY 21 23 <u>Jones Tract</u> SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>1</u> 48 50 52 <u>Cooksville</u> NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2 1/2</u> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L. Mayne</u> M <u>S D 024</u> License No. 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>7/17/01</u>		<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <u>Underwood Rd</u> NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>210</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
<b>B 2</b> WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co.</u> COUNTY NAME <u>13</u> COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>7/20/01</u> <u>A. M. M. 00</u> <u>7/20/01</u> 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE NORTH GRID <u>540</u> 0 0 0 EAST GRID <u>800</u> 0 0 0 50 55 57 63	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>800</u> N <u>540</u>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30 <u>AIR-ROTary</u> <u>AIR-PERcussion</u> <u>ROTARY</u> (Hydraulic Rotary) 37 <u>CABLE</u> <u>REVERSE-ROTary</u> <u>DRIVE-POINT</u> other _____		7/31/01 9:00 x NO INSP time not convenient due to program setup	
<b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO - 94 - 3150</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			



Well Permit No. HO - 94 3150  
Location of property (road) Underwood Rd  
Subdivision Jones Tract Lot 1 Block        Plat        Sec.         
Well Driller Joseph Mayne Owner Ridgely Jones  
Depth of well 265'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 29'

Time pump started 7:00 Pumping rate 20 gpm  
Total time 30 min to reach pumping water level 175 ft. below M.P.

[illegible]

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: DELUXE PLUMBING + HEATING Telephone #: 410-547-2118  
Address: 719 J. IVER RUN VALLEY RD.  
WESTMINSTER, MD. 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): DAVID W. WISNIEWSKI SR. License #: 8494

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: PHILLIP DORSEY Telephone #: 410-442-8200  
Subdivision: JONES TRACT Lot #: 1 Well Tag #: HO-94-3150  
Site Address: 1451 UNDERWOOD RD.  
SYKESTOWN, MD. 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>HAVARD</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>5G507412 L</u>	Model #: <u>PT. 800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>3-4'</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>20</u> GPM	NSF approved: <u></u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>26.5</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house

Type: CEIL FLEX  
PSI: 160 (160 psi min)  
Depth of supply line: 3-4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 8'  
Sleeve caulked and sealed properly: YES

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.

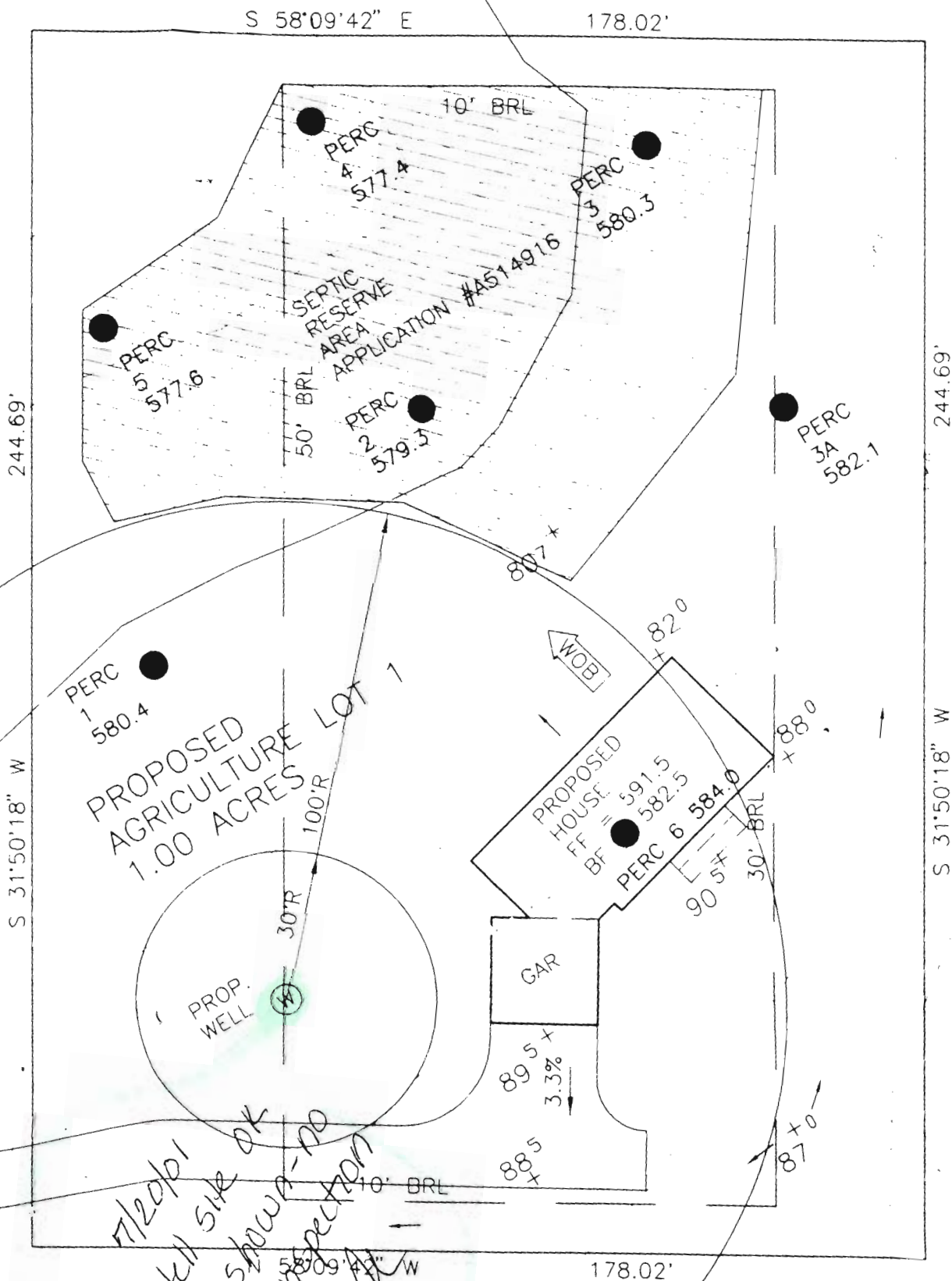
David W. Wisniewski  
Signature of company representative responsible for installation

5-15-03  
date

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

Date Insp. Requested: <u>5/20/03</u>	Date Insp. Approved: <u>5/20/03</u>	<b>(50) SRK</b>
Inspection Data: Pitless adapter and water supply line at least 36" below grade <u>✓</u>		
Two piece cap installed and attached to casing securely <u>✓</u>		
Elec. conduit extends at least 18" below grade/attached to cap properly <u>✓</u>		
Safety rope installed inside of well casing <u>✓</u>		
Correct well tag attached properly and casing 8" above finished grade <u>✓</u>		
Water supply line sleeved adequately at house connection <u>✓</u>		
Adequate grout observed below pitless adapter <u>✓</u>		





7/20/01  
Well site OK  
as shown - no  
site inspection