

C1	7719	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
				COUNTY NUMBER	A35008

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	03/1/87	22 20.5 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" HC-811-2606
OWNER	Mc DUFFIE (last name) SHEPHERD (first name)		
STREET OR RFD	WESTMEATH LANE		
SUBDIVISION	WATERFORD		
SECTION	3		
LOT	13		

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	
SAND	0 38	
Gray High Rock	38 205	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	yes no
CEMENT CM	44 44
BENTONITE CLAY BC	45 46
NO. OF BAGS 10	NO. OF POUNDS 740
GALLONS OF WATER 60	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0	ft. to 35
(enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	ST CO STEEL CONCRETE
	PL OT PLASTIC OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)
57	60 61
	63 64
	66 70
Total depth of main casing (nearest foot)	
44	

OTHER CASING (if used)	
diameter inch	depth (feet) from to
SCREEN RECORD	
screen type or open hole insert appropriate code below	ST BR HO STEEL BRASS OPEN HOLE
	PL OT PLASTIC OTHER

C2	
DEPTH (nearest ft.)	
1 HC	42
2	305
3	
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51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN	
56 60	

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 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)	

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE CASING	LOG INDICATOR
WQ	
74 75 76	
OTHER DATA	

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour)		
3		
PUMPING RATE (gal. per min. to nearest gal.)		
84		
METHOD USED TO MEASURE PUMPING RATE		
Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
26		
WHEN PUMPING		
83		
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 WILL INSTALL PUMP (CIRCLE) (YES or NO)	
YES (NO)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
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	
- below	
LAND SURFACE	
2 (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)	
West	

B 1 3619 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-81-2606 <small>fill in this form completely</small>
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Date Received (APA)

012388

OWNER INFORMATION

15 Last Name MEDOFF	Owner SH	First Name W	34 NO
36 Street or RFD 116		55 13	
57 Town 116		76 13	

DRILLER INFORMATION

Driller's Name Joseph L. Mayne	77 License No. 80 238
Firm Name Joseph L. Mayne Well Drilling	
Address 5512 Ridge Rd. Mt. Airy, Md. 21771	
Signature Joseph L. Mayne	
Date 1/21/88	

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)	8 5	12 0
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	14 500	20 0

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)

APPROXIMATE DEPTH OF WELL **145** FEETAPPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)	JETTED	Jettied & DRIVEN
30- AIR-ROTary	AIR-PERCussion	ROTARY (Hydraulic Rotary)
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 DEEPEMED 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 _____

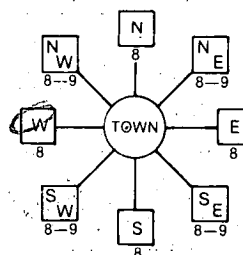
FORCE **BD** WRITE INITIALS IN BOX PERMIT NO. **40-81-2606**

SPECIAL CONDITIONS

LOCATION OF WELL

8 COUNTY HOWARD	
23 SUBDIVISION WATERFORD	
SECTION 3	LOT 13
52 NEAREST TOWN CLARK	
MILES FROM TOWN (enter 0 if in town) 2 MI	

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD
Westmeath Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD
270ENTER FT or MI **FT**NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD	COUNTY NO. A 35008
STATE SIGNATURE _____ INSERT S <input type="checkbox"/>	
DATE ISSUED 030988	
CO SIGNATURE B Nylon	EXP. DATE 09/09/88
NORTH GRID 479 000	EAST GRID 0808 000

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 806	8
N 490	9

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.



Well Permit No. HO - 81-2606
Location of property (road) Westmeath Lane
Subdivision Waterford Lot 13 Block Plat Sec.
Well Driller Joseph Mayne Owner Shepherd McShuffie
Depth of well 205'
Distance of measuring point (M.P.) above ground, 1 1/2
Static water level (S.W.L.) below M.P. 26'

Time pump started 7:30 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 80 ft. below M.P.

HD-224

10/20/94

10/20 Final
Cbs
See below

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒ Replacement ☐
Receipt # -0-
Date 10/13/94
Name of Installer Allen M. Van Santine Telephone 442-2221
License Number 1862
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒
Name of Property Owner W M E Larkin III Telephone 384-9411
Subdivision Waterford Lot # 13 Well Tag # No - 81 - 2606
Site Address 13230 Westmont Lane Clarksville, Md.
County # A35008 Per # HO. 81-2606

Pump
1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒
2. Make Gould
3. Model # 7E407412
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ☐ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes ☒ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐
Motor
1. Horsepower 3/4
2. RPM ☐
3. Voltage ☐
a. 110 ☐
b. 220 ☒
Pitless Adapter
1. Make Hannan
2. Model # ☐
3. Depth 3 ft

Tank
1. Capacity 160 gal approx.
2. Pressure relief valve? Yes
Piping
1. Type #160
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 3 ft
Well data
1. Depth 20 1/2 ft.
2. Yield 8 1/2 GPM
3. Static water level ☐ ft.
4. Will water supply be disinfected by installer? no

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: 10-8-94

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

10/20/94 Note saw @ well casing only.
{ all other work covered due to threat of rain per builder @ site } Cbs