

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A57610 M

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

DATE WELL COMPLETED

MM DD YY
04 28 99

Depth of Well

22 165 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2028
28 29 30 31 32 33 34 35 36 37

OWNER Lambert Düssel
STREET OR RFD Spring Hollow Ct TOWN Poplar Springs
SUBDIVISION Spring Hollow SECTION _____ LOT 12

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	
Top Soil	0	2	
Brown Shale	2	25	
Brown SLATE	25	50	<input checked="" type="checkbox"/>
Blue Slate	50	55	<input checked="" type="checkbox"/>
Brown SLATE	55	60	<input checked="" type="checkbox"/>
Blue SLATE	60	165	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle/Check appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 12 NO. OF POUNDS 1200
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30+ ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35
 60 61 63 64 66 70

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

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

DEPTH (nearest ft.)

1 HO 2 33 3 165
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 from 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) (E.R.O.S.) W-Q

70 TEL CAS

C 3

PUMPING TEST

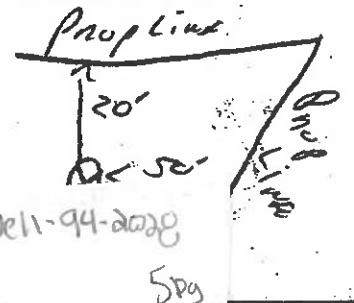
HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 12
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 55 ft.
 WHEN PUMPING 56 ft.
 TYPE OF PUMP USED (for test)
 S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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
 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 } LAND SURFACE
 - below } 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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. MSD116
 DRILLERS SIGNATURE Thom W. W...
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD116
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

WS - Spring Hollow Court - 17104 - Well - 94-2028

B 1	4730	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2028 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **12/8/98**

8 MM DD YY 13

CISSEL LAMBERT

15 Last Name Owner First Name 34

3425 Hipsley Mill Rd.

36 Street or RFD 55

Woodbine MO. 21797

57 Town 70 State 72 Zip. 76

LOCATION OF WELL

B 3 **Howard**

8 COUNTY 21

Spring Hollow

23 SUBDIVISION 42

SECTION **-** LOT **12**

44 46 48 50

Poplar Springs

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **I** M **I**

73 76 77 78

DRILLER INFORMATION

Ralph MAYNE **MSD 116**

Driller's Name 76 License No. 81

Ralph MAYNE well DRILLING

Firm Name

9120 Brown Church Rd. Mt Airy

Address

Ralph Mayne 12-9-98

Signature Date

Spring Hollow Ct.

Steven Detroit

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST

NORTH SOUTH

34 **30** 37

DISTANCE FROM ROAD **ft**

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

1 2 APPROX. PUMPING RATE **5**

(GAL. PER MIN.) 8 12

500

AVERAGE DAILY QUANTITY NEEDED **14** 20

(GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

22

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co **AS7610M**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **12/29/98** **A M Miller** **12/29/99**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **548 000** EAST GRID **768 000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6"** 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 _____

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 **768**

N **548**

000
000

4/29/99
GROUT

No (MSD)

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

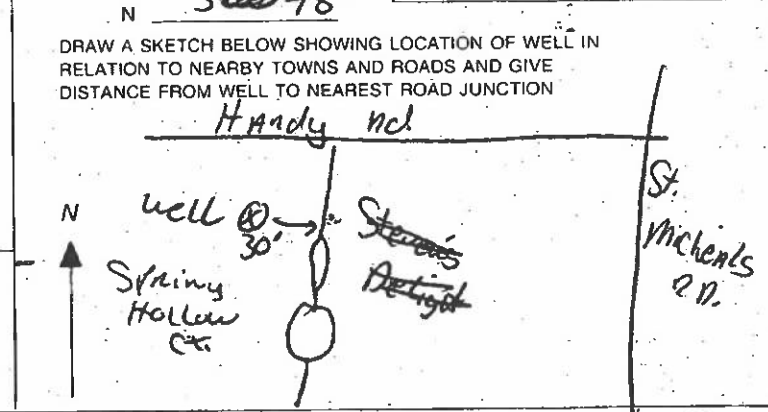
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52.



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

APPROP. PERMIT NUMBER 54 _____ 63

PERMIT No. **HO-94-2028**

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED.

**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: Cumberland Co. Inc. Telephone #: 301-854-6838
Address: 16391 A.E. McHindley Rd.
Woodbine MD, 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Kelly Cumberland License# 61417

*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: Ran Croose Telephone #: _____
Subdivision: Spring Hollow Lot #: 12 Well Tag #: HO 94-2028
Site Address: 17104 Spring Hollow Ct
MD Hwy MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Miles</u>	Make: <u>Ford</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>2445059004</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>8</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at site of pump installation: <u>160</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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>60"</u>
Depth of supply line: <u>4 1/2</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Kelly Cumberland date: 10-25-00

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

Date Insp. Requested: _____ Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well casing: _____
Conduit well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

Insp. by
CW on 5/24?

6/5/02 MR

NO OBS. TO

BASEMENT

FINISHING

NO BR ADD'N

