

C1 3681

SEQUENCE NO. (DENV. USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 41990

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 062093

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0427

OWNER Jacobsen Homes last name Danmark Drive first name TOWN Glenwood SUBDIVISION Choi Property SECTION LOT 27

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND and GRAY Mica Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY, NO. OF BAGS 20, NO. OF POUNDS 1880, GALLONS OF WATER 120, DEPTH OF GROUT SEAL from 0 to 55 ft.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE ST, Nominal diameter top (main) casing 6, Total depth of main casing 64.

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

SCREEN RECORD: screen type or open hole insert appropriate code below, SCREEN DEPTH (nearest ft.) H0 62 305.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED Y N.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

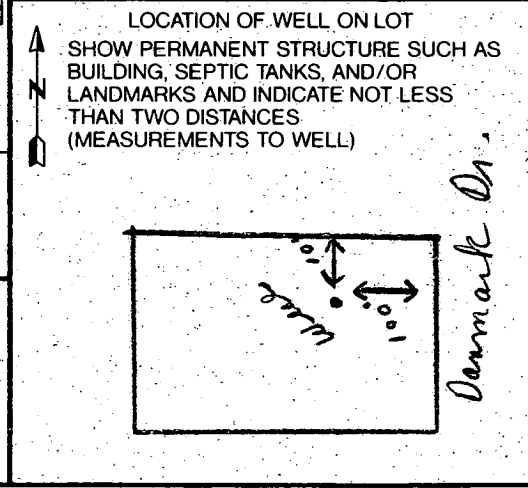
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 24, DRILLERS SIGNATURE, 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), TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min. to nearest gal.) 208, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 24, WHEN PUMPING 270, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP 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: 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 49 below 49, LAND SURFACE 2 (nearest foot).



**B 1** **4473** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **40-94-0427** ✓  
 (THIS NUMBER IS TO BE PUNCHED IN GOLS. 3-6 ON ALL CARDS) **APPLICATION FOR PERMIT TO DRILL WELL** please print or type **fill in this form completely**

**Date Received (APA)** **03/6/95** **OWNER INFORMATION**  
**JACOBSEN** **HOMES**  
 15 Last Name Owner 34 First Name  
**9409 ELIZABETH CT**  
 38 Street or RFD 56  
**FULTON** **MD 20759**  
 57 Town 70 State 72 Zip 76

**DRILLER INFORMATION** MSD/MGD/MWD  
**Joseph L. MAYNE** 24  
 Driller's Name 77 License No. 80  
**Joseph L. MAYNE Well Drilling**  
 Firm Name  
**5512 RIDGERD. Mt. AIRY MD. 21771**  
 Address  
**Joseph Mayne** **3/16/95**  
 Signature Date

**B 2** **WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**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 **260** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 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 - 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) \_\_\_\_\_

*Not to be filled in by driller (OEP USE ONLY)*  
 APPROX. PERMIT NUMBER: \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **40-94-0427**

**SPECIAL CONDITIONS** NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

**B 3** **LOCATION OF WELL**  
**HOWARD** COUNTY  
**CHOI PROPERTY** SUBDIVISION  
 SECTION \_\_\_\_\_ LOT **27**  
**GLENWOOD** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**B 4** **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 TOWN  
 NE  NW  SW  SE  S  E  W  
**Danmark Dr.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  WEST  EAST  
 DISTANCE FROM ROAD **100** FT OR MI **FT**  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard** **A41992**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **03/30/95** INSERT S   
 SIGNATURE **Southern Bell** EXP. DATE \_\_\_\_\_  
 NORTH GRID **530000** EAST GRID **0797000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. Well  
 2. 9:45 still point  
 3. **20/95 9:30 per Well Duller**  
**1.5 bags of cement**  
**64' casing**  
**5' Grout - open**  
**2" casing above ground**  
**C.B.C. on top of site**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
**7987**  
**52030**  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**N Glenwood**  
**Hobbs Rd.**  
**DANMARK DR.**  
**BURNWOODS RD.**

4103132648

Already Inspected

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-W Ellicott Mills Drive  
Ellicott City, MD 21043  
410-313-2640

Copy only  
for your  
records

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   X    
Replacement           

Receipt #             
Date           

Name of Installer Ben Lewis Inc

Telephone 301 547 3200

License Number 11202  
Certified Well Pump Installer            Well Driller            Registered Plumber   X  

Name of Property Owner Jacobson Bedra Telephone 301 953 2083  
Subdivision Bildersport Lot # 37 Well Tag #             
Site Address 3284 Denmark Dr Glenwood, Md

**Pump**

1. Type  
 a. Deep well jet             
 b. Shallow well jet             
 c. Submersible   X  

2. Make Laurel

3. Model # 5650540+

4. Capacity            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 1/3

2. RPM           

3. Voltage             
 a. 110             
 b. 220           

**Pitless Adapter**

1. Make           

2. Model #           

3. Depth 42"

**Tank**

1. Capacity 180

2. Pressure relief valve? yes

**Piping**

1. Type Black 1/2"

2. Size 1"

3. NSF and/or BOCA Code approved yes

4. Depth of supply line           

**Well data**

1. Depth 260 ft.

2. Yield            GPM

3. Static water level 33 ft.

4. Will water supply be disinfected by installer? yes

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: Ben Lewis  
Date: 3/24/99

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

HD-215