

C 1 1434 SEQUENCE NO. (DENY USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 44 989**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
032390

Depth of Well
 22 **285** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-88-1261

OWNER **SUNSET HILL FARM** last name first name TOWN
 STREET OR RFD **A.E. MULLINX RD**
 SUBDIVISION **EYRE VIEW** SECTION **E** LOT **10**

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	70	✓
Brown Slate	70	75	
Blue Slate	75	100	
Brown Slate	100	105	✓
Blue Slate	105	285	

GROUTING RECORD
 WELL HAS BEEN GROUTED **Y** **N**
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **18** NO. OF POUNDS **1800**
 GALLONS OF WATER **108**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **G** **80**
 60 61 63 64 66 70

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

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

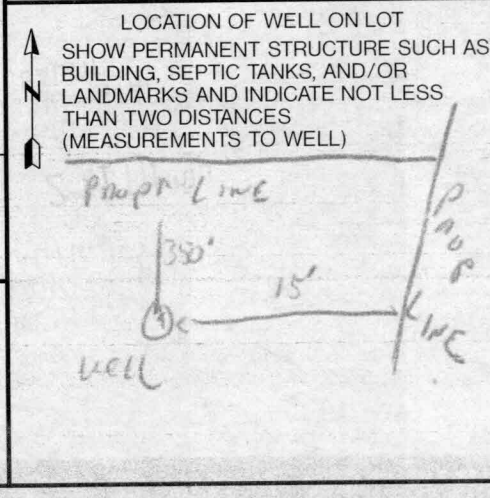
C 2
 DEPTH (nearest ft.)
 EACH SCREEN
HO **78** **285**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **33**
 WHEN PUMPING **77**
 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 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 } LAND SURFACE
- below } **2** (nearest foot)



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 IDENT. NO. **273**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **2695** SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
H0-88-1261 ✓
70 fill in this form completely 79

Date Received (APA) **031590**
8 13
SUNSET HILL FARM
15 Last Name 16 Owner 17 First Name 34
PO BOX 125
36 Street or RFD 55
WOODBINE MD 21797
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Ralph Mayne **273**
Driller's Name 77 License No. 84
Ralph Mayne Well Drilling
Firm Name
9120 Brown Church Rd. Mt Airy
Address
Ralph Mayne 3/15/90
Signature Date

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

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 **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 _____

REPLACEMENT OR DEEPEINED 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
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____ GAP _____
54 63
FORCE **CH** WRITE INITIALS IN BOX PERMIT No. **H0-88-1261**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **442-2919**

LOCATION OF WELL
1 2
HOWARD
8 COUNTY 21
HOME EYRE VIEW
23 SUBDIVISION 42
SECTION **I** LOT **110**
44 46 48 50
DAYS
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** MI
73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **AE MILLIKIN RD.** 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **350** 37 DISTANCE FROM ROAD
ENTER FT or MI **FT**
38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A44989**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED **032290** **Ch. Willa** **9/22/90**
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **538000** EAST GRID **0780000**
50 55 57 60

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

000 000

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 ↑

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1261
 Location of property (road) OFF A.E. MULLINX Rd.
 Subdivision EYRE VIEW Lot 10 Block _____ Plat _____ Sec. I
 Well Driller Ralph MAYNE Owner SUN SET HILL FARMS

Depth of well 285'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 33'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 77' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
8:45	77 ft	10 Sec		6 GPM	
9:00	77 ft	10 Sec		6 GPM	
9:15	77 ft	10 Sec		6 GPM	
9:30	77 "	10 "		6 "	
9:45	77 "	10 "		6 "	
10:00	77 "	10 "		6 "	
10:15	77 ft	10 Sec		6 GPM	
10:30	77 ft	10 Sec		6 GPM	
10:45	77 ft	10 Sec		6 GPM	
11:00	77 "	10 "		6 "	
11:15	77 "	10 "		6 "	
11:30	77 ft	10 Sec		6 GPM	
11:45	77 ft	10 Sec		6 GPM	

**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: D.B. ROCKWOOD PLUMBING Telephone #: 410-857-4648
Address: 3881 WATSON LN
LINTON BRIDGE MD 21791

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

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

Name (Print): D. Bradley Rockwood License# 8439

*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: MR. + MRS. STEPHEN M. JONES Telephone #: 410-435-9110
Subdivision: EYRE VIEW Lot #: 10 Well Tag #: HO-88-1261
Site Address: 16091 A.E. MULLINIX RD.
WOODBINE, MD. 21797

Submersible Pump Data

Make: Jacuzzi
Model #: 1754578P-52
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Howard
Model #: BTT
Depth: 48" (36" min)
NSF/WSC approved: Yes

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:

Depth of well encountered at time of pump installation: 250 (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

Piping to house

Type: Kudley
PSI: 160 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Approximate length of sleeve: 10'
Sleeve caulked and 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.

D.B. Rockwood
Signature of company representative responsible for installation

5-25-01
date

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

Date Insp. Requested: _____ Date Insp. Approved: 5/17/01 Inspector: MR
Inspection Data: Pitless adapter watertight & water supply line at least 30" 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 seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter