

C 1 1915

(MDE USE ONLY)

# STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A58095F

ST/CO USE ONLY  
DATE RECEIVED  
MM 10 DD 14 YY 99

DATE WELL COMPLETED  
MM 10 DD 01 YY 99

Depth of Well  
22 280 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-94-2380

OWNER BMP Assoc. first name  
STREET OR RFD Bucks Run Road TOWN Glenwood  
SUBDIVISION Wellington West SECTION \_\_\_\_\_ 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	
Dirt	0	1	
Clay & Br. Shale	1	4	
Soft Br. Shale	4	56	X
Hard Br. & Blue Shale	56	69	
Hard Br. Shale	69	70	X
Hard Blue Sandstone	70	170	
Hard Blk Sandstone	170	171	X
Hard Blk. & Blue Sandstone	171	210	
White Sandstone	210	211	X
Hard Blk. & Blue Sandstone	211	280	

**GROUTING RECORD** yes no  
WELL HAS BEEN GROUTED  Y  N  
(Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 30 NO. OF POUNDS 2820  
GALLONS OF WATER 180  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 61 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  
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
ST 6 62  
60 61 63 64 66 70

**OTHER CASING (if used)**  
E A C H C A S I N G 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 H O 62 280  
2 \_\_\_\_\_  
3 \_\_\_\_\_

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. I M W D 256  
Dana Kyker Jr. II  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. I JWD 334  
Dana Kyker III  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**DEPTH (nearest ft.)**  
1 H O 62 280  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

**C 3**  
1 2  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 10.9  
METHOD USED TO MEASURE PUMPING RATE submersible  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 24 ft.  
WHEN PUMPING 97 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 LAND SURFACE  
 - below 1 (nearest foot)

**LOCATION OF WELL ON LOT**  
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)  
well  
Bucks Run Drive

**B 1** SEQUENCE NO. (MDE USE ONLY) **8577**

(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 **HC-99-2380**

fill in this form completely

**OWNER INFORMATION**

Date Received (APA) **072699**

**BPMB ASSOCIATES LLC**  
 Last Name: BPMB, Owner: ASSOCIATES, First Name: LLC

**15298 UNION CHAPEL RD**  
 Street or RFD

**NOODBINE MD 21797**  
 Town: NOODBINE, State: MD, Zip: 21797

**LOCATION OF WELL**

**HOWARD** COUNTY

**WESTMINSTON WEST** SUBDIVISION

SECTION **2** LOT **10**

**GLENWOOD** NEAREST TOWN

**2 MI** MILES FROM TOWN

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

**Dana Kyker II** Driller's Name License No. **296**

**Westminster Rotary Well Drilling** Firm Name

**P.O. Box 861, Westminster, Md 21158** Address

**Dana Kyker II** Signature Date **7/26/99**

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Bucks Run Drive** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **300** DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

**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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard Co** COUNTY NAME COUNTY NO. **A58095F**

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ DATE ISSUED **082699** CO SIGNATURE **A McMulle** EXP. DATE **082600**

NORTH GRID **530000** EAST GRID **794000**

APPROXIMATE DEPTH OF WELL **230** 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) \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- City
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**790** (E) **530** (N)

000 000

**10/1/99**  
**9'00 GROUT**  
 Not complete @ time of insp

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

APPROX. PERMIT NUMBER \_\_\_\_\_

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HC-99-2380**





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 Fittings

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: WILLOUGHBY PUMP Telephone #: 410-781-7051  
Address: 6203 PATRICK DR  
STIKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Chris Willoughby License # 46992  
\*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: PULPE NONES Telephone #: 410-646-5103  
Subdivision: WELLINGTON WOODS Lot #: 10 Well Tag #: HO-99-2380  
Site Address: 15261 BUCKS RUN DR  
WOODBONE, MD

Submersible Pump Data  
Make: JACOZZI Pitless Adapter Make: HARVARD Well Cap and Electric Conduit  
Model #: \_\_\_\_\_ Model #: \_\_\_\_\_ Two piece watertight cap:   
Pump Capacity \_\_\_\_\_ GPM Depth: 48" (36" min) Screened, vented well cap:   
Well Yield: 10 GPM NSF approved: \_\_\_\_\_ Cap secured to casing:   
Depth of well encountered at time of pump installation: 280 (feet) Conduit min 1 1/2" R.C.:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arresters or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_ Conduit secured to well cap:

Fitting to house  
Type: CRESTLINE  
PSI: 111 (160 psi min)  
Depth of supply line:  (36" min)

House Connection  
PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 6   
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.

Signature of company representative responsible for installation: Chris Willoughby date: 6-20-01

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

Date Insp. Requested: 4/16/01 Date Insp. Approved: 6/20/01 SRK/BB  
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   
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

FOREST CONSERVATION  
EASEMENT #2  
0.49± AC. TO BE  
RETAINED

PRESERVATION PARCEL #  
WILMINGTON SECTION 2 AREA 1  
PLAT #12208 & 12209  
ZONE: NC-030

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8/20/19  
Well site shown  
as staked by  
licensed surveyor

