

**C 1** 9805 (MDE USE ONLY)

1 2 3 4 5 6

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

DATE WELL COMPLETED  
MM DD YY  
01 12 99

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

Depth of Well  
22 305 26  
(TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITH PERMIT  
WELL IS COMPLETED.

COUNTY NUMBER A41984

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
10-94-2012

OWNER Dobson Electric, Inc.  
last name first name

STREET OR RFD Danmark Drive TOWN Glenn

SUBDIVISION Choi Property SECTION \_\_\_\_\_ LOT 21

**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	
Sand Stone	2	11	
MICKA	11	38	
Sand Stone	38	40	✓
MICKA	40	65	
Sand Stone	65	70	✓
MICKA	70	220	
Sand Stone	220	225	✓
MICKA	225	305	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 20 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** **CO**  
STEEL CONCRETE

**PL** **OT**  
PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 22

60 61 63 64 66 70

**OTHER CASING (if used)**

diameter inch depth (feet) from to

E A C H C A S I N G

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

**ST** **BR** **HO**  
STEEL BRASS OPEN HOLE

**PL** **OT**  
PLASTIC OTHER

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. M S D 116

DRILLERS SIGNATURE Thane Wayne

LIC. NO. M S D 112

DRILLERS SIGNATURE Thane E. Wayne

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

**C 2** DEPTH (nearest ft.)

HO 20 305

E A C H S C R E E N

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

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**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 39 ft.

WHEN PUMPING 102 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 YES **N**

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

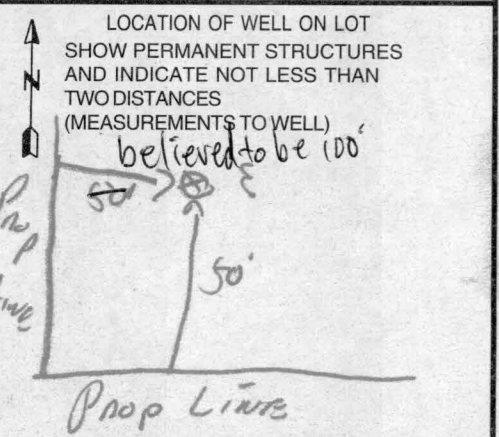
CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_ 35

PUMP HORSE POWER \_\_\_\_\_ 41

PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_ 47

CASING HEIGHT (circle appropriate box and enter casing height)

**+** above } LAND SURFACE  
**-** below } 2 (nearest foot)



B 1. 4748 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
HO-94-2012  
 fill in this form completely

Date Received (APA) 12/18/98  
 8 MM DD YY 13

**OWNER INFORMATION**

DAHAN ELECTRIC INC  
 15 Last Name Owner First Name 34

PO. BOX 1055  
 36 Street or RFD 55

LANHAM MO. 20703-1055  
 57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL

8 COUNTY 21

Howards Choi Property  
 23 SUBDIVISION 42

SECTION 44 46 LOT 21 48 50

GLEWELG  
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) I M I  
 73 76 77 78

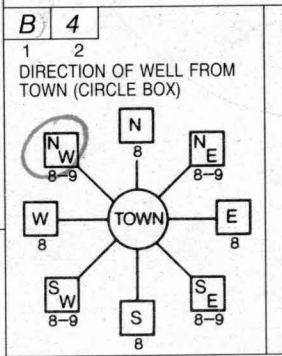
**DRILLER INFORMATION**

Ralph MAYNE MS D116  
 Driller's Name 76 License No. 81

Ralph MAYNE well drilling  
 Firm Name

9120 Brown Church Rd. Mt Airy  
 Address

Ralph Mayne 12-10-98  
 Signature Date



DAWMARK DR.  
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

450 37  
 DISTANCE FROM ROAD ENTER FT OR MI 38 39

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

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

**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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A4984  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 12/23/98 12/22/99  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 530 0 0 0 EAST GRID 0797 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 1/12/99 9130

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 717  
 N 530

000  
000

**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)

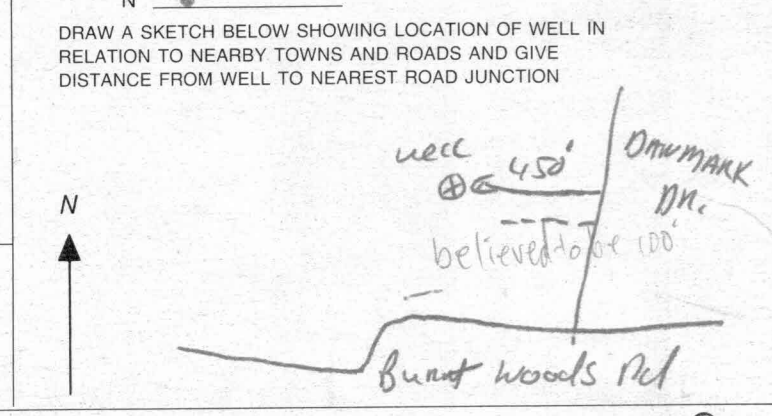
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) 41 \_\_\_\_\_ 52



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

APPROP. PERMIT NUMBER 54 \_\_\_\_\_ 63

PERMIT No. HO-94-2012  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 304-515-0225

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.





ATTN: AMIR

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: B.T. PLUMBING Telephone #: 301-829-1071  
Address: 405 PROSPER RD  
MT AIRY MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID THOMAS License# 10633  
2497731

\*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: AME DAHAN Telephone #:  
Subdivision: CHOT Lot #: 21 Well Tag #: HO-94-2012  
Site Address: 332 DANMARK DR GLENWOOD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: FLOTOR Make: \_\_\_\_\_ Two piece watertight cap:   
Model #: PP2222-08 Model#: 6773 Screened, vented well cap:   
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 17 GPM NSF approved: \_\_\_\_\_ Conduit min 18" E.G.:   
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap:   
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 \_\_\_\_\_

Piping to house House Connection  
Type: Poly PVC sleeved to undisturbed soil at wall penetration:   
PSI 200 (160 psi min) Approximate length of sleeve: 8'  
Depth of supply line: 42 (36" min) 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.

David Thomas 7-30-01  
Signature of company representative responsible for installation date

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

Date Insp Requested: 4/2/01 Date Insp. Approved: 4/2/01 (SRK)  
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

