

C1 9612 (MDE USE ONLY)  
1 2 3 6

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

WELL IS COMPLETED.  
COUNTY NUMBER A 59914

ST/CO USE ONLY  
DATE RECEIVED  
MM DD YY  
03 11 99

DATE WELL COMPLETED  
MM DD YY  
3 9 99  
Depth of Well  
22 175 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
170-94-2117

OWNER Highland Development  
last name first name  
STREET OR RFD Street 13 TOWN Glenwood  
SUBDIVISION Highland Development SECTION \_\_\_\_\_ LOT 32

**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	
Sand	0	47	
Gray Granite	47	175	✓

**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 20 NO. OF POUNDS 1880  
GALLONS OF WATER 120  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 47 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 ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 51

**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

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 0 2 4  
 DRILLERS SIGNATURE Frank L. Mayne  
 LIC. NO. D

**C 2** DEPTH (nearest ft.)  
 1 10 2 49 3 175  
 E A C H S C R E E N 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 68

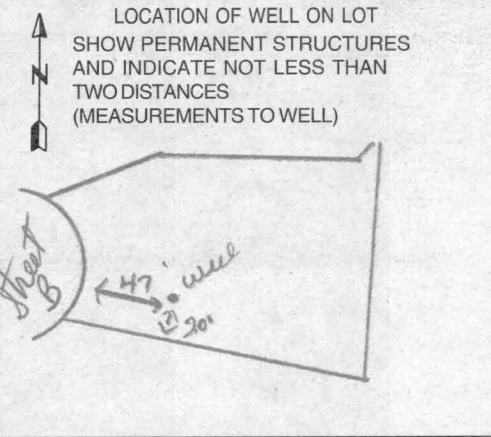
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_

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

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.) 15  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 47 ft.  
 WHEN PUMPING 51 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. \_\_\_\_\_  
 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)



**OWNER INFORMATION**  
 Date Received (APA) 12-29-98  
8 MM DD YY 13  
Highland Development  
15 Last Name Owner First Name 34  
P.O. Box 228  
36 Street or RFD 55  
Clarksville Md 21029  
57 Town 70 State 72 Zip 76

**B 3** **LOCATION OF WELL**  
Howard  
8 COUNTY 21  
Knapp Property  
23 SUBDIVISION 42  
 SECTION 44 LOT 32  
44 46 48 50  
Clenwood  
52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 3 M I  
73 76 77 78

**DRILLER INFORMATION**  
Joseph L. Mayne M 5 D 0 21  
Driller's Name 76 License No. 81  
Joseph L. Mayne Well Drilling  
Firm Name  
5512 Ridge Rd. Mt. Airy 21774  
Address  
Joseph L. Mayne 12/29/98  
Signature Date

**B 4**  
1 2  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
Street B  
11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
34 50 37  
 DISTANCE FROM ROAD 50  
ENTER FT OR MI 38 39  
 TAX MAP: 8 BLK: 1B PARCEL: 110

**B 2** **WELL INFORMATION**  
1 2  
 APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY) 14 20

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard A 599144  
COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 2/16/99 Kim Maisto 2/16/00  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 544 000 EAST GRID 797 000  
50 55 57 63

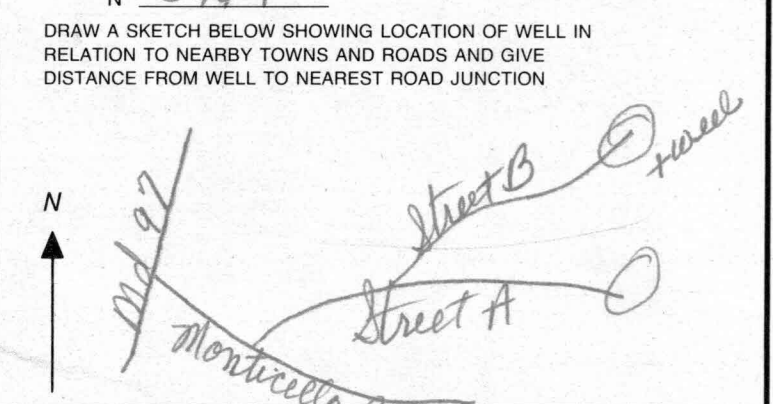
**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 3/9/99  
Grant 9:30  
No Insp  
 SOURCES OF DRILLING WATER  
 1. well  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 7907  
 N 5404  
000 000

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) Jetted & DRIVEN  
30  
 37 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 DEEPEAN AN EXISTING WELL  
39  
 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 G A P 63  
 PERMIT No. HO-94-2117  
70 71 72 73 74 75 76 77 78 79





**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: Foales Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sykesville, 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): Allen Compton License# MSD 009

\*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: D.R. Hartow Telephone #: \_\_\_\_\_  
Subdivision: Mountainville Lot #: 32 Well Tag #: HO-94-2117  
Site Address: 14320 Fox Creek Court

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Camphel</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>75007422</u>	Model#: _____	Screened, vented well cap: <u>Yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>125</u> (feet)		Conduit secured to well cap: <u>Yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4		
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 <u>inside of well casing</u> <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Black plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>110</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42'</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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.

Allen Compton  
Signature of company representative responsible for installation date 6-22-01

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

Well Cap Insp. Date Insp. Requested: 6/25/01 Date Insp. Approved: 6/29/01 Inspector: SRM

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing   
Correct well tag attached properly and casing 3" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

*check*  
*\*well cap\**  
*cap is tight though*  
*2 screws are still loose.*  
*APP 6/25/01*  
*Not insp.*  
*Not insp.*

HD-215 6/26/01-TELEPHONE CONV. WITH SUPERINTENDENT Rev. 12/00  
(MARTY) WILL TIGHTEN WELL CAP-(SRM)

