

C1 07664

SEQUENCE NO. (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 13

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 03 04 00

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 94 - 2664

OWNER MOBBELY last name GRETCHEN first name STREET OR RFD PFEFFERKON RD TOWN GLENELB SUBDIVISION MOBBELY PROPERTY SECTION LOT 17

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown, White-Brown, Gray, White, Gray, White, Gray-White.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (20), NO. OF POUNDS (1800), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0 to 70 ft).

CASING RECORD form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (06), Total depth of main casing (86).

OTHER CASING (if used) table with columns: diameter inch, depth from to.

SCREEN RECORD form: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) HO 70 300.

DEPTH (nearest ft.) table with columns 1-21, SLOT SIZE 1-3, DIAMETER OF SCREEN (56, 60).

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form: PUMPING TEST, HOURS PUMPED (03), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (196L), WATER LEVEL (44 ft before, 143 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form: DRILLER INSTALLED PUMP (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (02).

LOCATION OF WELL ON LOT form: SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). NO Survey stakes.

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 LIC. NO. 1 M S D 009 DRILLERS SIGNATURE Allen Compton

LIC. NO. 1 D

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

OWNER INFORMATION

Date Received (APA) _____
8 MM DD YY 13

MOBERNEY GRETCHEN
15 Last Name Owner First Name 34

RT 144
36 Street or RFD 55

WEST FRIENDSHIP MD 21794
57 Town 70 State 72 Zip 76

LOCATION OF WELL

HOWARD
8 COUNTY 21

MOBERNEY PROP
23 SUBDIVISION 42

SECTION 44 LOT 17
44 46 48 50

GARNETT
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

DRILLER INFORMATION

ALLEN COMPTON M 5D 009
76 License No. 81

FOGLES WELL DRILLING
Firm Name

580 OBERGENT RD SINESVILLE
Address

Allen Compton 2-22-00
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

PIFFERHORN
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 2340 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 1-7 PARCEL: 41-134

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 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 03 02 00 C. Will 3/1/00
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 525 0 0 0 EAST GRID 0806 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

-
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 6
 N 500 5

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 _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

144

PIFFERHORN

32

N ↑

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 - 2664
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: Eagles Well Drilling Telephone #: 410-745-5670
Address: 580 Chocohatchee Rd
Sylesville 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: Rudie Homes Telephone #: 410-644-5602
Subdivision: The Paddocks Lot #: 17 Well Tag #: HO-94-2664
Site Address: 3801 Headplay Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: Yes
Model #: _____ Model#: _____ Screened, vented well cap: Yes
Pump Capacity 7 GPM Depth: 40' (36" min) Cap secured to casing: Yes
Well Yield: 12 GPM NSF/WSC approved: Yes Conduit min 18" B.G.: Yes
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: Yes
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 NO

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

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 5-11-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 5/8/01 Date Insp. Approved: _____ Inspector: DKC BB
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 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

Well Tag
Buried or
Missing

HD-215

7/30/01
Well Tag O.K.
BB

7/25/01 Rev. 12/00
Joel reported that tag was buried and that he raised it as much as he could without

