

C 1 1377  
 SEQUENCE NO. (OEP 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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER A317702

Date Received (OEP use only)  
 DATE WELL COMPLETED 12 22 77

Depth of Well 120  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
HC-73-4087

OWNER Knapp Alfred  
 last name first name  
 STREET OR RFD 14412 Monticello Drive TOWN Cooksville  
 SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**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	3	
Brown Slates	3	22	
CONCRETE SLATE	22	43	
BLUE SLATE	43	60	
GRAY SLATE	60	91	
BLUE SLATE	91	120	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 8 NO. OF POUNDS 200  
 GALLONS OF WATER 40  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 29 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) 6  
 Total depth of main casing (nearest foot) 39

**OTHER CASING (if used)**  
 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 40 51 120  
 2  
 3

CIRCLE APPROPRIATE BOX  
 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 10.17.13 "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. 40  
 DRILLERS SIGNATURE Blaine J. Johnson  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from 50 to 60

GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX  F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.)  70  72  74  75  76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no.)

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min. to nearest gal.) 20  
 METHOD USED TO MEASURE PUMPING RATE BUCKET  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 60  
 WHEN PUMPING 120  
 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** YES  NO   
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))  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 } (nearest foot)

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)  
 HOUSE  
 130'  
 WELL

**B 1** **4980** SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**PERMIT TO DRILL WELL**  
please print or type

OEP PERMIT NUMBER  
**HO-73-4087**  
fill in this form completely

Date Received 12/21/02  
**B 3** (OEP Use Only) 13  
**OWNER INFORMATION**  
Last Name KNAPP Owner ALFRED 34 Name  
Street or RFD 1916 N ROLLING ROAD 55  
Town BALTIMORE State MD 76 Zip 21221

**LOCATION OF WELL**  
COUNTY HOWARD 21  
SUBDIVISION \_\_\_\_\_ 42  
SECTION 23 LOT 46 50  
NEAREST TOWN Coatsville 71  
MILES FROM TOWN (enter 0 if in town) 1 **M 1** 76 77 7R

**B 1 Continued** **DRILLER INFORMATION**  
Driller's Name George F. Eastman 77 License No. 40 80  
Firm Name G.F. Eastman, Inc.  
Address 1245 Brown Church Rd. Mt Airy, Md.  
Signature George F. Eastman Date 12/17/02

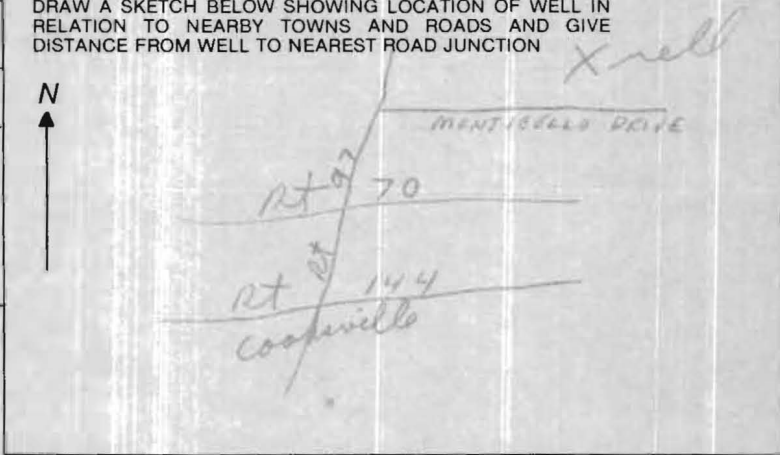
**B 4** **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
11 14412 Monticello Drive NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **W** WEST **E** EAST **S** SOUTH **N** NORTH  
DISTANCE FROM ROAD 1000 **F T** 37  
(CIRCLE APPROPRIATE BOX) **M 1** 38 39

**B 2** **WELL INFORMATION**  
APPROX. PUMPING RATE (GAL. PER MIN.) 5 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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 790  
N 540 **000** **000**

APPROXIMATE DEPTH OF WELL 150 FEET 24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH 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 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  
39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_ 41 52

**B 4** **NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
COUNTY NAME HOWARD COUNTY NO. A 31/02  
OEP SIGNATURE \_\_\_\_\_ STATE HEALTH CIRCLE BOX **S** 41  
DATE ISSUED 12/21/02  
CO SIGNATURE Frank Skinner  
NORTH GRID 43 **000** EAST GRID 55 **000** EXPIRES 06/17/03  
50 55 57 63

**Not to be filled in by driller (OEP USE ONLY)**  
APPROX. PERMIT NUMBER G A P 54 63  
FORCE 1 WRITE INITIALS IN BOX PERMIT No. 40 73 4087 70 71 72 73 74 75 76 77 78 79

**B 5** **SPECIAL CONDITIONS 8-63**  
1 2 3 6

**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: Fogles 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. Horton Telephone #: 301-670-6144  
Subdivision: Monticello Lot #: 26 Well Tag #: HO-73-4087  
Site Address: 1726 Oakdale DR.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>X</u>
Model #: <u>75B05422</u>	Model#: _____	Screened, vented well cap: <u>X</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>X</u>	Conduit min 18" B.G.: <u>X</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>X</u>
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 <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</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      8-27-01 date

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

Date Insp. Requested: 8-28-01 Date Insp. Approved: 8-28-01 Inspector: KG

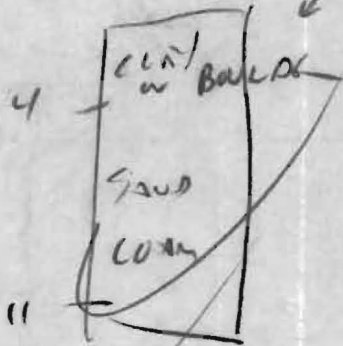
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not seen outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>





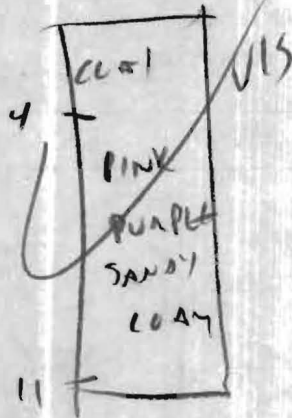
73

ABANDONED  
ROCK  
NOT SEEN  
MOVES 30'

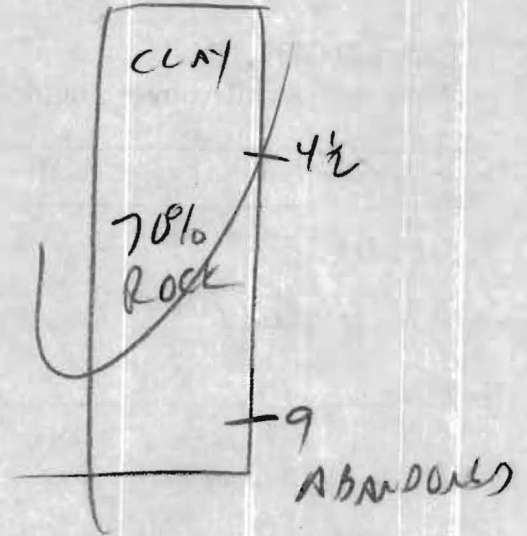


72

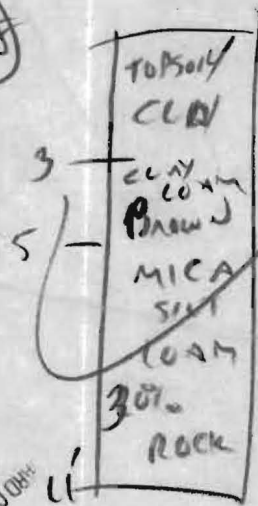
SAUC/  
DUPLICATES  
COPY



69

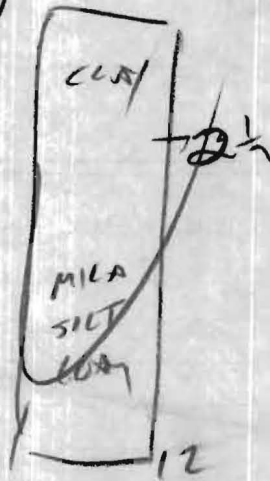


68



3 1/2' - 4:28  
4:40  
eat 8:00 2 MIN  
(VIS 5 MIN @ 4 1/2')

74



3' 4:27  
4:28  
4:30

FRID COUNTY HEALTH CENTER

RECEIVED  
APR 3 1998

DUG THAN WORST

25 - OUTCROPS

25 - DUG OK

25 - STREED, ABANDONED

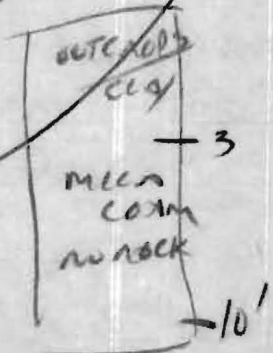
73

4:35

VIS OK

4 1/2

CUT CHOP HOLD





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HOWARD COUNTY HEALTH DEPARTMENT

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Diane L. Matuszak, M.D., M.P.H., County Health Officer

July 5, 1999

**MEMORANDUM**

TO: Clark Sperry  
Security Development

FROM: Amy Mc Millen, R.S.  
Water & Sewerage Program *AM*

RE: Demolition Permit  
14412 Monticello Road

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

The existing septic system was properly abandoned on October 25, 1999.

You have also advised that the existing well will be kept for the use of future Lot 26 of the Knapp Property subdivision.

AM  
cc: Building Permits Office  
file



12/22/81  
10/30

FILE Emergency Well Site Check DATE REPORTED 12/17/81

PROPERTY OWNER Alfred Knapp

P.O. ADDRESS 14412 Montecello Dr. TELEPHONE \_\_\_\_\_

DIRECTIONS TO PROPERTY 3rd entrance off Montecello Drive off R 70 on Left

Sign "Howard Co. Soil Cons. Dist - A. M. Knapp Jr."

INFORMANT Mr. Knapp has existing drilled well 48' deep

~25 yr. old. Easterday is driller

HO-73-4087

Give tag HO-73-4087 to govt crew

CONDITION FOUND 12/7/81 47' deep well, no water, had problems

for weeks. see drawing - SK-

ACTION TAKEN Drill new well 39' casing 2' above

grade 26' open, set 30, @ bag cement, gave

Tag to well driller 12/22/81 SK

FINAL DISPOSITION \_\_\_\_\_

