

(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED. ✓

COUNTY NUMBER 13
PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-3076

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

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

DATE WELL COMPLETED
MM DD YY
05 09 01

Depth of Well
22 245 26
(TO NEAREST FOOT)

OWNER DAVIS Robert
STREET OR RFD Morgan Station Rd TOWN Woodbine
SUBDIVISION DAVIS Property SECTION LOT

WELL LOG
Not required for driven wells

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	60	✓
Brown Slate	60	70	
Blue Slate	70	95	
Brown Slate	95	100	✓
Blue Slate	100	245	

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 16 NO. OF POUNDS 1600
GALLONS OF WATER 96
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.
48 TOP 52 ft. to 54 BOTTOM 58 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 **PL** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 28
60 61 83 64 66 70

OTHER CASING (if used)
EACH CASING 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

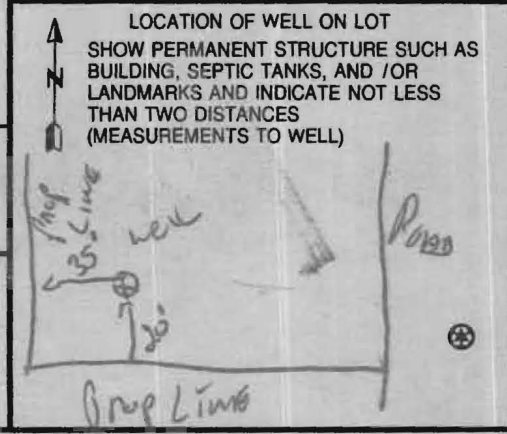
DEPTH (nearest ft.)
T 1 HO 76 245
A 8 9 11 15 17 21
H 23 24 28 30 32 36
S 38 39 41 45 47 51
R
E
N
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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
8 9
PUMPING RATE (gal. per min.) 5
11 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 55 ft.
17 20
WHEN PUMPING 23 ft.
22 25
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED
DRILLER INSTALLED PUMP YES **NO**
(CIRCLE) (YES or 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 } 2 (nearest foot)
49 50 51



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 SD
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. M D

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

B 1 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
 W515046 please print or type 70 110-94-3076 79 fill in this form completely

8 Date Received (APA) 04/16/02
 OWNER INFORMATION
 15 DAVIS Robert & Claudia
 36 991 Morgan Station Rd
 57 Woodbine MD. 21797

B 3 LOCATION OF WELL
 8 Howard
 23 DAVIS Prop
 SECTION 44 46 LOT 48 50
 52 LISBON
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 M 1

DRILLER INFORMATION
 76 RALPH MAYNE M S D 117
 81 Driller's Name License No.
 81 RALPH MAYNE Well Milling
 Firm Name
 12024 Handy Rd Mt Airy MD 21776
 Address
 3/22/01
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 Morgan Station Rd
 30 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 340 37
 38 39 DISTANCE FROM ROAD ENTER FT OR MI
 TAX MAP: _____ BLK: _____ PARCEL _____

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

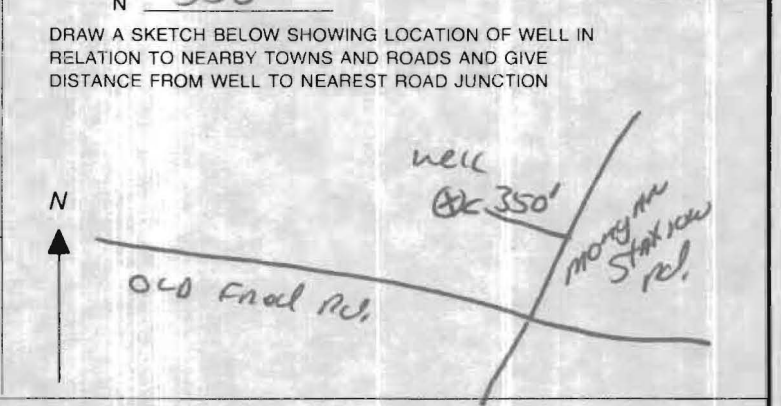
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard 1514973
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 04/16/02
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 550 000 EAST GRID 0785 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 64 INCH
 NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 785
 N 550
 000
 000

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
 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)
 APPROX. PERMIT NUMBER 110-94-3076
 PERMIT No. 110-94-3076
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 410-555-4070
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 (MSD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: K.H. Plumbing Telephone #: 410-857-0255
Address: 470 Pitts Dr
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: Name (Print): Keith Hundertmark License #: 8300

*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: Robert Davis Telephone #: 410-195-4070
Subdivision: _____ Lot #: _____ Well Tag #: HO-99-3076
Site Address: 910 Morgan Station Rd
Woodbine

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Vacc 221 Make: American Gandy Two piece watertight cap:
Model #: T-534513B52 Model: PT800 Screened, vented well cap: _____
Pump Capacity: 5 GPM Depth: 4 1/2 (36" min) Cap secured to casing:
Well Yield: 5 GPM NSF approved: yes Conduit min 1 1/2" R.G.:
Depth of well encountered at time of pump installation: 17 1/2 (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 guides are required - Must circle one
Safety rope, if used, ATTACHED to inside of well casing with eye bolt _____

Piping to house House Connection
Type: PVC 1 1/2" IPS-PE 3408 PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 6
Depth of supply line: 4 1/2 (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.

Signature of company representative responsible for installation: Keith Hundertmark date: 8-23-01

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

Date Insp. Requested: 7/31/01 Date Insp. Approved: 7/31/01 SRK
Inspection Data: Pitless adapter and water supply line at least 18" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 1 1/2" 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

