

C 1 7538 (MDE USE ONLY)

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

COUNTY NUMBER A511091B  
PERMIT NO. FROM "PERMIT TO DRILL WELL"  
H0 - 94 - 2141

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

DATE WELL COMPLETED  
MM DD YY  
03 31 99

Depth of Well  
22 300 26  
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
H0 - 94 - 2141

OWNER Viking Development  
STREET OR RFD Morgan Station Road TOWN Lisbon  
SUBDIVISION Estate of Rhoda Fine SECTION \_\_\_\_\_ LOT 2

**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	
Overburden	0	30	
Soft Shale	30	92	
Gray Rock	92	300	x
water at 220'			

**GROUTING RECORD** yes no  
 Y  N

WELL HAS BEEN GROUTED (Circle Appropriate Box)

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

NO. OF BAGS 25 NO. OF POUNDS 2500

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 98 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 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
ST 6 98

**OTHER CASING (if used)**  
E A C H C A S I N G diameter depth (feet) inch 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 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 W D 3 9 9  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Robert Dunn  
LIC. NO. 25 D 0 5 2

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

**C 2**

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
A	8	9	11	15	17																
C	23	24	26	30	32																
H																					
S	38	39	41	45	47																
C																					
3																					
R																					
E																					
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

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.) 11.1

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 121 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

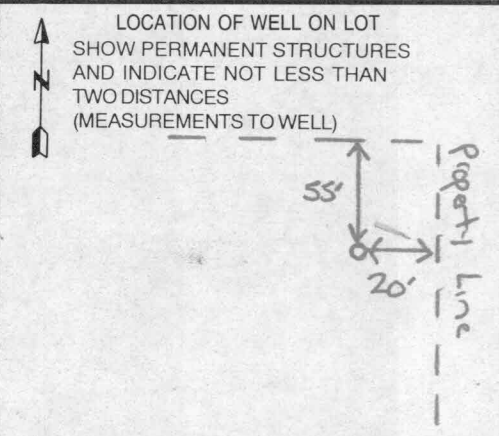
CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_ 31 \_\_\_\_\_ 35

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 } \_\_\_\_\_ (nearest foot)



**OWNER INFORMATION**

Date Received (APA) **1/28/99**

8 MM DD -YY 13

**Viking Development**

15 Last Name Owner First Name 34

**815 Wind River Drive**

36 Street or RFD 55

**Sykesville MD 21784**

57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

**Howard**

8 COUNTY 21

**Estate of Rhoda Fine**

23 SUBDIVISION 42

SECTION      LOT **2**

44 46 48 50

**Lisbon**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

73 76 77 78

**DRILLER INFORMATION**

**Paul M. Fabiszak** **M W D 399**

Driller's Name 76 License No. 81

**G. Edgar Harr Sons' Corp**

Firm Name

**12047 Falls Rd. Cockeysville 21030**

Address

**Paul M. Fabiszak** **1/25/99**

Signature Date

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Morgan Station Rd**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **50** 37

DISTANCE FROM ROAD ENTER FT OR MI **50** FT 38 39

TAX MAP: **8** BLK: **8** PARCEL **53**

**B 2 WELL INFORMATION**

1 2 APPROX. PUMPING RATE **5**

(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **750**

(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** **A511091B**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **2/26/99** **Brad Pinsky** **2/26/00**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **546 000** EAST GRID **0785 000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** 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-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** G A P **63**

PERMIT No. **HO-94-2141**

70 71 72 73 74 75 76 77 78 79

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 **7805**

N **546**

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

**3/25/99 9:30**

**98' CASING**

**MR 3/25/99 30' 4 OPEN BAGS**

**1 1/2' CASING A.G.O**

**TAG NOT ON SITE**

**LOC OK**

**GROUT CONTINUING**

**Rt 70**

**Rt 144**

**Morgan Station Rd**





**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) !!!!! COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: WTC III Plumbing & Heating Telephone #: 410 489-4457  
Address: 1820 Gillis Falls Rd Woodbine Md 21797

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

Name (print): William T Cumberland III License# 7979

**A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber t pump installer or well driller. Licenses may be subject to field verification.**

Name of Property Owner: Ray Everett Telephone #: \_\_\_\_\_  
Subdivision: Estate of Rhoda Eue Lot #: 2 Well Tag #: HO-94-2141  
Site Address: 1402 Morgan Station Rd

<u>Submersible Pump Data</u>	<u>Pitiless Adapter</u>	<u>Well Cap and Electric Conduit Make:</u>
.Make: <u>Myers</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>3ST52-8</u>	Model#: <u>B10 X</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity _____	GPM Depth:- (36" min) _____	Cap secured to casing: <u>YES</u>
Well Yield: <u>11.1</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>

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 -**

<u>Piping to House</u>	<u>House Connection</u>
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration <u>yes</u> ✓
PSI: <u>160</u> (160psi Min)	Approximate Length of sleeve <u>13</u> ft ✓
Depth of supply line: <u>48</u> (36"min)	Sleeve sealed and calked 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.**

Signature of company representative responsible for installation: [Signature] Date: 8/30/01

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

Date Insp. Requested: 8/30/01 Date Insp. Approved: 8/30/01 (RJP&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 ✓

