

(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. *ON SRU 6/15/00*

COUNTY NUMBER *A45332*

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

DATE WELL COMPLETED  
MM DD YY  
*04 10 2000*

Depth of Well  
22 300 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
*H0-94-2619*

OWNER *Mannarelli* last name  
STREET OR RFD *Old Frederick Rd* first name  
SUBDIVISION *STOUT SUBDIVISION* SECTION \_\_\_\_\_ TOWN *Woodbine*  
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 Gray Rock	0 45	95 300	x
water at 110'			

### 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 *35* NO. OF POUNDS *3500*

GALLONS OF WATER *210*

DEPTH OF GROUT SEAL (to nearest foot)  
from *0* ft. to *100* 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) *100*

### 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** 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. *MWD 399*  
*Tad M...*  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. *JD 049*  
*Thane Mc...*

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	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
										<i>HO 100</i>										<i>300</i>																																																	

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

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.) *4.4*

METHOD USED TO MEASURE PUMPING RATE *Submersible*

WATER LEVEL (distance from land surface)

BEFORE PUMPING *46* ft.

WHEN PUMPING *160* 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 \_\_\_\_\_

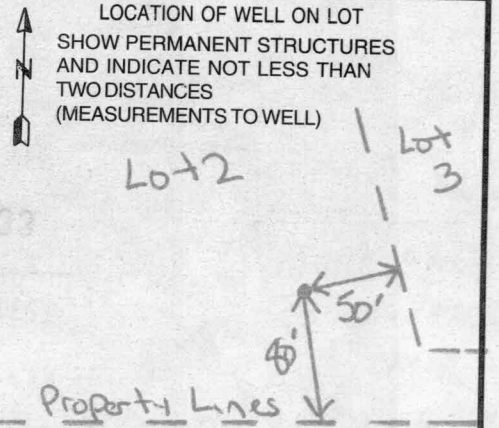
CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_ 31 \_\_\_\_\_ 35

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)



B 1 19329

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-2619 fill in this form completely

Date Received (APA) 02 24 00

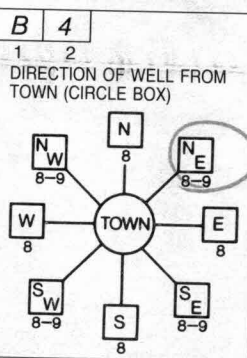
OWNER INFORMATION

Mamarell, Mario 2929 Summit Circle Ellicott City MD 21043

LOCATION OF WELL Howard Stout Subdivision Lisbon

DRILLER INFORMATION

Paul M. Fabiszak M W D 3 9 9 99 Edgar Harr Sons' Corp 12047 Falls Rd Cockeysville 21030



15808 Old Frederick Rd 5100 FT DISTANCE FROM ROAD 7 BLK: 6 PARCEL 99

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 A45332 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 03 09 00 Mark E. Kiffin 3/9/01

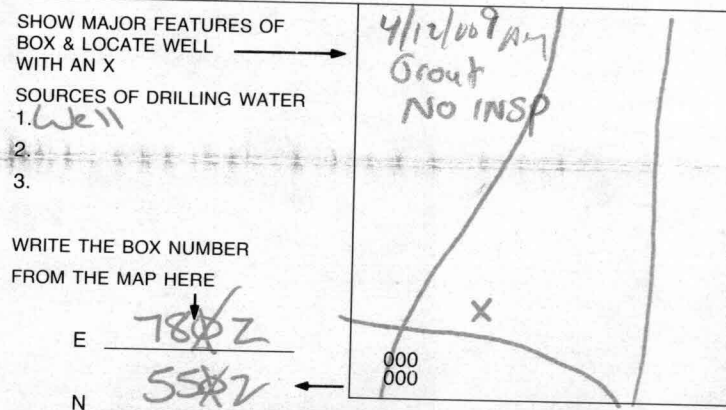
APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

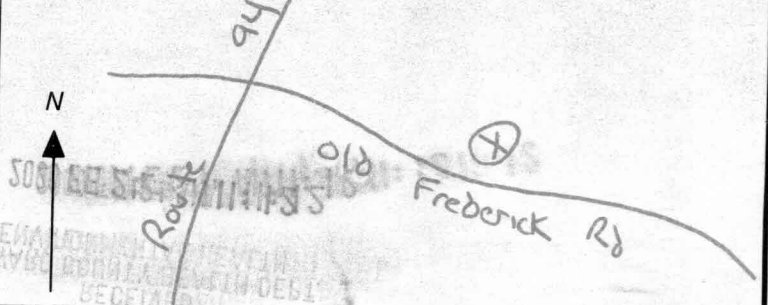
- BORED (or Augered) AIR-ROTary CABLE other JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) DRIVEN Drive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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 DEEPEIN AN EXISTING WELL



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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. 40-94-2619

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

Company Name: CLARKE P+H Inc Telephone #: 410-489-4029  
Address: 3510 Ridge Rd  
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): Ken Clarke License# 3808

\*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: Michael Bost Telephone #: \_\_\_\_\_  
Subdivision: Stout Lot #: 2 Well Tag #: HO-94-2619  
Site Address: 15808 Old Frederick Rd

**Submersible Pump Data**

Make: David's  
Model #: 55B07422  
Pump Capacity 5 GPM  
Well Yield: B GPM

**Pitless Adapter**

Make: Harvard  
Model#: P-7-800  
Depth: 42 (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 18" E.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Tongue arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: Plaster  
PSI:  (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 15'  
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: Ken Clarke date: 12-17-01

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/7/01 (50) 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

LOT 1 (15814)

LOT 2 (15808)

OLD FREDERICK RD  
WOODBINE, MD 21797

TO: MIKE I.  
FROM: MARIO

M 493-324-9614

O - 2 - 631 - 2278

