

C 1 7916 SEQUENCE NO. (MDE 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

45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A41999

ST/CO USE ONLY
DATE RECEIVED

DATE WELL COMPLETED 06/09/96

Depth of Well 380 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0805

OWNER Horowitz Peter
STREET OR RFD Pindell School Rd TOWN Fullon
SUBDIVISION Heron's Perch 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	
Sand	0	38	
Gray Mica Rock	38	380	✓

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 15 NO. OF POUNDS 1410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.

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) 42

OTHER CASING (if used)
EACH CASING diameter depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 6
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 238 ft.
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
DRILLER WILL INSTALL 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) PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 2
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.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. 24
DRILLERS SIGNATURE Joseph E. Mays

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 27
DRILLERS SIGNATURE Larry Mays

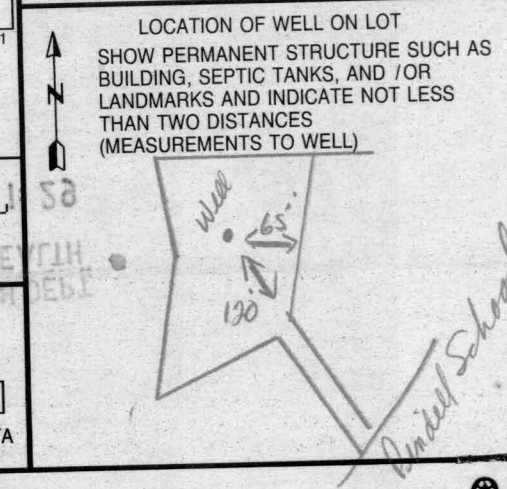
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)
EACH SCREEN DEPTH (nearest ft.)
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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



B 1 **3085** SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER
HD-99-0805
 fill in this form completely

Date Received (APA) **03/25/96**
OWNER INFORMATION
 15 Last Name **HOROWITZ** Owner First Name **Peter**
 36 Street or RFD **10890 FREDERICK RD**
 57 Town **ELLICOTT CITY MD** 70 State 72 **1042** Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY **HOWARD**
 23 SUBDIVISION **HERON'S PERCH**
 SECTION **2** LOT **2**
 52 NEAREST TOWN **FULTON**
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 Driller's Name **Joseph L. Mayne** 77 License No. **24**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature **Joseph L. Mayne** Date **3/21/96**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 NEAR WHAT ROAD **Pindell School Rd.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **470**
 ENTER FT OR MI **FT**
 TAX MAP: **41** BLK: **3** PARCEL **204**

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A 41999**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **060396** CO SIGNATURE **Ronald P. Kelly** EXP. DATE **6/3/97**
 NORTH GRID **489000** EAST GRID **0824000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

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 **824**
 N **489**
 000 000

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 Pindell School Rd.
 Sanner Rd.
 Fulton

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HD-99-0805**

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0805
 Location of property (road) Pindell School Rd
 Subdivision Heron's Perch Lot 2 Block _____ Plat _____ Sec. _____
 Well Driller J. Mayne Owner Peter Horowitz

Depth of well 380'
 Distance of measuring point (M.P.) above ground 1 1/2
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm.
 Total time 30 min. to reach pumping water level 238 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	199	3 sec.	N/A	20 gpm.
7:30	238	3		2.0
7:45	230	13		4.5
8:00	226	10		6
8:15	227	10		6
8:30	227	10		6
8:45	226	10		6
9:00	227	10		6
9:15	225	10		6
9:30	223	10		6
9:45	223	10		6
10:00	223	10		6
10:15	228	10		6
10:30	228	10		6

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date 5-8-01
Name of Installer Associated Plumbing Services Inc. Telephone 410-242-2600
License Number 1787 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Timothy Mc Carthy Telephone 410-242-2600
Subdivision Fountain Lot # 2 Well Tag # H0-94-0805
Site Address 7092 PINDELL School Rd

Heron's Perch

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Crowds
3. Model # 55407 422
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor
1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 111

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 48"

Tank
1. Capacity 80 GAL WX302
2. Pressure relief valve? Yes

Piping
1. Type 200 PSI Poly
2. Size 1"
3. NSF and/or ROCA Code approved Yes
4. Depth of supply line 48"

Well data
1. Depth 380 ft.
2. Yield 6 GPM
3. Static water level 42 ft.
4. Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Howard J. Kappeler
Date: May 8, 2001

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

5/29/01 - T/c w/Installer about calling these installations for insp. No insp performed. Told Mr. Kappeler that next time he will have to dig up work. SRK

