

C# 0518 SEQUENCE NO. (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 W 516005

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

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

DATE WELL COMPLETED
MM DD YY
12/18/01

Depth of Well
22 200 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3252
28 29 30 31 32 33 34 35 36 37

OWNER Curtis, Billy W
STREET OR RFD 460 Ridge Pl TOWN Mt Airy
SUBDIVISION Ridgeville Heights SECTION _____ LOT 25

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	
Topsoil	0	2	
Red Clay	2	17	
Brown slate	17	35	
Gray slate	35	47	
Brown slate	47	51	✓
Gray/Blue slate	51	82	
Gravel	82	83	✓
Brown slate	83	104	
Gray slate	104	200	

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 12 NO. OF POUNDS 1200
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 48 52 ft. to 27 BOTTOM 54 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 ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 42

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. MJD 727
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW 040
[Signature]

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	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	101	102	103	104
105	106	107	108	109	110
111	112	113	114	115	116
117	118	119	120	121	122
123	124	125	126	127	128
129	130	131	132	133	134
135	136	137	138	139	140
141	142	143	144	145	146
147	148	149	150	151	152
153	154	155	156	157	158
159	160	161	162	163	164
165	166	167	168	169	170
171	172	173	174	175	176
177	178	179	180	181	182
183	184	185	186	187	188
189	190	191	192	193	194
195	196	197	198	199	200

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.

WHEN PUMPING 36 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) 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)

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)

150
165
Rt 27

200' 43 casing 30 gpm

B 1 5048

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3252

fill in this form completely

W516005 please print or type

Date Received (APA)

8/28/01

OWNER INFORMATION

8740

B 3

Howard

LOCATION OF WELL

8 COUNTY

CC#

Ridgeville Heights

23 SUBDIVISION

42

SECTION

75

LOT 48 50

Mt. Airy

52 NEAREST TOWN

71

MILES FROM TOWN (enter 0 if in town)

1 M I 73 76 77 78

CURTIS BILLY W
24620 RIDGE RD
DAMASCUS, MD 20872

DRILLER INFORMATION

George F. Easterday

M WD 040

Driller's Name License No.

L. Franklin Easterday, Inc.

Firm Name

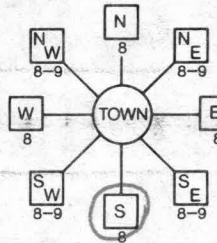
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 8/24/2001

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



96 Ridge Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 120 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: 6 BLK: PARCEL 8

WELL INFORMATION

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)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard W516005 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/12/01 CO SIGNATURE Ronald Pinkley 10/12/02 EXP. DATE
NORTH GRID 550 000 EAST GRID 0749 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G
PERMIT No. HO-94-3252

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

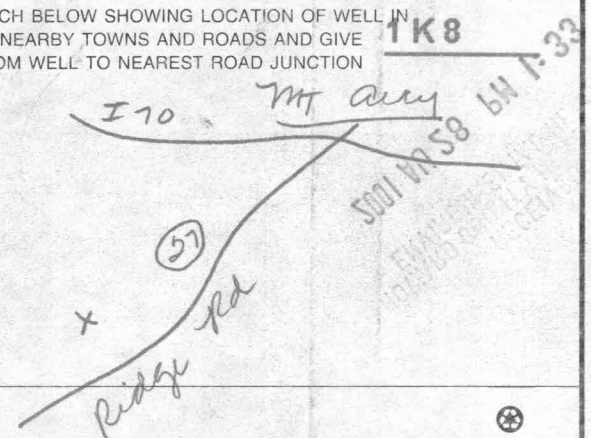
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 749
550
N

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



12/26/01

12:00

Review OK RPP 4/25/02

Page _____ of _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3252
Location of property (road) 960 Ridgeville Rd
Subdivision Ridgeville Heights Lot 75 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Billy W. Curtis

Depth of well 200 30 gpm
Distance of measuring point (M.P.) above ground 2 FT
Static water level (S.W.L.) below M.P. 32 FT

I. High rate pumping -- reservoir drawdown

Time pump started 1:00 Pumping rate 15 GPM
Total time _____ to reach pumping water level 32 FT 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 gallon bucket	FLOW-METER READING (if used)	CALCULATED FLOW (gallons per minute)	
1:00	32 FT	4 sec	195 FT	15 GPM	
1:15	33 FT	4 sec	Pump Set	15 GPM	
1:30	34 FT	4 sec		15 GPM	
1:45	34 FT	4 sec		15 GPM	
2:00	35 FT	4 sec		15 GPM	
2:15	35 FT	4 sec		15 GPM	
2:30	35 FT	4 sec		15 GPM	
2:45	35 FT	4 sec		15 GPM	
3:00	35 FT	4 sec		15 GPM	
3:15	35 FT	4 sec		15 GPM	
3:30	35 FT	4 sec		15 GPM	
3:45	36 FT	4 sec		15 GPM	
4:00	36 FT	4 sec		195 FT	15 GPM

TESTED BY DODIG

**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: Carroll Water Systems Telephone #: 410-876-5100
Address: 120 Anleron Ct. Suite 9
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): Ronald W. Smith License# P10074

*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: Brendan K. Horras Telephone #: 410-792-0900
Subdivision: _____ Lot #: 75 Well Tag #: HO-94-2352
Site Address: 960 Ridge Rd Lot 75
MT Airg, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SSB07422</u>	Model#: <u>Blox</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>?</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>24"</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>YES</u>

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 NO

Piping to house	House Connection
Type: _____	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: _____ (160 psi min)	Approximate length of sleeve: <u>2'</u>
Depth of supply line: _____ (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, ~~at~~ infields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ronald W. Smith date: 7-28-03

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

Date Insp. Requested: 6/24/03 Date Insp. Approved: 6/24/03 (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