

C1 3474 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 515330

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11/8/2001

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3262

OWNER SWANN, William STREET OR RFD 13015 M.D. Rt 108 TOWN Highland MD 20727

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-59) and Gray Mica Rock (59-400).

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES (Y) NO (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...

DRILLERS LIC. NO. 1 M SD 024

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 M SD 022

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

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

NO. OF BAGS 17 NO. OF POUNDS 1998

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 55 ft.

CASING RECORD

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): 63

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

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, 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

DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.

WHEN PUMPING 118 ft.

TYPE OF PUMP USED (for test)

- A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (Y) NO (N)

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

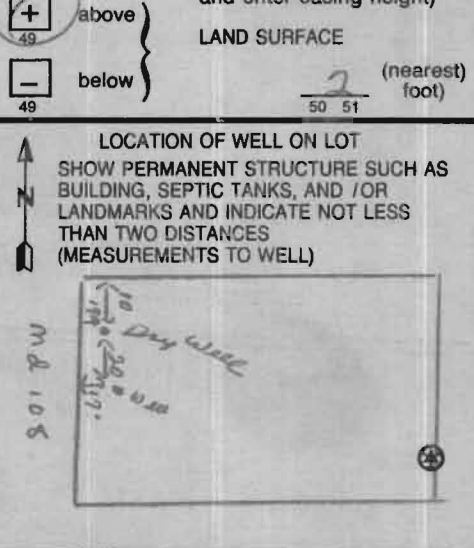
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

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)



B 1. 7297 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 4 5 6

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 W51607 please print or type

STATE PERMIT NUMBER  
HO-94-3262  
 70 fill in this form completely 79

Date Received (APA) 10 19 01  
 8 MM DD YY 13  
 OWNER INFORMATION  
Swann L. William  
 15 Last Name Owner First Name 34  
13015 Md Rt 108  
 36 Street or RFD 55  
Highland Md 20777  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard  
 8 COUNTY 21  
William L. Swann Property  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 48 50  
Clarksville  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1.1 M I  
 73 76 77 78

DRILLER INFORMATION  
Joseph L. Wayne MSD 24  
 76 Driller's Name License No. 81  
Joseph L. Wayne Well Drilling  
 Firm Name  
5512 Ridge Rd. Mt. Airy Md. 21771  
 Address  
Joseph L. Wayne 10/18/2001  
 Signature Date

B 4  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 Md. 108 Clarksville Pike  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W 32 EAST E  
 SOUTH S  
 34 30 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 34 BLK: \_\_\_\_\_ PARCEL 91

B 2 WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.)  
5 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)  
500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 22  I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

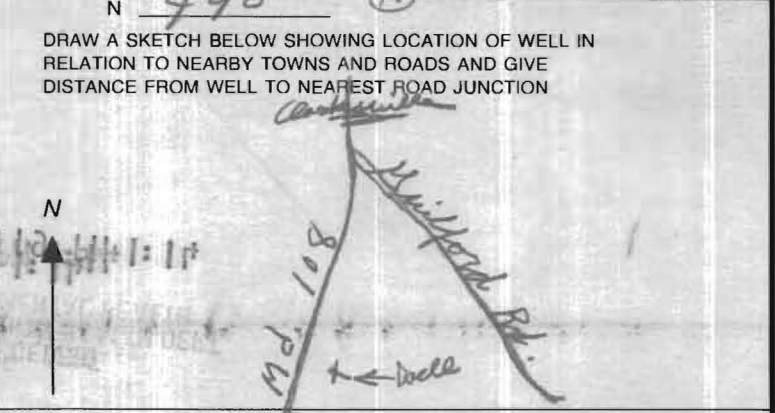
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 515330  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 11 1 01 Steven R. Kuey 11 1 02  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 490 000 EAST GRID 810 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 18 bagz  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 810 000  
 N 490 000

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)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 39  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 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 \_\_\_\_\_ 63  
 PERMIT No. HO-94-3262  
 70 71 72 73 74 75 76 77 78 79





**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: R.L. STULL ENTERPRISES, LLC Telephone #: 301-829-0898  
Address: RICHARD L. STULL  
418 WINDY KNOLL DR.  
MT. AIRY, MD 21771

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

Name (Print): Richard L. Stull License# 16851

\*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: William Swann Telephone #: 301-854-0716  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3262

Site Address: 12951 Etanville Pike  
Highland MD 20771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>S+A-R+e</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>53240224L</u>	Model #: <u>B-10X</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>8</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>400</u> (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 of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt no

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Silvaco Line 1 1/2" 160 PSI</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6 FT</u>
Depth of supply line: <u>42</u> (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, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Richard L. Stull 4-18-02  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/9/02 Anytime Date Insp. Approved: 4/9/02 (50)  
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