

**C1** 11132 SEQUENCE NO. (MDE USE ONLY)

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  
15 12 10

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

Depth of Well  
22 400 26  
(TO NEAREST FOOT)

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

COUNTY NUMBER (13) P40357

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
HO-94-3348

OWNER Esters William

STREET OR RFD Sanner Road TOWN Clarksville

SUBDIVISION Kelly Property 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	
<u>Deepened from</u>			
<u>Gray Mica</u>	<u>100</u>	<u>120</u>	
<u>Brown Mica</u>	<u>120</u>	<u>121</u>	<input checked="" type="checkbox"/>
<u>Gray Mica</u>	<u>121</u>	<u>400</u>	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY  BIC

NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (to nearest foot)  
from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below

PL PLASTIC  OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
	60 61 63 64 66 70	

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

**SCREEN RECORD**  
screen type or open hole

insert appropriate code below

BRONZE

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.

**C2** DEPTH (nearest ft.)

A	8	9	11	15	17	21
H	23	24	25	30	32	36
S	38	39	41	45	47	51

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from \_\_\_\_\_ to \_\_\_\_\_

DRILLERS LIC. NO. MW D 040

Bease F. Estenbury  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JS D 038

Orville Thompson

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
↑ (E.R.O.S.) W Q

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

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

**C3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 400 ft.

TYPE OF PUMP USED (for test)

A air  P piston  T turbine

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. 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 (nearest foot)

below } 31

**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)

see plat

B 1 **4884** SEQUENCE NO (MDE USE ONLY)  
 1 2 3 6

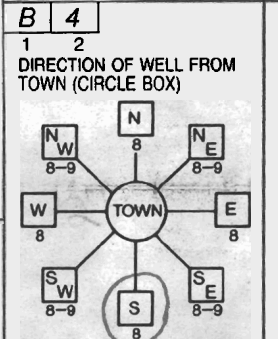
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-3348**  
 70 fill in this form completely 79

Date Received (APA) **8921**  
 8 \*MM DD YY 13  
**ESTERS WILLIAM D**  
 15 Last Name Owner First Name 34  
**7192 SANNER RD**  
 36 Street or RFD 55  
**CLARKSVILLE, MD 21029**  
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL CC#  
 8 COUNTY 21  
**Kelly Property**  
 23 SUBDIVISION 42  
 SECTION **2** LOT **2**  
 44 46 48 50  
**Simpsonville**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1 M I  
 73 76 77 78

DRILLER INFORMATION  
**George F. Easterday** M WD **040**  
 Driller's Name 76 License No. 81  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd., MT. Airy, Md. 21771**  
 Address  
*George F. Easterday* **3/7/2002**  
 Signature Date



**7192 Sanner Rd**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 **100** 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: **41** BLK: **10** PARCEL **48**

B 2 WELL INFORMATION  
 1 2 APPROX. PUMPING RATE **5**  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED **500**  
 (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** **(13) P40357**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED **3/13/2002** **Brian Baber** **3/13/2003**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **488** 0 0 0 EAST GRID **831** 0 0 0  
 50 55 57 63

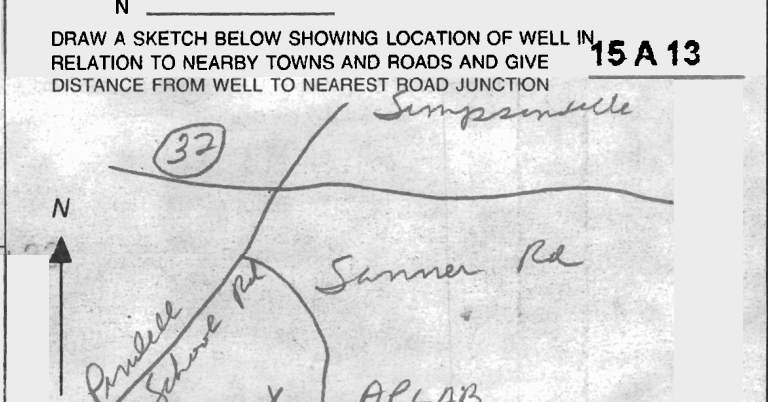
APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 30  
 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  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 39  
 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 \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. **HO-94-3348**  
 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. wells  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 82031  
 000  
 48088 ← 000  
 N \_\_\_\_\_



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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sylkesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Allen Compton License# MSD 009

\*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 Estes Telephone #: 410-792-7389  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3348  
Site Address: 7192 Santee Rd  
Charlottesville, Md.

**Submersible Pump Data**                      **Pitless Adapter**                      **Well Cap and Electric Conduit**  
Make: Goulds                                      Make: Combell                                      Two piece watertight cap: yes  
Model #: S5510422                                      Model#: N/A                                      Screened, vented well cap: yes  
Pump Capacity 5 GPM                                      Depth: 36 (36" min)                                      Cap secured to casing: yes  
Well Yield: 2 GPM                                      NSF approved: yes                                      Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 400 (feet)                                      Conduit secured to well cap: yes  
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 N/A

**Piping to house**                                      **House Connection**  
Type: 1" Black Plastic                                      PVC sleeved to undisturbed soil at wall penetration: yes  
PSI: 1160 (160 psi min)                                      Approximate length of sleeve: 5  
of supply line: 42 (36" min)                                      Sleeve caulked and sealed properly: yes

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.

Allen Compton                                      9-20-04  
Signature of company representative responsible for installation                                      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/24/04 (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 ✓