

C 1 2054

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A 39828

DATE Received

DATE WELL COMPLETED 11/25/87

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2441

OWNER ASSOCIATES WHITMAN REQUARDT last name first name STREET OR RFD CASTLEFIELD STREET TOWN ELLICOTT CITY SUBDIVISION BURLIGH MANOR SECTION 2 LOT 31 710 on PRELIM

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, CORAY Mica Rock, 0-55, 55-185.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main casing) 6 Total depth of main casing 102

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

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

Table for EACH SCREEN with columns for DEPTH (nearest ft.) and rows for screen details.

A 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 10.17.13 "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 IDENT. NO. 237

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

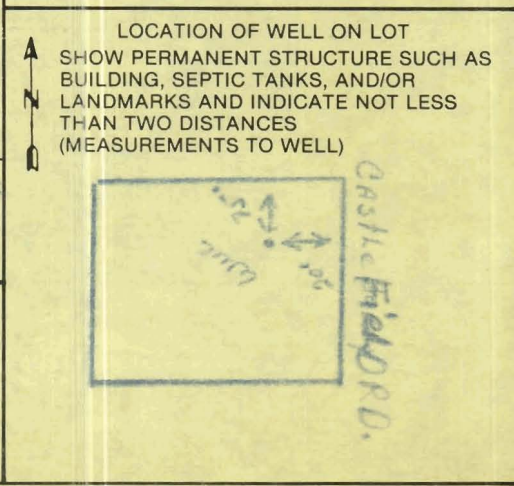
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (E.R.O.S.) W Q LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 41 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 7 9380

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2441

Date Received

11/10/87

OWNER INFORMATION

Owner: Joseph L. Mayne, First Name: Joseph, Street or RFD: 5512 Ridge Rd, Town: Ridge, State: MD, Zip: 21771

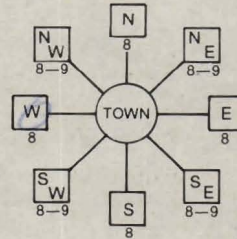
LOCATION OF WELL

8 COUNTY: HOWARD, 23 SUBDIVISION: 710 (W) PRELIM, 52 NEAREST TOWN: ELLENSVILLE, MILES FROM TOWN: 3 1/2 MI

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne, License No. 238, Firm Name: Joseph L. Mayne Well Drilling, Address: 5512 Ridge Rd, City, Md 21771, Signature: Joseph L. Mayne, Date: 10/29/87

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Cottlefield Street

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST, DISTANCE FROM ROAD: 20 FT

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) [D], FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) [F], INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) [I], PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) [P], TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) [T]

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD, COUNTY NO.: A 39828, OEP SIGNATURE: B. Nufan, DATE ISSUED: 05/19/88, NORTH GRID: 521000, EAST GRID: 083600

APPROXIMATE DEPTH OF WELL: 240 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) [J], JETTED [J], Jetted & DRIVEN [D], AIR-ROTary [A], AIR-PERcussion [P], ROTARY (Hydraulic Rotary) [R], CABLE [C], REVerse-ROTary [R], DRive-POINT [D], other: _____

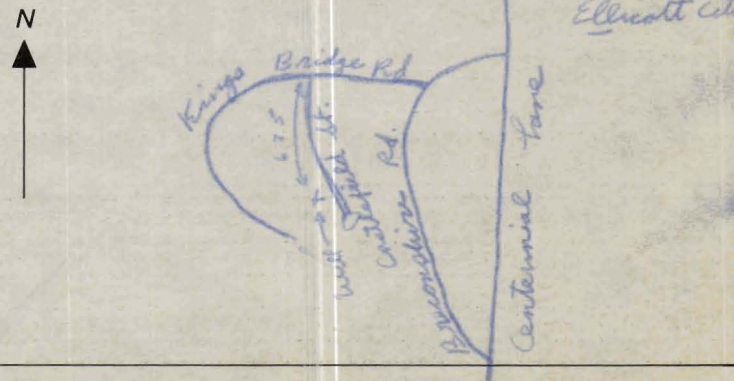
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

Box number: E 834 6, N 521 1

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 (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: 4, PERMIT NO.: 40-81-2441

SPECIAL CONDITIONS

(NEEDED FOR PRELIMINARY APPROVAL)

8/13/91

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer TOM FITTS Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner George Chen Telephone _____
Subdivision BURLEIGH MANOR Lot # 710 Well Tag # HO-88-2441
Site Address 10312 CASTLEFIELD ST

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth <u>185</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>10</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>35</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

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: _____

Date: _____

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

P.A. OK 3-4' B.G.
MR 8/13/91

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation YES
 Replacement _____

Receipt # 47423
 Date 8/23/91

Name of Installer FITTS PLUMBING AND DRAIN CLEANING

Telephone 301 898-3611

License Number MD ST 14017

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner GEORGE CHEN

Telephone 381 8369

Subdivision BURLEIGH MANOR Lot # 710

Well Tag # HO-81-2941

Site Address 10312 CASTLEFIELD ST

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

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

Pitless Adapter

1. Make _____
2. Model # PT-800
3. Depth 4 FEET

2. Make JACOZZI
3. Model # 9250-8100 T785401152

4. Capacity 10 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 _____

Tank

1. Capacity 250
2. Pressure relief valve? _____

Piping

1. Type 1/2" CPVC
2. Size 1/2"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth 185 ft.
2. Yield 10 GPM
3. Static water level 35 ft.
4. Will water supply be disinfected by installer? NO-BUILDER

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: Thomas A. Fitts

Date: 8-16-91

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

