

C1 14388

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)

COUNTY NUMBER AS14948

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 2 11 03 Depth of Well 200

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3623

OWNER SWANN DAVID STREET OR RFD 6150 HAVILAND MILL ROAD TOWN HIGHLAND SUBDIVISION O'KEEFE FARM SECTION LOT

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 handwritten entries: Sand (0-35), Gray Mica Rock (35-200).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1410

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST) BRASS (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

DEPTH (nearest ft.) 37

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

- 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. 1 M SD 24 Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.) 37

Table with columns 1-21 for casing depth.

Table with columns 23-36 for casing depth.

Table with columns 38-51 for casing depth.

SLOT SIZE 1 2 3 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) T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

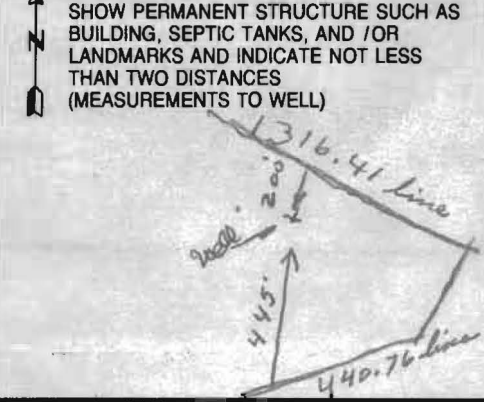
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 82 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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) (+) above LAND SURFACE (-) below 3 (nearest foot)

LOCATION OF WELL ON LOT



B 1 5140  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
518037 please type

STATE PERMIT NUMBER

HO - 94 - 3623  
70 fill in this form completely 79

Date Received (APA)  
12-23-02  
8 MM DD YY 13

OWNER INFORMATION

Swann A. David  
15 Last Name Owner First Name 34  
14751 Addison Way  
36 Street or RFD 55  
Woodline Md 21797  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

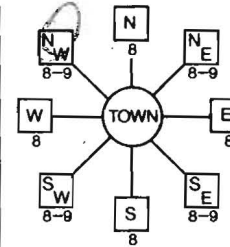
Howard  
8 COUNTY 21  
O'Keefe Farm  
23 SUBDIVISION 42  
SECTION 44 46 LOT Parcel 3 48 50  
Highland  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 4.42 MI  
73 76 77 78

DRILLER INFORMATION

Joseph L. Magee MSD 24  
76 Driller's Name License No. 81  
Joseph L. Magee Well Drilling  
Firm Name  
5512 Ridge Rd. Mt Airy Md. 21771  
Address  
Joseph L. Magee 12/21/02  
Signature Date

B 4

1 2  
DIRECTION OF WELL FROM  
TOWN (CIRCLE BOX)



6950 Highland Mill Rd.  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 500 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 39 BLK: 6 PARCEL 1

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 AS14948  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 1 13 03 Steven R. Krieg 1 13 04  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 491 0 0 0 EAST GRID 7928 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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)

- 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

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

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
PERMIT No. HO - 94 - 3623  
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. well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7928  
N 4901

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED







10/22/86

gravel only

well = 400'

approx  $\frac{1}{2}$  gpm

48' casing

1' above ground

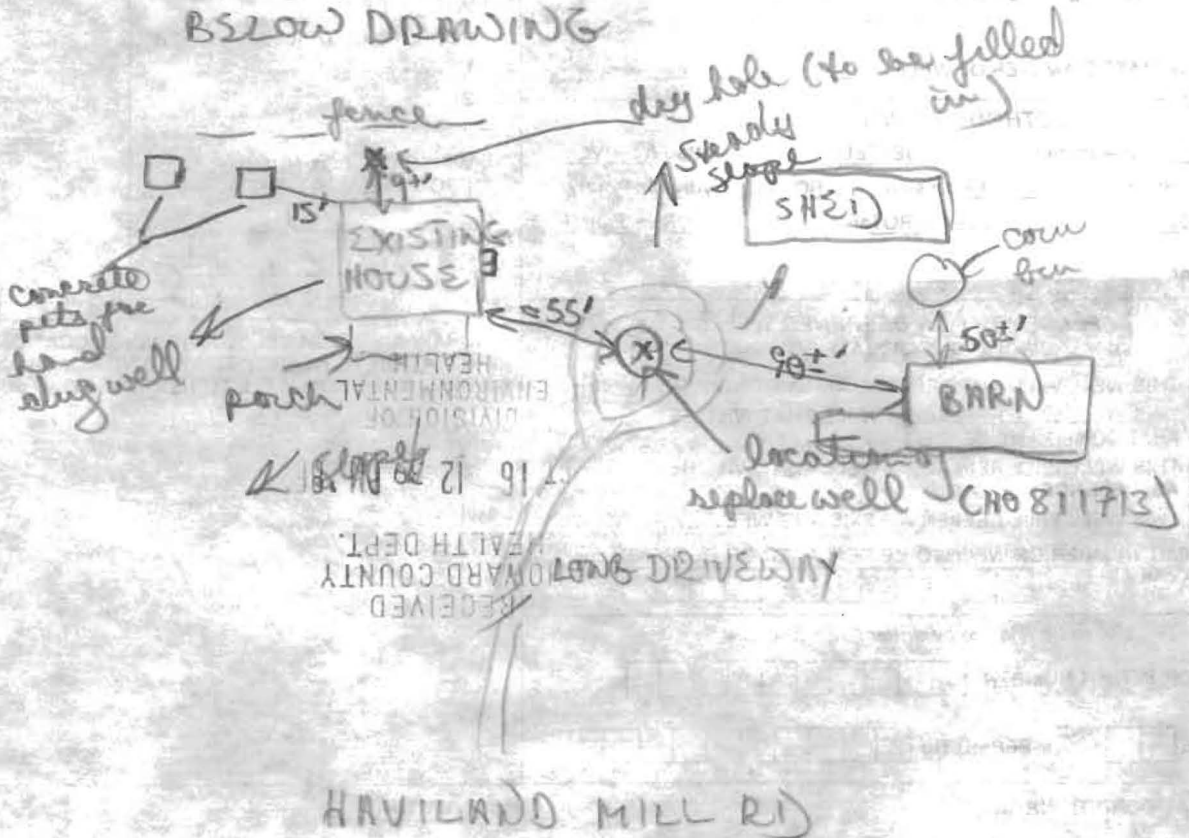
Dry hole 360' to be filled in

42' open hole

(straight shot down)

13 bags cement

NOTE: INCONSISTENCY W/ SKETCH OF WELL SITE FROM FIELD INSPECTION BELOW DRAWING











**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, LLO Telephone #: 301-829-0898  
 Address: RICHARD L. STULL  
410 WINDY HOLLOW 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# MD-16857

\*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: Donald O'Heefe Telephone #: 410-884-6091  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3623

Site Address: 6930 HAVELAND MILL Rd  
Clearsville, IL 21029

Submersible Pump Data

Make: Starite  
 Model #: SSP402HL-03  
 Pump Capacity: 5 GPM  
 Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: Campbell  
 Model #: \_\_\_\_\_  
 Depth: 36 (36" min)  
 NSF approved: Y

Well Cap and Electric Conduit

Two piece watertight cap: Y  
 Screened, vented well cap: Y  
 Cap secured to casing: Y  
 Conduit min 18" B.C.: 274  
 Conduit secured to well cap: Y

Depth of well encountered at time of pump installation: 200 (feet)

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 Y

Piping to house

Type: 5/12 x 1/2  
 PSI: 200 (160 psi min)  
 Depth of supply line: 36 (36" min)

House Connection

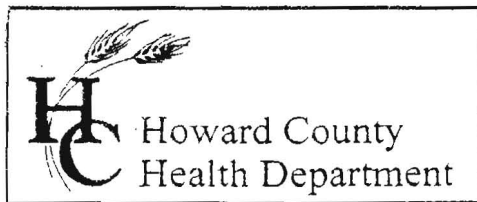
PVC sleeved to undisturbed soil at wall penetration: Y  
 Approximate length of sleeve: 5'  
 Sleeve caulked and sealed properly: Y

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 5-29-03  
 Signature of company representative responsible for installation date

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

Date Insp. Requested: 5/6/03 Date Insp. Approved: 5/6/03 (SO) 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 ✓



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

6/11/2003

Donald O'Keefe  
6950 Haviland Mill Road  
Clarksville, MD 21029

RE: Tenant House  
6930 Haviland Mill Road  
BP # B00140318  
Well Permit #HO 94-3623

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 6/11/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

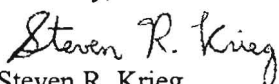
This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO 94-3623. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 6/05/2003

Date of Well Completion: 2/11/2003

Sincerely,

  
Steven R. Krieg,  
Registered Environmental Sanitarian  
Well and Septic Program

cc: Building Inspector  
Community Services  
File