

C1 **2338**  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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 34795**

DATE Received: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: **09 18 85**  
 Depth of Well: **503** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-1075**

OWNER: **HAAS** last name **JOHN** first name  
 STREET OR RFD: **OLD FREDERICK RD** TOWN: **WOODBINE**  
 SUBDIVISION: **MIDDLE TRAIL** SECTION: [ ] LOT: **5B**

**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	
Dirt	0	1	
Soft Brown Schist	1	46	
Hard Blue Schist	46	53	
Soft Brown Schist	53	64	X
Hard Blue Schist	64	100	
Hard Brown Schist	100	103	X
Hard Blue & Green Schist	103	325	
Opening	325	326	X
Hard Black Schist laced w/ Blue slate	326	435	
Opening	435	436	X
Hard Black Schist laced w/ Blue slate	436	503	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS: **24** NO. OF POUNDS: **2256**  
 GALLONS OF WATER: **144**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from [ ] [ ] [ ] [ ] ft. to [ ] [ ] [ ] [ ] ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** STEEL CONCRETE  
**PL** **OT** PLASTIC OTHER  
 MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): **6** Total depth of main casing (nearest foot): **72.7**

**OTHER CASING** (if used)  
 diameter inch: [ ] [ ] depth (feet) from: [ ] to: [ ]

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

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN: **HO** **72.7** **503**  
 SLOT SIZE 1: [ ] 2: [ ] 3: [ ]  
 DIAMETER OF SCREEN: [ ] [ ] [ ] (NEAREST INCH)

GRAVEL PACK: [ ] from [ ] to [ ]  
 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   
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour): **5**  
 PUMPING RATE (gal. per min. to nearest gal.): [ ] [ ] [ ] [ ]  
 METHOD USED TO MEASURE PUMPING RATE: **submersible**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING: [ ] [ ] [ ] [ ]  
 WHEN PUMPING: **4 2 2**  
 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 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)  
 + above } LAND SURFACE (nearest foot)  
 - below }

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)  
**old FREDERICK Rd.**  
**XWELL DIRT LANE**

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 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. **256**  
**Dana Kyker, Jr. II**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Dana Kyker, Jr. II**

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

B 1. **8071** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**40-81-1075**  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received **9/1/85 10:00 AM**  
 15 Last Name **JOHN R.** Owner First Name  
 36 Street or RFD **7637**  
 57 Town **STEN BURNIE** 70 State 72 **MD** Zip 76 **21067**

**LOCATION OF WELL**  
 8 COUNTY **HOWARD** 21  
 23 SUBDIVISION **MOBILE TRAIL** 42  
 SECTION **44** 46 LOT **56** 48 50  
 52 NEAREST TOWN **WOODBINE** 71  
 MILES FROM TOWN (enter 0 if in town) **3** 73 **M I** 76 77 78

**DRILLER INFORMATION**  
 Dana Kyker, Jr., II 77 License No. 80 **236**  
 Driller's Name  
 Westminster Rotary Well Drilling, Inc  
 Firm Name  
 Box #861, Westminster, Md. 21157  
 Address  
 Signature **Dana Kyker Jr 9/1/85** Date

**4**  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD **Old FREDERICK Rd** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 **1500** 37 DISTANCE FROM ROAD  
 ENTER FT or MI **17** 38 39

**2**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **200** 14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **Howard** COUNTY NO. **A34795**  
 OEP SIGNATURE **[Signature]** STATE HEALTH INSERT S  41  
 DATE ISSUED **06/25/85** CO SIGNATURE **[Signature]** EXP. DATE **12/25/85**  
 NORTH GRID **55** 50 0 0 0 EAST GRID **0275** 57 0 0 0 63

APPROXIMATE DEPTH OF WELL **75** FEET 24 28  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**METHOD OF DRILLING** (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTary  AIR-PERcussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  DRive-POINT  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **CITY**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **770.3**  
 N **550'**  
 000 000

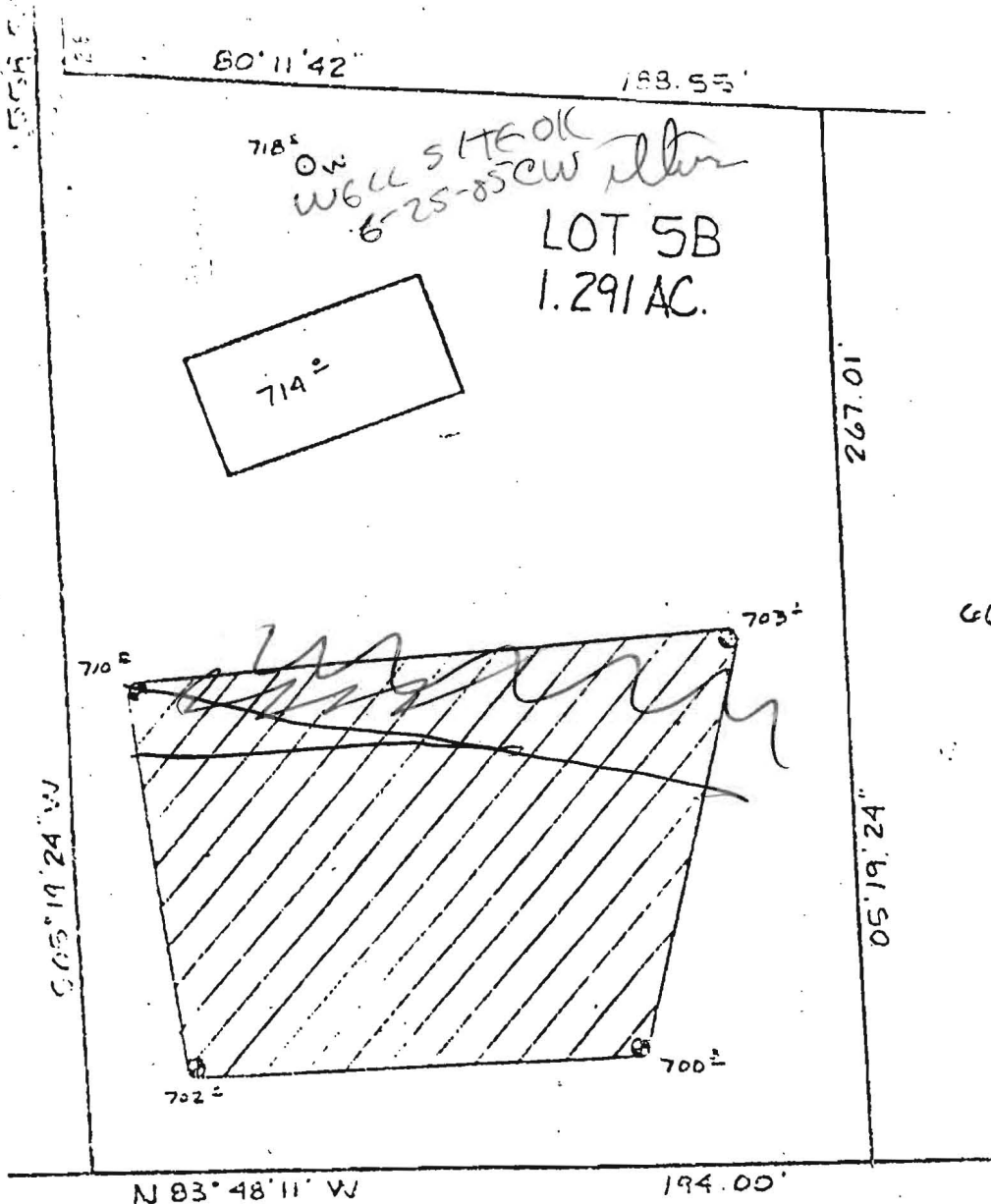
**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
 N  
 Old FREDERICK Rd  
 DIET LANE  
 X WELL

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_ 54 63  
 FORCE **20** WRITE INITIALS IN BOX **20** PERMIT No. **40-81-1075** 70 71 72 73 74 75 76 77 78 79

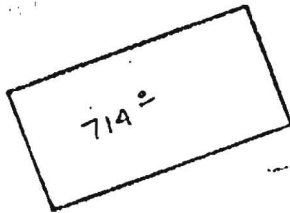
SPECIAL CONDITIONS






718°  
 ON WELL SITE OK  
 W66 S 45° E 115' CW  
 6-25-85 CW

LOT 5B  
 1.291 AC.



CC



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊙".  
 The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.  
 Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

*James C. Howard*  
 County Health Officer

3/29/85  
 Date

PERCOLATION TEST PLAT  
 PROPERTY OF  
 HOWARD ASSOCIATES  
 LOT 5B  
 LISBON MIDDLE TRAIL

4th Election District  
 Howard County, Maryland  
 Scale 1"=50'  
 Date 3/15/85

NTT Associates  
 101 Sterrett Place  
 Columbia, MD 21044  
 442 2031

5/11/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation   
Replacement

Receipt # 36915-  
Date 5/9/86

Name of Installer Albert Heidler

Telephone 796-0717

License number 2177  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner JOHNY HASS Telephone 549-7568

Subdivision MIDDLE TRAILS Lot #      Well tag # HO-81-1075

Site Address 16529 OLD FREDERICK RD.

NAT AIRY MD

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible

Motor

- Horsepower 3/4
- RPM 3450
- Voltage 
  - 110
  - 220

Pitless Adapter

- Make MARTINSON
- Model # B10X
- Depth 47"

- Make RED JACKET
- Model # 30CHUT-CH980
- Capacity 5 GPM

- Pump exceeds well capacity Yes  No
- If Yes, is low pressure cutoff switch installed? Yes  No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Tank

- Capacity 42 gal
- Pressure relief valve? YES

Piping

- Type POLYETHYLENE
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 45"

Well data

- Depth 470 ft.
- Yield 3 GPM
- Static water level 35 ft.
- Will water supply be disinfected by installer? NO

5/12/86 outside work complete - pitless at 4ft. J BY 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: Albert Heidler

Date: \_\_\_\_\_

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