

C1 1049

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

ST/CO USE ONLY DATE RECEIVED 3-28-98

DATE WELL COMPLETED 07 24 98

Depth of Well 226 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1590

OWNER Vance, Bill last name first name STREET OR RFD 14000 Castlebar Drive TOWN Glenelig SUBDIVISION BURNT WOODS SECTION 03 LOT 07

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. Rows include Top Soil, Shaley clay, brown slate, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD YES NO (Y) (N) WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 34 NO. OF POUNDS 3400 GALLONS OF WATER 170 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

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) DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M W D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M W D 5011 DE

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

DEPTH (nearest ft.) 1 40 78 260 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51 5 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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 3 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 260 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 WILL INSTALL PUMP YES NO (CIRCLE) (YES OR 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 ( ) below LAND SURFACE (nearest foot) 2

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) House well x 30

B 1 6845

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1590 fill in this form completely

Date Received (AFA) 06 15 98 OWNER INFORMATION RN 7480 Vance Bill W 301-688-0603 14000 Castlebar Drive H 410-442-1252 Glenelg, Md 21738

LOCATION OF WELL Howard COUNTY BURNTWOODS SECTION 03 LOT 07 Glenelg NEAREST TOWN 1 MILE FROM TOWN

DRILLER INFORMATION George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 Signature Date 6/12/98

14000 Castlebar Drive NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 100 FT TAX MAP: BLK: PARCEL

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME P 31835 STATE SIGNATURE DATE ISSUED 6/16/98 CO SIGNATURE EXP. DATE NORTH GRID 526 0 0 0 EAST GRID 0800 0 0 0

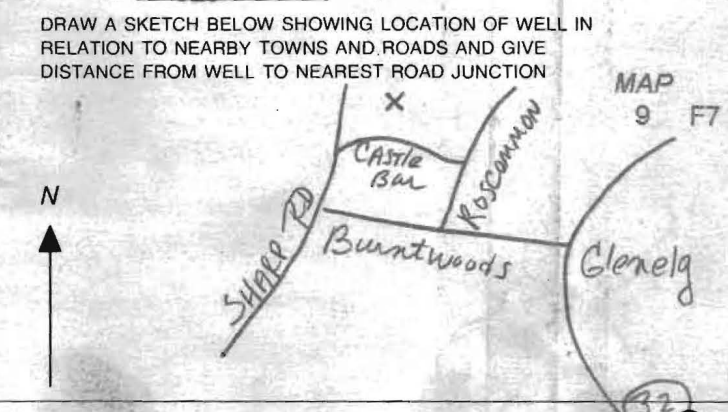
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

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

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 790 N 520

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-1590

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

10/14/98  
27030

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 FEEZER Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HD-94-1596  
Site Address 14000 CASTLEBAR DRIVE

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 _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

10/14/98  
27030

well line, P.A. 3.5' below grade  
well casing 1.5' above " "  
2pc well cap installed  
PVC conduit pipe " " OK TO COVER (DKS)

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.

S 80-09-00 E 135.62'  
 S 22-45-11 E 100.00'  
 UTILITY EASEMENT

LOT AREA  
 1.2A AC±  
 LOT 7 BLOCK "B"  
 SECTION 3  
 PART ONE

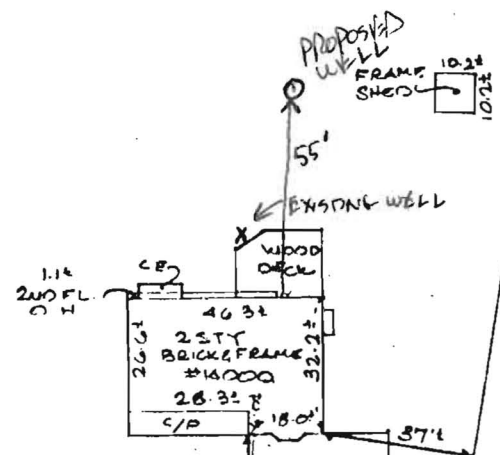
BURNT WOOD  
 HOWARD CO.  
 P.B. WWH 10/20

LOT 9

LOT 8

319.6A

339.86'



6/16/08  
 Well site OK  
 as staked  
 (D/S)

N 29-30-11 E

75' BLDG RESTRICTION LINE

128'

MAC DRIVE

N 49-09-24 E

R=275.00 A=94.33

CASTLEBAR DRIVE  
 50' R/W 20.5'± MACADAM

THIS REPORT  
MUST BE SUBMITTED  
WITHIN 30 DAYS  
AFTER COMPLETION  
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Permit Number 70490033  
Owner Piper Homes Building  
Address Blends  
Subdivision Burntwood  
Section \_\_\_\_\_ Lot 7

Top soil  
Sand  
1 stream canal of  
2 stream  
Dept of well ( 105 ft )

FEET  
from 0 to 5  
3 1/2  
50 ft  
75 ft  
105 ft

DIAM. (inches) 4 3/4  
FEET from 0 to 4 3/4

PUMPING TEST  
Hours Pumped 1  
Type of Pump Used Diaphragm  
Pumping Rate \_\_\_\_\_  
Gallons per Minute 8

WATER LEVEL  
Distance from land surface to water:  
Before Pumping 50 Ft.  
When Pumping 80 Ft.

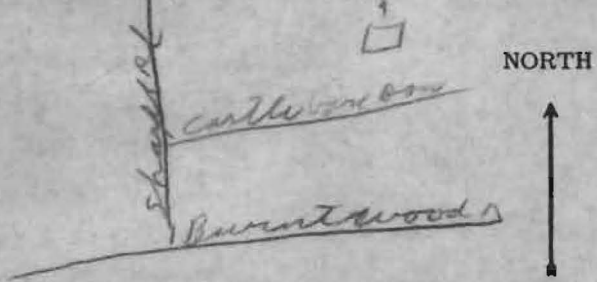
APPEARANCE OF WATER  
Clear Partly Cloudy \_\_\_\_\_  
Taste None  
Odor None

Height of Casing Above Land  
Surface 2 Ft.

PUMP INSTALLED  
Type \_\_\_\_\_  
Capacity \_\_\_\_\_  
Gallons per Minute \_\_\_\_\_  
Gallons per Hour \_\_\_\_\_  
Pump Column Length \_\_\_\_\_ Ft.

RECEIVED  
'68 OCT 10 PM 4:16  
DEPARTMENT OF  
WATER RESOURCES

LOCATION OF WELL ON LOT  
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



HEALTH  
ENFORCEMENT  
DIVISION

OCT 3 1968

HEALTH DEPT  
ANNAPOLIS

Date Well Was Completed Sept 27 1968

Well Driller Signature Denny Brown

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/14/98 (month/day/year)

40-69-0053

\* PERMIT NUMBER OF ABANDONED WELL (if any)

40-99-1590

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: FEETZER

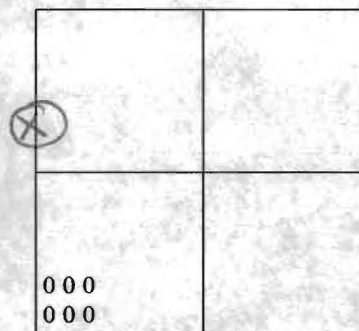
WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_

\* OWNER'S NAME: VANCE

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION: 14000 castlebar Drive

COUNTY: Howard  
 NEAREST TOWN: Glennelg  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Burntwoods  
 SECTION: 3 LOT: 7



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 0800  
 BOX NUMBER  
 N 526 ←

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 100 FEET DEEP

\* WAS ANY CASING REMOVED? YES  NO   
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	100	0

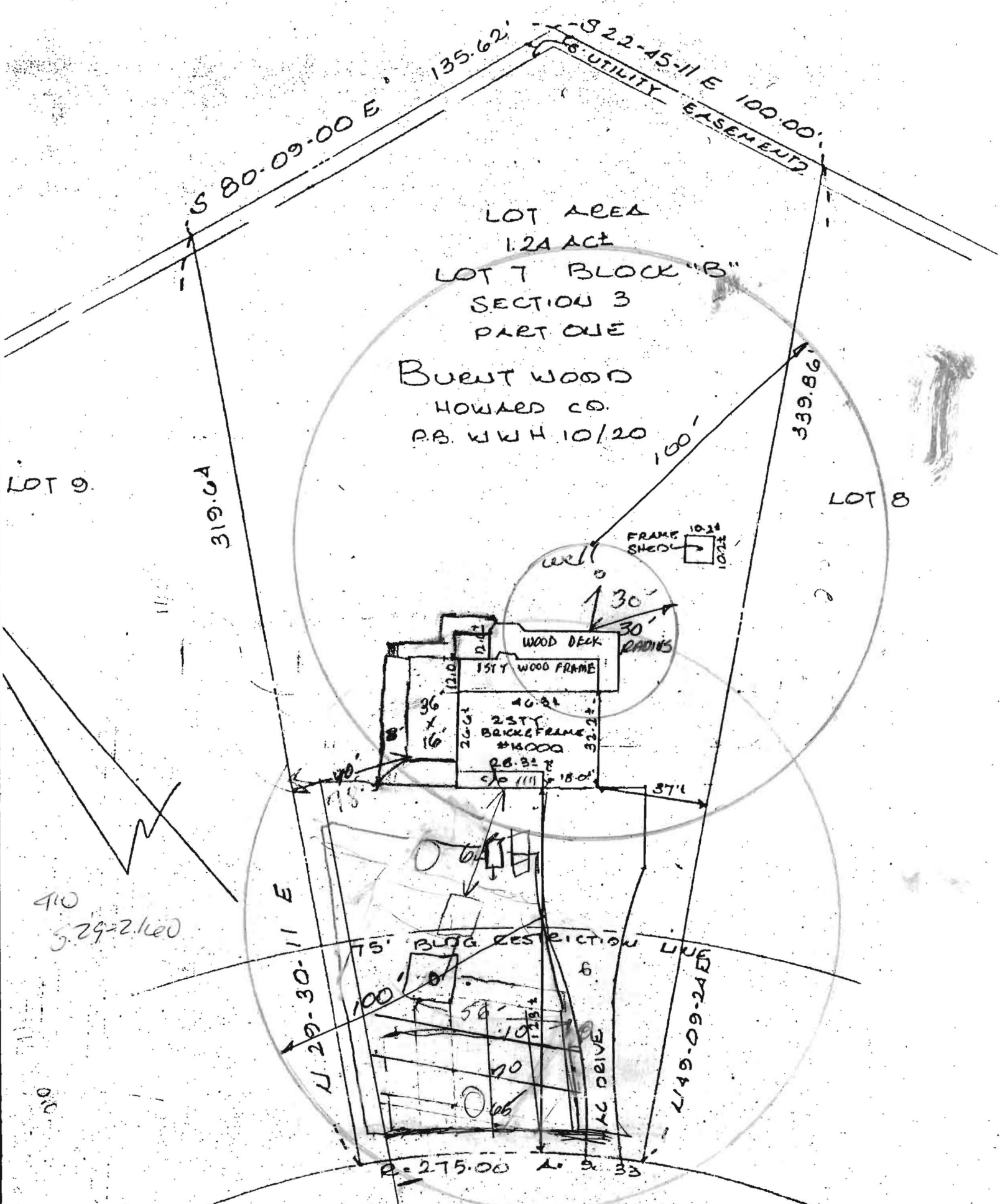
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD  
 CIRCLE ONE

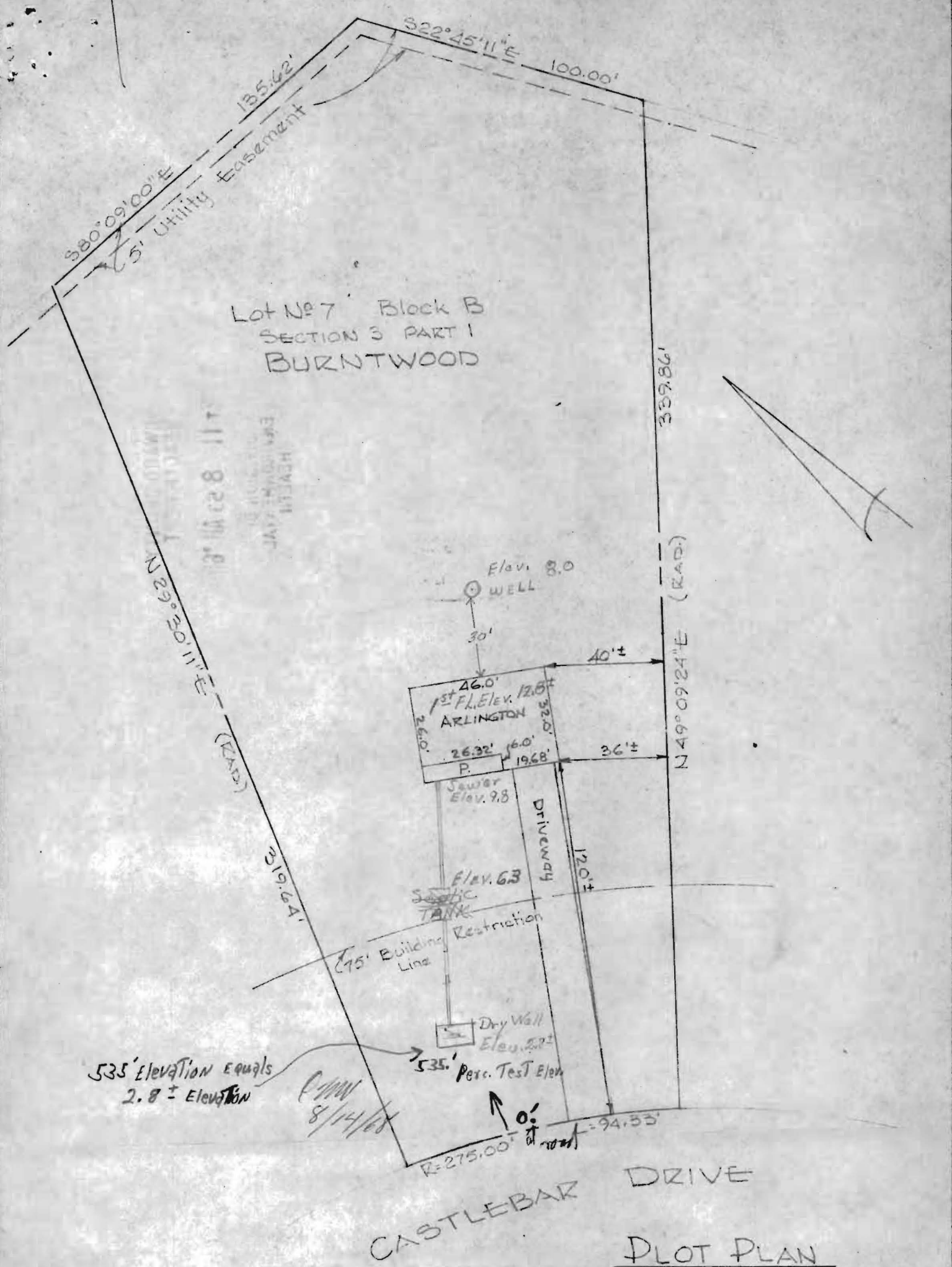
10/14/98  
 DATE

lat showing the property known as 14000 Castlebar Drive, Howard C  
aryland.



CASTLEBAR DRIVE  
50' R/W 20.5± MACADAM

1"=40' SCALE ON PROPERTY  
FA 12/18/03



Lot No 7 Block B  
SECTION 3 PART 1  
BURNTWOOD

Elev. 8.0  
WELL

46.0'  
1st FL. Elev. 12.5'  
ARLINGTON  
26.32' 16.0'  
P. 19.68'

Sewer  
Elev. 9.8

Elev. 6.3  
SEPTIC  
TANK

75' Building  
Line  
Restriction

Dry Well  
Elev. 5.2  
5.35' Perc. Test Elev

535' Elevation equals  
2.8 ± Elevation

8/14/68

CASTLEBAR DRIVE

PLOT PLAN

Lot No 7 Block B  
SECTION ONE  
(PART ONE)

BURNTWOOD

PURDUM & JESCHKE  
ENGINEERS  
24 PARK AVENUE  
ELLCOTT CITY, MARYLAND

3RD ELECTION DIST. HOWARD CO., MD.

JULY 31, 1968

SCALE: 1"=40'

REVISED: AUGUST 12, 1968