

C1 4323

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 56429M

DATE RECEIVED 11/23/98

DATE WELL COMPLETED 11/14/98

DEPTH OF WELL 350 (TO NEAREST FOOT)

PERMIT NO. HO-94-1780

OWNER RUSSELL DEW, STREET OR RFD HIDDEN FOX CT, TOWN ELLICOTT CITY, SUBDIVISION GAITHER HUNT, SECTION 1, LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: HARD BROWN SANDSTONE, MED. HARD GRAY ROCK SANDSTONE MIXED, HARD GRAY GRANITE.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below, MAIN CASING TYPE (ST, CO, PL, OT), Nominal diameter, Total depth.

OTHER CASING (if used) form with fields: diameter, depth (feet).

SCREEN RECORD form with fields: screen type or open hole, insert appropriate code below, SCREEN RECORD (ST, BR, HO, PL, OT).

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

DRILLERS LIC. NO. MDE 355, DRILLERS SIGNATURE Max S. Jones

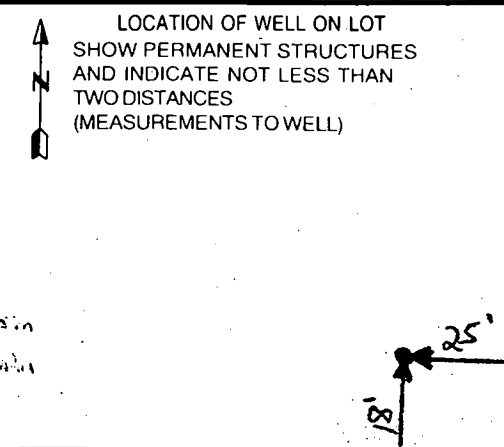
LIC. NO. JWD 341, SITE SUPERVISOR Max S. Jones

DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76.

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.)

TELESCOPE CASING LOG INDICATOR OTHER DATA



Right Prop. Line

RECEIVED HOWARD COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH 1998 NOV 23 PM 2:08

B 1	8069	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO 94-1780
		70 fill in this form completely 79		

OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

RUSSELL DEVELOPMENT LLC

15 Last Name Owner First Name 34

8808 CENTRE PARK DRIVE, Suite 209

36 Street or RFD 55

Columbia, MD 21045

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD

8 COUNTY 21

CAITHER HUNT

23 SUBDIVISION 42

SECTION **1** LOT **13**

44 46 48 50

ELICOTT CITY

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **4** M. 1

73 76 77 78

DRILLER INFORMATION

MICHAEL BARLOW MW D355

Driller's Name 76 License No. 81

MICHAEL BARLOW Well Drilling Svc Inc

Firm Name

912 FAWN COURT Joppa, MD 21085

Address

Signature _____ Date _____

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

HIDDEN End of Road A

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **15** 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **29** BLK: **11** PARCEL: **322**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500.**

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 56429M

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **10 14 98** *Gledray* **10 14 99**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **520** 000 EAST GRID **830** 000

50 55 57 63

APPROXIMATE DEPTH OF WELL **200** 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

39 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 DEEPEAN 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 _____ GAP _____

54

PERMIT No. **HO 94-1780**

70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

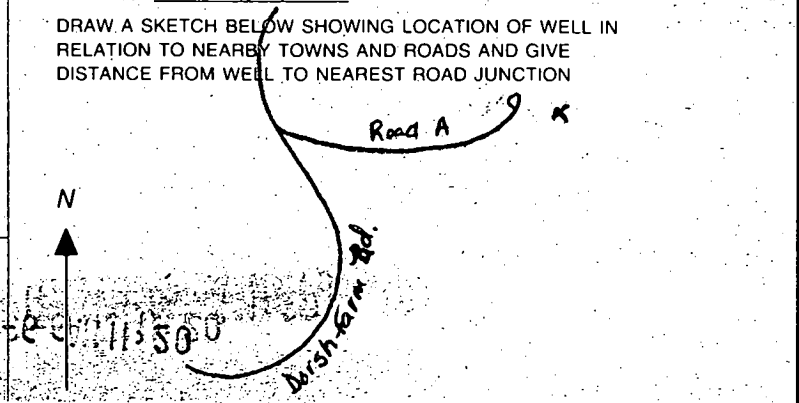
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **830**

N **520**

Note: Missed Grout date? grouting sack at least 4-5' given consider space to at least pitless adapter depth. require wpt. inspection to confirm grouting condition. RFP 4/6/99 Adequate grout below pitless adapter (SRW) 4/13/99



THE INSPECTION
LOOKS GOOD BUT DID NOT
HAVE ONE PIPING
ARRESTOR! RICK.

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

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date 4/14/99
Name of Installer ROBERT L. FEERON Co. Inc. Telephone 410-781-4857
License Number 2122 Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner NI-HOUSES Telephone 410-721-4703
Subdivision CANTON HUNT Lot # 13 Well Tag # 40-94-1780
Site Address 1020 HIDDEN FOX CT.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make HANCOCK
a. Deep well jet _____ 2. RPM 3450 2. Model # HT800
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42'
c. Submersible a. 110 _____
2. Make FLINT WALLING b. 220
3. Model # 4F03507301
4. Capacity 7 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 CAPTIVE AIR Piping Well data
WOLFE-POL 1. Type Poly. 1. Depth 345 ft.
1. Capacity 36 GALS 2. Size 1" 2. Yield ? GPM
2. Pressure relief valve? YES 3. NSF and/or BOCA Code approved YES 3. Static water level ? ft.
4. Depth of supply line 42' 4. Will water supply be disinfected by installer? YES

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.

WPI OK
4/12/99 (SRW)

Signature of Applicant: [Signature]
Date: 4/14/99

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