

**C1** 4245  
 SEQUENCE NO. (OEP USE ONLY)  
 (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. *OK SM*  
 COUNTY NUMBER **45652** *9/8/99*

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **082899** Depth of Well **205** (TO NEAREST FOOT)  
 FROM "PERMIT TO DRILL WELL" **140-99-2363**

OWNER **Baran and Brothers Inc**  
 STREET OR RFD last name **OLD FRED RD** first name TOWN **WOODSME MD**  
 SUBDIVISION **PARCEL B** SECTION **LIBER 0666** LOT **FOLIO 625**

**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	
Top Soil	0	2	
Brown Shale	2	28	
Brown Slate	28	30	
Blue Slate	30	33	
Brown Slate	33	35	<input checked="" type="checkbox"/>
Blue Slate	35	150	
Flint Rock	150	155	<input checked="" type="checkbox"/>
Blue Slate	155	205	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **10** NO. OF POUNDS **1000**  
 GALLONS OF WATER **60**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **36** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**PL** **6** **38**  
 60 61 63 64 66 70

**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  
 BRONZE HOLE  
**PL** **OT**  
 PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1 **HO** **36** **205**  
 8 9 11 15 17 21  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 23 24 26 30 32 36  
 3 [ ] [ ] [ ] [ ] [ ] [ ]  
 38 39 41 45 47 51

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. **MSD 116**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
*MSD 117 P. H. S. Mays*

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

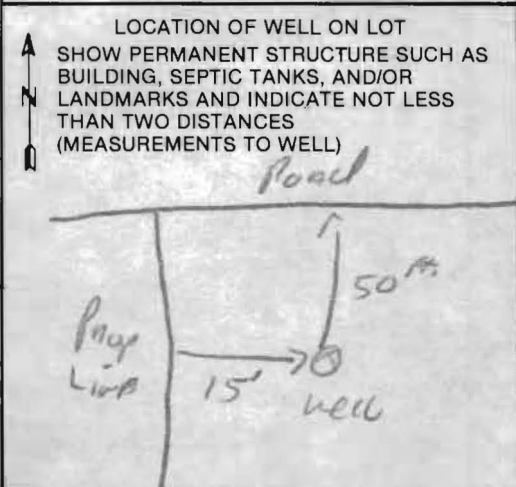
SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] [ ] [ ] (NEAREST INCH)  
 56 60

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.) WQ  
 70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 8 9  
 PUMPING RATE (gal. per min. to nearest gal.) **12**  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **39**  
 17 20  
 WHEN PUMPING **46**  
 22 25  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
 27 27 27  
**C** centrifugal **R** rotary **O** other (describe below)  
 27 27 27  
**J** jet **S** submersible  
 27 27

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 (CIRCLE) (YES or 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:  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 (nearest foot)  
 49 } **2** (nearest foot)  
 49 } **-** below }



B 1 1986

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2363 fill in this form completely

Date Received (APA) 7/26/99

OWNER INFORMATION

8 MM DD YY 13 BARWARD brothers 15 Last Name Owner First Name 34 1612 BRITTLE Branch way 36 Street or RFD 55 Wood Spring MD. 21757 57 Town 70 State 72 Zip 76

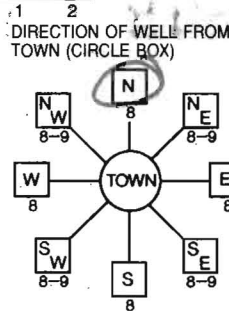
LOCATION OF WELL

B 3 HOWARD 8 COUNTY 21 Sutton Prop 23 SUBDIVISION 42 Parcel-B SECTION 44 46 LOT 48 50 LISBON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

DRILLER'S NAME RALPH MAYNE M S D 116 76 License No. 81 RALPH MAYNE WELL DRILLING 45 Firm Name 9120 Brown Church Rd Mt Airy Address 7-22-99 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 OLD Ford Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 34 100 37 ENTER FT OR MI 38 39 TAX MAP: 8 BLK: 1 PARCEL 309

WELL INFORMATION

1 2 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)

- 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 45653 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 08/18/99 CO SIGNATURE EXP. DATE 08/17/00 NORTH GRID 551 000 EAST GRID 0782 000

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary Drive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEMED 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 54 GAP 63 PERMIT No. HO-94-2363 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

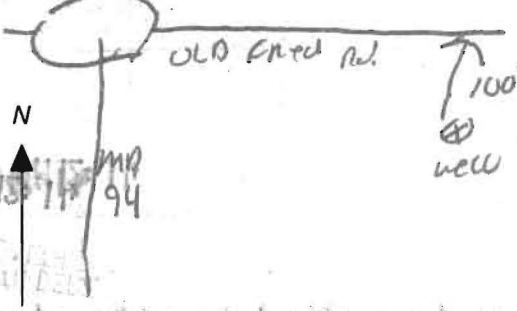
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 250 2 N 550 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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: K.H. Plumbing Telephone #: 410-857-0255  
Address: 470 Wylie Dr  
Nesquehoning, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Keith Hundertmark Licensed 8300

\*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: David Harrison Telephone #: 301-829-1713  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-2363  
Site Address: 15745 Old Frederick Rd  
Woodbine

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Casing and Electric Conduit</b>
Make: <u>Laars</u>	Make: <u>American Gully</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7-7541071B52</u>	Model #: <u>PT800</u>	Screened, vented well cap: _____
Pump Capacity: <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <u>Yes</u>	Conduit min 1 1/2" I.D.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>205</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 \_\_\_\_\_

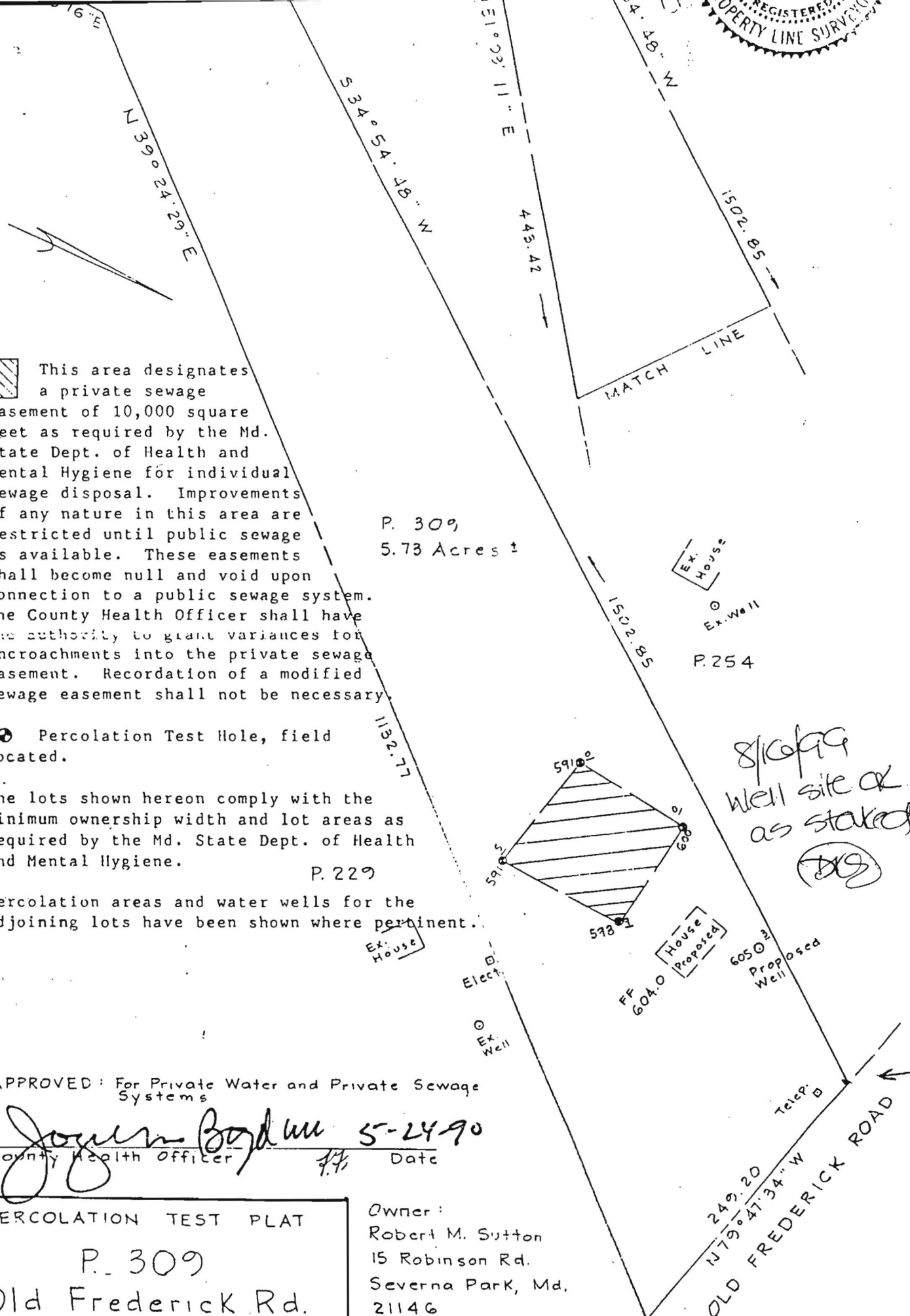
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>PVC Schedule 40 1" PS-DE 3408</u>	PVC sleeved to undisturbed soil at full penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>


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.

Signature of company representative responsible for installation: Keith Hundertmark date: 8-23-01

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

Date Insp. Requested: 7/9/01 Date Insp. Approved: 7/9/01 **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 1 1/2" 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   
**BB**



 This area designates a private sewage easement of 10,000 square feet as required by the Md. State Dept. 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.

P. 309  
5.73 Acres ±

⊙ Percolation Test Hole, field located.

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Md. State Dept. of Health and Mental Hygiene.

P. 229

Percolation areas and water wells for the adjoining lots have been shown where pertinent.

*8/10/79*  
Well site OK as staked  
*(DS)*

ON THIS PLAT THIS CORNER CONCIDES WITH THE IRON STAKE NOT THE CENTER OF THE ROAD

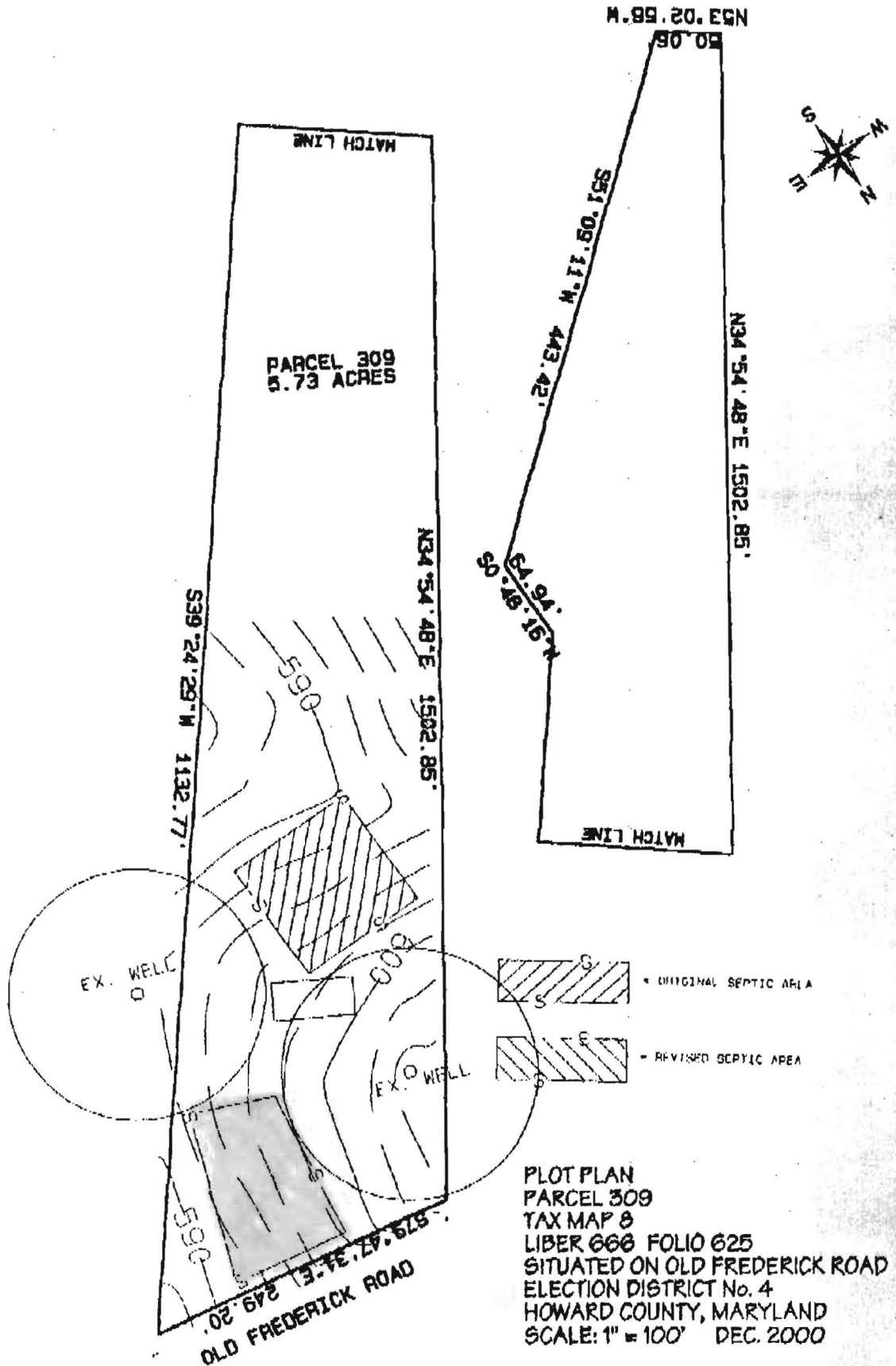
APPROVED: For Private Water and Private Sewage Systems

*Joyce Boyd* 5-24-90  
County Health Officer Date

PERCOLATION TEST PLAT  
P. 309  
Old Frederick Rd.  
TAX MAP 8  
DEED REF. : L.666 F.625

Owner :  
Robert M. Sutton  
15 Robinson Rd.  
Severna Park, Md.  
21146

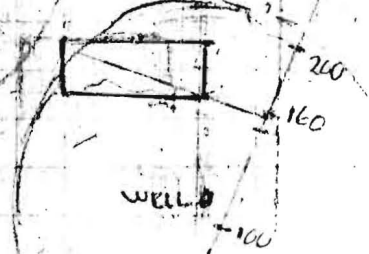
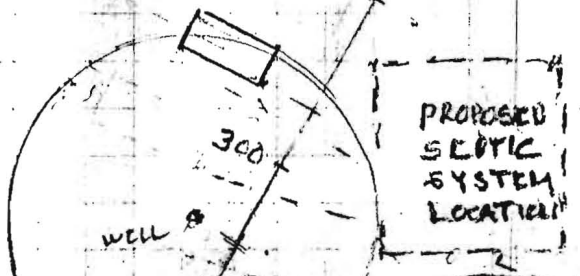




**PLOT PLAN**  
**PARCEL 309**  
**TAX MAP 8**  
**LIBER 668 FOLIO 625**  
**SITUATED ON OLD FREDERICK ROAD**  
**ELECTION DISTRICT No. 4**  
**HOWARD COUNTY, MARYLAND**  
**SCALE: 1" = 100' DEC. 2000**

PARCEL A  
5.00 ACRES

PARCEL B  
5.808 ACRES



100

OLD FREDERICK ROAD