

C1 27606

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 10 DD 21 YY 14

DATE WELL COMPLETED MM 10 DD 8 YY 2014

Depth of Well 22 200 26 (TO NEAREST FOOT)

OK 4/10/15 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-0091

OWNER Shipley Scott WELL SITE ADDRESS 185 Mc. Kendree Rd TOWN West Friendship Md SUBDIVISION 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: Brown shale 0-39, Blue rock 39-200, Water 145.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 12 NO. OF POUNDS 1128

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 43

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

C2 DEPTH (nearest ft.) 41 200

Table with columns: E A C H S R E E N, diameter of screen, depth (ft) 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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 30 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 90 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 INSTALLED PUMP (CIRCLE) YES 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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

LATITUDE 39.31829 LONGITUDE 76.99347 (DEFAULT COORD. WGS 84) NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO Y N

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 S D 0224

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D 0227

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

B 1 37513

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

554585 please type

140-14-0091 fill in this form completely 79

Date Received (APA)

08/18/14

OWNER INFORMATION

8 MM DD YY 13 Shipley Scott 15 Last Name Owner First Name 34 4930 Arthur Shipley Rd 36 Street or RFD 55 57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Joseph L Mayne MSD 024 76 License No. 81 Firm Name Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771 Address Signature Joseph L Mayne Date 8-4-2014

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 700 14 20

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION E FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 200 24 28 FEET 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) 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

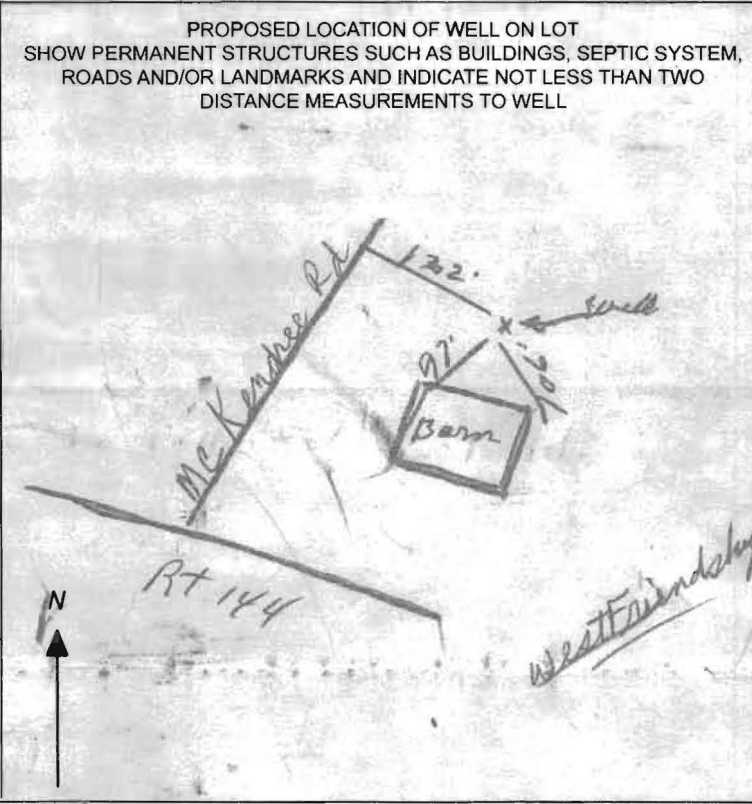
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 140-14-0091 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Irr. only. minor dewatering. NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN West Friendship 71

B 4 SOURCES OF DRILLING WATER 1. well 2. 3. 11 STREET ADDRESS 1825 McKendree Rd 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E 34 132 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/13/14 CO SIGNATURE EXP. DATE 9/15/15 45 MM DD YY 48



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Reed and Son Services, LLC Telephone #: 240-315-10023
Address: 1434 Long Corner Rd
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): Thomas P. Reed License# 19513

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Scott Shipley Telephone #: 410 320 3129
Subdivision: _____ Lot #: _____ Well Tag #: HO-14-0091
Site Address: 1825 McKendree Rd
West Friendship MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grady</u>	Make: <u>RIT</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>256510</u>	Model#: <u>V-25-55</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>25</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>30</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <u>Yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Cross Tie</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>Yes</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

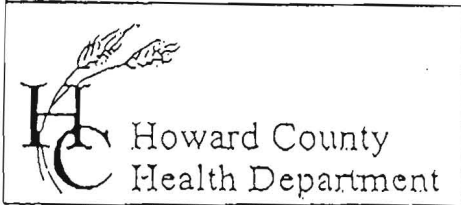
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 10-14-14

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

Date Insp. Requested: _____ Date Insp. Approved: 10/15/14 Inspector: BB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



7178 Columbia Gateway Drive, Columbia, MD 21046
 (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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

		<u>1825 Mc Kendree Rd</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by _____
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Well staked by Joseph & Marjorie
No septic or house on property. only barn.
Water for Agricultural. Trees & Plants -
Jo Marjorie

SITE INSPECTION SHEET

OWNER: Shopley PHONE #: _____

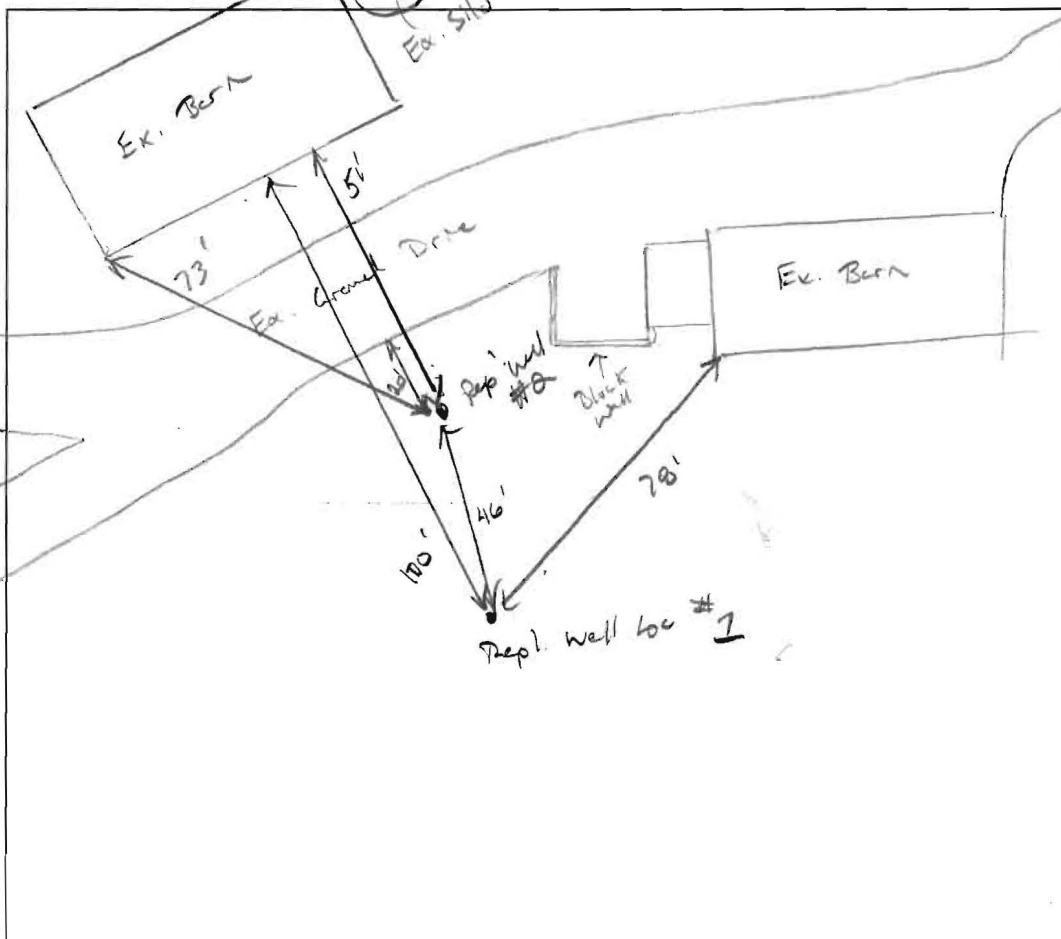
ADDRESS: 1835 Melendree CONTRACTOR: J. Magee

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: (13)

PROPOSAL: New 100' well for small use (wash cars, plants, trees, sharks etc.)

LOCATION DIAGRAM



COMMENTS: No evidence of surrounding well/septic. loc looks OK. Made another stake location close towards ex. Barn. Contact made to driller for confirmation.

DATE: 9/15/14 INSPECTOR: J. Wolf