

C 1 0295

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 5/11/01 OK

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER SDC STREET OR RFD Huntersworth TOWN Glenwood SUBDIVISION Wellington SECTION III LOT 14

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 entries for Sand, Gray Micaceous Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used) diameter depth (feet)

SCREEN RECORD screen type or open hole

DEPTH (nearest ft.)

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

Driller installed pump (YES/NO), Capacity, Pump Horse Power, Pump Column Length, Casing Height.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MSD024

DRILLERS SIGNATURE

LIC. NO. MD

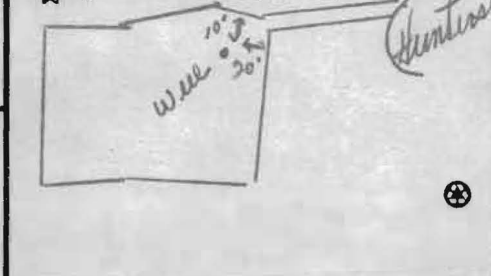
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



**Date Received (APA)** 12/2/00

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

Security Development Group  
P.O. Box 417  
Ellicott City Md 21041

**B 3** LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 3 LOT 14

44 46 48 50

52 NEAREST TOWN 71

57 70 State 72 Zip 76

Howard  
Wellington  
Hlenwood

MILES FROM TOWN (enter 0 if in town) 1 1/2 M I

73 76 77 78

**DRILLER INFORMATION**

Driller's Name 76 License No. 81

Firm Name

Address

Signature Date

Joseph L Mayne MSD 024  
Joseph L Mayne Well Drilling  
5512 Ridgerd Mt. Airy 21771  
Joseph L Mayne 12/12/00

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

Hunterworth

Hunterworth

NORTH

WEST EAST

SOUTH

34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

**B 2** WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

5 500

**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 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 02/04/02

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 528 000 EAST GRID 0786 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST INCH

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 7826

N 5208

000 000

**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)

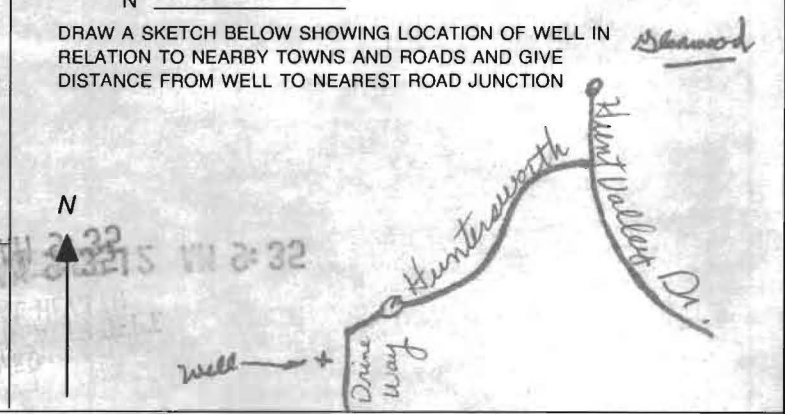
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 54 HO 00 GAP 013(01) 63

PERMIT No. HO-94-2970

70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2070  
 Location of property (road) Huntersworth  
 Subdivision Wellington, Sect. III Lot 14 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller J. Mayne Owner SDC

Depth of well 400'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 43'

I. High rate pumping -- reservoir drawdown

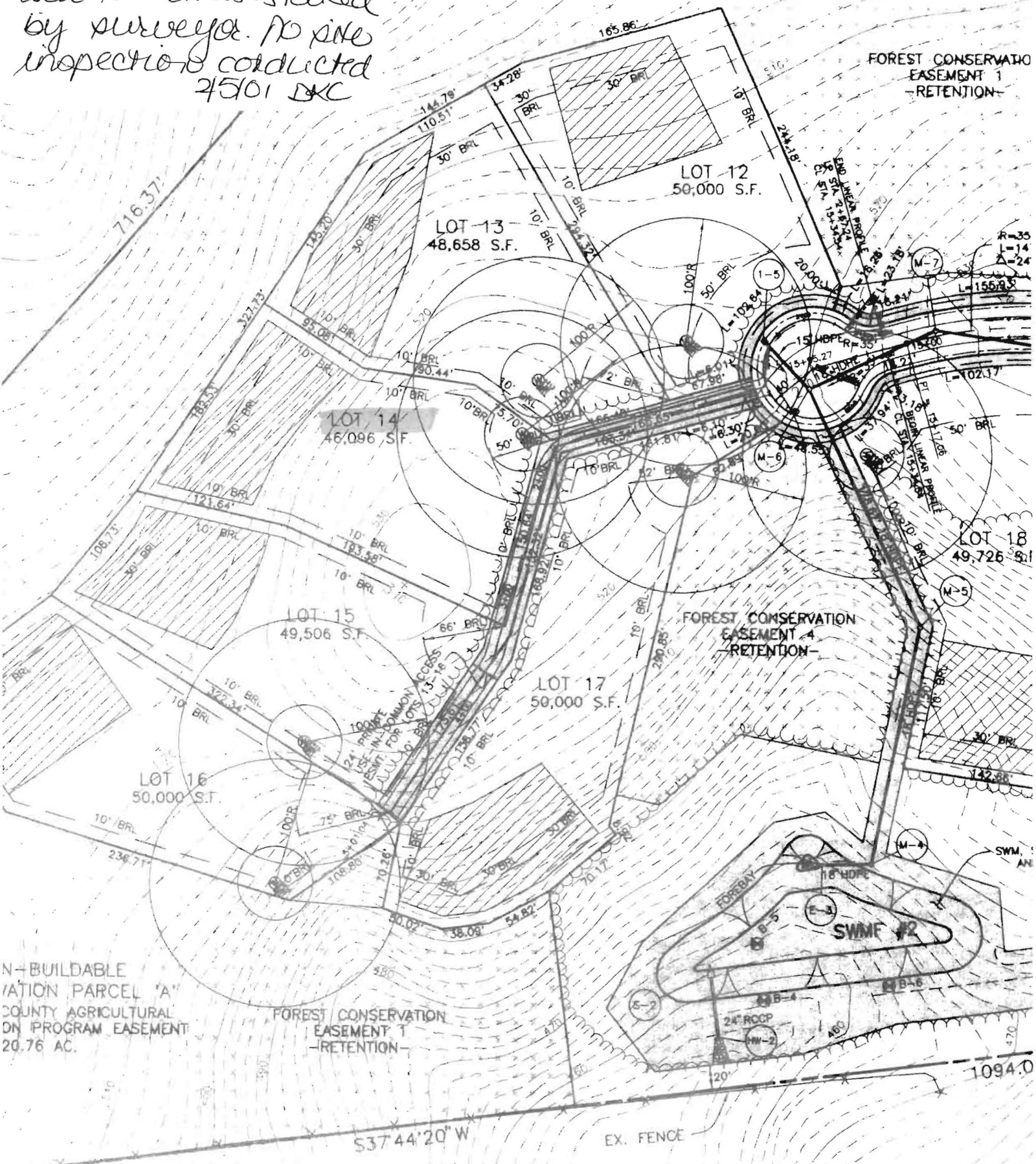
Time pump started 7:00 Pumping rate 15 gpm.  
 Total time 45 min to reach pumping water level 350 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	178	4 sec.	N/A	15 gpm.
7:30	286	5		12
7:45	350	6		10
8:00	347	59		1+
8:15	347	59		1+
8:30	347	59		1+
8:45	347	59		1+
9:00	347	59		1+
9:15	347	59		1+
9:30	347	59		1+
9:45	347	59		1+
10:00	347	59		1+
10:15	347	59		1+
10:30	347	59		1+
10:45	347	59		1+
11:00	346	59		1+
11:15	346	59		1+
11:30	346	59		1+
11:45	346	59		1+
12:00	346	59		1+
12:15	345	59		1+
12:30	345	59		1+
12:45	345	59		1+
1:00	344	59		1+
HD-224/1:15	344	59		1+
1:30	344	59		1+
1:45	344	59		1+

LOT 14

Well site OK as staked  
by surveyor. No pine  
inspection conducted  
2/5/01 DKC



N=BUILDABLE  
A=AGRICULTURAL  
PARCEL 'A'  
COUNTY AGRICULTURAL  
PROGRAM EASEMENT  
20.76 AC.

FOREST CONSERVATION  
EASEMENT 1  
-RETENTION-

FOREST CONSERVATION  
EASEMENT 4  
-RETENTION-

FOREST CONSERVATION  
EASEMENT 1  
-RETENTION-

S37°44'20" W

EX. FENCE

1094.0

**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: Pipe-Rite Plumbing Telephone #: 410-788-3080  
Address: 405 Lafayette Ave  
Baltimore, MD 21228

(Must circle one)  Licensed Plumber    Licensed Well Driller    Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): George Baker License# 2214

\*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: 12K Lits Telephone #: \_\_\_\_\_  
Subdivision: Woods of Wellington Lot #: 14 Well Tag #: HO-99-2970  
Site Address: Glenwood, MD 21738

**Submersible Pump Data**

Make: Murray S  
Model #: 25102-5  
Pump Capacity: 6 GPM  
Well Yield: 1 GPM

**Pitless Adapter**

Make: Martinson  
Model #: BIDK  
Depth: 48 (36" min)  
NSF approved:

**Well Cap and Electric Conduit**

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 1 1/2" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 160 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque armature or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

**Piping to house**

Type: Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 48 (36" min)

**House Connection**

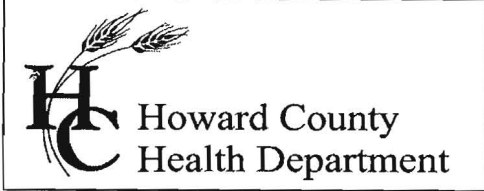
PVC sleeved to undisturbed soil at well penetration:   
Approximate length of sleeve: 5'  
Sleeve caulked and sealed properly:

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: George Baker date: 7-11-03

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

Date Insp. Requested: 7/7/03 pm Date Insp. Approved: 7/7/03 (SO) 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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

January 6, 2004

Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

**SENT VIA FACSIMILE 410-531-8939**

RE: Wellington II, Lot 14  
3242 Huntersworth Way  
BP # B00139727  
Well Permit # 94-2970

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on May 20, 2003.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

**INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #94-2970. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/4/2003 & 1/06/2004  
Date of Well Completion: 4/09/2001

Approving Authority

Stuart Oster,  
Registered Environmental Sanitarian  
Well & Septic Program

sjn  
cc: Building Inspector's Office  
Community Health Services  
File