

C1 0706 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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.
 COUNTY NUMBER **A 29047**

DATE RECEIVED [] DATE WELL COMPLETED **060283** Depth of Well **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-0114**

OWNER **Clark Stephen D.** last name **Hallowell Court** first name **Dayton**
 STREET OR RFD TOWN
 SUBDIVISION **Triadelphia Mill Farms** SECTION **1, area 2** LOT **2**

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	
OVERBURDEN	0	15	
BROWN SHALE	15	115	
GRAY ROCK	115	300 X	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **18** NO. OF POUNDS **1800**
 GALLONS OF WATER **108**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **120** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter (nearest inch) **6**
 Total depth (nearest foot) **120**

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
PL OT PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 EACH SCREEN
40 **120** **300**

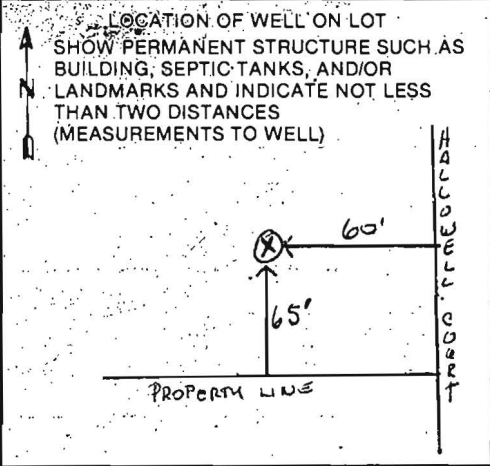
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **326**
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface) BEFORE PUMPING **42** WHEN PUMPING **27 5 3'**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **(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
 CAPACITY GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below LAND SURFACE (nearest foot)



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. **129**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Terry Brown

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

B 1 3308

SEQUENCE NO. 8:30 pump test-6 hrs. 6/1/83
(OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0114

(THIS NUMBER IS TO BE PUNCHED ON ALL CARDS)

please print or type

Date Received 4/2/83 9:30 AM GROUT

051183

OWNER INFORMATION

CLARK STEPHEN D.

5451 THUNDER HILL RD

COLUMBIA MD 21045

B 3 LOCATION OF WELL

HOWARD

TRIADELPHIA MILL FARM S

SECTION 1 LOT 2

DAYTON

MILES FROM TOWN (enter 0 if in town) 2 MI

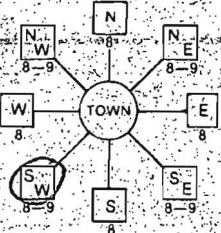
Sandy B COCHRAN 120

G. EDGAR HARR SONS CORP.

12047 FALLS RD COCKEYSVILLE 21033

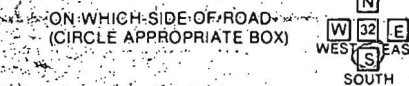
Sandy B Cochran 5-9-83

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



TRIADELPHIA ROAD

NEAR WHAT ROAD



DISTANCE FROM ROAD 100 FT

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 730

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A29047

COUNTY NAME COUNTY NO. STATE HEALTH SIGNATURE INSERT S

DATE ISSUED 052583 Frank Skinner 11/25/83

NORTH GRID 503000 EAST GRID 08000000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

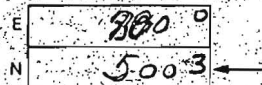
METHOD OF DRILLING (circle one)

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

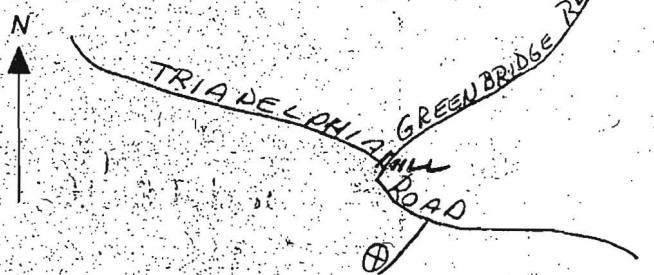
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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
[D] THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE FS WRITE INITIALS IN BOX PERMIT NO. HO-81-0114

SPECIAL CONDITIONS

792-8654

A 29047

SUBDIVISION: Triadelphia Mill Farms

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

170 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3.5 feet below original grade.

5.5 feet of stone below distribution pipe.

4.5 145
40' trench
3.5' - 8'

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 16.5 FT FROM THE FRONT LOT LINE
AND 12.5 FT FROM THE LEFT LOT LINE AS SEEN WHEN FACING
THE LOT FROM HOLLOWELL CT. RUN TRENCHES ON CONTOUR TOWARD
THE RIGHT LOT LINE 4-7-87 S.A.H.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0114
 Location of property (road) Hallowell Court
 Subdivision Triadelphia Mill Farms Lot 2 Block Plat Sec. 1
 Well Driller Sandy Cochran Owner Stephen Clark

Depth of well 300'
 Distance of measuring point (M.P.) above ground 16"
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 0830 Pumping rate 10.27
 Total time 45 to reach pumping water level 272' 7" 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)
0830	42'	21		14.28
0845	162'	24		12.5
0900	238'	27		11.11
0915	272' 7"	93		3.22
0930	270' 9"	93		3.22
0945	273'	85		3.52
1000	274' 6"	85		3.52
1015	276' 11"	87		3.44
1030	277' 9"	90		3.33
1045	276' 5 1/2"	94		3.19
1100	276' 1"	94		3.19
1115	275' 9 1/2"	94		3.19
1130	275' 9"	94		3.19
1145	275'	94		3.19
1200	275' 7"	94		3.19
1215	275' 1"	94		3.19
1230	275'	94		3.19
1245	274' 3"	94		3.19
1300	274'	94		3.19
1315	274' 4"	92		3.26
1330	274' 3"	92		3.26
1345	275'	92		3.26
1400	275' 6"	92		3.26
1415	275' 4"	92		3.26

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 X
 Replacement _____

Receipt # 40097
 Date 9-10-87

Name of Installer Carroll Bauerlein T/A Pride Plumbing Telephone 922-2151
- Hearty Inc.

License Number 3486
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Stephen Clark Telephone _____
 Subdivision Fidelton Mill Farms Lot # 2 Well Tag # HO-81-0114
 Site Address 13911 Ballowell Ct

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible X
 2. Make _____
 3. Model # Goulds
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes _____ No _____
 6. If Yes, is low pressure cutoff switch installed? Yes X No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Motor
 1. Horsepower 3/4
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 X

Pitless Adapter
 1. Make _____
 2. Model # _____
 3. Depth _____

Tank
 1. Capacity 40
 2. Pressure relief valve? Yes

Piping
 1. Type _____
 2. Size 1"
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line 42"

Well data
 1. Depth 300 ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 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.

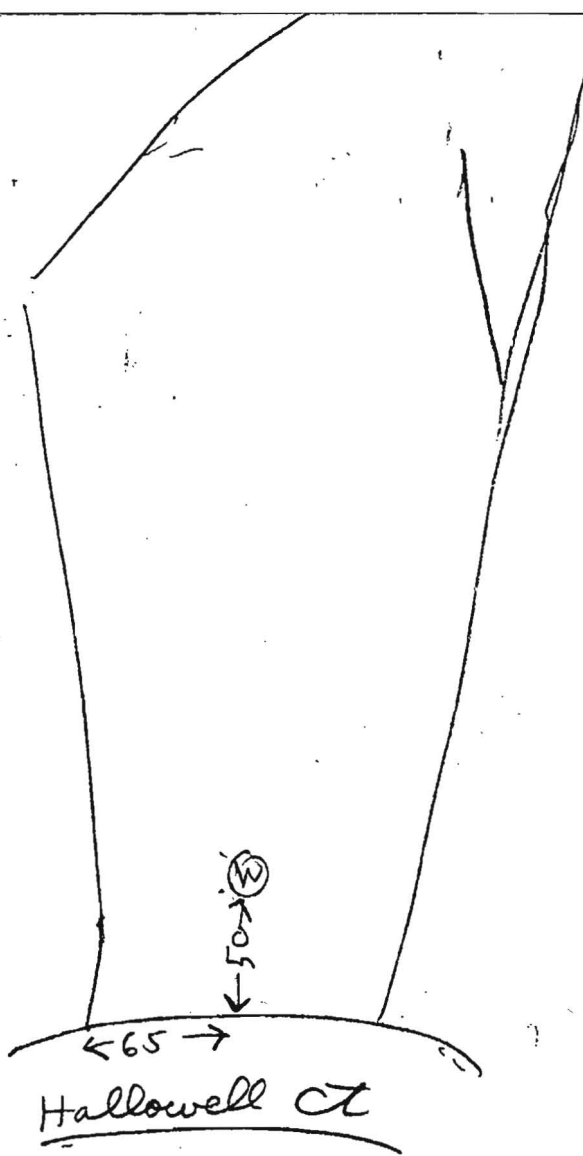
Signature of Applicant: Carroll Bauerlein

Date: Sept. 10, 1987

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

9/29/87 - OK TO COVER OUTSIDE WORK
 HD-215 PRESSURE TANK OR
B. J. Dodge

5/90



6/2/83 930

- ① 120 FT CASING 2 FT OUT OF GROUND
 - ② WELL 300 FT DEEP
 - ③ LOCATION OK
 - ④ WEIGHTED ROPE DROPPED DOWN
ANNULAR SPACE 62 FT (COULD HAVE
WENT FARTHER IF I HAD MORE ROPE)
 - ⑤ 22 BAGS USED
 - ⑥ WELL OK
- ~~GOING~~ GOING

Don Present - Leonard Wash

Test by R J Hodge

PUMP TEST GOING ON NOW SOME ONE WILL
CHECK PUMP TEST THIS PM

