

C1 0716 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** FILL IN THIS FORM COMPLETELY PLEASE TYPE THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6 (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"

MM DD YY 16 7 91 22 300 26 OK SRU 10/5/01 10-94-3075

8 13 16 20 28 29 30 31 32 33 34 35 36 37 COUNTY NUMBER 514736

OWNER Jobson James STREET OR RFD Cattail Meadows Drive TOWN Lisbon

SUBDIVISION Cattail Woods SECTION _____ LOT Pres. Parcel A

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	
Brown Shale	0	77	
Gray slate	77	92	
Brown	92	93	✓
Gray slate	93	275	
Flint	275	276	✓
Gray slate	276	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT BENTONITE CLAY

NO. OF BAGS 29 NO. OF POUNDS 2726

GALLONS OF WATER 174

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.

(enter 0 if from surface)

CASING RECORD

types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 82

60 81 63 64 66 70

OTHER CASING (if used)

diameter depth (feet) inch from to

EACH CASING _____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO

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. MSD 009

Allen Compton
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

C2 DEPTH (nearest ft.)

HO 75 300

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

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) _____

58 60 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) (E.R.O.S.) W O

70 _____ 72 _____ 74 75 78

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min.) 9

METHOD USED TO MEASURE PUMPING RATE 194L

WATER LEVEL (distance from land surface)

BEFORE PUMPING 70 ft.

WHEN PUMPING 170 ft.

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 INSTALLED PUMP (CIRCLE) (YES OR NO) 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 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

- below } 01 (nearest foot) 48 50 51

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)

NO Survey stakes

B 1 **4170** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-3075**
 1 2 3 6 70 fill in this form completely 79
W515038 please print or type

Date Received (APA) **04 11 01**
 8 MM DD YY 13
 OWNER INFORMATION
 15 Last Name **206 JOINT VENTURE** Owner First Name 34
 15 298 Union Chapel Rd
 36 Street or RFD 55
 Woodbine Md 21797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 Howard
 8 COUNTY **Woods** 21
 CATTAIL Creek
 23 SUBDIVISION Pres. Parcel A 42
 SECTION **2** LOT 48 50
 LISBON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Fogle's Septic** License No. 81 **M D 256**
 Firm Name **Westminster Potable Well Drilling Inc.** 21784
 580 Obrecht Road Sykesville
 Address **P.O. Box 861 Westminster, Md. 21157**
 Signature **[Signature]** Date **4-9-01**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 CATTAIL Meadow DR
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 500 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: **7** BLK: **24** PARCEL **519**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **6**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard 514736
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED **04 17 01** Steven R. King **04 17 02**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **542** 0 0 0 EAST GRID **780** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'
 6/7/01 8:30groot
 6/7/01
 SOURCES OF DRILLING WATER
 1. CITY
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **780**
 N **542**
 -000
 000

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
 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 CATTAIL Meadow DR
 PLINA
 500' x well

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER 54 GAP 63
 PERMIT No. **HO-94-3075**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS → Ensure 30' exists between well & house stake ⊕

12/30/02
Anytime

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 # _____
Date _____

Name of Installer PRIDE PLUMBING/Heating Inc

Telephone 410 875 2206

License Number 3486

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Jobson - James Telephone _____
Subdivision CATTAIL WOODS Lot # PPA Well Tag # HO - 94 - 3075
Site Address 1748 CATTAIL MEADOWS WOODBINE MD 21797

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <u>X</u>	a. 110 _____	
2. Make <u>Goulds</u>	b. 220 <u>X</u>	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <u>X</u>		
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	Piping	Well data
1. Capacity <u>44 Gal</u>	1. Type _____	1. Depth <u>300</u> ft.
2. Pressure relief valve? <u>yes</u>	2. Size <u>1"</u>	2. Yield <u>90</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>90</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

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.

12/30/02 } WPI OK (S) Signature of Applicant: Carol Baverly

Date: May 16 - 02

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

