

C 1 **9751** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 12/29/77 DEPTH OF WELL 505 PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 44-11-5007

DATE WELL COMPLETED 12/29/77 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 42

OWNER McCarthy, Dan LAST NAME FIRST NAME OLNEY, Mo. 20832

STREET OR RFD 7008 QUEEN MARY DRIVE POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	3	
SHALE	3	20	
SHALE	20	40	
Brown side	40	150	
Blue side	150	220	
GRAY side	220	320	
Blue side	320	505	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT M BENTONITE CLAY B C

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 40 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE: S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 51

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	8	9	11	15	17	21
2						
3	23	24	26	30	32	36
	38	39	41	45	47	51

SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 58 (NEAREST FOOT) 17 20

WHEN PUMPING 505 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR A PISTON P TURBINE T

CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O

JET J SUBMERSIBLE S

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)

- BELOW } 49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

WELL:

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME L. P. EASTERDAY

(PLEASE PRINT) L. P. Easterday

SIGNATURE L. P. Easterday

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OKSRK 8/8/02

DATE WELL ABANDONED: 8/6/02 (month/day/year)

Tag Returned & Destroyed

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-73-2269

* PERMIT NUMBER OF REPLACEMENT WELL

HO-94-2552

* PERSON ABANDONING WELL: Ed Trivelli

WELL DRILLERS LICENSE NUMBER: NA

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: " "

* WELL LOCATION: 7491 Mink Hollow Rd

COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 40 BLOCK 7 PARCEL 388
 SUBDIVISION: Country Lane
 SECTION: _____ LOT: 11

X	
000	
000	

SHOW WELL LOCATION BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Topsoil	0	6"
Concrete	6"	1'
Concrete	1'	100'±

MARYLAND GRID COORDINATES

BOX NUMBER E 801
 N 486

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 505 FEET DEEP ^{originally} → Well collapsed to 100' deep

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 36'

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Steven Roger Krieg

LICENSE # 01231

CIRCLE ONE NA DATE 8/7/02



 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK SRK
 8/8/02

DATE WELL ABANDONED: 8/6/02 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) →

H0-73-3047

* PERMIT NUMBER OF REPLACEMENT WELL

H0-94-2552

* PERSON ABANDONING WELL: Ed Trivelli

WELL DRILLERS LICENSE NUMBER: NA
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: " "

* WELL LOCATION: 7491 Mink Hollow Rd

COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 40 BLOCK 7 PARCEL 388
 SUBDIVISION: Country Lane
 SECTION: _____ LOT: 11

x	
000 000	

MARYLAND GRID COORDINATES

E 801
 BOX NUMBER
 N 486 ←

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- _____ BORED/AUGURED _____ HAND DUG
- _____ OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION

MATERIAL	FEET	
	FROM	TO
Topsoil Concrete	0 6"	6" 140'

* TYPE OF CASING:

- STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 140 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 36"

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

Steven Roger Krieg
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

01231
 LICENSE #

MWD/MSD/MGD NA 8/7/02
 CIRCLE ONE DATE



HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
~~461-9998~~
 410313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date 6-26-2000
 Name of Installer Quality Plumbing & Heating Inc Telephone 301-384-1873
 License Number 2408 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner Monica McCarthy Telephone (301) 854-0036
 Subdivision _____ Lot # _____ Well Tag # HO-94-2552
 Site Address 7491-Mink Hollow - Highland MD 20777

Pump	Motor	Pitless Adapter
1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible <input checked="" type="checkbox"/>	1. Horsepower <u>1 1/2</u> 2. RPM <u>3450</u> 3. Voltage _____ a. 110 _____ b. 220 <input checked="" type="checkbox"/>	1. Make <u>MARTINSON</u> 2. Model # <u>S-10 6x1</u> 3. Depth <u>42"</u>
2. Make <u>Goulds</u>		
3. Model # <u>58515412</u>		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>WX302 80 gallon</u>	1. Type <u>HD250</u>	1. Depth <u>600</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>2.5</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level <u>50</u> ft.
	4. Depth of supply line <u>590'</u>	4. Will water supply be disinfected by installer? <u>NO</u>

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.

6/28/00-WPI OK (SRK) Signature of Applicant: [Signature]
 Date: 6-28-2000

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

FILE Well site change DATE REPORTED 12-5-77

PROPERTY OWNER John McCarthy

P.O. ADDRESS Country farm la. lot # 11 TELEPHONE _____

DIRECTIONS TO PROPERTY Mink Hollow Rd to Country farm lane

INFORMANT dry hole to relocate well site

see back

Easterday is Driller

CONDITION FOUND 12/5/77 Visited site, well drilling rig onsite ~50 ft of front right corner of house; lot slopes front to back; septic tank off left rear corner of house. If well is kept in front yard there would be no conflict to sewage disposal area. F.S. & M.B.

ACTION TAKEN 12/6/77 T.C. & John McCarthy re change in well location due to dry hole of ~200 ft. F.S.

12/6/77 T.C. & Easterday secretary re change in well location F.S.

12/29/77 New well grouted
C.B.D.

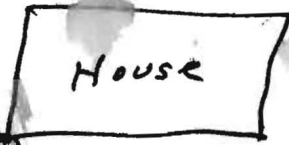
FINAL DISPOSITION 12/6/77 File & well grout info. F.S.

dry the
well

Rd

supra site

+



old test hole

⊗

⊗

x

x

retested

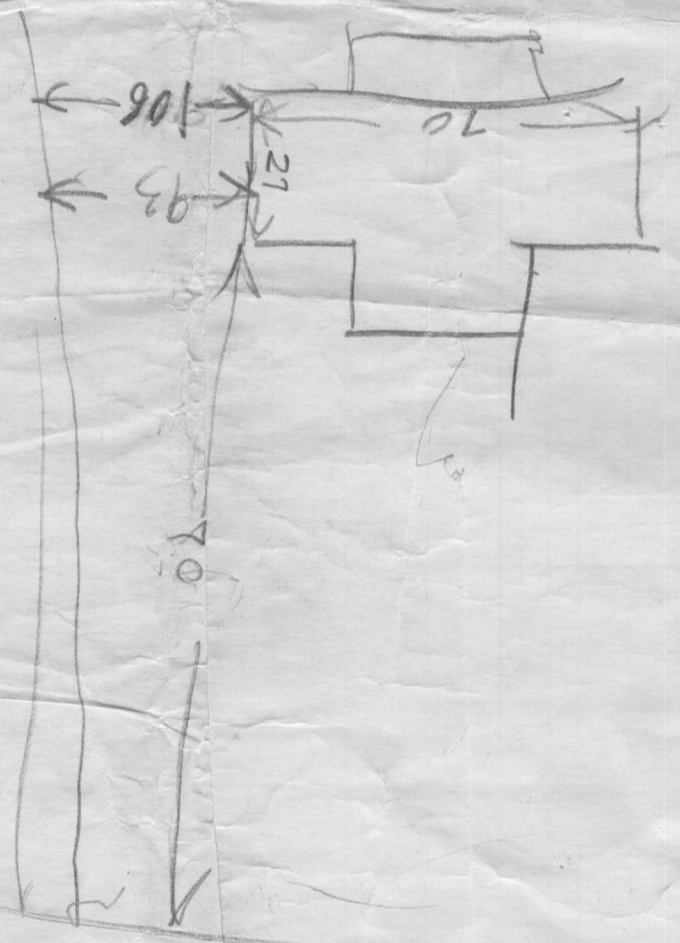
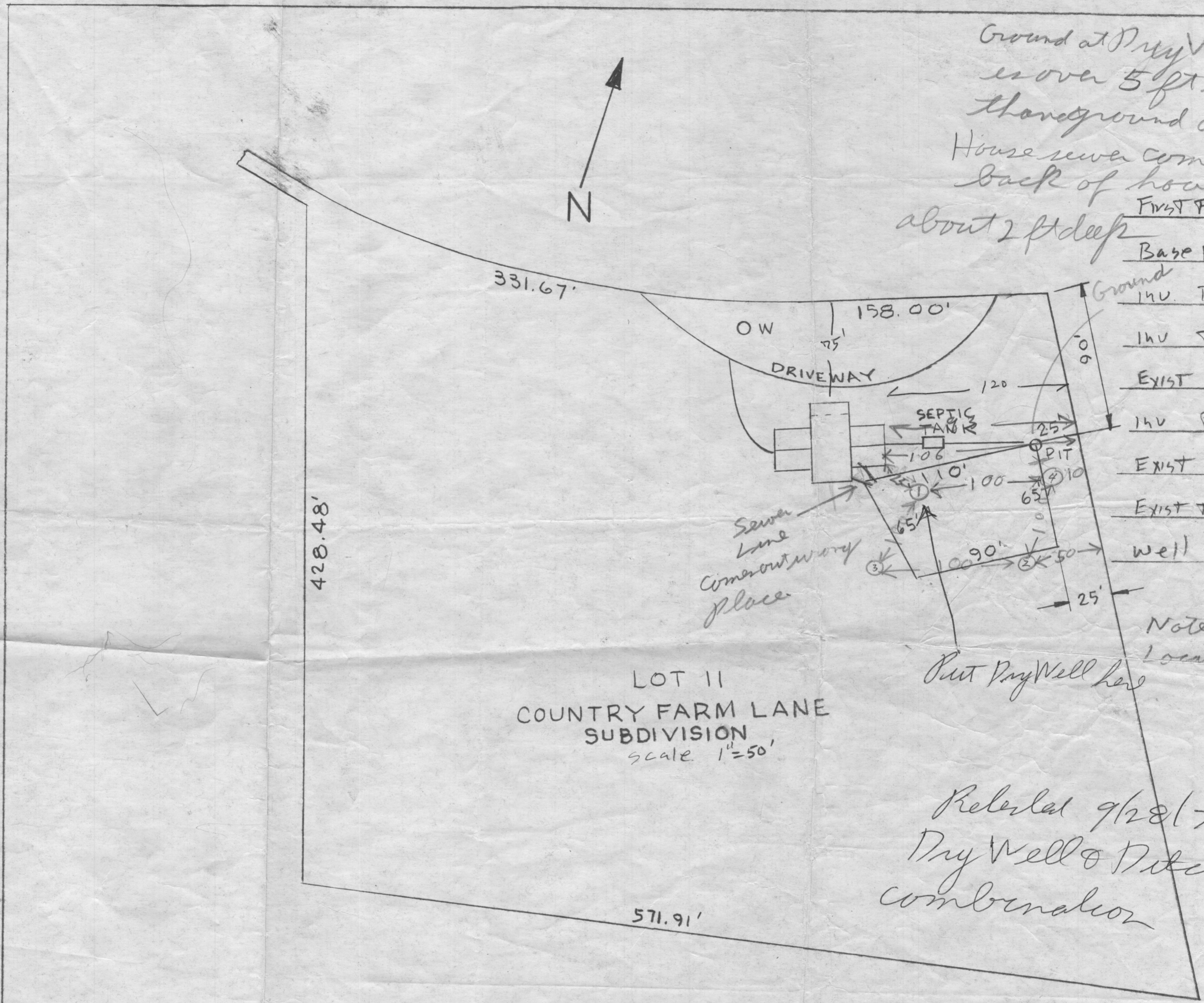
x

x

9/24/76 Retest Needed RH

Ground at Dry Well site is over 5 ft higher than ground at house sewer
House sewer comes out back of house about 2 ft deep

First Fl. Elev	500'
Base Fl. Elev	492'
Ground Inv. Base	491'
Inv. Tank	490'
EXIST Tank	493'
Inv. PIT	488'
EXIST PIT	492'
EXIST TIME OF TEST	492'
Well Elev.	502'



LOT II
COUNTRY FARM LANE
SUBDIVISION
Scale 1"=50'

Retest 9/28/76
Dry Well & Ditch
combination

I certify that the above measurements + elevations, are actual and correct for this property:

John R. McCarthy

(pd. cert for permit)

10/12/75 5' below ground

COLONIAL
MCCARTHY JOB

OK 8/17