

**C1** 4421 SEQUENCE NO. (OEP USE ONLY)  
 1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 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 P15880

DATE Received [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED 020908

Depth of Well 10/17/08  
22 205 26  
 (TO NEAREST FOOT) O.K. PB

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
H0-95-1373

OWNER Whitty Patrick last name first name  
 STREET OR RFD 1503 Old Annapolis Rd. TOWN Woodbine Md. 21797  
 SUBDIVISION 1503<sup>rd</sup> Annapolis Rd. SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**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	
Top Soil	0	1	
Brown Shale	1	45	✓
Brown Slate	45	69	
Brown Slate	69	71	✓
Blue Slate	71	92	
Brown Slate	92	94	✓
Blue Slate	94	128	
Flint	128	129	✓
Blue Slate	129	160	
Blue Slate	160	205	
Mixed with Flint			

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 19 NO. OF POUNDS 1786  
 GALLONS OF WATER 114  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 60 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 PL 6 64

**OTHER CASING (if used)**  
 diameter inch depth (feet) 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

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1 H0 62 205  
 2  
 3

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

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 8  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 31  
 WHEN PUMPING 205  
 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   
 (CIRCLE) (YES or 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 } LAND SURFACE  
 below } \_\_\_\_\_ (nearest foot)

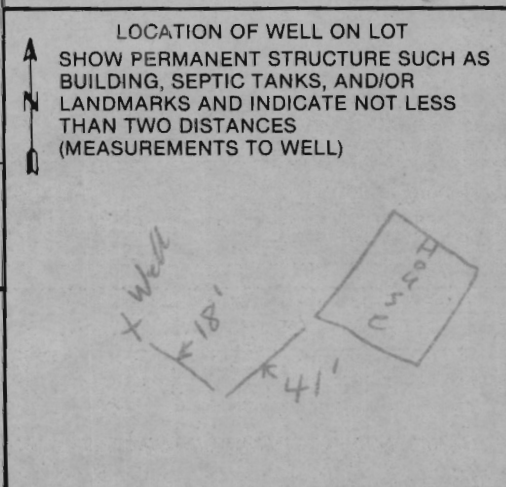
**A** CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

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. MSD081  
 DRILLERS SIGNATURE \_\_\_\_\_  
 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

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



B 1	7797	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528474 please type	STATE PERMIT NUMBER HO-95-1373 fill in this form completely
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Date Received (APA) 1/9/08

OWNER INFORMATION

Whitty Patrick  
1503 Old Annapolis Rd.  
Woodbine Md 21797

B 3 LOCATION OF WELL

Howard  
1503 Old Annapolis Rd.  
Woodbine

DRILLER INFORMATION

Stanley Bollinger M 5 D 081  
Stair Well Drilling  
PO Box 2035, Westminster Md. 21157

B 4

Old Annapolis  
ON WHICH SIDE OF ROAD  
DISTANCE FROM ROAD 300 FT  
TAX MAP: 7 BLK: 15 PARCEL 284

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.)  
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard (13) P15880  
DATE ISSUED 1/9/2009  
CO SIGNATURE Brian Baber 1/9/2009

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 250 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1. Well

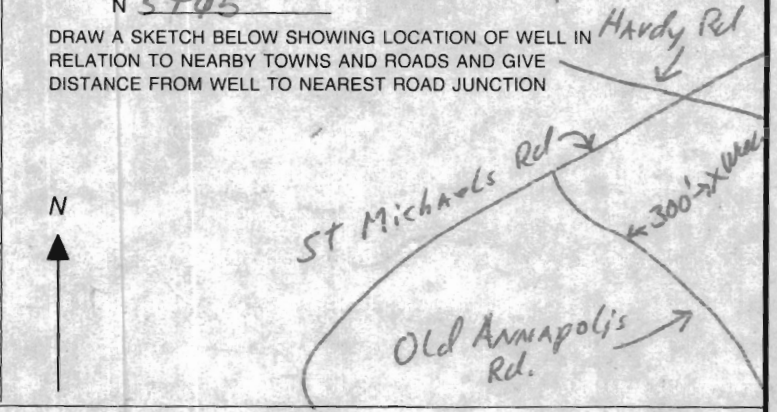
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 770 760 770  
N 5405

METHOD OF DRILLING (circle one)

AIR-ROtary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G  
PERMIT No. HO-95-1373

8/12/08 P.m.

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: ROBERT L. FEEZER CO. INC Telephone #: 410-795-1405  
Address: 6321 BARNETT AVENUE  
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): ROBERT L. FEEZER CO. License# 2122

\*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: M/M PAT WITTM Telephone #: 410-489-5126  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1373  
Site Address: 1523 OLD ANNAPOLIS ROAD  
WOODBINE, MD. 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOSS</u>	Make: <u>COMPART</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>ISSD107-80</u>	Model #: <u>PA300</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (16" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4.0</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>206</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Robert L. Feezer date: 8/12/08

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

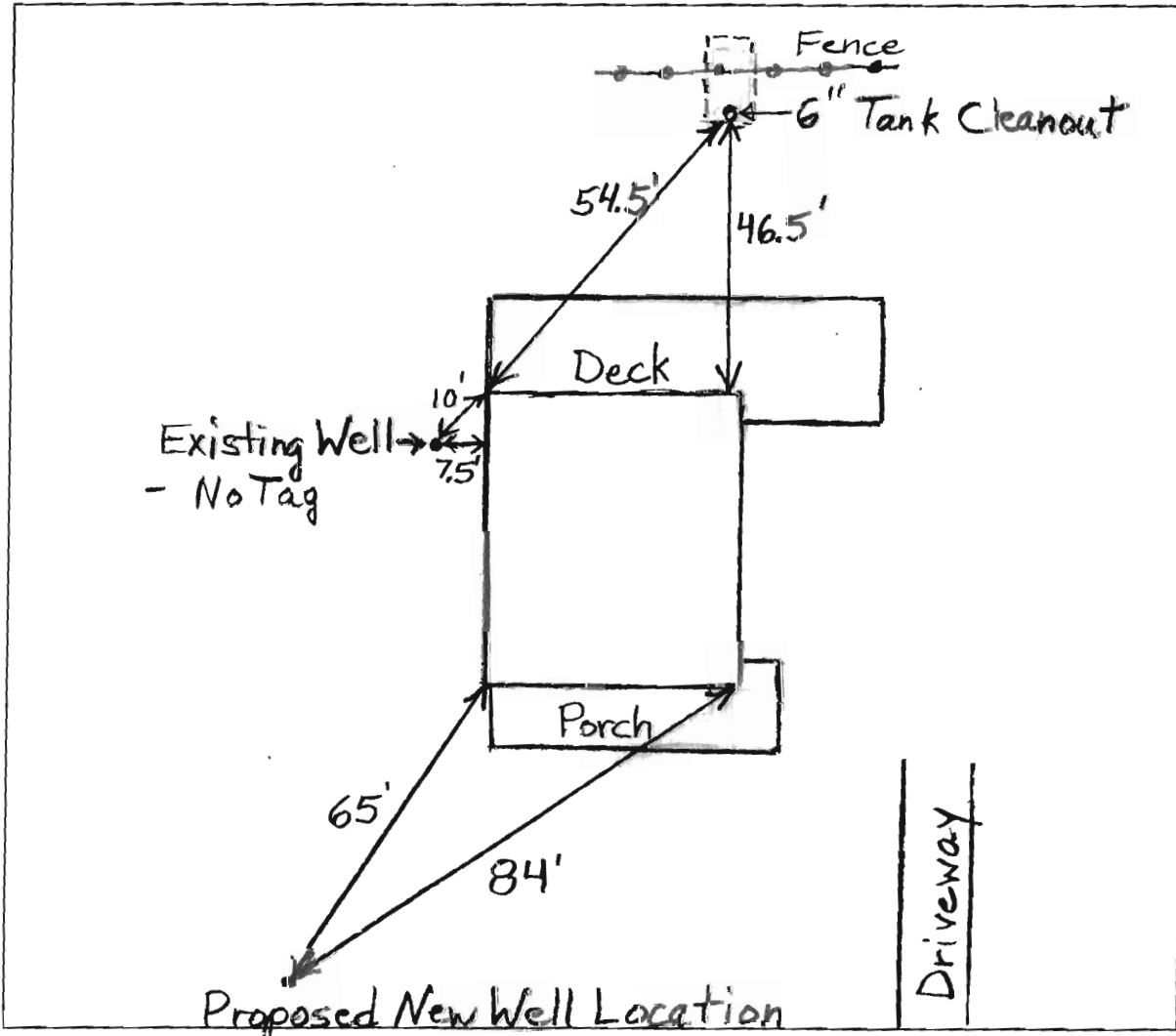
Date Insp. Requested: 8/12/08 Date Insp. Approved: 8/12/08 (RW)  
Inspection Data: Pitless adapter and water supply line at least 16" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed 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

Samples Collected From New Well  
By Community Health

SITE INSPECTION SHEET

OWNER: Stephen Witty PHONE #: \_\_\_\_\_  
ADDRESS: 1503 Old Annapolis Rd. CONTRACTOR: Jones Well Drilling  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Existing Well Shallow and Homeowner's Experiencing Problems With Yield - Replacement Well Request

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: 1/9/2008 INSPECTOR: B. Baker

October 20, 2008

Stephen Witty  
1503 Old Annapolis Road  
Woodbine, MD 21797

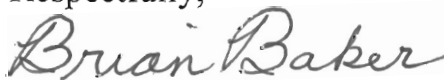
RE: **Replacement Well**  
1503 Old Annapolis Road  
Permit #: HO-95-1373

Dear Mr. Witty:

Maryland Regulations (COMAR 26.04.04) require that all new wells that are drilled for potable usage must be sampled twice as a form of protection for Maryland residents. Please call the Community Health Program at **(410) 313-1792** to schedule the collection of the initial water sample. **Currently there is no charge for the sampling.**

It is preferred that the sample be collected from an indoor faucet. If this is not possible, the sample may be taken from an outside hose bib. However, the potential for the collection of a failing water sample increases when samples are taken from sources exposed to the outside environment.

Respectfully,



Brian Baker, R.S.  
Well & Septic Program

cc: Community Services Program  
File

4/26/71  
Postmaster  
Sinc

44 4-27-71  
Dum

INDEXED

PERMIT

Please scan  
under →

P 15880

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 4/19/71

Jack Fyock

IS PERMITTED TO INSTALL ALTER X

ADDRESS Ten Oaks Road, Glenelg, Maryland PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 1503 Old Annapolis Road LOT

PROPERTY OWNER J. C. Beyer 489-7091 off St. Michael's Road - approx. 2 flks.  
in 1503 on mail trail

ADDRESS turns left right into field.

SPECIFICATIONS - REPAIR

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

ALL AREA SQ. FT.