

(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A58993 B

ST/CO USE ONLY
DATE RECEIVED
MM 10 DD 26 YY 99

DATE WELL COMPLETED
MM 10 DD 16 YY 99

Depth of Well
165
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2434

OWNER BRS Developers
STREET OR RFD Rolling Hills Dr TOWN Stenwood
SUBDIVISION Cattail Ridge SECTION _____ LOT 31

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	2	
Sandy	2	40	<input checked="" type="checkbox"/>
Sand Stone	40	45	
MICKA	45	85	
Sand Stone	85	90	<input checked="" type="checkbox"/>
MICKA	90	165	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 46

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

STEEL BRASS OPEN HOLE
 PLASTIC OTHER

DEPTH (nearest ft.)

DEPTH (ft.)	DEPTH (ft.)	DEPTH (ft.)	DEPTH (ft.)	DEPTH (ft.)
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
51-52	53-54	55-56	57-58	59-60
61-62	63-64	65-66	67-68	69-70

SLOT SIZE 1 3/8 (NEAREST INCH)

DIAMETER OF SCREEN 5 1/2 (NEAREST INCH)

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

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

T (E.R.O.S.) _____ W.Q. _____

70 _____ 72 _____ 74-75 _____ 76 _____

TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.

WHEN PUMPING 51 ft.

TYPE OF PUMP USED (for test)

air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED NO

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 _____

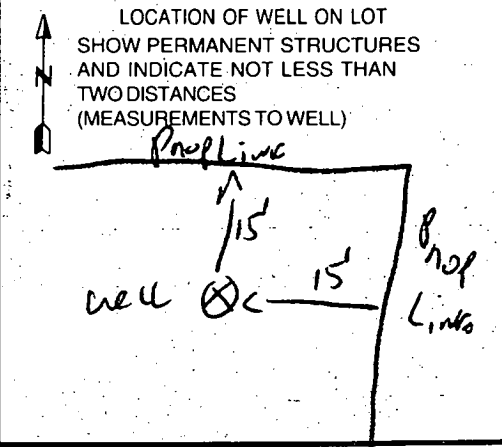
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE
 below } 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

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. M SD 116

DRILLERS SIGNATURE [Signature]

LIC. NO. M SD 112

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

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: Willoughby Plumb Telephone #: 410-781-7051
Address: 6203 SPARK DC
SEYESSVILLE, 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): Chris Willoughby License # 6992

*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: GOODIER BUILDERS Telephone #: 410-997-7400
Subdivision: LATAW RIDGE Lot #: 31 Well Tag #: HO 94-2434
Site Address: 15021 ROLLING HILLS
GREENWOOD, MD 21738

Submersible Pump Data
Make: TAC 4721 Pitless Adapter Make: HAERARD Well Cap and Electric Conduit
Model #: _____ Model #: _____ Two piece watertight cap:
Pump Capacity _____ GPM Depth: 48" (36" min) Screened, vented well cap:
Well Yield: 12 GPM NSF approved: _____ Cap secured to casing:
Depth of well encountered at time of pump installation: 105 (feet) Conduit min 1 1/2" B.G.:
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

Piping to house
Type: PEST LINE House Connection
PSI: 11 (160 psi min) PVC sleeved to undisturbed soil at wall penetration:
Depth of supply line: 36" min) Approximate length of sleeve: 6'
Slave 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: Chris Willoughby Pres date: 11-4-02

Don't Know
I-F Well Line
Pitless Inspected

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 18" below grade/attached to cap properly _____
Safety rope installed inside of well casing _____
Correct well tag attached properly and casing 3" above finished grade _____
Water supply line sleeved adequately at house connection _____?
Adequate ground observed below pitless adapter _____?

1/23/03
SO
BB