

C1 4333

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER W511057

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11/12/98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 94-1791

OWNER SECURITY DEVELOPMENT CORP STREET OR RFD 7100 SANNER ROAD TOWN CLARKSVILLE

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Gray Granite, Dry wells Backfilled, 420-40 Drilling materials, 40-0 Cement, 500-40 drilling materials, 40-0 Cement.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (18), NO. OF POUNDS (1692), GALLONS OF WATER (108), DEPTH OF GROUT SEAL (0 to 42).

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (47).

OTHER CASING (if used) table with columns: diameter, depth (feet).

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

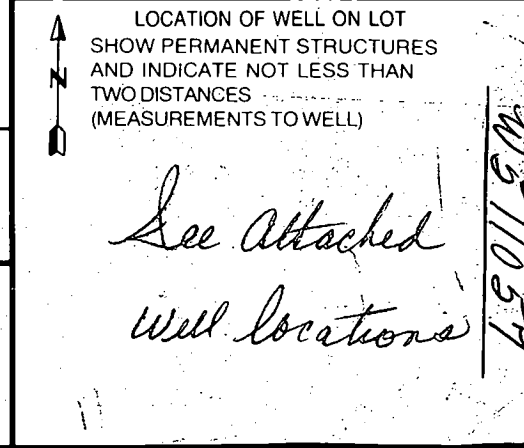
DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields: T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED TO MEASURE PUMPING RATE (air), WATER LEVEL (28 ft. before, 181 ft. when pumping), TYPE OF PUMP USED (A).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).



NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y) form

- 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...

DRILLERS LIC. NO. 1 MS DO 24; DRILLERS SIGNATURE Joseph L. Maize; LIC. NO. 1 MS DO 27; DRILLERS SIGNATURE Larry Maize

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

B 1 8713

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-1791 fill in this form completely

05-389186

Date Received (APA)

OWNER INFORMATION

INDEXED

B 3

LOCATION OF WELL

8 MM DD YY 13

Security Development Corp. P.O. Box 417 Ellicott City MD 21041

Howard COUNTY Clarksville NEAREST TOWN

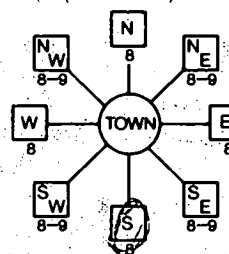
DRILLER INFORMATION

Joseph E. Mayne MS D 20 Joseph E. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy, MD 21781 Joseph E. Mayne 10/16/98

MILES FROM TOWN (enter 0 if in town) 4 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



7100 James Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



600 DISTANCE FROM ROAD ENTER FT OR MI

B 2

WELL INFORMATION

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD W511052 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10 20 98 CO SIGNATURE EXP. DATE 10/20/99 NORTH GRID 480 000 EAST GRID 820 000

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

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 DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER 54 63

PERMIT No. 40-94-1791

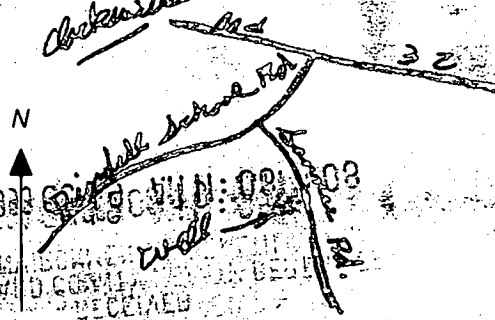
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 480

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PROPERTY ACTUALLY OWNED BY LEWMAN

HOWARD COUNTY HEALTH DEPARTMENT  
 Bureau of Environmental Health  
 3525-N Ellicott Mills Drive  
 Ellicott City, MD 21043  
 461-9933

APPLICATION FOR PITLESS-ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
 Replacement

Receipt # \_\_\_\_\_  
 Date \_\_\_\_\_

Name of Installer AVS PLUMBING

Telephone 410-442-2221

License Number 6501

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner LARRY LEWIS

Telephone 410-988-9200

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Well Tag # HC-94-1791

Site Address 700 JANNER RD

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible
2. Make COULDS
3. Model # 5650742
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes \_\_\_\_\_ No
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 flexible

Motor

1. Horsepower 3/4
2. RPM \_\_\_\_\_
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

1. Make WILCOX
2. Model # 0702
3. Depth 3 ft

Tank

1. Capacity 16 gal drawdown
2. Pressure relief valve? yes

Piping

1. Type PE
2. Size 1" - 160 lbs
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3 ft

Well data

1. Depth 400 ft.
2. Yield 75 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: [Signature]

Date: 1/13/99

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



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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

December 17, 1998

Mr. Lewman  
7100 Sanner Road  
Clarksville, Maryland 21029

RE: Replacement Well  
7100 Sanner Road  
Well Permit #HO-94-1791


Dear Mr. Lewman:

This office is requesting that you contact Ms. Vicki Fellas at (410) 313-2644 to schedule an initial water sample to be taken as required by Maryland Well Construction Regulation (COMAR 26.04.04) for the above referenced replacement well.

It is preferred that the sample be collected from an indoor tap. However, if we do not hear from you, we may elect to obtain water samples from an outside tap in order to complete your required sampling obligation.

Failure to confirm the potability of this well water supply by completing water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with Maryland Well Construction Regulation (COMAR 26.04.04).

Very truly yours,

  
Kimberly Maiste, Sanitarian  
Water and Sewerage Program

KM  
cc: file

7100 Sanner Road

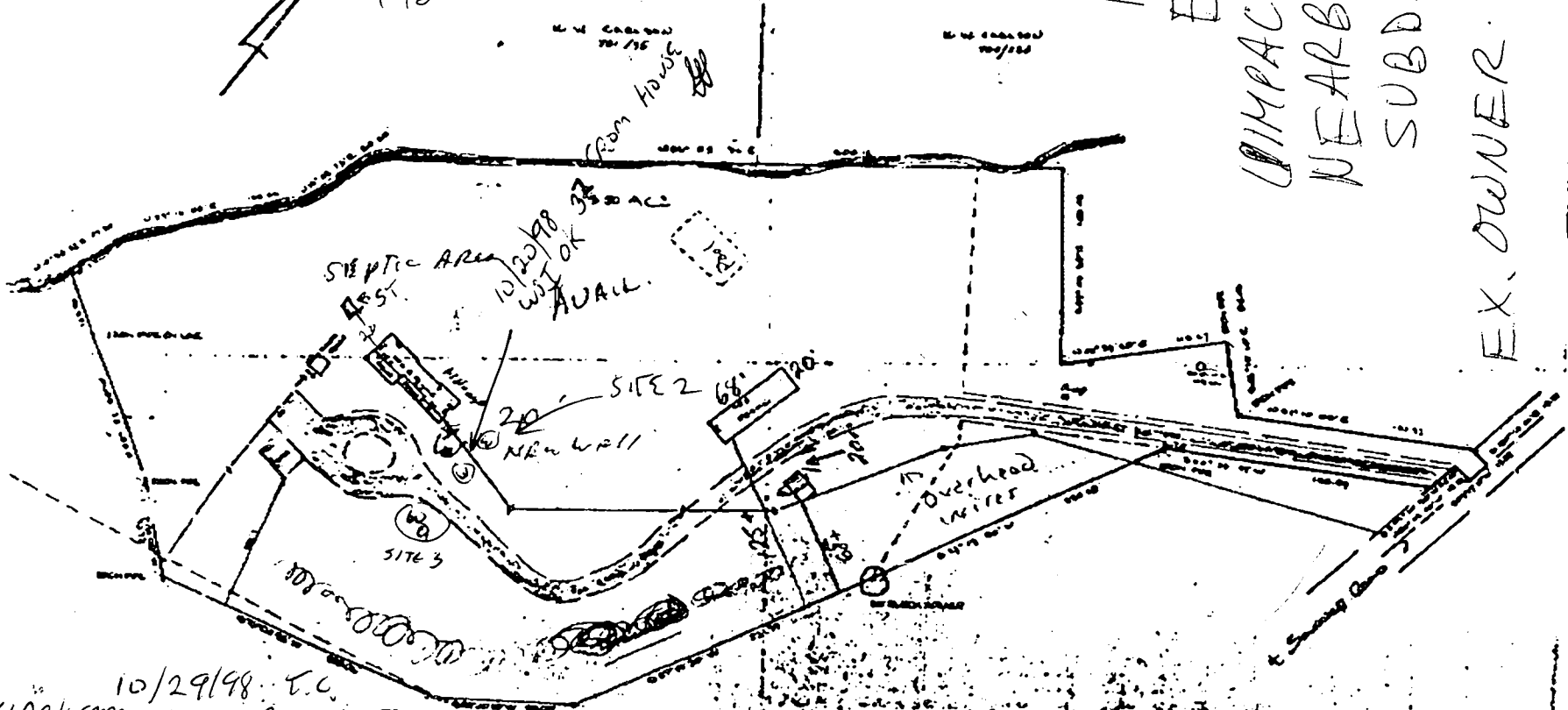
Security Development

410-465-4244  
443-250-9931

20/14

PROPOSED  
WELL IS TO  
REPLACE  
EX. SPRING  
IMPACTED BY  
NEARBY PUB. SEWER  
SUBD. - STORM DRAIN  
EFFECTS)

EX. OWNER



10/29/98 T.C.  
w/ CLARK SPRAY/SC SITE ORY  
To 420', 2ND SITE  
25' FURTHER BACK  
FROM DRIVE OK



10/29/98  
SECOND SITE PAY - OK TO MOVE DIRECTLY  
ACROSS DRAINWAY (C)