

C1 **2110** SEQUENCE NO. (OEP USE ONLY)
 1 2 3 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 **A 37379**

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED **01/22/88** Depth of Well **145** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **HO-81-2497**

OWNER **NICHOLS** **JAMES** last name first name
 STREET OR RFD **SMALLWOOD COURT** TOWN **CLARKSVILLE**
 SUBDIVISION **DUNFARMIN ESTATES** SECTION _____ LOT **9**

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	
SAND	0	24	
Carry Over Rock	24	145	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **658**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **25** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN Nominal diameter Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
S **7** **6** **30**

OTHER CASING (if used)
 diameter depth (feet)
 inch from to

screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 1 **HO** 28 145
 2
 3
 4
 5

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Run-in**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **20** WHEN PUMPING **48**
 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**
 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 (nearest foot)
- below } **2**

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

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

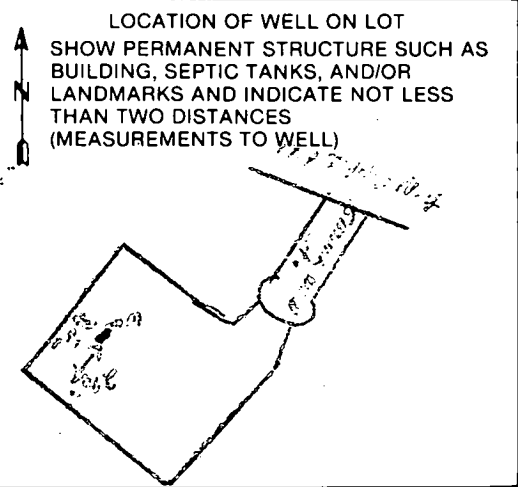
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

DRILLERS IDENT. NO. **238**
Joseph P. Marjano
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) **WQ**
70 **72** **74 75 76**

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



B 1 3624

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

HO-81-2499

fill in this form completely

Data Received (APA)

011488

OWNER INFORMATION

15 Last Name: V... 34 Owner: J... First Name: J...

36 Street or RFD: ... 55

57 Town: ... 70 State: ... 72 Zip: ... 76

B 3

LOCATION OF WELL

HOWARD

8 COUNTY: ... 21 DUNFARMINW ESTATES

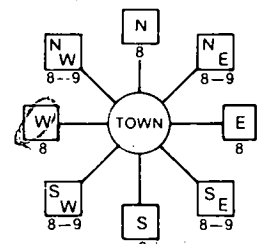
23 SUBDIVISION: ... 42 SECTION: ... 44 46 LOT: 9 ... 48 50

52 NEAREST TOWN: CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) 1 1/2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 smallwood Court 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 700 37 DISTANCE FROM ROAD ENTER FT or MI FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A 37379 COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S

011488 B Wilson 07/14/88 CO SIGNATURE EXP. DATE

NORTH GRID 503000 EAST GRID 0808000

APPROXIMATE DEPTH OF WELL 20 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

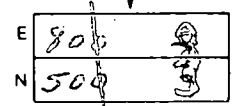
FORCE 100 WRITE INITIALS IN BOX PERMIT NO. HO-81-2499

SPECIAL CONDITIONS NEEDED FOR PRELIM PLAT APPROVAL

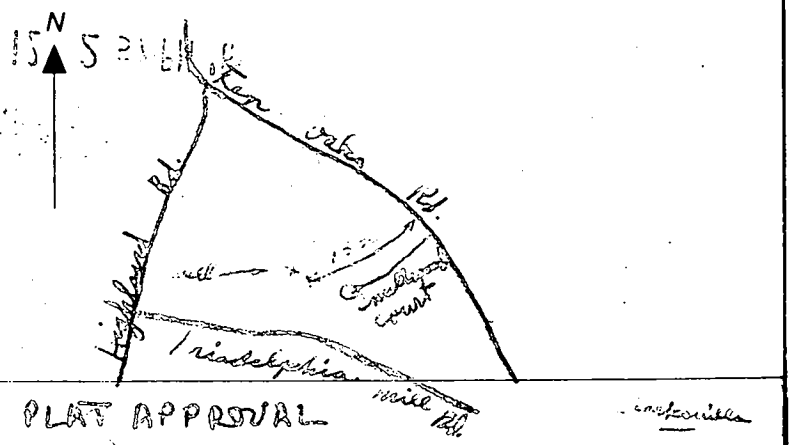
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. ...

WRITE THE BOX NUMBER FROM THE MAP HERE



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



FAX 410 2648
313 9-11-2000

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 10-9-00

Name of Installer C. MAYES P & H

Telephone 410 9230510

License Number 3276
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner MIKE DOUGHERTY

Telephone 410 5311269

Subdivision DUNFARM ESTATES Lot # 9

Well Tag # HO-81-2479

Site Address 5520 SMASHWOOD CT

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

Motor

- Horsepower 1/2
- RPM 2800
- Voltage
 - 110
 - 220

Pitless Adapter

- Make CAMBELL
- Model # VIC 6
- Depth 48"

- Make MYERS
- Model # 25T52-3
- Capacity 7 GPM

- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Tank

- Capacity 50 GAL
- Pressure relief valve? YES

Piping

- Type Poly 160 PSI
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 30 FT

Well data

- Depth 145 ft.
- Yield 10 GPM
- Static water level 120 ft.
- Will water supply be disinfected by installer? NO

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: Charles Mayes

Date: 10-9-00

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

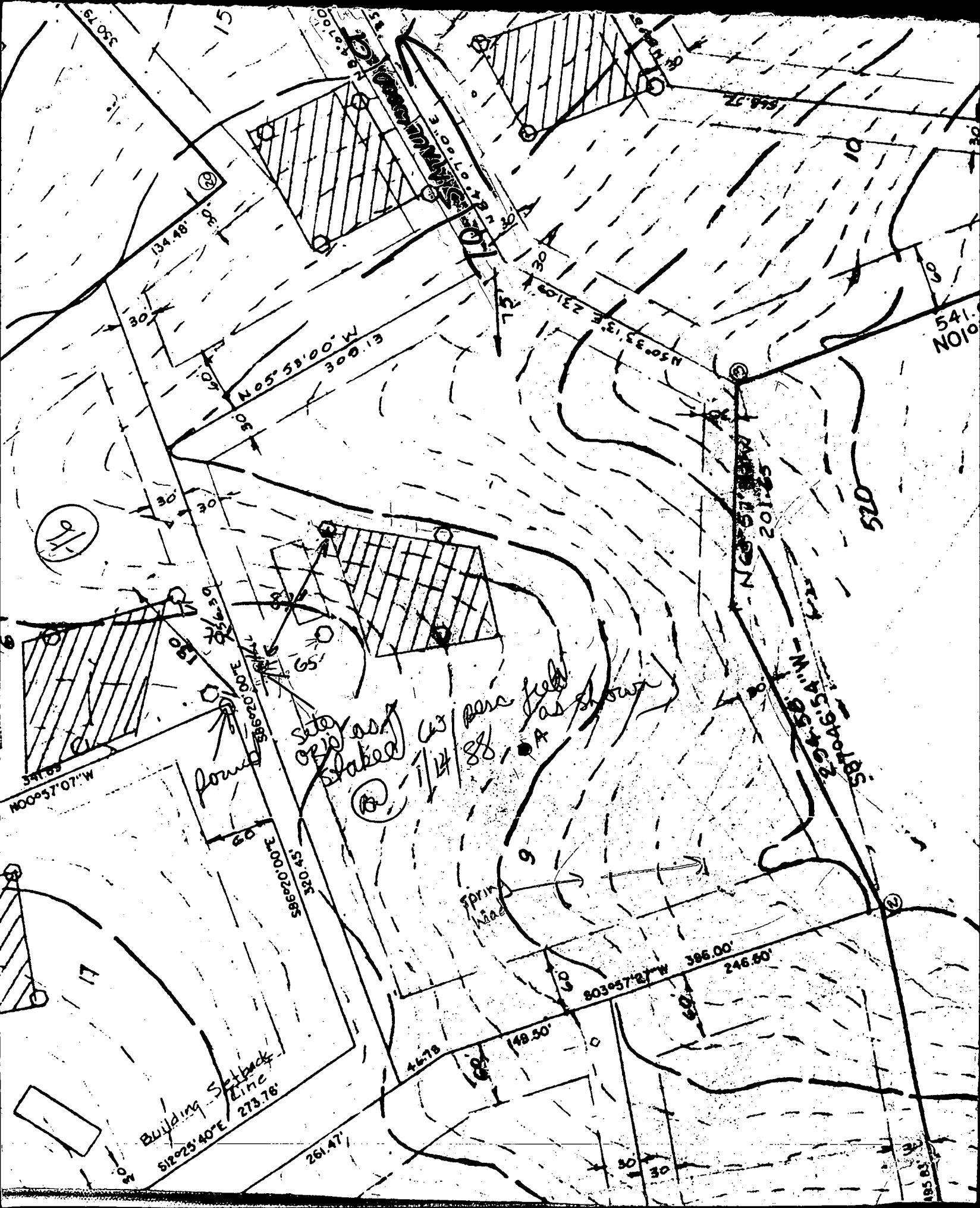
HD-218

8/22/00 WPI OK (MMD)

10/12/00 REMINDED BLDG OF 2-PC CAP (MMD)

is tied around outside of casing. Fails on these 3 points. Rpt 10/23/00

10/25/00 WPI OK - all issues resolved (MMD)



330.73

134.48'

N05°58'00" W
300.13

19

341.69
N00°57'07" W

320.45
S89°20'07" E

Building Setback Line
S12°25'40" E 273.78'

261.47'

300.00
S84°00'00" E
300.00

N50°33'13" E 231.07'

311.00
S71°00'00" E
311.00

Site as staked
as per field as shown

20

Spring Head

46.78
149.50'

803°57'27" W 396.00'
246.60'

N05°57'00" W
201.65'

S87°04'54" W
324.33'

396.00'

246.60'

185.83'

548.32'

541.01'

541.01'

570

570

570

570

570

570

570

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H1342 Name: NICHOLS, JAMES County: HOWARD

Source of Sample: LOT 9 DUNFARMIN EST. SMALLWOOD ET. Collector: B. Nixson
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: HO 812499

13 County
 Plant No.
 Sampling Station
 012588 Date Collected
 10:00 M Time
 Acid
 Iced
 Field Data:
 pH*
 Chlorine Residual
 Free
 Total
 Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
X	Nitrate-Nitrite N	162	2.1		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					