

C1 7935

SEQUENCE NO. (MDE USE ONLY)

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 A29369

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

Grid for ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

070296

Depth of Well

22 285 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-94-0829

OWNER McGeehee Jim STREET OR RD 15920 Meadow Walk TOWN Woodbine SUBDIVISION DAISY HILL EST SECTION LOT 20

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown Shale 0-122, Blue Rock 122-285 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

Grouting record boxes: Y, N, 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 35 NO. OF POUNDS 3240

GALLONS OF WATER 210

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 90 ft.

CASING RECORD

Casing record boxes: ST (Steel), CO (Concrete), PL (Plastic), OT (Other)

MAIN CASING TYPE S7 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 126

OTHER CASING (if used)

Other casing table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

Screen record boxes: ST (Steel), BR (Brass), HO (Open Hole), PL (Plastic), OT (Other)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD 24 DRILLERS LIC. NO. Joseph E. Maguire

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

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

DEPTH (nearest ft.) H0 124 285

Depth grid with columns 1-51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) S

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (distance from land surface) BEFORE PUMPING 62 ft.

WHEN PUMPING 245 ft.

TYPE OF PUMP USED (for test) A air

Pump type selection boxes: P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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

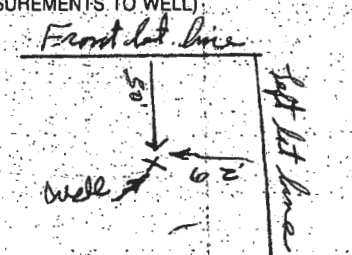
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



3:00  
6/27/96

SITE INSPECTION SHEET

OWNER: James McGehee

DATE REQUESTED: \_\_\_\_\_

PHONE #: 992-8713

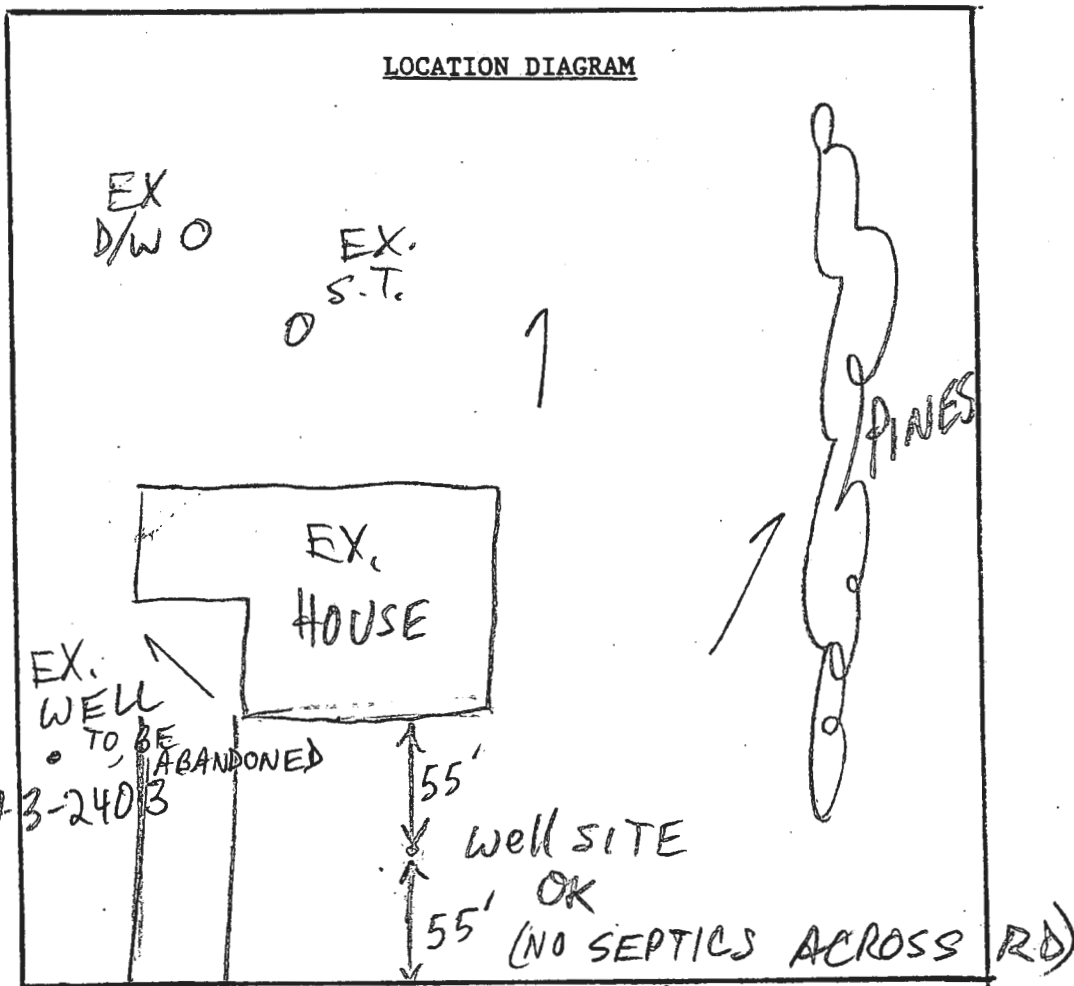
CONTRACTOR: J Mayne

ADDRESS: 15920 Meadow Walk

WELL TAG #: 4

COUNTY #: A29369

PROPOSAL: replacement well requested to allow ~~DDP~~ construction of new garage + driveway



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

DCO ENVHEALTH

TEL No. 4103132648

Jul 10, 96 11:59 No.001 P.01

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-W Ellicott Mills Drive  
Ellicott City, MD 21043  
J&J 9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 7-10-96

Name of Installer WRF & Son Pllng & Htg Inc Telephone \_\_\_\_\_

License Number 7945  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Linda Magehee Telephone 992-8713  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # \_\_\_\_\_  
Site Address 15920 Meadow Walk Rd  
Woodbine MD 21797

- |   |                     |                        |
|---|---------------------|------------------------|
| <b>Pump</b>   | <b>Motor</b>        | <b>Pitless Adapter</b> |
| 1. Type   | 1. Horsepower _____ | 1. Make _____          |
| a. Deep well jet _____  | 2. RPM _____        | 2. Model # _____       |
| b. Shallow well jet _____   | 3. Voltage _____    | 3. Depth _____         |
| c. Submersible <input checked="" type="checkbox"/>  | a. 110 _____        |                        |
| 2. Make _____   | b. 220 _____        |                        |
| 3. Model # _____  |                     |                        |
| 4. Capacity _____ 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 _____ |                     |                        |

- |                                 |  |   |
|---------------------------------|--|---|
| <b>Tank</b>                     | <b>Piping</b>                          | <b>Well data</b>  |
| 1. Capacity _____               | 1. Type _____                          | 1. Depth _____ ft.                                      |
| 2. Pressure relief valve? _____ | 2. Size _____                          | 2. Yield _____ GPM                                      |
|                                 | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft.                         |
|                                 | 4. Depth of supply line _____          | 4. Will water supply be disinfected by installer? _____ |
- Well line to new well

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: \_\_\_\_\_  
Date: 7-10-96

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

7/23/96  
tag destroyed  
(DKS)

WELL ABANDONMENT REPORT

DATE 7/16/96

Permit Number of abandoned well (if any) Ho-73-2403

Driller's Name Mayne Joseph  
Last First

Owner's Name Mc Gehee Jim  
Last First

Well Location:

Show well location with (X)

County Howard  
Subdivision Unity Hill Lot 20  
Section \_\_\_\_\_  
Nearest Town Lisbon

Maryland Grid Location

E | 780  
N | 530

X	

Type of Well

Log of sealing material

Drilled   
Jetted \_\_\_\_\_  
Bored or Augered \_\_\_\_\_  
Other, specify \_\_\_\_\_  
Depth of Well 169 Feet

Material	Feet	
	From	To
Cement + gravel	0	169

Type of Casing  
Steel   
Plastic \_\_\_\_\_  
Concrete \_\_\_\_\_  
Other, specify \_\_\_\_\_  
Size of casing 6 5/8 inches

Was any casing removed Yes  No \_\_\_\_\_  
If yes, state amount removed \_\_\_\_\_

Was casing ripped or perforated Yes \_\_\_\_\_ No

Lic 24 Joseph L Mayne