

B 1 **03759**

SEQUENCE NO. (MDE USE ONLY)

STATE-OF MARYLAND  
PERMIT TO DRILL WELL  
W51470 please print or type

STATE PERMIT NUMBER

**HO-94-2940**  
fill in this form completely

Date Received (APA)

12/12/00

OWNER INFORMATION

Security Development Group  
Last Name Owner First Name

P.O. Box 417  
Street or RFD

Ellicott City Md 21041  
Town State Zip

B 3 LOCATION OF WELL

Howard  
COUNTY

Wellington  
SUBDIVISION

SECTION 3 LOT 6

Glenwood  
NEAREST TOWN

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

DRILLER INFORMATION

Joseph L. Mayne M S D O 24  
Driller's Name License No.

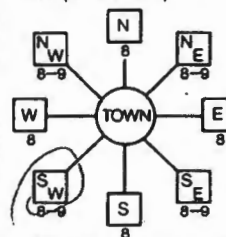
Joseph L. Mayne Well Drilling  
Firm Name

5512 Ridge Rd Mt. Airy 21771  
Address

Joseph L. Mayne 12/12/00  
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunterswood  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37  
DISTANCE FROM ROAD

ENTER FT OR MI FT

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13  
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 01/24/01  
CO SIGNATURE EXP. DATE

NORTH GRID 528 000 EAST GRID 0786 000

APPROXIMATE DEPTH OF WELL 260 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

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 DEEPEM AN EXISTING WELL

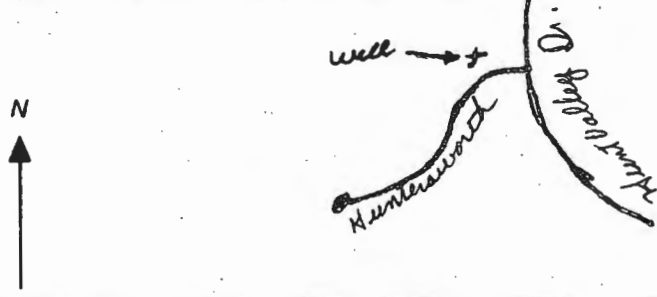
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER HO 000 GAP 01301  
PERMIT No. HO-94-2940

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 7806  
N 5208

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





LOT C

393

FOREST CONSERVATION  
EASEMENT 1  
RETENTION

*Handwritten notes:*  
Site started as  
part of a  
subdivision  
with  
no  
drop

LOT 6  
49,805 S.F.

LOT 5  
50,000 S.F.

LOT 4  
50,000 S.F.

LOT 3  
50,000 S.F.

LOT 2  
50,000 S.F.

LOT 1  
50,000 S.F.

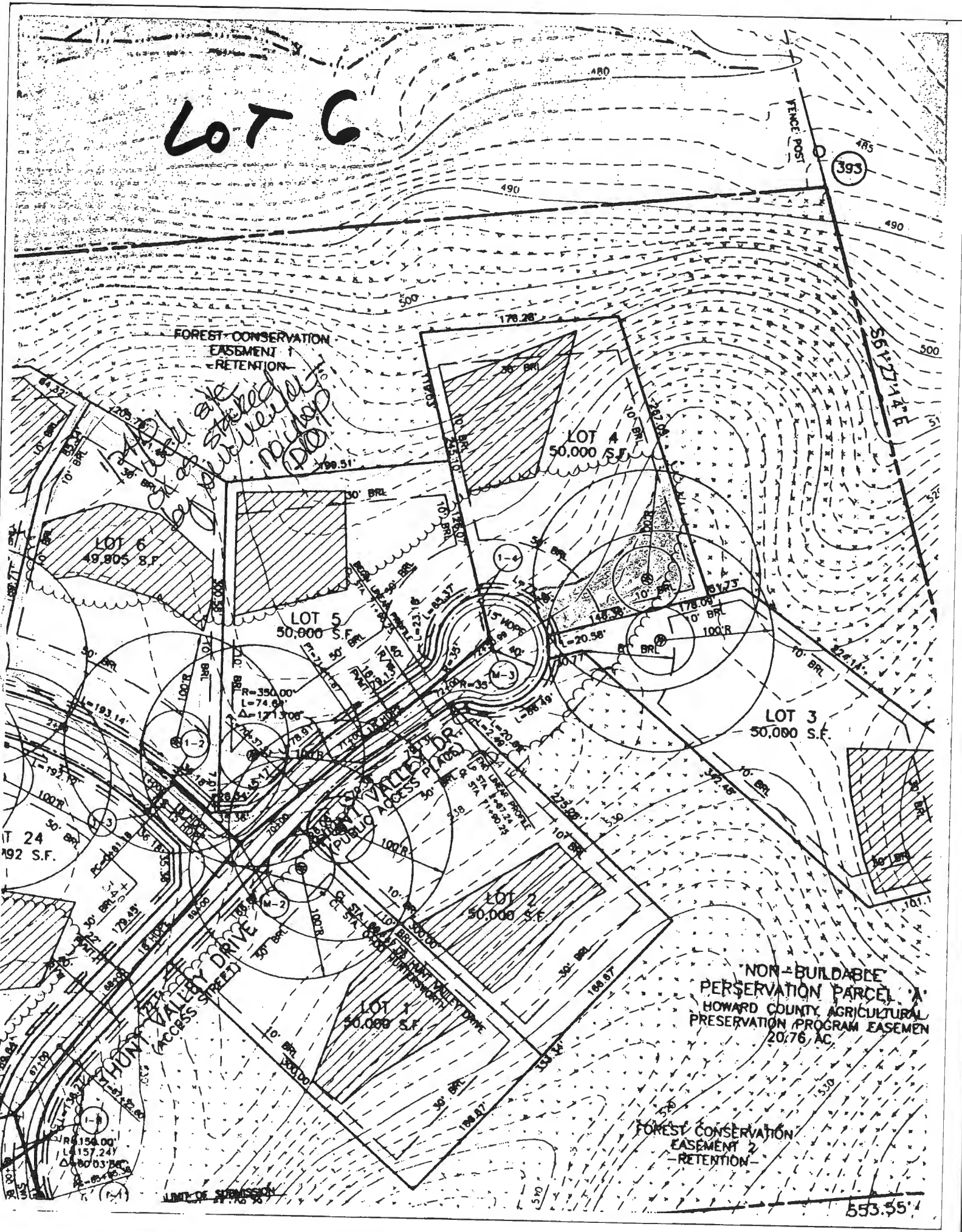
NON-BUILDABLE  
PRESERVATION PARCEL 'A'  
HOWARD COUNTY AGRICULTURAL  
PRESERVATION PROGRAM EASEMENT  
20.76 AC

FOREST CONSERVATION  
EASEMENT 2  
RETENTION

T 24  
192 S.F.

LIMIT OF SUBMISSION  
11-76-83

553.55'



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: Pipe-Rite Plumbing Telephone #: 410-788-3080  
Address: 405 Lafayette Rd  
Baltimore MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): George Baker License# 2214  
\*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: BUCH Telephone #: \_\_\_\_\_  
Subdivision: Woods of Wellington Lot #: 6 Well Tag #: HO-99-2940  
Site Address: 3200 Huntersworth Way  
Greenwood, MD 21238

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Musco's Make: Macterson Two piece watertight cap:   
Model #: 28T92-5 Model #: 210X Screened, vented well cap:   
Pump Capacity 5 GPM Depth: 18 (36" min) Cap secured to casing:   
Well Yield: 6.5 GPM NSP approved:  Conduit min 1 1/2" B.G.:   
Depth of well encountered at time of pump installation 24.5 (feet) Conduit secured to well cap:

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

Piping to house House Connection  
Type: Plastic PVC sleeved to undisturbed soil w/ wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: 3  
Depth of supply line: 1/2 (36" min) Sleeve 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: George Baker date: 4-18-03

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

Date Insp. Requested: 3/14/03 Date Insp. Approved: 3/14/03 (50) SRK  
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 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

**C1** 0260 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. **OK**

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER **13** **SKL** **4/24/01**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY MM DD YY **4 10 01** **12 245'** **10-94-2940**

8 13 15 20 26 28 29 30 31 32 33 34 35 36 37

OWNER **SDC** STREET OR RFD **Huntersworth** TOWN **Glenwood**

SUBDIVISION **Wellington, Sect. III** SECTION **6** LOT **6**

**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	10	
Yellow clay	10	30	
Sand	30	86	
Gray Mica Rock	86	245	✓

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **22** NO. OF POUNDS **2068**

GALLONS OF WATER **132**

DEPTH OF GROUT SEAL (to nearest foot) from **0** TOP 52 ft. to **83** BOTTOM 58 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **91**

60 61 63 64 66 68 70

**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

**C3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **6.5**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **48** ft.

WHEN PUMPING **181** ft.

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 INSTALLED PUMP (CIRCLE) (YES OR NO) YES **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED **29**

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)

**A** above **LAND SURFACE**

**below** **2** (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **N**

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 S D 24**

DRILLERS SIGNATURE **Joseph L. Mayne**

LIC. NO.: **M D**

**C2**

DEPTH (nearest ft.)

**H0** **89** **245**

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) from **56** to **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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

