

C1 07576

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A511343B

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

DEPTH OF WELL (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Sames Lawrence; STREET OR RFD: Castlebar; SUBDIVISION: BURNT WOODS; SECTION: 3; TOWN: Glenelg; LOT: 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top soil, red shaley clay, brown slate, mica, sand stone, mica.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (25), NO. OF POUNDS (250), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (0 to 65 ft).

CASING RECORD section including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (100).

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section including: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (H0 98, 300).

WELL HYDROFRACTURED (Y) and NUMBER OF UNSUCCESSFUL WELLS (0).

- CIRCLE APPROPRIATE LETTER: A (well abandoned), 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. MW 040; DRILLERS SIGNATURE: George F. Christy; LIC. NO. MW 50L; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

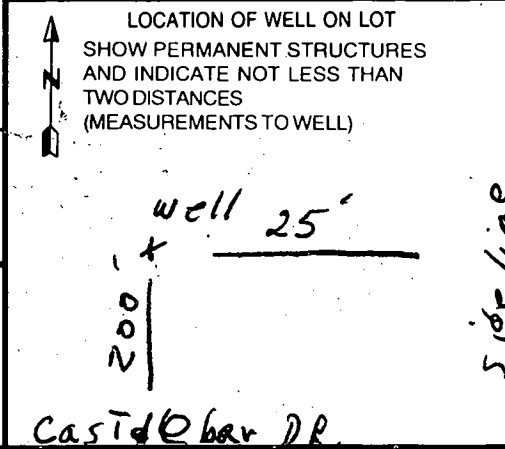
Table with columns: E, A, C, H, S, R, E, E, N and rows for casing depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51).

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

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

PUMPING TEST section including: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (50 ft), TYPE OF PUMP USED (A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible).

PUMP INSTALLED section including: 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).



B-1 14705

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2530 fill in this form completely

Date Received (APA) 08 05 99

OWNER INFORMATION RN 7970

LOCATION OF WELL HOWARD CC#

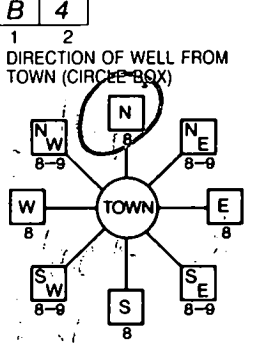
Sams Lawrence 3218 Danmark Dr W. Friendship, Md 21794

Burntwoods Block B SECTION 3 LOT 5 Glenelg

DRILLER INFORMATION George F. Easterday M W 040

MILES FROM TOWN (enter 0 if in town) 1 M

L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airv. Md. 21771



Castlebar Dr NEAR WHAT ROAD ON WHICH SIDE OF ROAD 200 FT DISTANCE FROM ROAD

WELL INFORMATION APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

Howard COUNTY NAME A511343B COUNTY NO. STATE SIGNATURE DATE ISSUED 01 04 00 Mark E. Rifkin 1/4/01

APPROXIMATE DEPTH OF WELL 300 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

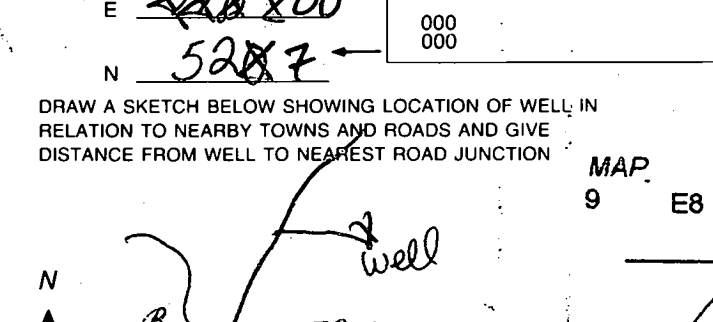
APPROXIMATE DIAMETER OF WELL 6 INCH

SOURCES OF DRILLING WATER wells

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary

WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 527

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2530

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

4/7/00
a.m.

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

~~461-9933~~
410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Larry Sames Telephone _____
Subdivision BURNTWOODS Lot # 5 Well Tag # HO-99-2530
Site Address 14014 Castlebar Drive

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	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 _____		

Tank	Piping	Well data
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? _____

4/7/00
MR 2-PC CAP OK
PITLESS ADAPTOR OK 3 1/2 - 4' B.G.

CONDUIT
NOT
DEEP
ENUF

T/C to owner 4/7/00
4/2/00
OWNER REPORTS FILED
MR

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: _____

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

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5-5-00 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

HO-94-2530 (SRU)

* PERSON ABANDONING WELL: Lester Simmons Jr

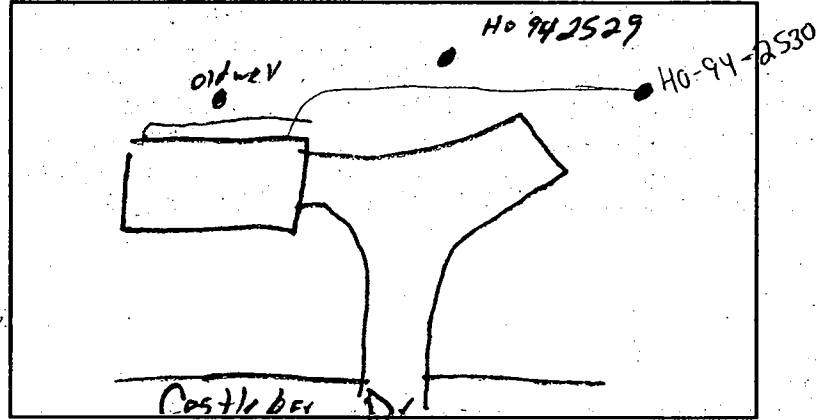
WELL DRILLERS LICENSE NUMBER: AWD611

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Larry James

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Glenola
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: Castle Bee Dr



* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- _____ BORED/AUGERED _____ HAND DUG
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 102 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 2'

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

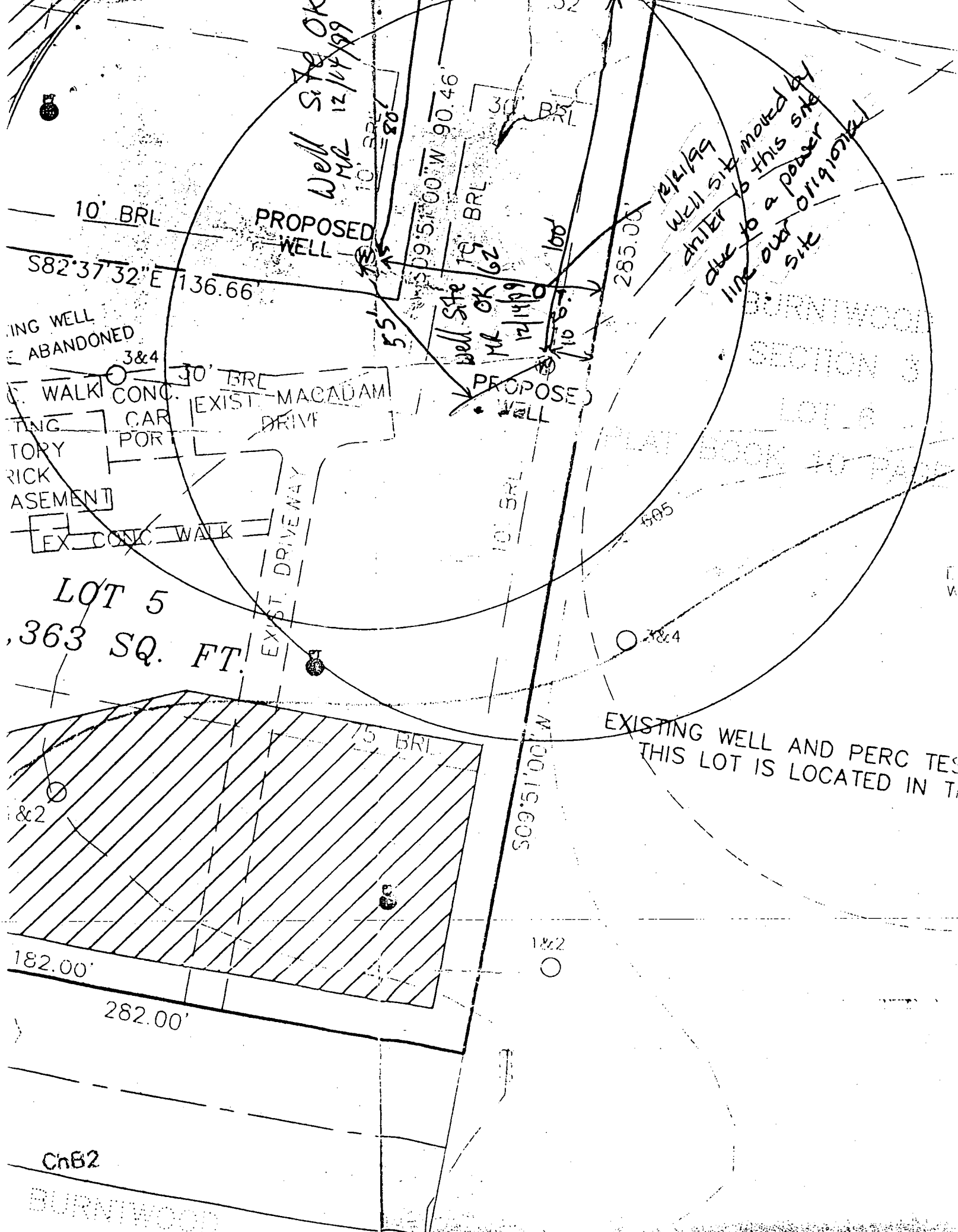
LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel	102	30
(control) Grd.	30	2
F-11	2	0
VOLUME OF MATERIAL USED		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: [Signature] LICENSE # 207
 DENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY

CIRCLE ONE

DATE: 5-5-00



Well Site OK
MLC 12/14/99

12/14/99
Well site moved by
driller to this site
due to a power
line over original
site

PROPOSED WELL

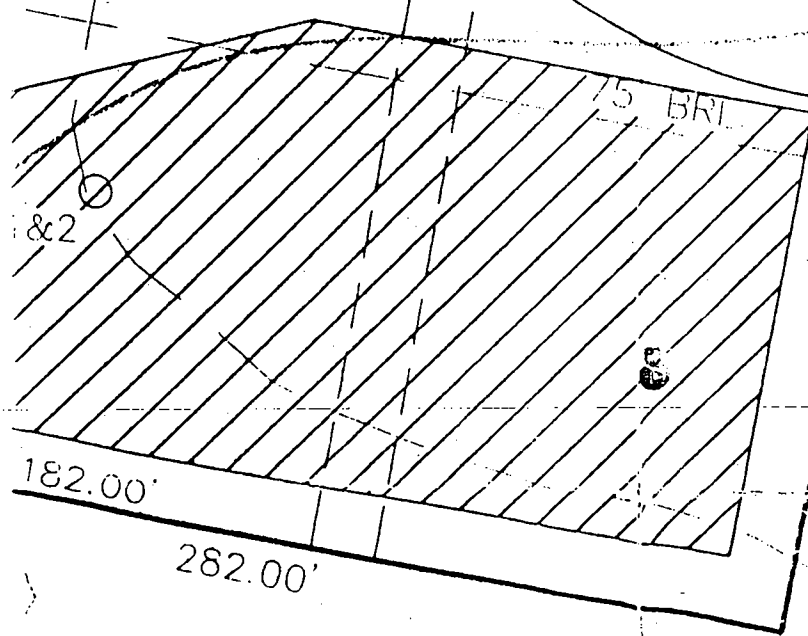
PROPOSED WELL

EXISTING WELL
ABANDONED

WALK CONC. CAR POR
EXIST. MACADAM DRIVE
EX. CONC WALK

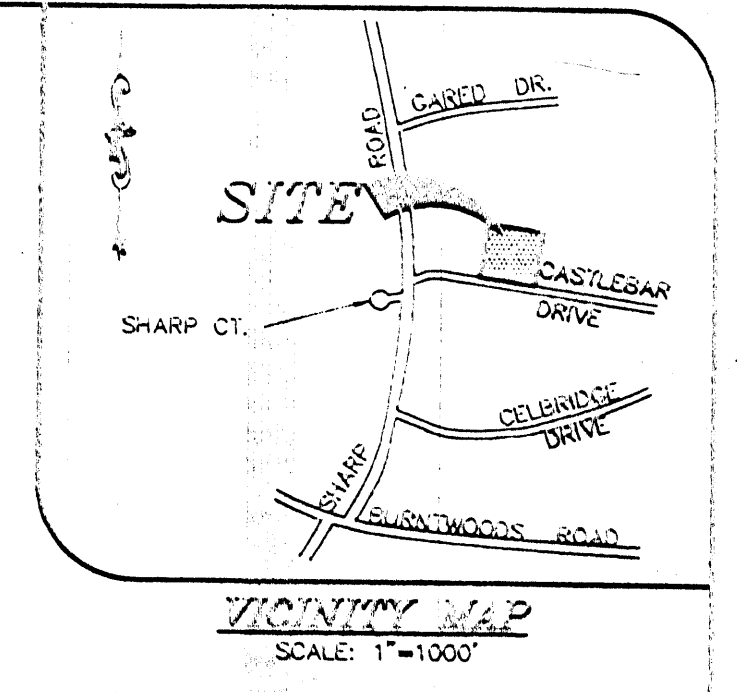
LOT 5
3,363 SQ. FT.

EXISTING WELL AND PERC TEST
THIS LOT IS LOCATED IN THE



182.00'
282.00'

ChB2
BURNWOOD



Project: 880086
 Date: MARCH 89
 Illustration: SA
 Engineer: SA
 Appraiser: SA

Project: 880086
 Date: MARCH 89
 Illustration: SA
 Engineer: SA
 Appraiser: SA

BURNTWOODS
 LOTS 4 & 5
 TAX MAP 21 - SECTION 3 - PART 2 - BLOCK B
 HOWARD COUNTY, MARYLAND
 THIRD ELECTION DISTRICT
 PERCOLATION CERTIFICATION PLAT

MILLENBERG, BOENDER & ASSOC., INC.
 Engineers, Planners, Surveyors
 6002 Lees Ferry Road, Suite 200, Bethesda, MD 20815
 (301) 657-0800

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LEGEND

- PASSED PERC TEST HOLES (1999)
- PASSED EXISTING PERC TEST HOLES (1964)
- EXISTING WELL
- ⊕ PROPOSED WELL
- ▨ EXISTING SEPTIC EASEMENT

GENERAL NOTES:

1. SITE DATA:
 TAX MAP 21 - PART 2 - BLOCK B
 DEED REFERENCE: 437/182
 GROSS AREA: 1.845 ACRES ±
 ZONE: RC-DEO (ZONING MAP DATED OCTOBER 16, 1993)
 AREA OF STEEP SLOPES: 0 ACRES
 AREA OF WETLANDS: 0 ACRES
 AREA IN ROW AND ROAD: 0 ACRES
 NET AREA OF SITE: 1.845 ACRES ±
2. TOPOGRAPHIC DATA BASED ON HOWARD COUNTY'S 200 SCALE MAPS. BOUNDARY BASED ON DEED DESCRIPTION.
3. BASED ON AVAILABLE COUNTY DATA. NO HISTORIC STRUCTURES OR BURIAL GROUNDS EXIST ON SITE.
4. SOILS DATA BASED ON HOWARD COUNTY SOIL SURVEY DATED JULY 1968. SHEET 13.
5. EXISTING WELL AND SEPTIC AREAS/SYSTEMS FOR GWENLEE PROPERTY SECTION ONE LOT 5 ARE LOCATED MORE THAN 100' FROM THE PROPERTY LINE.
6. PRIVATE WATER AND PRIVATE SEWERAGE WILL BE UTILIZED.
7. THE LOCATION OF THE EXISTING HOUSE, DRIVEWAY, AND WELL ON THE LOT IS APPROXIMATE.
8. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ.FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.
9. ALL NEW WELLS ARE TO BE DRILLED AND EXISTING WELL AND SEPTIC ON LOT 5 PROPERLY ABANDONED PRIOR TO SIGNATURE OF ORIGINAL SUBMISSION OF RECORD PLAT.
10. ALL EXISTING WELLS AND SEPTIC EASEMENTS WITHIN 100 FEET OF PROPERTY BOUNDARIES ARE SHOWN.
11. ADJOINING WELLS ARE FIELD LOCATED BY MILLENBERG, BOENDER & ASSOCIATES, ON MARCH, 1999.

SOILS DESCRIPTION

SYMBOL	DESCRIPTION
ChA	CHESTER SILT LOAM, 0% TO 3% SLOPES
ChB2	CHESTER SILT LOAM, 3% TO 8% SLOPES, MODERATELY ERODED
GnB2	GLENAGE LOAM, 3% TO 8% SLOPES, MODERATELY ERODED

OWNER

LARRY SAMES
 3216 DANMARK DRIVE
 WEST FRIENDSHIP, MD 21794
 (410) 442-5788

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

