

C1 01375

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

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

ST/CO USE ONLY

DATE RECEIVED MM/10/98

DATE WELL COMPLETED

6/30/98

Depth of Well

22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-94-1577

OWNER Mid Atlantic Dev. last name Championship Dr. first name TOWN Glenwood SUBDIVISION Devlin Prop. SECTION LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 340

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)

CASING RECORD

types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 40

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

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

DEPTH (nearest ft.)

Table with columns for depth intervals (1-11, 15-17, 23-24, 30-32, 38-39, 45-47, 51) and values (10, 40, 200)

DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 to

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12 GPM

METHOD USED TO MEASURE PUMPING RATE WATCH BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27 ft.

WHEN PUMPING 31 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 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 49

below 49 2 (nearest foot) 50 51

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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. MD D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MD D 341

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

<b>B 1</b>	<b>2765</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO - 94 - 1577</b> <small>fill in this form completely</small>
------------	-------------	--------------------------------	--	---

Date Received (APA) **06-05-98**

**OWNER INFORMATION**

**MID-ATLANTIC DEVELOPMENT II, LLC.**  
Last Name Owner First Name

**5026 DORSEY HALL DRIVE, SUITE 206**  
Street or RFD

**ELLCOTT CITY, MD 21042**  
Town State Zip

**LOCATION OF WELL**

**HOWARD**  
COUNTY

**DEVLIN PROPERTY**  
SUBDIVISION

SECTION **2** LOT **2**

**GREENWOOD**  
NEAREST TOWN

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

**DRILLER INFORMATION**

**MICHAEL BARLOW MWD 355**  
Driller's Name License No.

**MICHAEL BARLOW WELL DRILLING SV. INC.**  
Firm Name

**912 FAWN COURT, TOPPA, MD 21085**  
Address

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

**CHAMPAGNE DRIVE**  
NEAR WHAT ROAD

**15**  
DISTANCE FROM ROAD  
ENTER FT OR MI

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

*Michael Barlow*

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard Co A 57313**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED **6/12/98** **6/12/99**  
CO SIGNATURE EXP. DATE

NORTH GRID **522 000** EAST GRID **792 000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

**6.30.98 1 PM GRAX missed insp (km)**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790**

N **520**

000 X  
000

**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)**

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

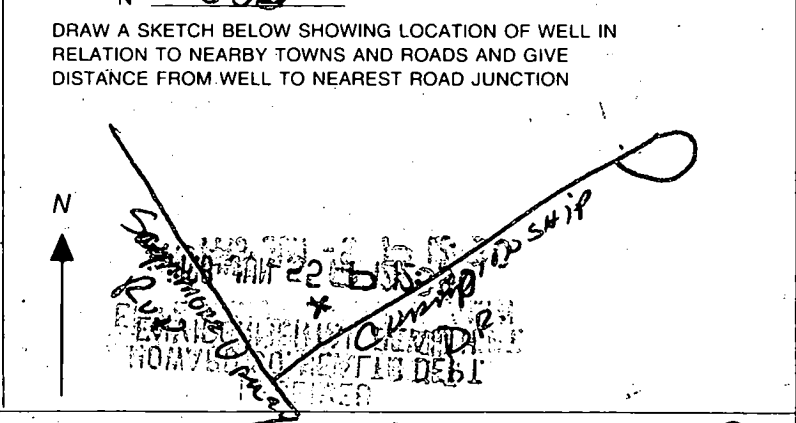
THIS WELL WILL DEEPEM AN EXISTING WELL

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 \_\_\_\_\_ G A P \_\_\_\_\_

WRITE INITIALS IN BOX FORCE **AM** PERMIT No. **HO - 94 - 1577**





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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
 Name of Installer S.K. Plumbing & Heating Inc Telephone 410-775-0382  
 License Number 12285  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner Trinity Homes Telephone 410-313-8722  
 Subdivision Sycamore Valley Lot # 2 Well Tag # 110-94-1577  
 Site Address 3804 Champion Ship Dr

**Pump**  
 1. Type  
 a. Deep well jet   
 b. Shallow well jet   
 c. Submersible   
 2. Make Jacuzzi  
 3. Model # 754712B-S-2  
 4. Capacity 7 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 Stays

**Motor**  
 1. Horsepower 3/4  
 2. RPM                       
 3. Voltage 220  
 a. 110   
 b. 220

**Pitless Adapter**  
 1. Make Harvard  
 2. Model #                       
 3. Depth 42

**Tank**  
 1. Capacity Well-A-Flo 250  
 2. Pressure relief valve? Yes

**Piping**  
 1. Type P.E.  
 2. Size 1"  
 3. NSF and/or BOCA Code approved   
 4. Depth of supply line 42

**Well data**  
 1. Depth 200' ft.  
 2. Yield 12 GPM  
 3. Static water level 27' 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: 6-7-88

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

