

C1 1066 SEQUENCE NO. (DENY 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 A-37511

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11/03/89

Depth of Well 345 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0932

OWNER: JIM TAY last name CHAPL Woods first name TOWN: CLACKVILLE SUBDIVISION: CHAPL Woods SECTION: LOT: 19

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. Includes handwritten entries: SAND Stone 0-37, GRAY Micaceous 37-345.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 446 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 36 ft.

CASING RECORD casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: SF (60-61), 6 (63-64), 42 (66-70).

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

SCREEN RECORD screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

Table for SCREEN DEPTH (nearest ft.) with columns 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52.

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

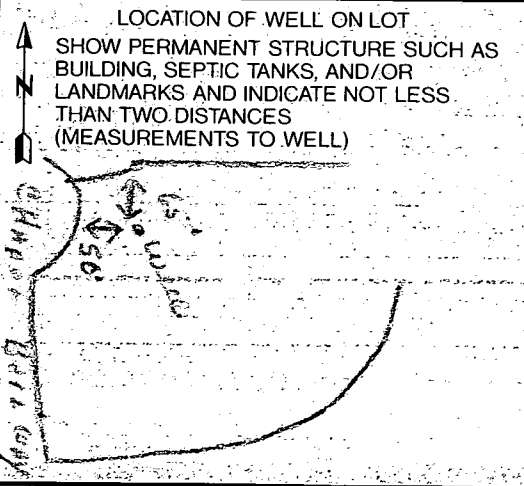
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 204 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 286 TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES or NO) 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 COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER 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 IDENT. NO. 231 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

B 1 **8724** SEQUENCE NO. (DP-USE ONLY)  
 2 (THIS NUMBER IS TO BE PUNCHED IN COL'S. 3-6 ON ALL CARDS)

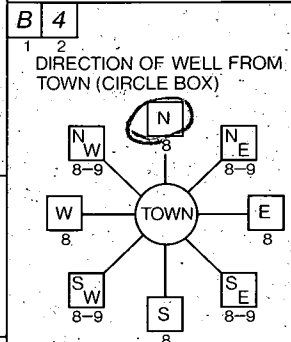
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-0932**  
 70 fill in this form completely 79

Date Received (APA) **061689**  
 OWNER INFORMATION  
 T. J. M. INC  
 5570 SHERROTT PLACE  
 COLUMBIA MD 21044

B 3 LOCATION OF WELL  
 HOWARD  
 CHAPEL WOODS II  
 SECTION 14 LOT 14  
 CLARKSVILLE  
 MILES FROM TOWN (enter 0 if in town) **3 MI**

DRILLER INFORMATION  
 Joseph L. Mayne License No. **238**  
 Joseph L. Mayne Well Drilling  
 5512 KILMER RD. MT AIRY 21771  
 Signature: Joseph L. Mayne Date: 6/14/89



CHAPEL BELLS WAY  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **50**  
 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)  
 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 HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

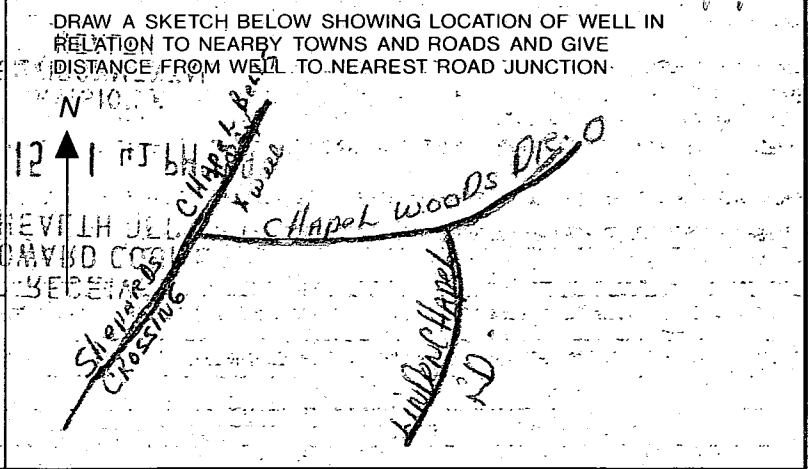
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Howard A-37511  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED INSERT S  
**072189** Sil, Carl 01-20-90  
 NORTH GRID **509000** EAST GRID **0819000**

APPROXIMATE DEPTH OF WELL **300** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH

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  
 N 85019  
 S 51009

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  
 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 SA PERMIT No. **HC-88-0932**

SPECIAL CONDITIONS  
 COUNTY CLARKSVILLE

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 88-0932  
 Location of property (road) Chapel Woods Dr  
 Subdivision Chapel Woods II Lot 14 Block      Plat      Sec.       
 Well Driller Umeyne Owner JJM, Sue

Depth of well 345  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 32'

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:30 Pumping rate 15 gpm  
 Total time 45 min to reach pumping water level 285 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	164 ft	4 sec.		15 gal.
8:00	233	5		12
8:15	285	5		12
8:30	285	25		2.4
8:45	285	25		2.4
9:00	285	25		2.4
9:15	285	25		2.4
9:30	285	25		2.4
9:45	285	25		2.4
10:00	285	25		2.4
10:15	285	25		2.4
10:30	284	25		2.4
10:45	284	25		2.4
11:00	284	25		2.4
11:15	284	25		2.4
11:30	284	25		2.4
11:45	284	25		2.4
12:00	284	25		2.4
12:15	284	25		2.4
12:30	284	25		2.4
12:45	284	25		2.4
1:00	284	25		2.4
1:15	286	25		2.4
1:30	286	25		2.4
1:45	286	25		2.4
2:00	286	25		2.4

(OVER)



FM  
6/24  
6/25/94

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

Receipt #  
Date

6/23/94

Name of Installer

Thomas Eckert Fire & Plumbing

Telephone

301 621 4009

License Number

Certified Well Pump Installer

Well Driller

Registered Plumber

#20028

Name of Property Owner

MR & MRS DR Shah

Telephone

410 465 4888

Subdivision

Chapel Woods II

Lot #

17

Well Tag #

Site Address

11802 Chapel Bells Way Ellicott City

Pump

1. Type

- a. Deep well jet
- b. Shallow well jet
- c. Submersible

2. Make Gould

3. Model #

4. Capacity 2 1/2 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 Tape

Motor

1. Horsepower 3/4

2. RPM

3. Voltage 220

a. 110

b. 220

Pitless Adapter

1. Make

2. Model #

3. Depth

Tank

1. Capacity 2 - wellbore 350 112 Gall

2. Pressure relief valve?

Piping

1. Type Black Plastic

2. Size 1"

3. NSF and/or BOCA Code approved

4. Depth of supply line 48"

Well data

1. Depth 340 ft.

2. Yield 2 1/2 GPM

3. Static water level 35 ft.

4. Will water supply be disinfected by installer? No owner

6/24/94  
pitless adaptor 4 1/2' below grade  
Well line OK  
A. McMillen

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:

*Thomas Eckert*

Date:

6/23/94

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