

# WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

COUNTY NUMBER W 5 2 0 0 8 5

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN C.O.S. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

DATE Received

MM DD YY  
3 11 04

22 300 26  
(TO NEAREST FOOT)

HO - 94 - 3899

28 29 30 31 32 33 34 35 36 37

OWNER MORAES RICARDO  
STREET OR RFD 3675 JENNINGS CHAPEL RD TOWN GLENWOOD  
SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

### WELL LOG

Not required for driven wells

### GROUTING RECORD

yes no  
   
44 44

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT  BENTONITE CLAY

NO. OF BAGS 21 NO. OF POUNDS 1974

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP ft. to 60 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 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
PL 6 64  
60 61 63 64 66 70

### OTHER CASING (if used)

diameter depth (feet)  
inch from to  
E  
A  
C  
H  
C  
A  
S  
I  
N  
G

### SCREEN RECORD

screen type or open hole

ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

DEPTH (nearest ft.)

2 62 300  
1 2  
E 8 9 11 15 17 21  
A  
C 23 24 26 30 32 36  
H  
S  
C 38 39 41 45 47 51  
3  
R  
E  
E  
S  
L  
O  
T  
S  
I  
Z  
E  
1 2 3

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3  
1 2

### PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 9

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 60 ft.

WHEN PUMPING 180 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 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. 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)

*See attached location*

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

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 SD 024

DRILLERS SIGNATURE Keith Mayne  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

**OWNER INFORMATION**  
 Date Received (APA) **3/9/04**  
 8 MM DD YY '13  
 Last Name **Moraes** Owner **Ricardo** First Name  
 15 34  
 Street or RFD **3675 Jennings Chapel Rd**  
 36 55  
 Town **Woodbine** State **Md** Zip **21797**  
 57 70 72 76

**LOCATION OF WELL**  
 B 3  
 COUNTY **Howard** 21  
 SUBDIVISION 23 42  
 SECTION 44 46 LOT 48 50  
 NEAREST TOWN **Mlenwood** 52 71  
 MILES FROM TOWN (enter 0 if in town) **6** M I  
 73 76 77 78

**DRILLER INFORMATION**  
 Driller's Name **Joseph L. Wayne** License No. **M 5 D 0 2 4**  
 76 81  
 Firm Name **Joseph L. Wayne well Drilling**  
 Address **5512 Ridge Rd. Mt Airy Md 21771**  
 Signature **Joseph L. Wayne** Date **3/8/04**  
 57 70 72 76

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 B 4  
 1 2  
 NEAR WHAT ROAD **3675 Jennings Chapel Rd**  
 11 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 DISTANCE FROM ROAD **3/0** MI  
 ENTER FT OR MI 34 37 38 39  
 TAX MAP: **20** BLK: **11** PARCEL **60**

**WELL INFORMATION**  
 B 2  
 APPROX. PUMPING RATE **4**  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED **500**  
 (GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

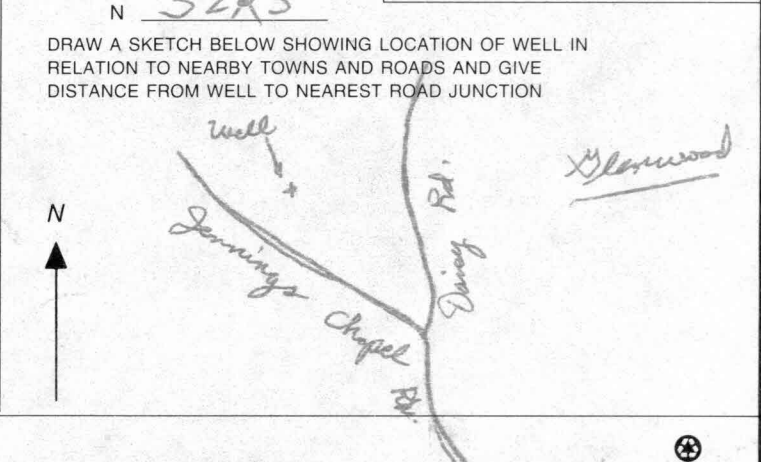
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **Howard** COUNTY NO. **W520085**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED **3/9/04** CO SIGNATURE **Steve B...** EXP. DATE **3/9/05**  
 43 MM DD YY 48  
 NORTH GRID **525** 0 0 0 EAST GRID **778** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST 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  
 E **778**  
 N **525**  
 000  
 000

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 CABLE REVerse-ROTary Drive-POINT  
 other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. **HO-94-3899**  
 70 71 72 73 74 75 76 77 78 79

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: Mark Brew Plumbing & Heating, Inc. Telephone #: 301-854-0609  
Address: PO Box 88  
Highland, MD 20777

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Mark Brew License# MPL1676

\*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: Ricardo Moraes Telephone #: 410-480-0405  
Subdivision: NONE Lot #: \_\_\_\_\_ Well Tag #: HO-94-3899  
Site Address: 3675 JENNINGS Chapel Rd  
Woodbine, MD 21797

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: Goulds Bruiser      Make: Campbell      Two piece watertight cap:   
Model #: 2SB0722 3/4 HP      Model#: PA 200 1"      Screened, vented well cap:   
Pump Capacity: 7 GPM      Depth: 36" (36" min)      Cap secured to casing:   
Well Yield: \_\_\_\_\_ GPM      NSF approved:       Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 300(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  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

**Piping to house**      **House Connection**  
Type: PE      PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min)      Approximate length of sleeve: \_\_\_\_\_  
Depth of supply line: 36 (36" min)      Sleeve caulked and sealed properly:

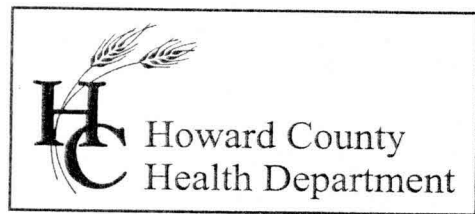
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Mark Brew      date: 6-14-04

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

Date Insp. Requested: 3/25/04      Date Insp. Approved: 3/25/04  
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

connected thru old pit way



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

June 10, 2004

Ricardo Moraes  
3674 Jennings Chapel Road  
Woodbine, MD 21797

RE: **Replacement Well Issues**  
3675 Jennings Chapel Road  
Well Permit #: HO-94-3899

Dear Mr. Moraes:

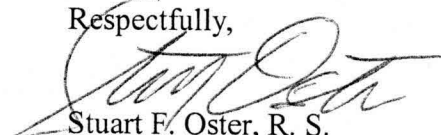
If you have not already done so in the past, this office is requesting that you contact the Community Services Program at **(410) 313-1773** to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

**In addition, if the original water supply that served this house was a well that is no longer being used, proper disconnection and sealing must occur in order to comply with Code of Maryland Regulations. This sealing process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination.**

If you have any questions, or would like to discuss these matters further, please call me directly at (410) 313-2669. Thank you for your attention to these important matters.

Respectfully,



Stuart F. Oster, R. S.  
Water and Sewerage Program

cc: Community Services Program  
File

3/8/04 - 1:30 PM

SITE INSPECTION SHEET

OWNER: Ricardo Moraes

PHONE #: \_\_\_\_\_

ADDRESS: 3675 Jennings Chapel Rd

CONTRACTOR: J. Mayne

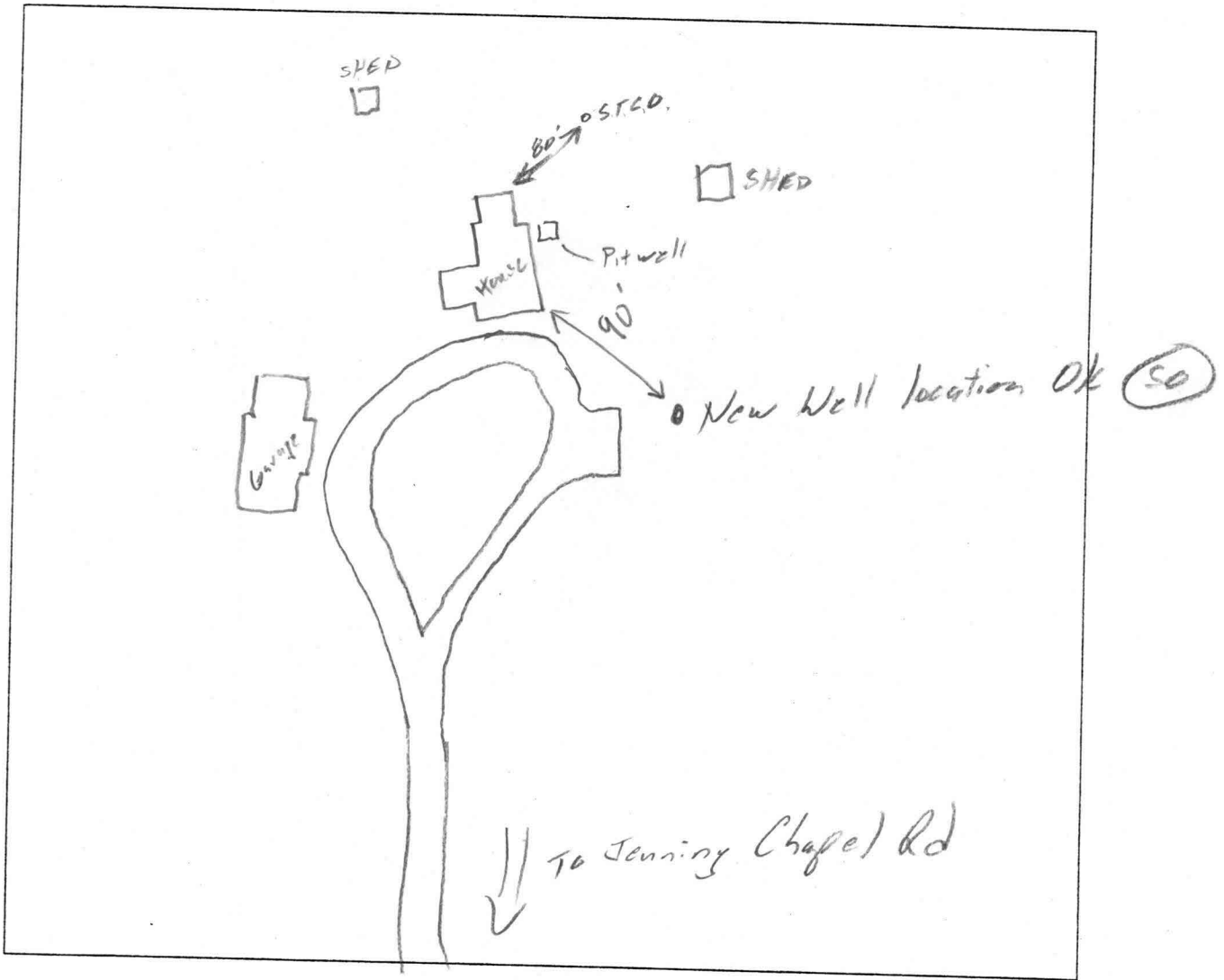
SUBDIVISION: Old CA Brown Prop LOT: \_\_\_\_\_

WELL TAG #: \_\_\_\_\_

PROPOSAL: No Water

COUNTY #: \_\_\_\_\_

LOCATION DIAGRAM



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

DATE: 3/8/04

INSPECTOR: SO