

C 1 07542

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK 2/2/00 SRK COUNTY NUMBER A59824

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 12 17 99

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2496

OWNER Matzen Warren last name Long Leaf DR first name TOWN Clarksville SUBDIVISION Highland Meadow SECTION LOT 20

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, FEET FROM, FEET TO, check if water bearing. Includes entries for Brown Sandstone, Limestone, white, and Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 42 NO. OF POUNDS 4032

CASING RECORD

MAIN CASING TYPE (ST) (CO) (PL) (OT) Nominal diameter top (main) casing of main casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT) insert appropriate code below

DEPTH (nearest ft.)

Table for depth with columns for casing height and slot size.

C 3

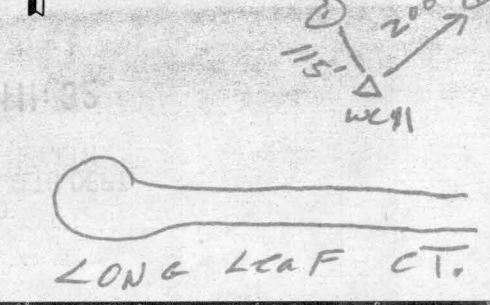
PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 194L WATER LEVEL (distance from land surface) BEFORE PUMPING 82 WHEN PUMPING 86

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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 LAND SURFACE (-) below 01 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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. 1 M S D 009 DRILLERS SIGNATURE Allen Compton LIC. NO. 1 D

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

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

B 1 19910  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

HO-94-2496  
70 fill in this form completely 79

Date Received (APA)  
11 23 99

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name MATZEN Owner WARREN First Name 34  
36 Street or RFD P.O. Box 185 55  
57 Town HIGHLAND 70 State 72 Zip 76 20777

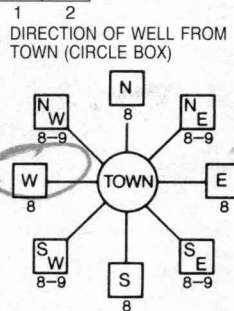
B 3 LOCATION OF WELL

8 COUNTY HOWARD 21  
23 SUBDIVISION HIGHLAND MEADOWS 42  
SECTION 44 46 LOT 20 48 50  
52 NEAREST TOWN CLARKSVILLE 71  
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name ALLEN COMPTON M S D 009 76 License No. 81  
Firm Name FOGLES WELL DRILLING MD  
Address 586 OBRECHT RD SYKESVILLE  
Signature [Signature] Date 11/22/99

B 4



11 NEAR WHAT ROAD LONG LEAF DR 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH [ ] WEST [ ] EAST [ ] SOUTH [ ]  
34 50 37 DISTANCE FROM ROAD 50 FT  
ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 300 (GAL. PER DAY) 14 20

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

Howards Co. A59824  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED 11 23 99 AM 11/23/00  
43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE  
NORTH GRID 490 000 EAST GRID 800 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 500 FEET 24 28  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

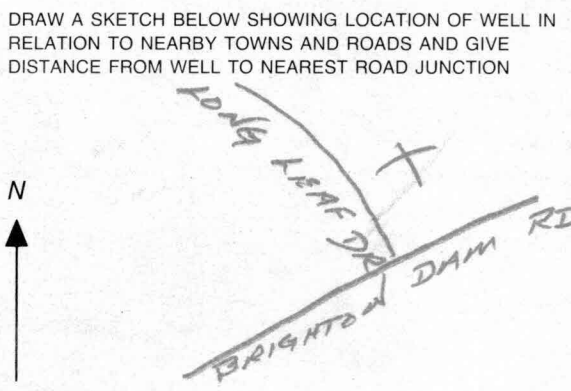
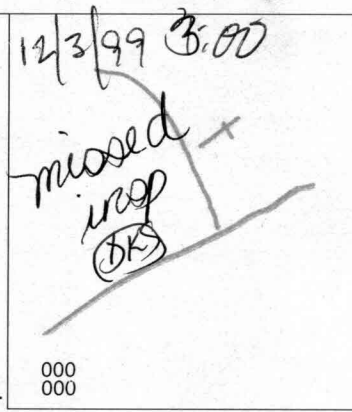
METHOD OF DRILLING (circle one)

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - 39  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) 41 \_\_\_\_\_ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 800  
N 490



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 G A P 63  
PERMIT No. HO-94-2496  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



6/14/01  
a.m.

FROM : HbCo EnvHealth

FAX NO. : 4103132648

Jun. 12 2001 01:42PM P1

**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: WILLOUGHBY PLUMB Telephone #: 410-781-7051  
Address: 6703 PATRICK DR.  
BUKESVILLE, MD.

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): CHRIS WILLOUGHBY License# 6992

\*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: ALLEN FIELDS Telephone #: 410-792-2887  
Subdivision: HALLMARK MEADOWS Lot #: 20 Well Tag #: HO-94-2496  
Site Address: 13330 LONG LEAF DR.  
CLARKSVILLE, MD 21029

**Submersible Pump Data** Pitless Adapter Well Cap and Electric Conduit  
Make: TRANE Make: HARVEY Two piece watertight cap:   
Model #: \_\_\_\_\_ Model #: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity: 0 GPM Depth: 18" (36" min) Cap secured to casing:   
Well Yield: 15 GPM NSF approved: \_\_\_\_\_ Conduit min 1 1/2" B.G.:   
Depth of well encountered at time of pump installation: 20 (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 wrenches 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: PRESSLINE PVC sleeved to undisturbed soil at wall penetration:   
PSI: 1" (160 psi min) Approximate length of sleeve: 6'  
Depth of supply line:  (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: Chris Wiloughby Pres date: 6/12/01

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/14/01 MR  
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 \_\_\_\_\_

HD-215 (Rev. 8/00)

BRIERLY  
LOT 12  
PLAT # 10004

BRIERLY  
LOT 11  
PLAT # 10004

(38)

1" PIPE FOUND

1/2" REBAR FOUND  
(SOUTH EDGE OF REBAR  
ON PROPERTY LINE)

(45)  
STONE FOUND

250.00'  
PUBLIC  
FOREST CONSERVATION  
EASEMENT  
- 2 1.2607 AC.±

WATERFORD SECTION 3  
PLAT # 7310  
LOT 9

414.36'  
388.97'  
N EASEMENT  
33 AC.±

LOT 78  
0002 AC.±

*11/22/94  
Well area  
OK as shown  
All*

1" PIPE FOUND S1740°30'E  
FROM CORNER (38)

LOT 20  
3.0000 AC.±

LOT 19  
3.0000 AC.±

HIGHLAND MEADOWS  
PLAT OF CORRECTION  
PLAT # 9666  
LOT 4

EXISTING 20' DRAINAGE  
AND UTILITY EASEMENT  
PLAT # 9666 (PUBLIC)

EXISTING 20' DRAINAGE  
AND UTILITY EASEMENT  
PLAT # 9666 (PUBLIC)

DEWBERRY & DAVIS  
PIN & CAP FOUND  
N 19°54'47"W - 0.06'  
FROM COORDINATE POINT  
# 73

(70) IRON PIN & CAP SET  
VIS ID FROM R = 25.00'  
L = 21.03'

(69) IRON PIN & CAP SET

LONG LEAF COURT

DEWBERRY & DAVIS  
PIN & CAP FOUND

(73) CORNER NOT SET

LOT 7      LOT 8      LOT 9

OWNERS:  
WARREN AND HELEN  
6813 MAIDEN LANE  
CLARKSVILLE, MD 210

RECORDED AS PLAT # 1277

D BEARING & DIST

