

C 1 06674 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A510594

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 8 10 79

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2355

OWNER Matzen Warren STREET OR RFD Long Leaf DR TOWN Clarksville SUBDIVISION Highland Meadows SECTION LOT 18

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Micaceous rock.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 40, NO. OF POUNDS 3160.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter top (main) casing: 6 inches. Total depth of main casing: 150 feet.

OTHER CASING (if used) diameter and depth.

SCREEN RECORD. screen type or open hole: ST (STEEL). DEPTH (nearest ft.): 149.

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 5 gal. per min. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL BEFORE PUMPING: 60 ft. WHEN PUMPING: 137 ft. TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED. DRILLER WILL INSTALL PUMP: YES. TYPE OF PUMP INSTALLED: S. CAPACITY: GALLONS PER MINUTE 31-35. PUMP HORSE POWER: 37. PUMP COLUMN LENGTH: 41. CASING HEIGHT: 49 above land surface.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

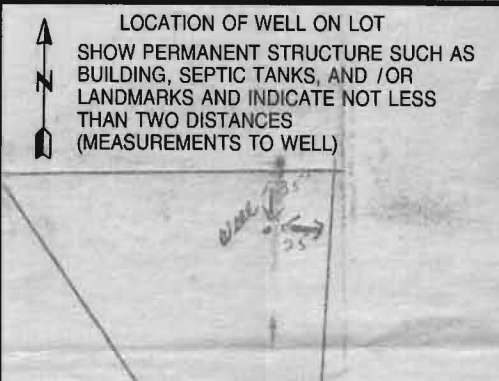
CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

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.: MS DO 24. DRILLERS SIGNATURE: Joseph C. Thompson. LIC. NO.: M D.

DEPTH (nearest ft.): 149. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN: 56-60 inches.

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.



B 1 4030 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-2355
fill in this form completely

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Matzen Warren
15 Last Name Owner First Name 34
10750 Rhode Island Ave
36 Street or RFD 55
Beltville Md. 20705
57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL

8 COUNTY 21
Highland Meadows
23 SUBDIVISION 42
SECTION 44 LOT 18
44 46 48 50
Clarksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Joseph B. Wayne M D 24
Driller's Name 76 License No. 81
Joseph B. Wayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy, Md. 20771
Address
Joseph B. Wayne 6/1/99
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Howard NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 330 37
DISTANCE FROM ROAD FT 38 39
ENTER FT OR MI
TAX MAP: 34 BLK: 9 PARCEL 169

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
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

Howard COUNTY NAME A 510595 COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 080299 8/2/00 41
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 300 FEET
24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 8/16/99 9:30am

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 800
N 490
000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 WIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other _____

REPLACEMENT OR DEEPEINED 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

39 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. HO-94-2355
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: ROBERT L. FREEZER Co. Telephone #: 410-781-4655
Address: 6321 BARDETT AVE.
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): ROBT. L. FREEZER License# 2122

*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: H.T. BROWN Telephone #: 301-498-8888
Subdivision: HICKORY MEADOWS Lot #: 18 Well Tag #: HO-94-2351
Site Address: 13342 LONG LEAF DR. (LARKSVILLE
21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-RITE</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7P4C02HL</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: _____ (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>16.5</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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
Type: POLYETHYLENE
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: 10' YES
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: YES

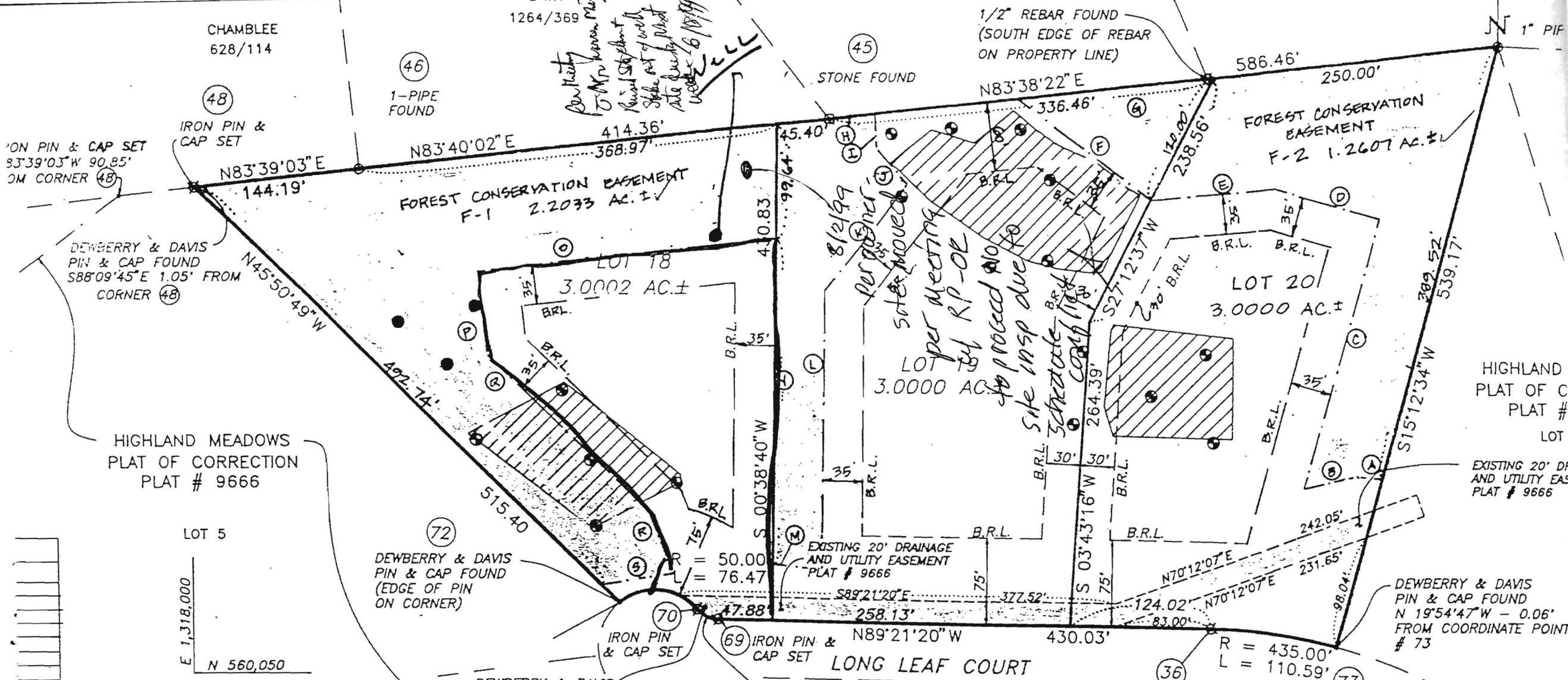
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Ruby J. Rose Signature of company representative responsible for installation
date 4/14/01

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

Date Insp. Requested: 4/17/01 Date Insp. Approved: 4/12/01
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

MR



CURVE DATA

FROM	TO	RADIUS	ARC	DELTA	TAN	CHORD BEARING & DIST.
73	36	435.00'	110.59'	14°33'59"	55.59'	N82°04'21"E 110.29'
69	70	25.00'	21.03'	48°11'23"	11.18'	N65°15'39"E 20.41'
70	72	50.00'	76.47'	87°37'43"	47.97'	N84°58'42"E 69.23'

THE PURPOSE OF THIS RESUBDIVISION PLAT IS TO CREATE THREE BUILDABLE LOTS.

RECORDED A
ON _____
RECORDS OF

OWNER'S CERTIFICATE

YARREN W. MATZEN & HELEN M. MATZEN, OWNERS OF THE PROPERTY SHOWN AND

SURVEYOR'S CERTIFICATE

SH
87

