

C1 7486 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A 525638

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 01 31 08

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-1314

OWNER Buters last name First + Sandoz first name STREET OR RFD Jennings Chapel Rd. TOWN Glenwood SUBDIVISION Hawks Landing SECTION LOT 1

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. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

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 LIC. NO. M-3 D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

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 24 NO. OF POUNDS 2800 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

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

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 115

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 PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) 40 113 340

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 75 ft.

WHEN PUMPING 125 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 (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

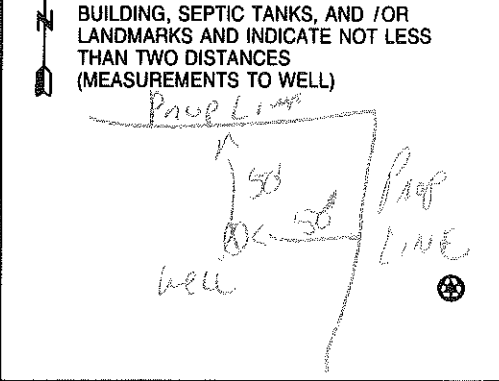
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT



<b>B 1</b>	<b>0810</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <b>HO-95-1344</b>
			please type <b>WS 27932</b>	fill in this form completely

**OWNER INFORMATION**

Date Received (APA) \_\_\_\_\_

8 MM DD YY 13  
 Lutes Fred & Sandra  
 15 Last Name Owner First-Name 34  
 13206 Betty Lane  
 36 Street or RFD 55  
 Silver Springs MD, 20904-324  
 57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

**B 3** Howard  
 8 COUNTY 21  
 HAWKS Landing  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT I 48 50  
 GLENWOOD  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 5 M I  
 73 76 77 78

**DRILLER INFORMATION**

Ralph E Mayne M S D 117  
 76 Driller's Name 81 License No.  
 RALPH E. MAYNE INC  
 Firm Name  
 17024 Handy Rd Mt Airy MD, 21771  
 Address  
 Signature Date 11-28-09

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 11 NEAR WHAT ROAD 30  
 Jennings Chapt  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 800 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: 20 BLK: 11 PARCEL 50

**B 2** WELL INFORMATION

1 2 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

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

Howard 13 A 525638  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S 41  
 DATE ISSUED 1/8/08  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 525 000 EAST GRID 0780 000  
 50 55 57 63

**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

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEINED 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 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)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-95-1344  
 70 71 72 73 74 75 76 77 78 79

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 E 525  
 E N 780  
 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

**SPECIAL CONDITIONS** Ex. Well to be abandoned.  
 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95-1374  
Site Address: 3727 Terrace Chapel Rd.

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (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: _____ (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 \_\_\_\_\_

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

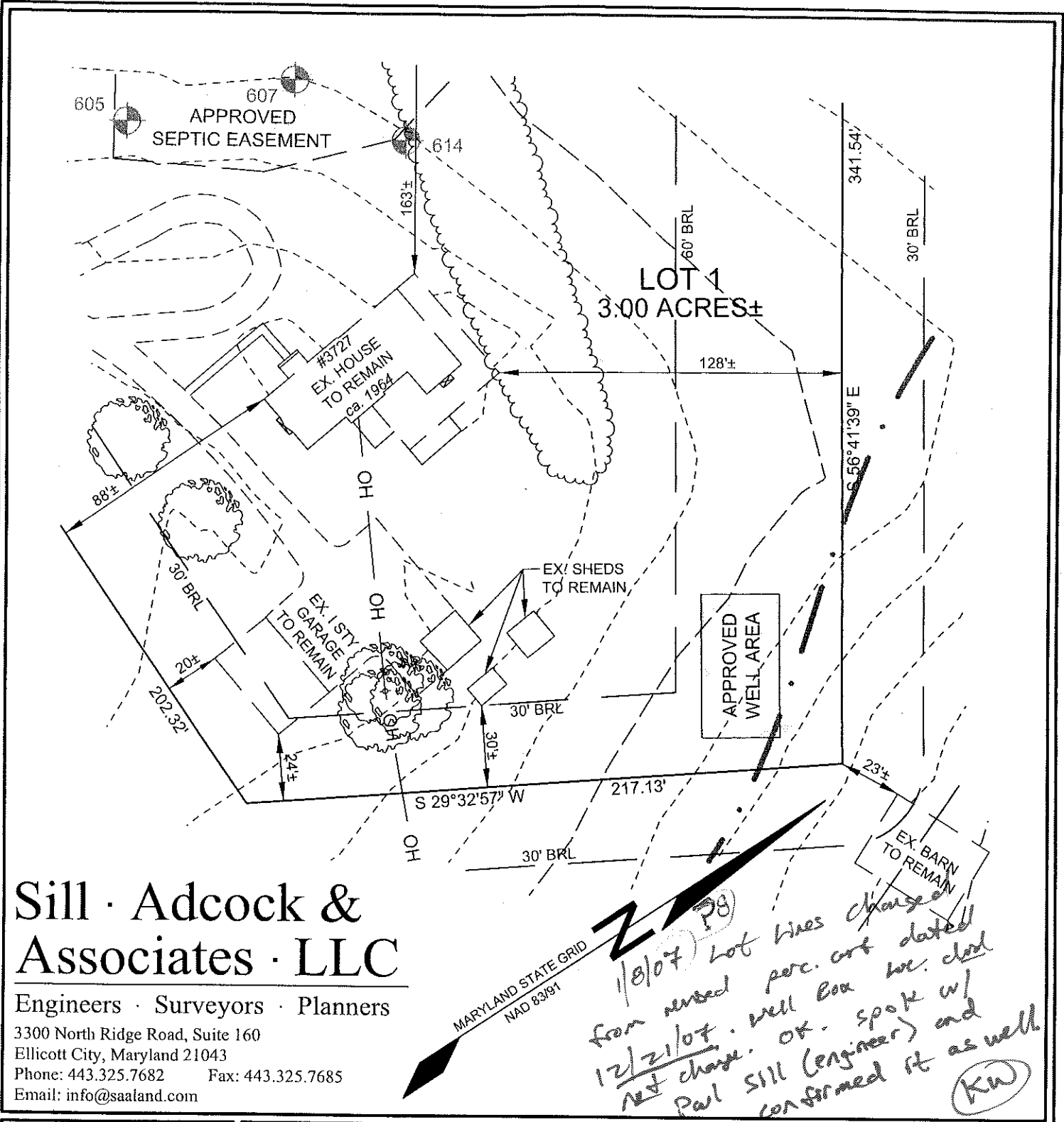
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 2/15/08      Date Insp. Approved: 2/15/08 (FW)

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 ✓



# Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners  
 3300 North Ridge Road, Suite 160  
 Ellicott City, Maryland 21043  
 Phone: 443.325.7682 Fax: 443.325.7685  
 Email: info@saatand.com

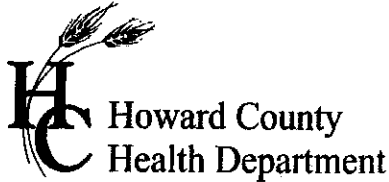
*1/8/07 PS*  
 from revised lot lines change  
 12/21/07. well box not dated  
 net change. OK. spoke w/  
 Paul Sill (engineer) and  
 confirmed it as well  
 (KW)

DESIGN BY:	PS
DRAWN BY:	PS
CHECKED BY:	PS
SCALE:	1"=50'
DATE:	NOVEMBER 20, 2007
PROJECT #:	06-067
SHEET #:	1 OF 1

**WELL LOCATION PLAN**  
**HAWKS LANDING**  
 LOT 1

TAX MAP 20 GRID 11  
 4TH ELECTION DISTRICT

PARCEL 50  
 HOWARD COUNTY, MARYLAND



7178 Columbia Gateway Dr., Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

**Peter L. Bielson, M.D., M.P.H., Health Officer**

**TO ALL INTERESTED PARTIES**

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Hawks Landing                      1                      3727 Jennings Chapel Rd.  
Subdivision/Property Name                      Lot #                      Road Name

The well site has been staked by Sill-Adcock & Associates,  
(professional land surveyor or company employing professional land surveyors)  
on 11/26/07 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

**Revised 3/11/07**

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Feb 22 2008 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

OK 2/24/08  
 (12) 1/4 - - 1374  
 HO - 95 - 1374

\* PERMIT NUMBER OF REPLACEMENT WELL

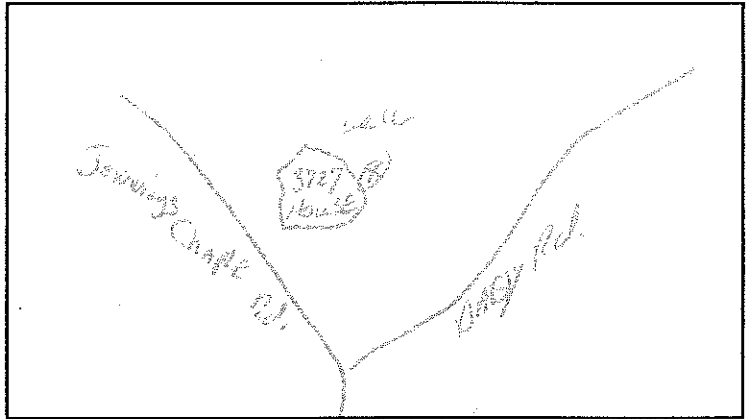
\* PERSON ABANDONING WELL: RALPH E. MAYNE

WELL DRILLERS LICENSE NUMBER: 117  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Fred Lutes

\* WELL LOCATION: 3727 Jennings Chapel Rd.  
 COUNTY: Howard  
 NEAREST TOWN: GREENWOOD  
 TAX MAP 20 BLOCK 11 PARCEL 50  
 SUBDIVISION: HAWKS Landing  
 SECTION: \_\_\_\_\_ LOT: 6  
 NEAREST ROAD: Jennings Chapel Rd.

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 135 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>135</u> <u>Concrete</u>	<u>135</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>35 bags Concrete</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE # 117 CIRCLE ONE 1 DATE Feb 22 2008