

C1 28607

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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: NORMAN, JEFF

WELL SITE ADDRESS: 2680 JENNINGS Chapel TOWN FLORENCE

SUBDIVISION SECTION LOT

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, TO), check if water bearing. Includes entries for Top Soil, Gray slate, Tan Slate, Grey slate, and Grey slate w/ Quartz.

Handwritten calculations: 26 bags = 5.4 bags/10' 4.8, 156 gal / 26 = 6 gal water/bag

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (60)

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

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

DEPTH (nearest ft.)

Table for DEPTH 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, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80

DIAMETER OF SCREEN (NEAREST INCH), GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 4, METHOD USED TO MEASURE PUMPING RATE Buchel, WATER LEVEL (distance from land surface) BEFORE PUMPING 50, WHEN PUMPING 600, TYPE OF PUMP USED (for test) A, P, T, C, R, O, J, S

PUMP INSTALLED

DRILLER INSTALLED PUMP (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 2 (nearest foot)

LATITUDE 39.296271, LONGITUDE 77.102878 (DEFAULT COORD. WGS 84)

NOTES:

DRILLERS LIC. NO. 1 MW D040, DRILLERS SIGNATURE

LIC. NO. 1 480064

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

Jerry - Easterday

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: EASTERDAY WELL & PUMP Telephone #: \_\_\_\_\_  
Address: 9265 BROWN CHURCH RD  
MT. AIRY, MD 21771  
301-831-5170

(Must circle one) Licensed Plumber \_\_\_\_\_ Licensed Well Driller \_\_\_\_\_ Licensed Well Pump Installer X  
License # and name of individual responsible for the field installation:  
Name (Print): Jerry A. Miller, III License# WR0074

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Jeff Norman Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-14-0058 ✓  
Site Address: 2680 Jennings Chapel Rd.  
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Martinson</u>	Two piece watertight cap: _____
Model #: <u>56510400</u>	Model#: <u>B-IDX</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>10</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>4+</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>600</u> (feet)		
Conduit secured to well cap: <u>Y</u>		
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> ✓		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>350</u> (160 psi min) <u>350</u>	Length of sleeve (5' minimum from foundation): <u>5ft.</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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: Jerry A. Miller, III CWD/PT date: 9/15/14

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

Date Insp. Requested: 9/16/14 Date Insp. Approved: 9/16/14 Inspector: PR

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>X</u>
Adequate grout observed below pitless adapter	<u>✓</u>

Irrigation - well  
no line inside barn  
Storage tanks outside  
(line to storage tank - not sleeved - ok) ✓

B 1 29230

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

Ho - 14 - 0058 fill in this form completely

Date Received (APA)

06 24 14

OWNER INFORMATION

8 MM DD YY 13 NORMAN JEFF 15 Last Name Owner First Name 34 2680 JENNINGS CHAPEL ROAD 36 Street or RFD 55 WOODBINE MD 21797 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Florence 52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday M W D 040 76 License No. 81 L. Franklin Easterday, Inc. 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 6/18/2014 Signature Date

B 4

SOURCES OF DRILLING WATER wells

1. 2. 3.

2680 Jennings Chapel Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST S EAST E SOUTH S 34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (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 [O] OPEN LOOP GEOTHERMAL [C] CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 07/18/2014 CD SIGNATURE EXP. DATE 7/18/14

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other

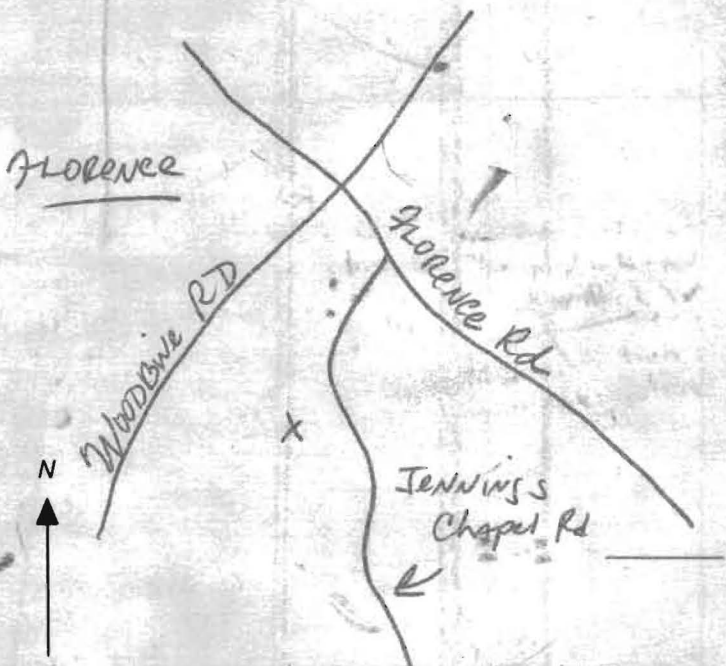
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [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)

APPROX. PERMIT NUMBER G PERMIT No. Ho - 14 - 0058

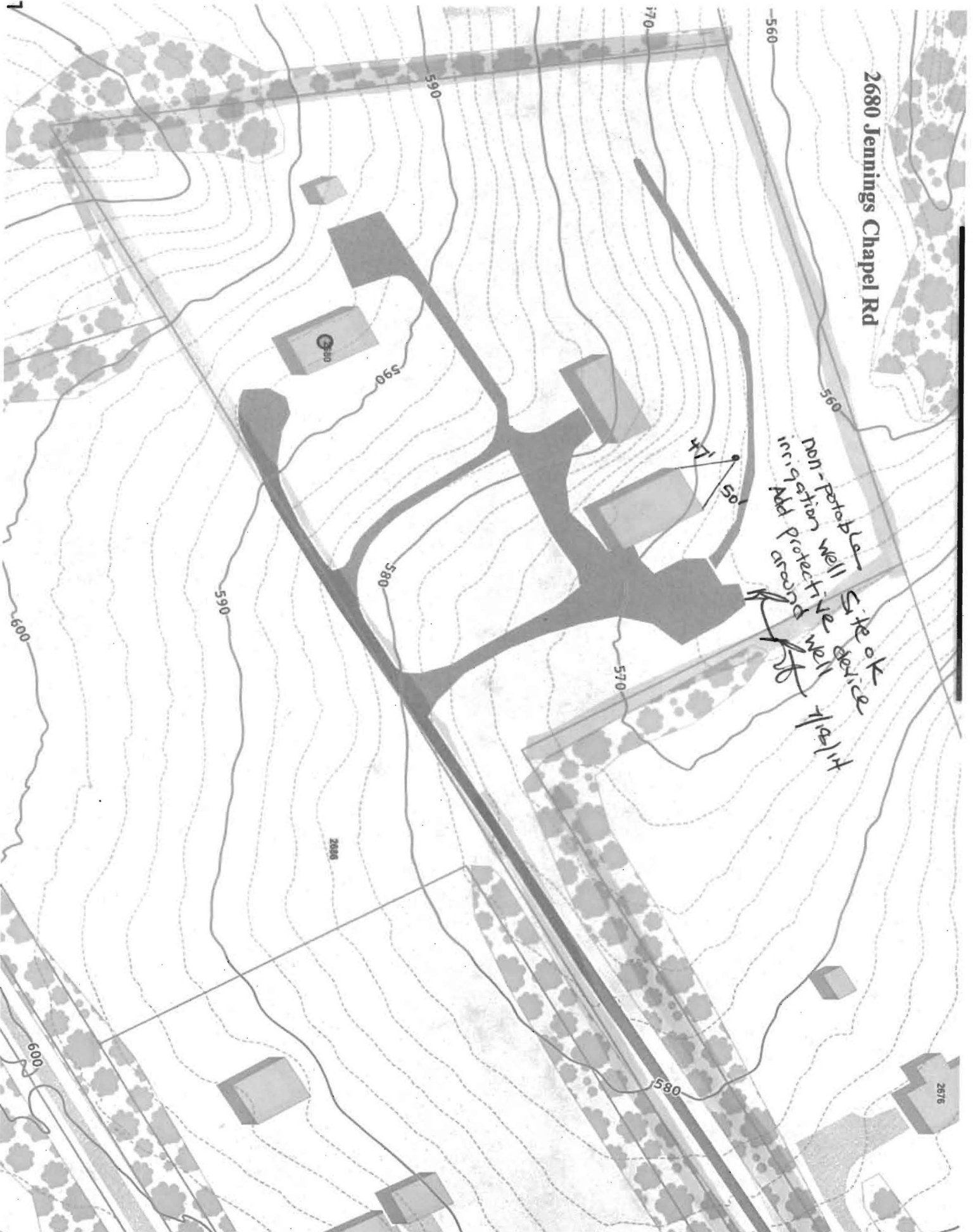
PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

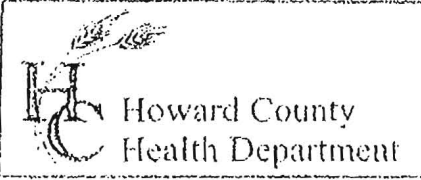


SPECIAL CONDITIONS Based on siting, the water source is non-potable. A protective device must be placed around the well.

2680 Jennings Chapel Rd

Site OK  
Non-potable  
Irrigation Well  
Add protective  
wall around  
H/H/H/H





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

TO ALL INTERESTED PARTIES

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

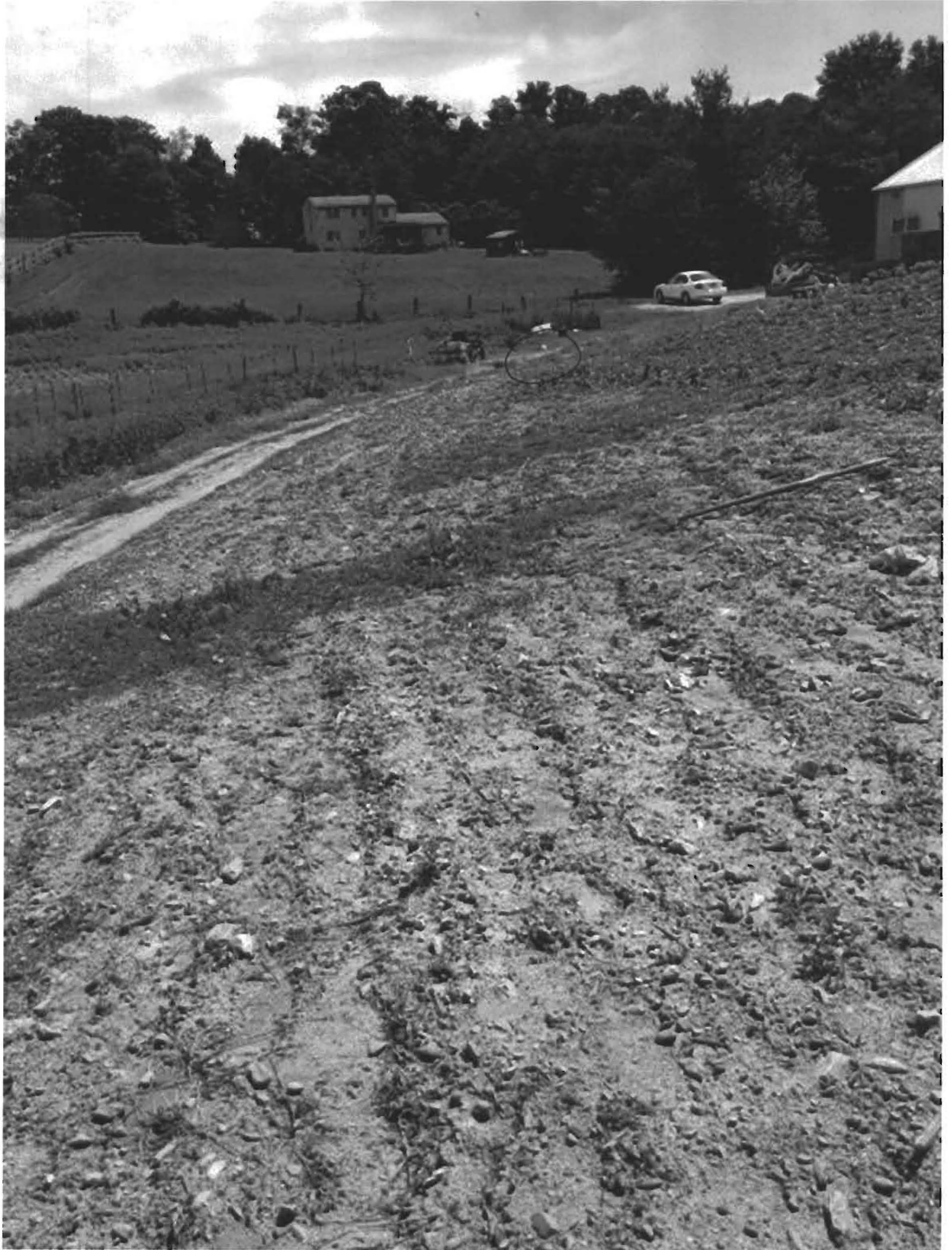
- The well site has been staked by OWNER (MELVIN ROBERT v. Dr. Hew)  
(professional land surveyor or company employing professional land surveyors)  
on 6-18-14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time 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 6/10/03

2680 JENNINGS Chapel Road





## Special Condition

- Based on siting, the water source is non-potable. A protective device must be placed around the well.

