

C1 1505 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **F# 43932**

ST/CO USE ONLY
 DATE RECEIVED
 DATE WELL COMPLETED **041990**

Depth of Well **300**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
FO-88-1293

OWNER **CLARK + ASSOCIATES**
 last name **DAISY** first name **ROAD** TOWN **ELLSBOW**
 SUBDIVISION **ZEEVELD SUB.** SECTION **---** LOT **26**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | Check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Brown Soil | 0 | 87 | |
| Blue Rock | 87 | 300 | |

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)

TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **20** NO. OF POUNDS **1880**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **93**

OTHER CASING (if used)

| EACH CASING | diameter inch | depth (feet) from | to |
|-------------|---------------|-------------------|----|
| | | | |

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C2

| EACH SCREEN | DEPTH (nearest ft.) |
|-------------|---------------------|
| 1 HO | 77 |
| 2 | 300 |
| 3 | |

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) 70 72 WQ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min. to nearest gal.) **15**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **17**

WHEN PUMPING **82**

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 WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **---**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE **1** (nearest foot)
- below }

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 well location

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 IDENT. NO. **238**

DRILLERS SIGNATURE *Joseph L. Mayne*

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

B 1 3702

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-1293

please print or type

Date Received (APA)

030890

OWNER INFORMATION

LARKIN ASSOCIATES

11356 HOMPWOOD RD

ELLICOTT CITY MD 21104

B 3

LOCATION OF WELL

HOWARD

ZEEVELD SUB

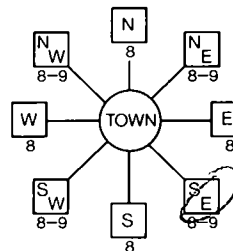
SECTION LOT 3

LISBON

MILES FROM TOWN (enter 0 if in town) 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Dairy Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 1500 ENTER FT OR MI FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME #43932 COUNTY NO.

STATE SIGNATURE DATE ISSUED

041090 Charles Brown 10/15/90

NORTH GRID 529000 EAST GRID 0781000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTARY Drive-POINT

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
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE CV WRITE INITIALS IN BOX PERMIT No. HO-88-1293

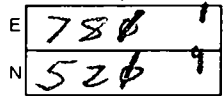
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

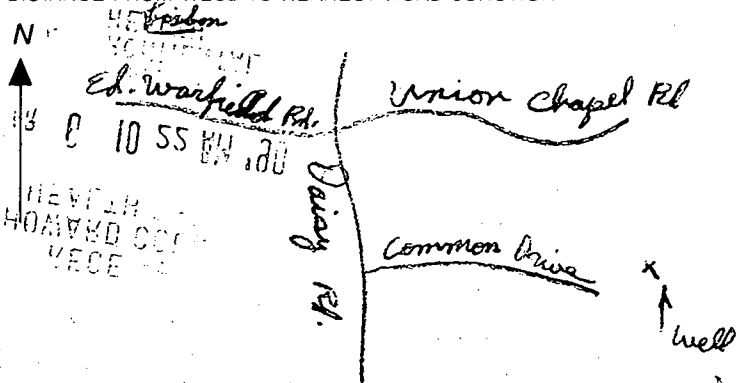
SOURCES OF DRILLING WATER

1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE



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



5/18/01
Anytime
5/21/01
Anytime
6/5/01
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2645

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: Pipe Rite Plumbing Telephone #: 410-788-3080
Address: 415 Lafayette Ave
Baltimore, MD 21228

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

Name (Print): George Baker License# 2214

*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: Smith Telephone #: _____
Subdivision: Zeevch Lot #: 6 Well Tag #: HO-38-1293
Site Address: 3153 Daisy Rd.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Miniss Make: Martinson Two piece watertight cap:
Model #: 23722-8 Model #: 210 X Screened, vented well cap:
Pump Capacity: 9 GPM Depth: 48 (36" min) Cap secured to casing:
Well Yield: 15 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: Plastic PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 60
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: George Baker date: 04-04-01

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

Date Insp. Requested: 12/22/00 Date Insp. Approved: 6/5/01
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 5" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

12/22/00
Pump Not
Set, No Cap,
No PVC
Conduit
(RJP)
BB

5/21/01
Work not
finished.
(BB)

5/18/01
Work not
finished.
(BB)

76-88-1-88-94

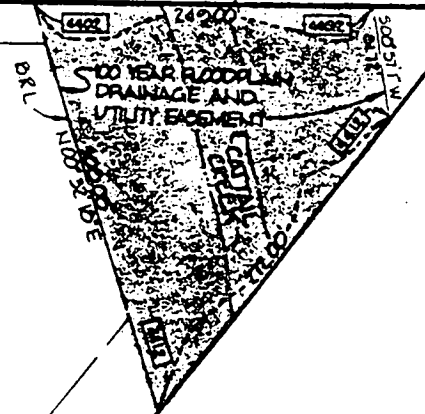
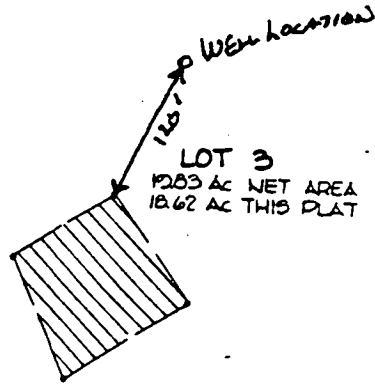
CLARK HILL ESTATES
SECTION 5
PB 24, 21

EX 10 UTILITY ESMAT PB 24, 21

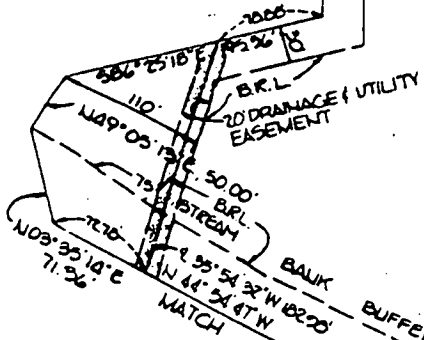
S 71° 54' 47" E

1252.66'

MATCH LINE
D-D
N 10° 05' 13" E
5100'
SEE SHEET NO. 2



MERCHANTILE SAFE DEPO
AND TRUST CO.
1962



N 09° 35' 14" E
71.26'

MATCH LINE
C-C
SEE SHEET NO. 4

S 02° 55' 57" W
2229.55'

N 49° 25' 41" W
19200'

N 05° 15' 25" E
11102.35'

Richard Walk
Deborah A.
3/6/90

CLARK ASS.

SURVEYOR'S CERTIFICATE

TRACY, SCHULTE & ASSOCIATES
8480 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND

DRAINAGE AND
UTILITY EASEMENT

DRL

N 89° 05' 15" E 540.00'

8

8

SPACE & UTILITY
EASEMENT

BANK
BUFFER

42000'

BRL

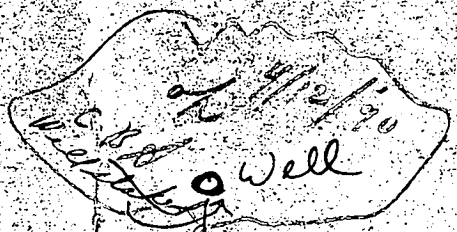
N 35° 57' W

22000'

DRL

N 65° 25' 41" W

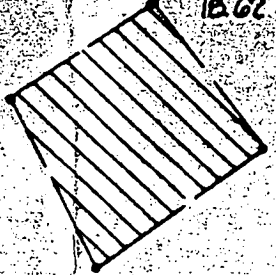
19000'



125'

LOT 3

1203 AC NET AREA
1862 AC THIS PLAT



60

111086
S 36° 31' 19" W

MERCHANT
AND
...
...
...

ZeevelD sub
G/C - CLARK+Ass.
750-0800

T 82000 E

N 05° 02' 25"