

C1 2170 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 A 50264B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 080895

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0639

OWNER Raulin Frederick last name first name STREET OR RFD Bushy Park Rd. TOWN Glenwood SUBDIVISION Three Keys Farm SECTION LOT 23

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 FROM TO check if water bearing

Sand 0 65 Gray Micaceous Rock 65 320

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 26 NO. OF POUNDS 2444 GALLONS OF WATER 156 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 67 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 69

OTHER CASING (if used)

SCREEN RECORD screen type or open hole (ST) BRASS BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 24

DRILLERS SIGNATURE Joseph R. Mayne

LIC. NO.

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

DEPTH (nearest ft.) 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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 004.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 211 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 WILL INSTALL PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below (nearest foot)

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 location

B 1 **2440** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0639
70 fill in this form completely 79

OWNER INFORMATION

Date Received (APA) **071095**

RAULIN **FREDERICK**
15 Last Name Owner First Name 34

15101 FREDERICK RD
36 Street or RFD 55

WOODBINE **MD21797**
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD
8 COUNTY 21

FREDERICK
23 SUBDIVISION 42

SECTION **2** LOT **2** Three keys Farm
44 46 48 50

GLEWOOD
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **3** MI
73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD

Joseph E. Mayne **24**
Driller's Name 77 License No. 80

Joseph E. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21771
Address

Joseph E. Mayne **7/10/95**
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Bushy park Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
350 37
DISTANCE FROM ROAD

ENTER FT OR MI **FT**
38 39

TAX MAP: **8** BLK: _____ PARCEL _____

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)

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 **A 50264 B**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **073195** **John K. See** **7/30/96**
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **541000** EAST GRID **0788000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET
24 28

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)

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 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)

APPROX. PERMIT NUMBER _____ GAP _____

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **40-94-0639**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

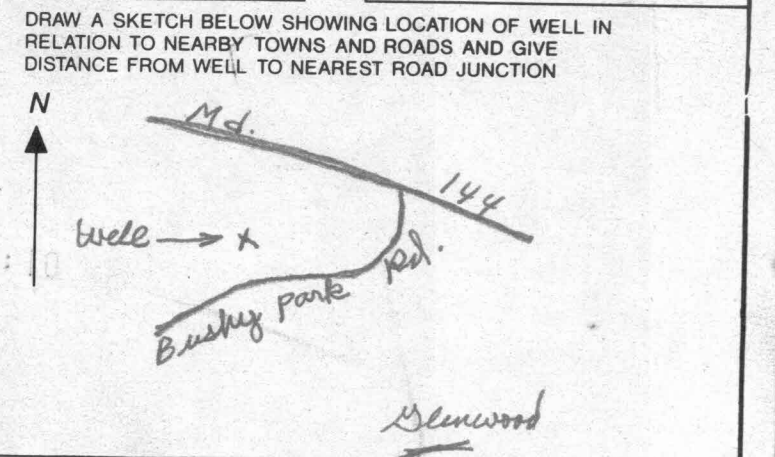
SOURCES OF DRILLING WATER
1. WELL

2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

780
540

8-8-95
9:30
DID NOT OBSERVE LL
UNABLE TO LOCATE LL



WLB005673

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: CHARLES A. KLEIN & SONS, INC. Telephone #: (410) 549-6960
Address: 5320 KLEIN MILL ROAD
SPRINGVILLE, 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): CHARLES A. KLEIN, JR. License# 6521

*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: WILLIAMS BROS GROUP Telephone #: (410) 997-8800
Subdivision: CATTAIL REYS Lot #: 3 Well Tag #: HO-74-0639
Site Address: 15182 BUSHY PARK ROAD
WOODBRINE, MD 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>JACUZ-21</u>	Make: <u>HOWARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5-545-13P-52</u>	Model #: <u>PT-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>47"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" R.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</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:

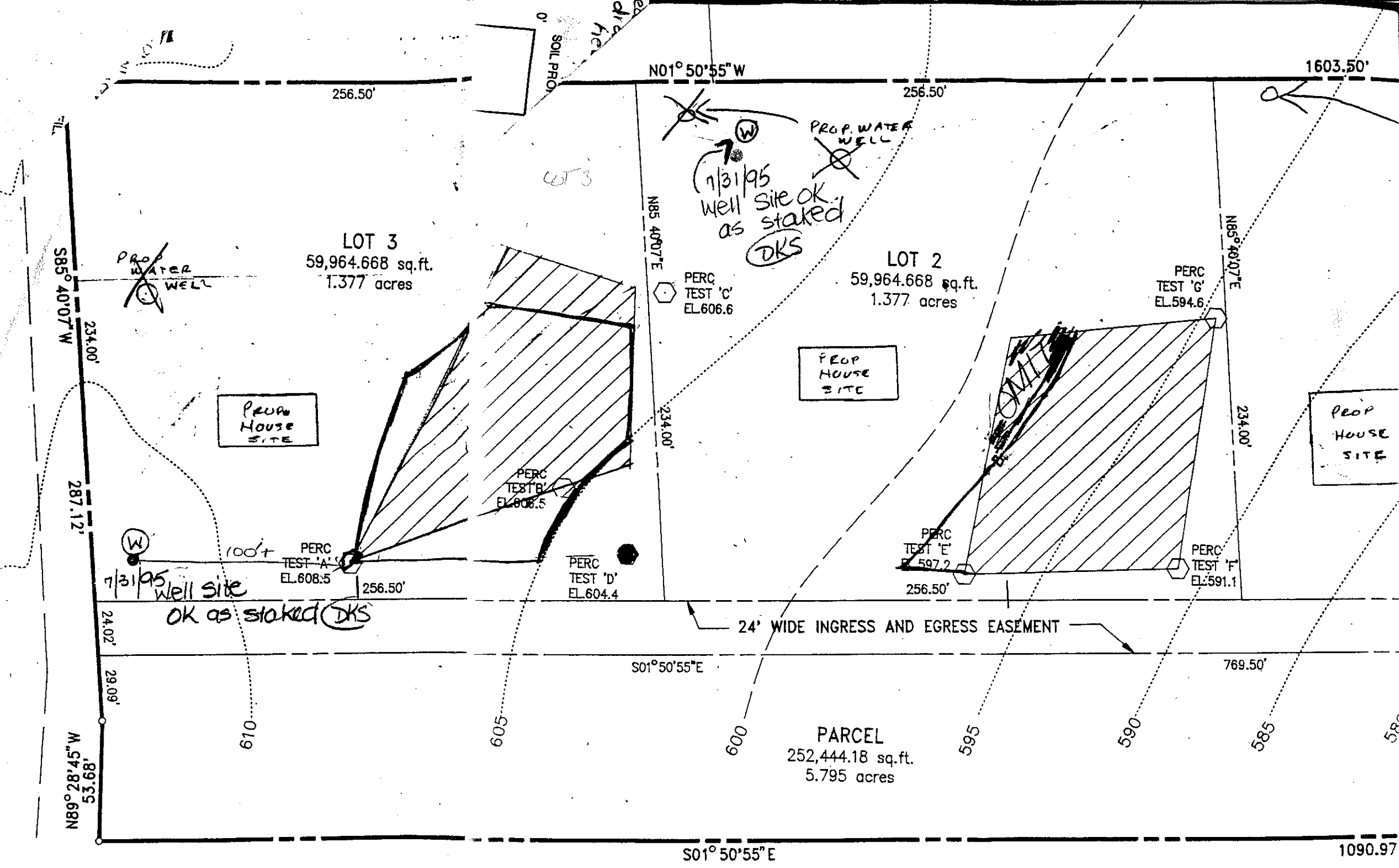
Piping to house	House Connection
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at well penetration: <u>Yes</u>
PSI: <u>100</u> (160 psi min)	Approximate length of sleeve: <u> </u>
Depth of supply line: <u> </u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Charles A. Klein, Jr. date: 11/5/01
CHARLES A. KLEIN, JR.

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

Date Insp. Requested: Date Insp. Approved: 6/15/01 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 6" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



& Private Sewer Systems.

Signature 3/24/95
 DATE

FREDERICK A. RAULIN, ET. AL.
 PARCEL 2

Corrections made on original
 only (by engineer) DKS
 NOTES

THERE ARE NO WELLS OR SEPTIC SYSTEM WITHIN
 100' OF THE SEWER LINE

