

C1 07592

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A59276M

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2545

OWNER TBI Homes last name first name CATHAIL DAVIS TOWN Glenwood SUBDIVISION Peacefields @ Cathail SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

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

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (72).

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

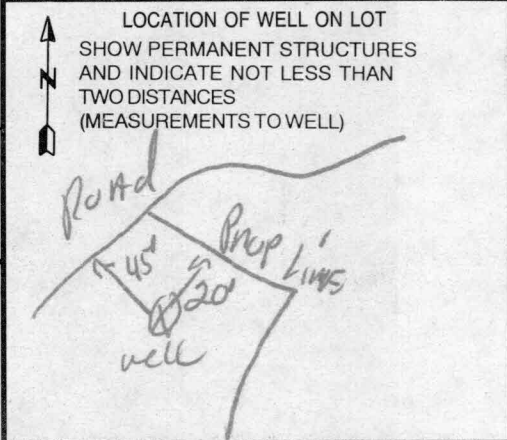
DEPTH (nearest ft.) table with rows for casing and screen diameters and slot sizes.

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (42), WHEN PUMPING (95), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2) (nearest foot).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

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. M SD 112, DRILLERS SIGNATURE, LIC. NO. D SAME

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

OWNER INFORMATION
 Date Received (APA) 010200
8 MM DD YY 13
 Last Name TBI HOMES INC Owner First Name GRACE M
15 34
 Street or RFD 3320
36 55
 Town Columbia State MD Zip 21044
57 70 72 76

LOCATION OF WELL
 COUNTY Howard
8 21
 SUBDIVISION Peace Field's CATTAIL CREEK
23 42
 SECTION - LOT 10
44 46 48 50
 NEAREST TOWN Glennwood
52 71
 MILES FROM TOWN (enter 0 if in town) I M I
73 76 77 78

DRILLER INFORMATION
 Driller's Name Ralph MAYNE License No. MSD 117
76 81
 Firm Name Ralph MAYNE well DRILLING
 Address 9120 Brown Church rd Mt Airy
 Signature Ralph MAYNE Date 12-22-99
57 76

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD Cattail Oaks
11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD 45
34 37 38 39
 ENTER FT OR MI ft
 TAX MAP: _____ BLK: _____ PARCEL: _____

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)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

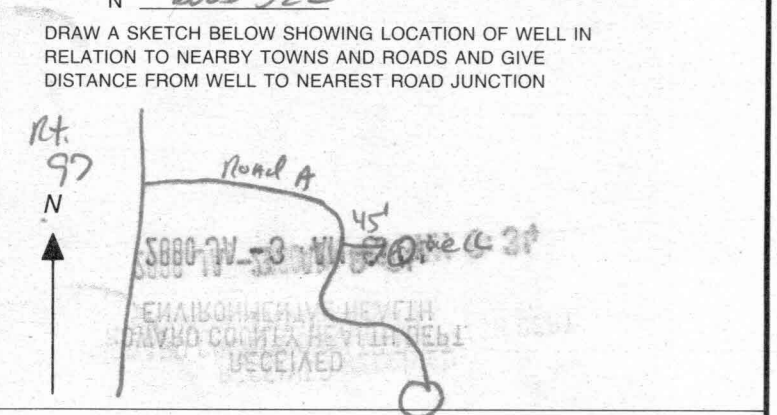
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard CO COUNTY NO. A59276M
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 011100 CO SIGNATURE A McMill EXP. DATE 011101
43 48 55 63
 NORTH GRID 522 000 EAST GRID 790 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28
 APPROXIMATE DIAMETER OF WELL 6' NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 3/13/00 NAINSP
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 790
 N 522
000 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
30 37
 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) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO 99 GAP 6015
54 63
 PERMIT No. HO - 94 - 2545
70 71 72 73 74 75 76 77 78 79

TEL: (410) 313-2040 FAX: (410) 313-2040

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: SK Plumbing & Heating Inc Telephone #: 410-775-0322
Address: 1270 E.S. Kellum
Kepler MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Vincent Kerk License# 12285

*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: Trinity Homes Telephone #: 410-313-8722
Subdivision: Peace Fields Lot #: 10 Well Tag #: HO-94-2545
Site Address: 15525 Cattail Oaks

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: SOCORZI Make: Hornet Two piece watertight cap: yes
Model #: Model#: Screened, vented well cap: yes
Pump Capacity 5 GPM Depth: 3/2" (36" min) Cap secured to casing: yes
Well Yield: 7.5 GPM NSF approved: yes Conduit min 1 1/2" E.G.: yes
Depth of well encountered at time of pump installation: 185 (feet) Conduit secured to well cap: yes
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 Slack
Safety rope, if used, attached to inside of well casing with eye bolt yes

Piping to house **House Connection**
Type: PP PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5' to 7'
Depth of supply line: 32 (36" min) 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.

Signature of company representative responsible for installation: [Signature] date: 6-29-01

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

Date Insp. Requested: 6/12/01 Date Insp. Approved: 6/12/01 (AUM) SRK
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 ✓

