

C 1 4532

SEQUENCE NO. (DENV 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 A32936

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

08/09/4

09/14/4

300 (TO NEAREST FOOT)

40-94-0173

OWNER HUNT, RICHARD STREET OR RFD COVENTRY MEADOWS TOWN WEST FRIENDSHIP SUBDIVISION COVENTRY MEADOWS SECTION LOT #19

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: Overburden, Soft Shale, Gray Rock.

Water was encountered at 270'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1200

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 96 TYPE OF PUMP USED (for test) S submersible

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 300

Table for OTHER CASING (if used) with columns: 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

Table for SCREEN RECORD with columns: DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED yes Y no N

- 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. 200

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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.) 70 72 W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER WILL INSTALL PUMP? YES NO CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 1 (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)



10/31/01

Anytime

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: J.A. Smith & Co. Inc. Telephone #: 410.296.7532  
Address: 7080 Ritt Kat Rd.  
Elkridge MD 21470

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): J. Allen Smith Jr. (SRW) License# 5581

\*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: John Garbart Telephone #: 410.997-8613  
Subdivision: Coventry Meadows Lot #: 15 Well Tag #: HO-92-0124  
Site Address: 1950 Coventry Meadows Dr.  
Elkridge MD 21474

<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: <u>yes</u>
Model #: <u>7650412</u>	Model#: <u>Blox</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>87</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>125'</u> (feet)		Conduit secured to well cap: <u>yes</u>


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 yes

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>HD160 Crestline</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>    </u> (36" min)	Sleeve caulked and 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] Signature of company representative responsible for installation      10/31/01 date

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

Date Insp. Requested: 10/31/01      Date Insp. Approved: 10/31/01 

Inspection Data: Pitless adapter and 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 installed inside of well 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>    </u>
Adequate grout observed below pitless adapter	<u>    </u>

*Had a copper ground wire secured into casing*

DO NOT DISCARD 1/24/02

THE SECOND WELL ON MY PROPERTY  
WILL BE USED AT A LATER TIME FOR IRRIGATION  
PURPOSES. I WILL MAINTAIN AND NOTIFY THE  
HEALTH DEPT WHEN I PROCEED WITH THIS.  
IF MY PLANS CHANGE I WILL SEAL THE WELL  
ACCORDING TO HEALTH DEPT. STANDARDS

H.O. 94 0173

John Deibel

410 489-7765

OK Steven R. Krueg  
1/23/02