

SEQUENCE NO. 07731 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY. DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 09 30 00

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2646

OWNER: MIA ATLANTIC DEV BR3 DEVELOPMENT; STREET OR RFD: DORSEY MILL RD; TOWN: GLENELG; SUBDIVISION: WINDRIDGE FARM; SECTION: 1; LOT: 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 8; NO. OF POUNDS: 80; GALLONS OF WATER: 48; DEPTH OF GROUT SEAL: 0 to 30 ft.

C 3

PUMPING TEST

HOURS PUMPED: 3; PUMPING RATE: 4 gal. per min.; METHOD USED TO MEASURE PUMPING RATE: Sucker; WATER LEVEL: 35 ft. before, 118 ft. when pumping; TYPE OF PUMP USED: submersible (S).

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. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

CASING RECORD

Case types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER); MAIN CASING TYPE: PL; Nominal diameter: 6; Total depth: 42.

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

SCREEN RECORD

screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes slot size and diameter of screen.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED), 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...

DRILLERS LIC. NO. MS D 116; DRILLERS SIGNATURE: [Signature]

LIC. NO. MS D 117; 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

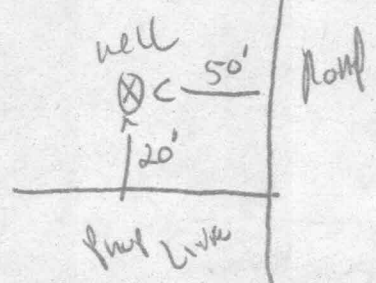
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES NO; TYPE OF PUMP INSTALLED: S; CAPACITY: GALLONS PER MINUTE 31-35; PUMP HORSE POWER 37-41; PUMP COLUMN LENGTH 43-47; CASING HEIGHT: + above, - below (2 ft. nearest).

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



**B 1** **04783** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

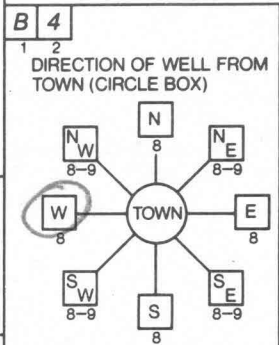
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-2646**  
 fill in this form completely

**Date Received (APA)**  
 8     13  
**OWNER INFORMATION**  
 15 Last Name Bas DEVELOPMENT Owner First Name 34  
 36 Street or RFD 55  
8508 CENTER PARK DR.  
 57 Town COLUMBIA 70 State 72 MD Zip 76 21045

**B 3** **LOCATION OF WELL**  
 1 2 HOWARD  
 8 COUNTY 21  
WINDRIDGE FARM  
 23 SUBDIVISION 42  
 SECTION   44 46 LOT 2 48 50  
SLEWELG  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1 M I  
 73 76 77 78

**DRILLER INFORMATION**  
Ralph MAYNE 77 License No. 80 1161  
 Driller's Name  
Ralph MAYNE well DRILLING  
 Firm Name  
9120 Brown Church Rd W4 Ang  
 Address  
Ralph Mayne 2-26-00  
 Signature Date



Dunsey Mill Rd  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W 32 EAST E  
 SOUTH S  
 34 50 37 DISTANCE FROM ROAD  
 ENTER FT or MI FT  
 38 39

**B 2** **WELL INFORMATION**  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5      
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500      
 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME 13 COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S 41  
 DATE ISSUED 042600 C. Well 4/25/01  
 43 NORTH GRID 523000 48 CO SIGNATURE 55 EAST GRID 0793000 EXP. DATE 57 63

**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)

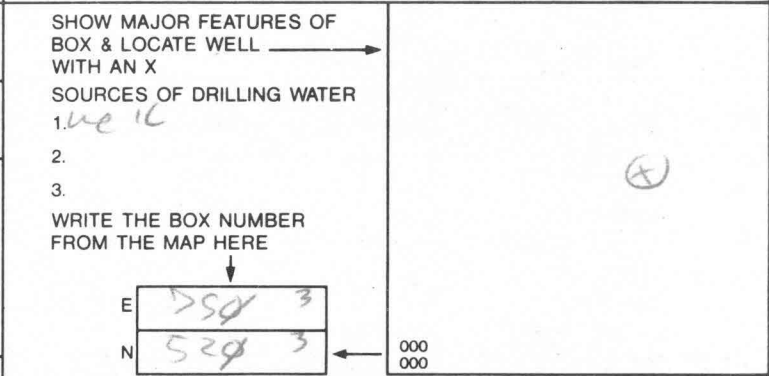
APPROXIMATE DEPTH OF WELL 250 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6" 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41           52

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER     G A P   54 63  
 FORCE FW WRITE INITIALS IN BOX PERMIT No. HO-94-2646  
 67 68 70 71 72 73 74 75 76 77 78 79



WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 523 3  
 N 523 3  
 000 000  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
 N  
 well  
 150  
 Dunsey Mill Rd

SPECIAL CONDITIONS



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: Pipe-Rite Telephone #: 410-788-3080  
Address: 405 Leland 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: NALLS Telephone #: \_\_\_\_\_  
Subdivision: Windridge Lot #: 2 Well Tag #: HO-94-2646  
Site Address: 14530 Dorsey Mill Rd  
Glenwood, Maryland 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: MILLS Make: Martinson Two piece watertight cap:   
Model #: ZST72-5 Model #: 510X Screened, vented well cap:   
Pump Capacity 10 GPM Depth: 48 (36" min) Cap secured to casing:   
Well Yield: 4 GPM NSF approved:  Conduit min 1 1/2" B.G.:   
Depth of well encountered at time of pump installation: 245 (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

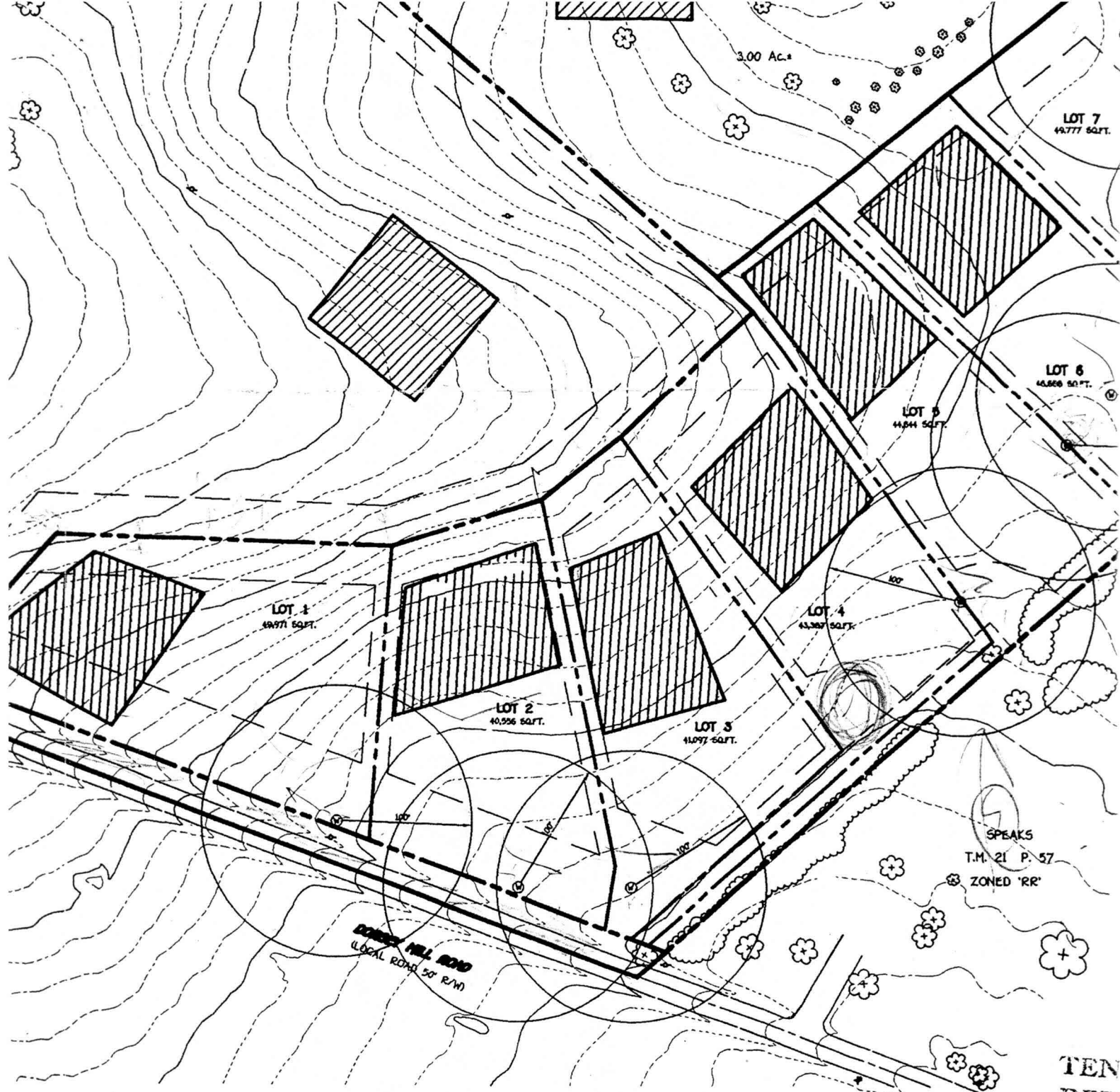
Piping to house House Connection  
Type: Plastic PVC sleeved to undisturbed soil at wall penetration:   
PSI: 60 (160 psi min) Approximate length of sleeve: 5'  
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly:

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: 10-30-01

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

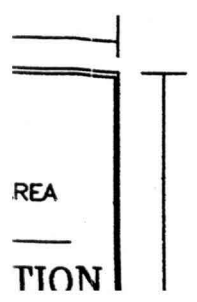
Date Insp. Requested: 10/2/01 Date Insp. Approved: 10/2/01 BB/KG SRK  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 6" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



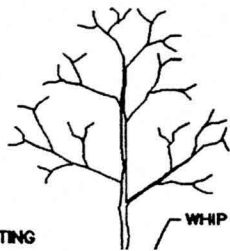
LOT 2  
WELL SITE OK  
5/1/00 CW  
4/26/00

TEN  
DEP

PLANN



BACKFILL WITH EXISTING



WHIP OR TREE

10' 12'