

C 1 07634

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ON SRN 9/16/00

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 04 12 00

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2586

OWNER Northridge Development STREET OR RFD EAGLE RIDGE TOWN Glenelg SUBDIVISION FAWN RIVER WAY SECTION LOT 3

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), BENTONITE CLAY (BC), NO. OF BAGS 9, NO. OF POUNDS 700, GALLONS OF WATER 54, DEPTH OF GROUT SEAL 30 ft.

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 35.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. MS D 116, DRILLERS SIGNATURE

LIC. NO. MS D 112, DRILLERS SIGNATURE

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

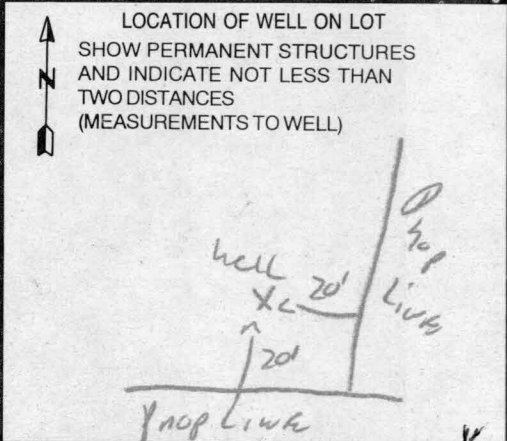
DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. Includes handwritten entry: 110 33 185.

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 (nearest hour) 3, PUMPING RATE (gal. per min.) 6, METHOD USED TO MEASURE PUMPING RATE Beckel, WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft, WHEN PUMPING 25 ft, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES) (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35, PUMP HORSE POWER 37 41, PUMP COLUMN LENGTH (nearest ft.) 43 47, CASING HEIGHT (circle appropriate box and enter casing height) (+) above, LAND SURFACE (nearest foot) 2.



B 1 1910
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-2586
70 fill in this form completely 79

Date Received (APA)
01 12 60
8 MM DD YY 13

OWNER INFORMATION

15 Last Name: North Ridge Development LLC
34 Owner First Name
36 Street or RFD: 14045 GAREN DR
55
57 Town: GLENWOOD MD 21738
70 State 72 Zip 76

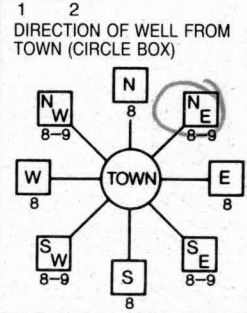
B 3 LOCATION OF WELL

8 COUNTY: Howard
23 SUBDIVISION: Eagle Ridge
SECTION: 44 46 LOT: 3 48 50
52 NEAREST TOWN: GLENWELLS
71
MILES FROM TOWN (enter 0 if in town) 3 MI
73 76 77 78

DRILLER INFORMATION

Driller's Name: RALPH MAYNE M SD 116
76 License No. 81
Firm Name: RALPH MAYNE WELL DRILLING
Address: 9120 Brown Church Rd Mt Airy
Signature: R. Mayne Date: 1-10-00

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: FAWN River way
30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH [] WEST [] EAST [] SOUTH []
34 DISTANCE FROM ROAD: 225
37 ENTER FT OR MI: 225
38 39
TAX MAP: 22 BLK: 6 PARCEL: 553

B 2 WELL INFORMATION

7 2 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 COUNTY NO.: A510569C
STATE SIGNATURE: _____ INSERT S →
DATE ISSUED: 02 03 00 Mark E. Ripkin 2/3/08
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID: 526 000 EAST GRID: 0818 000
50 55 57 63

APPROXIMATE DEPTH OF WELL: 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
 - 2.
 - 3.

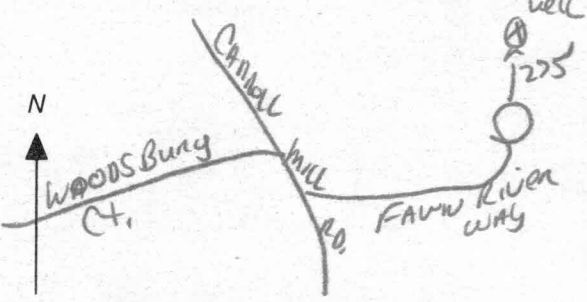
4/11/00 - Grout follows
Lot S
NO LNSP
MR ⊕

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8218
N 5266

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: 54 G A P 63
PERMIT No. HO-94-2586
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**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 Plumbing Telephone #: 410-788-3080
Address: 405 Lafayette
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: McLaughlin Telephone #: _____
Subdivision: Eagles Ridge Lot #: 3 Well Tag #: HO-94-2586
Site Address: 12519 Fawn River Way
EC 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Meyers</u>	Make: <u>Martinson</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>52952</u>	Model #: <u>B10K</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>18</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" R.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>185</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>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>48</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.

George Baker Signature of company representative responsible for installation 10-02-01 date

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

Date Insp. Requested: 6/8/01 Date Insp. Approved: 6/11/01 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 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter