

CJ 5364

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. 8-6 ON ALL CARDS)

COUNTY NUMBER A38985

DATE RECEIVED

DATE WELL COMPLETED 080296

Depth of Well 277 (TO NEAREST FOOT)

OK MP 9/14/96

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER 206 Joint Venture last name Bellis Road first name TOWN Lisbon SUBDIVISION Cattail Woods SECTION 1 LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten note: DRY HOLE FILLED w/CEMENT + DRILLING MATERIALS

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY, NO. OF BAGS 20, NO. OF POUNDS 1,880

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE ST CO PL OT

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: Y N

DEPTH (nearest ft.): 61, 277. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH)

CIRCLE APPROPRIATE LETTER: 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"

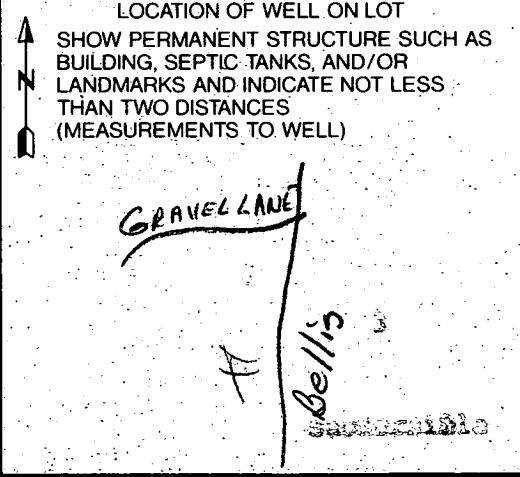
DRILLERS IDENT. NO. 256. Dana Kyker Jr. II DRILLERS SIGNATURE. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.), WQ (74-75-76). TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 12, METHOD USED TO MEASURE PUMPING RATE submersible, WATER LEVEL 60, BEFORE PUMPING 60, WHEN PUMPING 265, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE



EMERGENCY/TEMP NO. IF ANY

B 1 **7053**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DP USE ONLY)

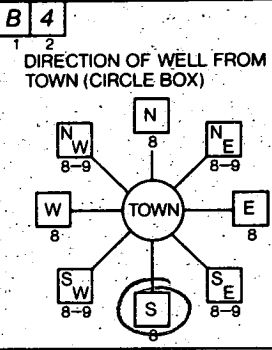
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0899
fill in this form completely

Date Received (APA) **080596**
OWNER INFORMATION
 206 Joint Venture
 15555 Union Chapel Rd
 Woodbine MD 21797

B 3 LOCATION OF WELL
 Howard
 8 COUNTY
 Patail Woods
 23 SUBDIVISION
 SECTION 1 LOT 3
 44 46 48 50
 52 NEAREST TOWN
 71
 MILES FROM TOWN (enter 0 if in town) 1 MI
 73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD
 Dana Kyker Jr II
 256
 Westminster Rotary Well Drilling
 P.O. Box 861 Westminster, Md 21157
 Dana Kyker Jr II TW 8-2-96



Bellis Drive
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 500 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **420**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD COUNTY A38985
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED INSERT S
 080896A M. Mellen 8/7/97
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 544000 EAST GRID 0780000
 50 55 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 **200** FEET
 24 28

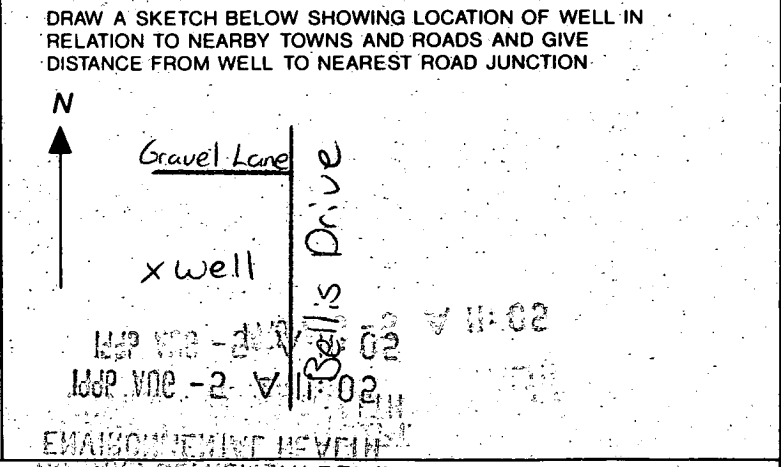
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1.
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 780
 N 5404
 000 000

8/31/96
 No insp.
 ALM
 x well

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 DEEPEAN 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 _____
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-0899**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =
 COUNTY

8/19/02
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 (and Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: REG WATER SYSTEMS INC. Telephone #: 410-239-0700
Address: 4322 OPALS CHURCH DR. 1-800-352-9836
MUNICIPALITY, MD. 21107

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): Rickey L. Roos, Sr. License # PI-0141

*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: A-FRAMES UNLIMITED Telephone #: 410-795-7670
Subdivision: CATAUL WOODS Lot #: 3 Well Tag #: EO-94-2899
Site Address: 15839 BELLS DR.
LISBON, MD.

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GOULDS</u>	Make: <u>HARVEY</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>TC607412</u>	Model #: <u>TT-800</u>	Screwed, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>44"</u> (36" min)	Cap screwed to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>277</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
Type: WLVET
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection *2" STEEL SLEEVE DUE TO SOFT FILL DIRT
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: YES-FERROCO TSOOT.

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: Rickey L. Roos, Sr. date: 8/17/02

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

Date Insp. Requested: _____ Date Insp. Approved: 8/19/02 (S)
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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate ground observed below pitless adapter

