

U838 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 13914

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8

DATE WELL COMPLETED
MM DD YY
03 02 2001
15 20

Depth of Well
400
22 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-94-2981
28 29 30 31 32 33 34 35 36 37

OWNER Spliedt Charles
last name first name
STREET OR RFD Firethorn Lane
SUBDIVISION Aintree Estates SECTION _____ TOWN _____
LOT 23

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Overburden Gray Rock	0	35	
	35	400	x
water at 370'			

GROUTING RECORD yes no
 Y N
44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800
45 46 45 46

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 48 52 ft. to 33 BOTTOM 54 58 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

E A C H C A S I N G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9

PUMPING RATE (gal. per min.) 11.5
11 15

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)
BEFORE PUMPING 102 ft.
17 20

WHEN PUMPING 133 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

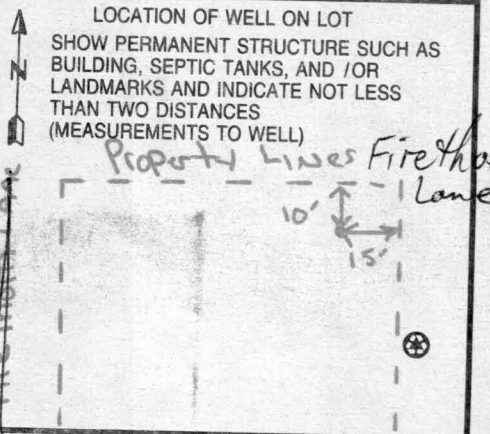
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29

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
 - below } (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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" 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 LIC. NO. 1 M W D 3991

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Warrn Pavell

LIC. NO. 1 M D 2411

C 2

DEPTH (nearest ft.)

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
from _____ to _____
56 60 68

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T _____ W Q _____

70 _____ 72 _____

TELESCOPE LOG OTHER DATA
CASING INDICATOR

B-1 1130

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2981

fill in this form completely

Date Received (APA)

02 01 01

OWNER INFORMATION

Spliebt Charles 5610 Belle Vista Avenue Baltimore MD 21206

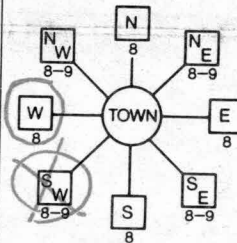
LOCATION OF WELL

Howard COUNTY Aintree Estates SECTION 2 LOT 23 Clarksville

DRILLER INFORMATION

Paul M. Fabiszak MWD 399 G. Edgar Harr Sons' Corp 12047 Falls Rd Cockeysville 21030

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Firethorn Lane NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

200 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 34 BLK: 13 PARCEL 264

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 750

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

Howard COUNTY NAME A13914 COUNTY NO. STATE SIGNATURE DATE ISSUED 02 09 01 Mark E. Pflin 2/9/02

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary
JETTED AIR-PERCussion
Jetted & DRIVEN 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER G PERMIT No. HO-94-2981

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8001 N 4908

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

YIELD TEST REQUIRED

BILL SMITH

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: Wm. H. Smith, JR Telephone #: 410-879-7641
Address: P.O. Box 330
FOREST HILL, MD 21050

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Wm. H. Smith, JR License# P.I 58

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: C. SPREIDT / J. Smith Telephone #: 410-418-9312
Subdivision: AINTREE ESTATES Lot #: 23 Well Tag #: HO 44-2981
Site Address: 6283 FIRETHORN LANE

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-KITE</u>	Make: <u>CampBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SP4D025L-04</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>3/4"</u>
Depth of well encountered at time of pump installation: <u>400</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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" PLASTIC</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>800</u> (160 psi min)	Approximate length of sleeve: <u>10'</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.

William H. Smith, Jr. Signature of company representative responsible for installation
11-16-01 date

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

Date Insp. Requested: 9/21/01 Date Insp. Approved: 11/1/01 Inspector: BB/SRU
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

LOT 17

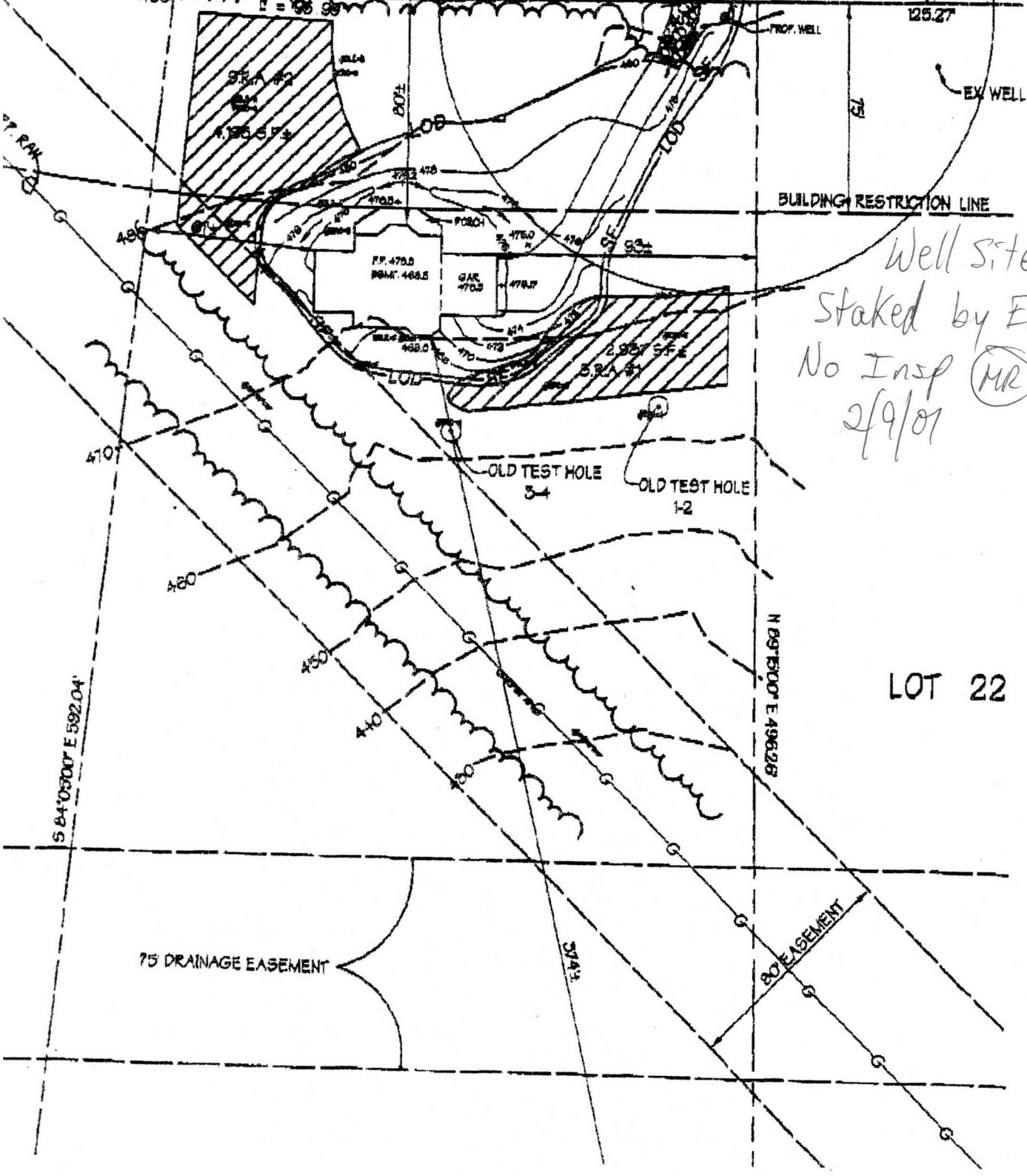
LOT 18

FIRETHORN LANE

100' RADIUS

50' R/W

$R = 825.00'$ $L = 649.30'$
 EX CONC CURB & GUTTER
 $114.75'$ $N 00^{\circ}45'00" W 240.00'$
 $490'$ $125.27'$



BUILDING RESTRICTION LINE

Well site
 Staked by Eng'r
 No Insp (MR)
 2/9/01

OLD TEST HOLE 3-4

OLD TEST HOLE 1-2

LOT 22

75' DRAINAGE EASEMENT

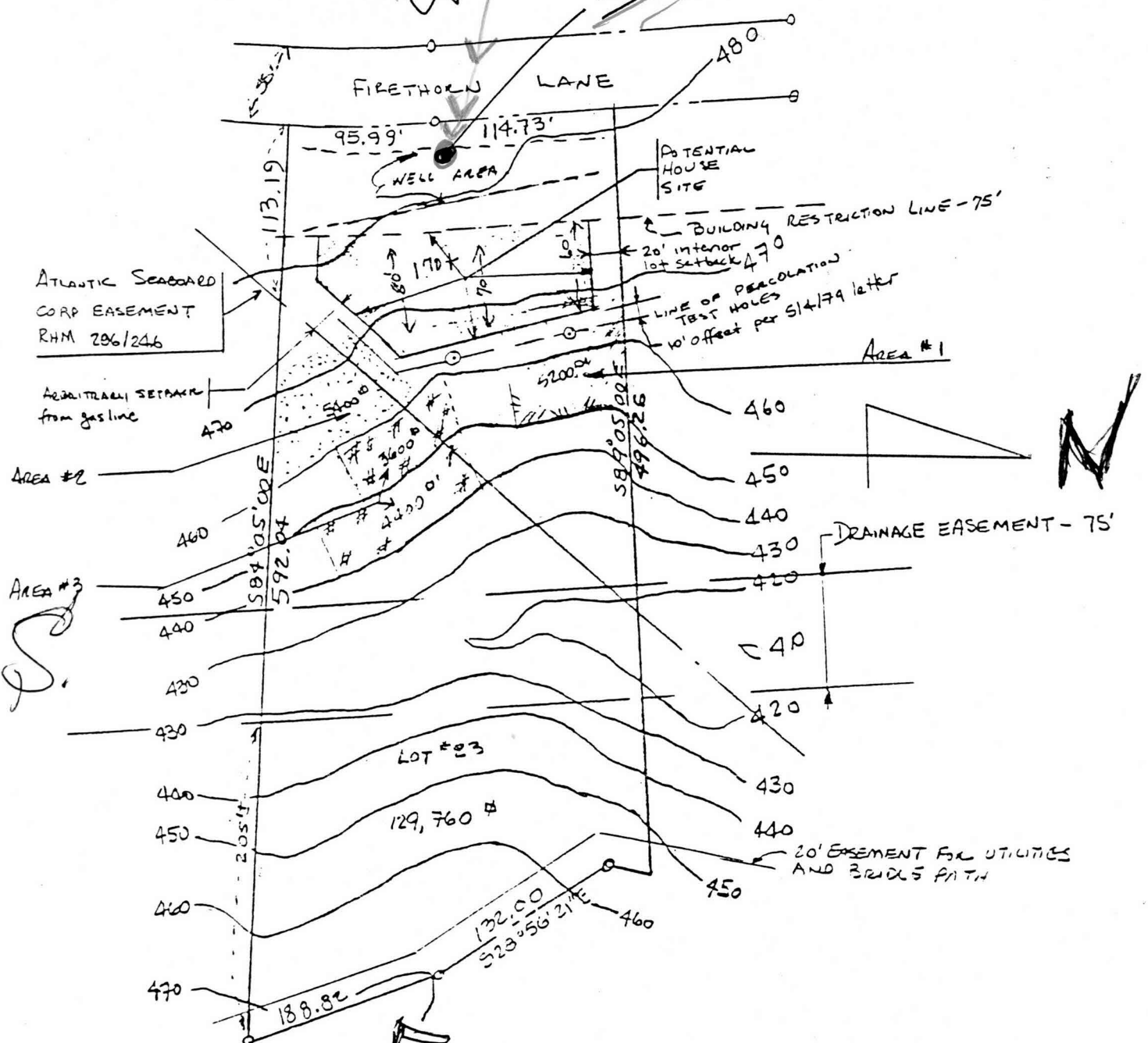
80' EASEMENT

S 84°05'00" E 592.04'

N 89°15'00" E 496.32'

374.1'

7/28/89
 Well stake in photo
 C.B.D.
 WK
 Well location



- Area #1 - 5200 sq ft 4:1 or flatter
- Area #2 - 5400 sq ft 4:1 or flatter
- Area #3 - 8200 sq ft 4:1 or flatter

WELL AND SEPTIC SYSTEM
 TRACED OFF ORIGINAL PURDUM & JESCHKE SURVEY TOPOGRAPHY by D. GRIFFITH 3/1/84 - 1"=100'
 LOT # 23 AINTREE ESTATES II

B 1 - 8732 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

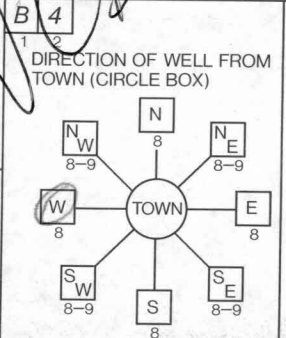
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
H0-88-0953
fill in this form completely

Date Received (APA) 072789
OWNER INFORMATION
GVC BUILDERS
15 Last Name Owner First Name 34
PO Box 1710
36 Street or RFD 45
ELLICOTT CITY MD 21050
57 Town 70 State 72 Zip 76

LOCATION OF WELL
HOWARD COUNTY
AINTREE PLAT 5 E
23 SUBDIVISION
SECTION 44 46 LOT 23 48 50
CLARKSVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 1/2 MI
73 76 77 78

DRILLER INFORMATION
Joseph B. Mayne
Driller's Name 77 License No. 80
Joseph B. Mayne Well Drilling
Firm Name
55 Z Ridge Rd. Mt. Airy Md. 21777
Address
Joseph B. Mayne 7/18/89
Signature Date



DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Firethorn Lane
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 30 37 DISTANCE FROM ROAD
ENTER FT or MI FT
38 39

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 35
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

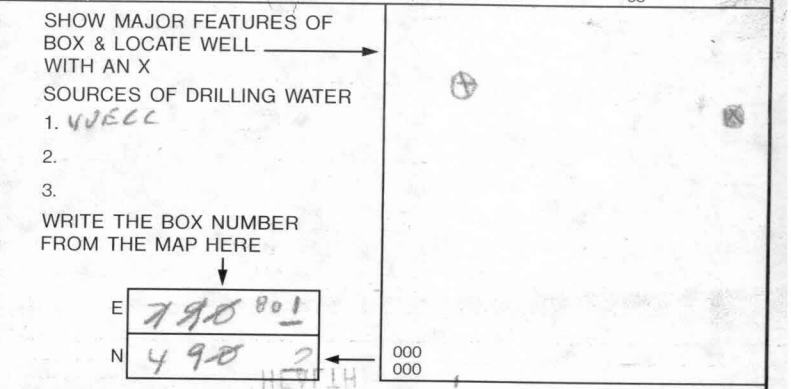
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A 13914
STATE SIGNATURE DATE ISSUED
073189 X Charles Bryan Shaker 1/1/90
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 497 0 0 0 EAST GRID 0801 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
FORCE CM WRITE INITIALS IN BOX PERMIT No. H0-88-0953
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

