

SEQUENCE NO. 07802 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 56478D

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 8/21/00

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2719

OWNER Murn Edward last name first name STREET OR RFD Florence Rd TOWN Mt Airy SUBDIVISION D'Aravia Property SECTION LOT 4

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, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Shale, Tan slate, Brown slate, Red slate, Brown slate, Tan slate, Brown slate, Gray slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 7 NO. OF POUNDS 700

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing 6 Total depth of main casing 20

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) insert appropriate code below

Table with columns: DEPTH (nearest ft.), 1-21, 23-36, 38-51. Includes slot size and diameter of screen information.

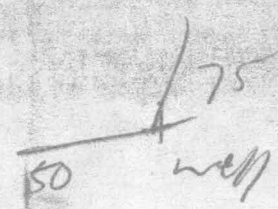
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2. METHOD USED TO MEASURE PUMPING RATE Buchol WATER LEVEL (distance from land surface) BEFORE PUMPING 56 WHEN PUMPING 123 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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. 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 (-) below LAND SURFACE 2 (nearest foot)

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



NUMBER OF UNSUCCESSFUL WELLS: 3 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 501

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

OWNER INFORMATION RN 8282
 Date Received (APA) 06/02/00
 8 MM DD YY 13
Murn, III Edward
 15 Last Name Owner First Name 34
12251 Yearling Ct.
 36 Street or RFD 55
Ellicott City, Md. 21042
 57 Town 70 State 72 Zip 76

LOCATION OF WELL CC#
 B 3 Howard
 8 COUNTY 21
Di Paula Property
 23 SUBDIVISION 42
 SECTION 44 LOT 4
 44 46 48 50
Mt. Airy
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M 1
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M DW 040
 Driller's Name 76 License No. 81
E. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 6/1/2000
 Signature Date

Florence Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 600 37
 DISTANCE FROM ROAD Ft
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A SCARB
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 06/06/00 CO SIGNATURE [Signature] EXP. DATE 06/05/01
 43 MM DD YY 48
 NORTH GRID 545 0 0 0 EAST GRID 0759 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 750 000
45 000
 N 556

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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Long corner
2 E 11
Mt. Airy
N
Florence Rd
 X
 RECEIVED

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 G A P 63
 PERMIT No. HO-94-2719
 70 71 72 73 74 75 76 77 78 79

of _____

8/24/00

only 5 1/2 hr pump test

County File No. _____

Review 9/6/00

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-94-2719 Election District _____

Location of Property (road) Fluence Rd

Subdivision Di Pauls Prop Lot 4 Block _____ Plat _____ Section _____

Well Driller Easterday Owner Munn, Ed

Depth of Well 400 1 1/2

Distance of Measuring Point (M.P.) above ground 2' foot

Static Water Level (S.W.L.) below M.P. 56' foot

High Rate Pumping -- reservoir drawdown

Time Pump Started 9:00 Pumping Rate 129 gpm

Total Time 15 min to reach pumping water level 123 feet below M.P.

1. Recovery pump test data - observations to be recorded every 15 minutes.

PUMP SET 385'

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9 <u>15</u>	123'	20 Sec.		3
9 <u>30</u>	123'	20 Sec.		3
9 <u>45</u>	123'	20 Sec.		3
10 <u>00</u>	123'	25 Sec.		2.4
10 <u>15</u>	123'	28 Sec.		2.1
10 <u>30</u>	123'	28 Sec.		2.1
10 <u>45</u>	123'	28 Sec.		2.1
11 <u>00</u>	123'	28 Sec.		2.1
11 <u>15</u>	123'	30 Sec.		2
11 <u>30</u>	123'	30 Sec.		2
11 <u>45</u>	123'	30 Sec.		2
12 <u>00</u>	123'	30 Sec.		2
12 <u>15</u>	123'	30 Sec.		2
12 <u>30</u>	123'	30 Sec.		2
12 <u>45</u>	123'	30 Sec.		2
1 <u>00</u>	123'	30 Sec.		2
1 <u>15</u>	123'	30 Sec.		2
1 <u>30</u>	123'	30 Sec.		2
1 <u>45</u>	123'	30 Sec.		2
2 <u>00</u>	123'	30 Sec.		2
2 <u>15</u>	123'	30 Sec.		2

SOMMY

**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: Gartland Plumbing Telephone #: 410-825-5303
Address: 1629 W. Old Liberty Rd
Sylkesville MD 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Joe Gartland License# 6352

*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: Catoclin Homes Inc Telephone #: 410-222-5804
Subdivision: Dinwiddie Property Lot #: 4 Well Tag #: HO-94-2219
Site Address: 1420 Florence Rd
Mt. Airy MD 21221

Submersible Pump Data
Make: Goolds
Model #: 26505
Pump Capacity 5 GPM
Well Yield: GPM

Pitless Adapter
Make: ATI
Model #: P-100-CT
Depth: 48" (36" min)
NSF approved: Yes

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 320 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house
Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Thru floor into footer
Approximate length of sleeve: 2'
Sleeve caulked and sealed properly: Yes

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

April 6, 2001
date

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

Date Insp. Requested: 4/4/01 Date Insp. Approved: 4/4/01 (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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

OWNER INFORMATION

Date Received (APA) 06 09 98

8 MM DD YY 13

15 Last Name D. Pala Owner First Name Property LLC 34

36 Street or RFD 2808 Brian Ct 55

57 Town Ellicott City, MD 70 State MD 72 Zip 21093 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION D. Pala 42

SECTION 44 46 LOT 4 48 50

52 NEAREST TOWN Mt Airy 71

MILES FROM TOWN (enter 0 if in town) 3.16 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Leo R. Holland Jr. MS D 101 76 License No. 81

Firm Name SEC/Abbott Well Drilling Co.

Address P.O. Box 1143 Hagerstown, MD

Signature Leo R. Holland Jr. Date 6-8-98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Florence Rd 30

34 600 37 DISTANCE FROM ROAD ft

ENTER FT OR MI 38 39

TAX MAP: 6 BLK: 17 PARCEL 60

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10 8 12

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. A564781

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 07/07/99 EXP. DATE 07/07/99

43 MM DD YY 48 CO SIGNATURE _____

NORTH GRID 545 0 0 0 EAST GRID 0759 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 500 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 759

N 545

000
000

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 _____

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PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER 54 G A P _____ 63

FORCE CW WRITE INITIALS IN BOX PERMIT No. HO-94-1616

67 68 70 71 72 73 74 75 76 77 78 79

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 ↑

