

C1 01512- (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. On SRN 5/18/00

1 2 3 6

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A511463 E

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 4 3 2010 Depth of Well 22 285 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2628 28 29 30 31 32 33 34 35 36 37

OWNER Avery Audrey & John STREET OR RFD Frederick Rd TOWN Cooksville SUBDIVISION Avery Property SECTION LOT 2

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Sand & Stone (0-75), Gray Granite (75-285)

GROUTING RECORD yes no Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 70 ft.

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) 80

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no 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 S D 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

C2 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. Rows: A, C, H, S, R, E, N. Values: 78, 285

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

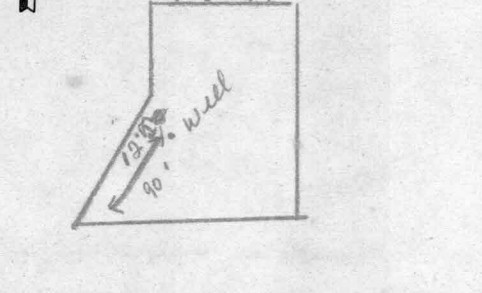
C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 251 ft. 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 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below 2 (nearest foot)

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



B 1 14321

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2628

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Avery Audrey + John 15 Last Name Owner First Name 34 14331 Frederick Rd 36 Street or RFD 55 Cooksville Md 21723 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

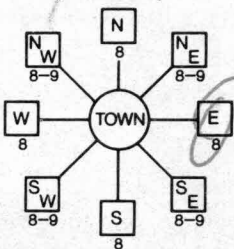
8 COUNTY Howard 21 23 SUBDIVISION Avery Property 42 SECTION 44 46 LOT 2 48 50 Cooksville 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1/2 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayra M S D 24 License No. 81 Firm Name Joseph L. Mayra Well Drilling Address 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature Joseph L. Mayra Date 3/6/2000

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Md. 144 Frederick Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 240 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 23 PARCEL 97

B 2

WELL INFORMATION

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)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) [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 AS1114636 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/22/00 3/22/01 41 43 MM DD YY 48 CO SIGNATURE EXP/DATE NORTH GRID 540 000 EAST GRID 0796 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 280 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)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [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

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

APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2628 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3.

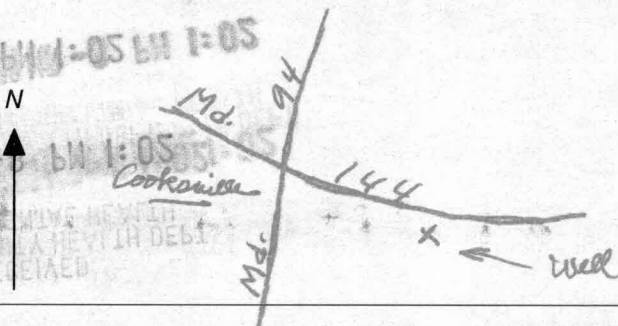
4/4/00 @ 9:00am Groat after 9:00am No insp.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796 N 540

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



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: FRAGA Plumbing Co. Telephone #: 410-465-1401  
Address: 3205 Hummel Rd  
Woodstock MD 21163

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): FRAGA License# 6318

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: AVOZ PIZU Lot #: 2 Well Tag #: HO-94-2628  
Site Address: \_\_\_\_\_

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Balds</u>	Make: _____	Two piece watertight cap: _____
Model #: <u>765054</u>	Model#: _____	Screened, vented well cap: _____
Pump Capacity <u>7</u> GPM	Depth: <u>4 1/2</u> (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>22</u> (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 on <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt _____		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>45</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.

Signature of company representative responsible for installation: [Signature] date 6/17/01

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

Date Insp. Requested: 4/19/01 Date Insp. Approved: 4/19/01 MR+RJP  
Inspection Data: Pitless adapter and water supply line at least 36" below grade  BB  
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  Not Observed  
Adequate grout observed below pitless adapter





# AVERY PROPERTY

A MINOR SUBDIVISION

LOT 2

GP-01-74

F-00-34

4th ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND

ZONING: RC-DEO

TAX MAP: 8 BLOCK: 23

PARCEL: 97

SCALE: 1" = ~~100~~<sup>50</sup>  
 DATE: APRIL, 2000  
 SHEET: 1 of 3

ACCESS AND EGRESS RESTRICTED

EX. CL ROAD

FREDERICK ROAD

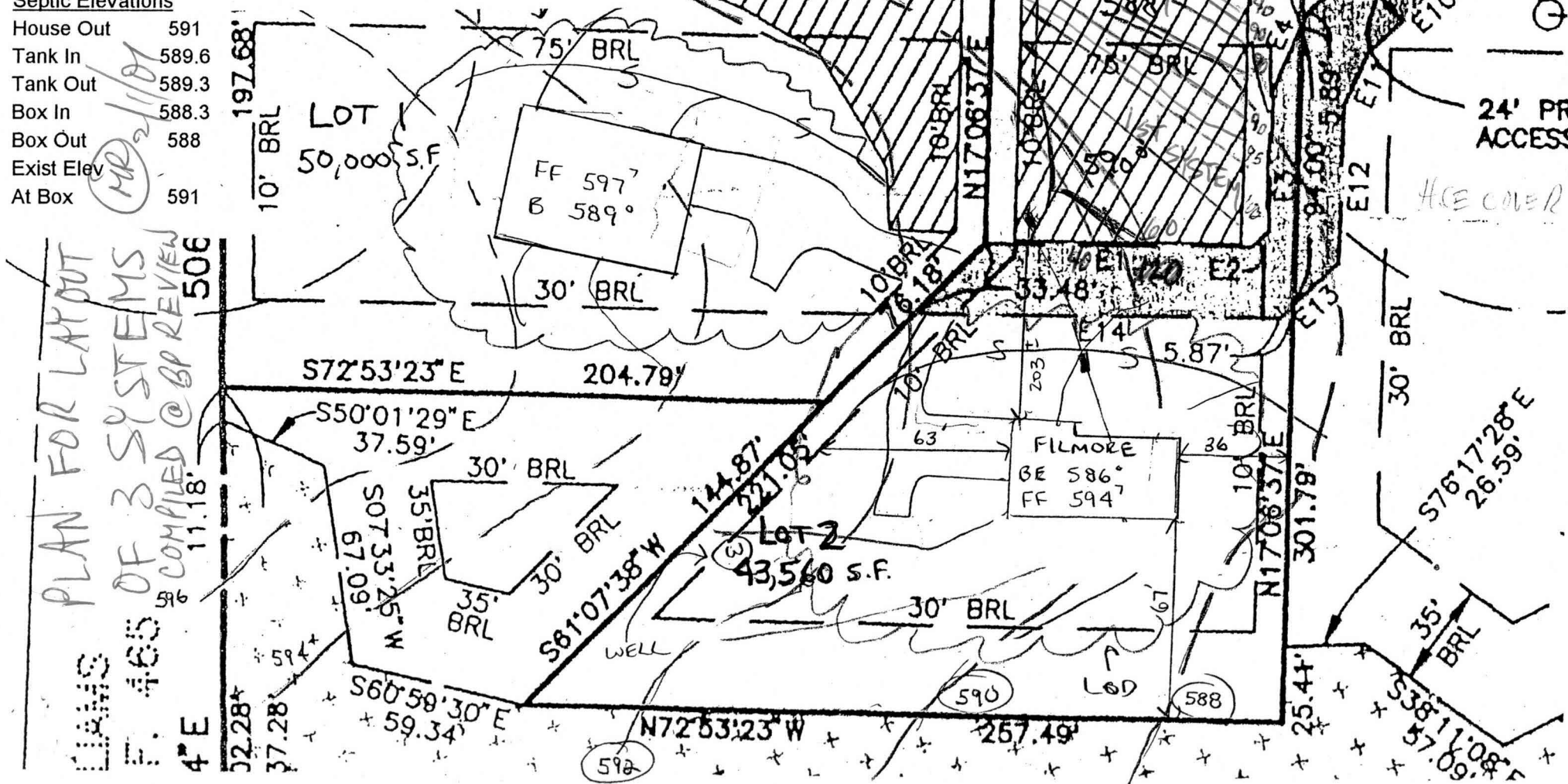
1' R/W  
R/W

PROP. 40' R/W  
(1/2 R/W)

S.C.E.

### Septic Elevations

House Out	591
Tank In	589.6
Tank Out	589.3
Box In	588.3
Box Out	588
Exist Eley	
At Box	591



PLAN FOR LAYOUT  
 OF 3 SYSTEMS  
 MR. 2/10/01  
 COMPILED @ BP REVIEW  
 506  
 11.18.  
 4" E