

C1 4115
SEQUENCE NO. (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 A58596

ST/CO USE ONLY
DATE Received
MM 11 DD 12 YY 98
8 13

DATE WELL COMPLETED
MM 10 DD 23 YY 98
15 20

Depth of Well
22 325 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1764
28 29 30 31 32 33 34 35 36 37

OWNER C & M Partnership
STREET OR RFD last name Frederick Road first name
TOWN Mt. Airy
SUBDIVISION Laniado Property SECTION LOT 5

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	
Brown Shale	0	56	
Blue Rock	56	325	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 19 NO. OF POUNDS 1786
GALLONS OF WATER 114
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 55 ft.

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 MSD024
DRILLERS SIGNATURE Joseph L. Mayne
LIC. NO. 1 D

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

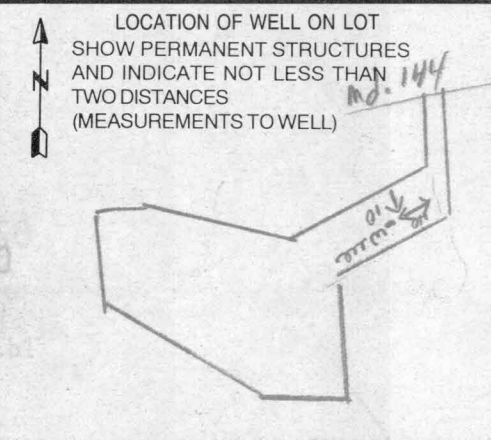
DEPTH (nearest ft.)
EACH CASING diameter depth (feet) from to
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83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

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

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 4
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43 ft.
WHEN PUMPING 240 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 (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
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 2 (nearest foot)



B 1 6770

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1764 fill in this form completely

Date Received (APA) 09/15/98

OWNER INFORMATION

8 MM DD YY 13 C.M Partnership 15 Last Name Owner First Name 34 1750 Daisy Rd. 36 Street or RFD 55 Woodbine Md. 21797 57 Town 70 State 72 Zip 76

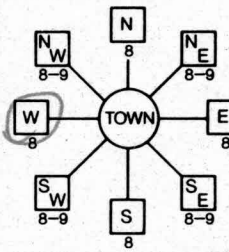
B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION LANIADO PROPERTY 42 SECTION 44 46 LOT 5 48 50 52 NEAREST TOWN Leshon 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Maize MS DOOR License No. 81 Firm Name Joseph L. Maize Well Drilling Address 5512 Ridge Rd. Mt. Airy 21771 Signature Joseph L. Maize Date 9/14/98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Md. 144 Baltimore National PK 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 32 EAST 34 565 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 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 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

COUNTY NAME HOWARD COUNTY NO. A 58596 STATE SIGNATURE DATE ISSUED 09/24/98 CO SIGNATURE EXP. DATE 09/23/99 NORTH GRID 558 000 EAST GRID 0766 000

APPROXIMATE DEPTH OF WELL 200 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 30 CABLE REVerse-ROTary DRive-POINT 37 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 DEEPEM 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)

APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-1764 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

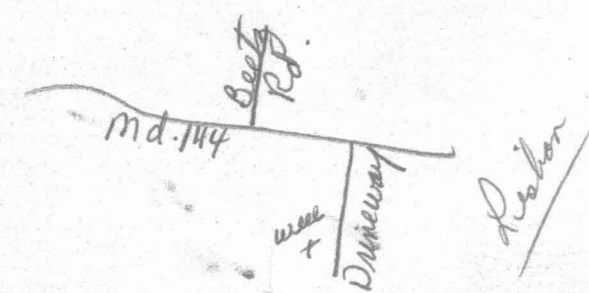
- 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 766 N 558

10/23/98 9:30gout Missed insp (KM)

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: CARROLL WATER SYSTEMS Telephone #: 410-876-5100
Address: 60 Aileron Ct #3
Westminster, Md 21157

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): RONALD SMITH License# PI 074

*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: Neibenhama Homes Telephone #: 410-442-7673
Subdivision: _____ Lot #: 5 Well Tag #: HO-94-1764
Site Address: 17029 Frederick Road
Mt Airy Md 21771

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Condis</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>S2307422</u>	Model #: <u>B10X</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>?</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>2.4"</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>YES</u>

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 NO

Piping to house	House Connection
Type: <u>Abh</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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.

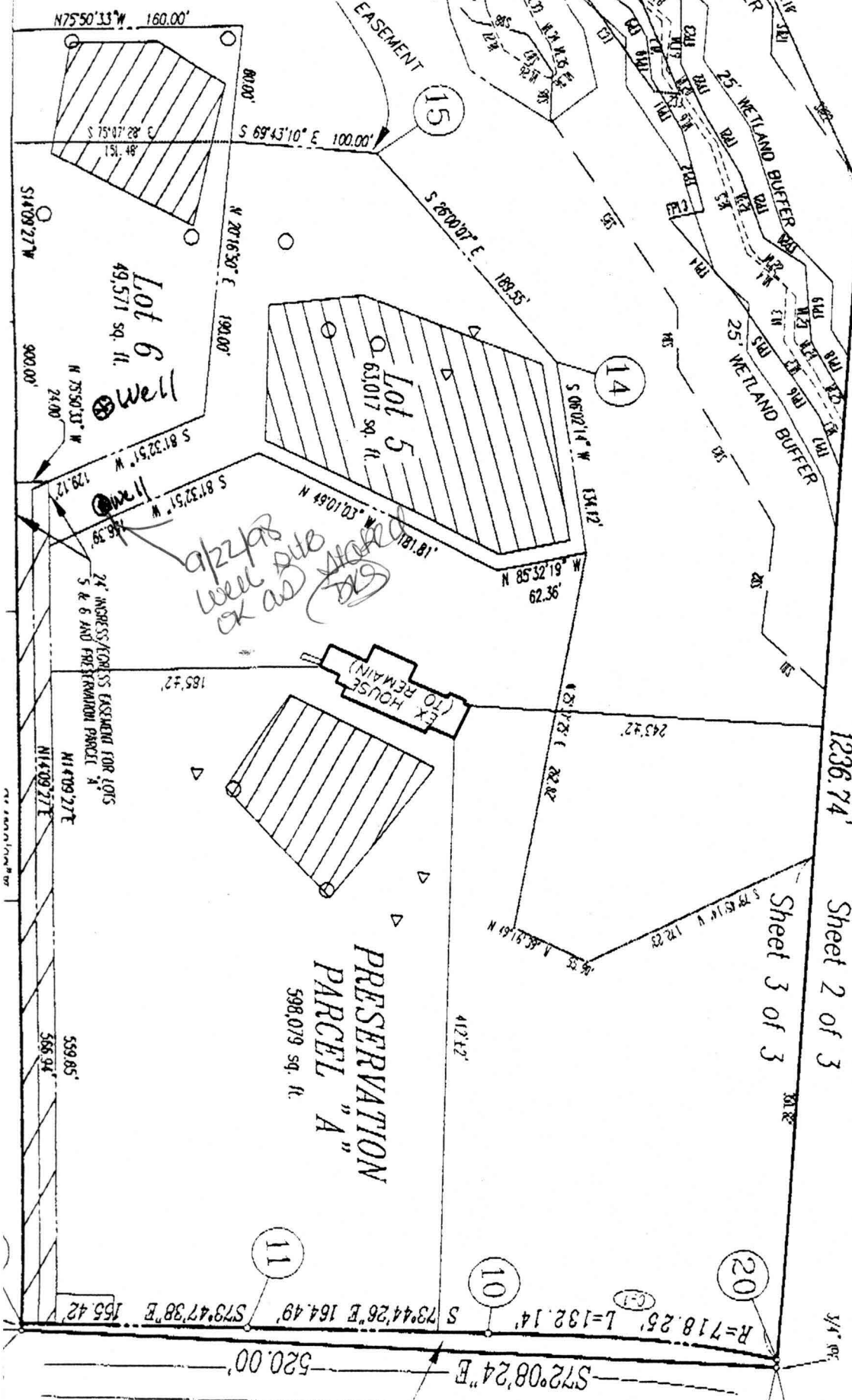
Signature of company representative responsible for installation: *Ronald Smith* date: 7/19/01

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

Date Insp. Requested: 7/19/01 Date Insp. Approved: 7/19/01 **SRK**

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

275.65'



N18°39'15"E

1236.74'

Sheet 2 of 3

Sheet 3 of 3

MINOR ARTERIAL (80' R/W)