

C1 9828

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 A576104

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

MM DD YY 05 11 99

Depth of Well

22 265 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2035

OWNER Cissel Lambert last name first name STREET OR RFD Haley's Court TOWN Poplar Springs SUBDIVISION Spring Hollow SECTION LOT 22

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 include Top Soil, Brown Shale, Blue Slate, Flint Rock, etc.

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 12 NO. OF POUNDS 1200 GALLONS OF WATER 22 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 39

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

screen type or open hole

SCREEN RECORD

insert appropriate code below SCREEN RECORD ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 M SD 116

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M SD 112

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

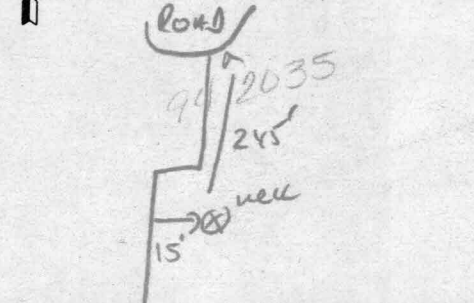
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 64 ft. WHEN PUMPING 82 ft. 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 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 4741

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2035 fill in this form completely

Date Received (APA) 12 18 98

OWNER INFORMATION

CISSEL Lambert Last Name Owner First Name 34
3425 Hipsley Mill Rd Street or RFD 55
Woodbine MD. 21799 Town 70 State 72 Zip 76

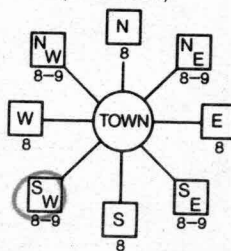
LOCATION OF WELL

Howard COUNTY 21
Spring Hollow SUBDIVISION 42
SECTION 44 46 LOT 22 48 50
Boolan Springs NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

Ralph MAYNE M S D 116 Driller's Name 76 License No. 81
Ralph MAYNE well drilling Firm Name
9120 Browne Church Rd Mt Airy Address
Ralph MAYNE 12-9-98 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HALEYS Ct. NEAR WHAT ROAD 30
Scotts Delight

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH WEST EAST
34 245 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

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 Co A57610 Y COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 12 29 98 A 7 M M 001 12 29 99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 548 000 EAST GRID 768 000
50 55 57 63 location on SRK

APPROXIMATE DEPTH OF WELL 150 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)
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 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)

APPROX. PERMIT NUMBER 54 GAP 63
PERMIT No. HO-94-2035 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

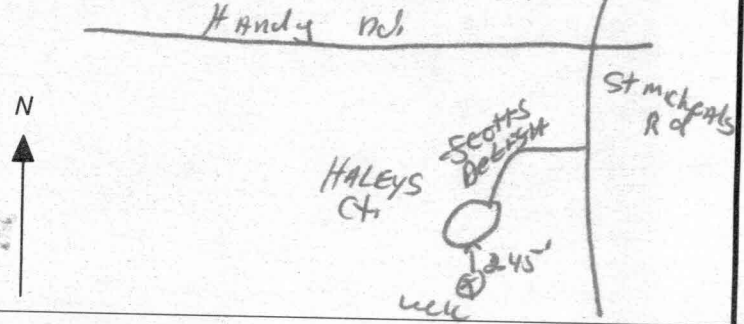
SOURCES OF DRILLING WATER
1. well
2.
3.

Grouted on 5-6-99
No inspection
30' open hole driller info
12 Bags
Driller Info 4
5/11/99 SRK

WRITE THE BOX NUMBER FROM THE MAP HERE

E 73068
N 54042

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: Gartland Plumbing Telephone #: 410-825-5303
Address: 1620 W. Old Liberty Rd
Sykesville MD 21221

(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: Catactin Homes Telephone #: 410-222-5804
Subdivision: Spring Hollow Lot #: 22 Well Tag #: HO-94-2035
Site Address: 1225 Haley's Ct
Mt. Airy MD 21221

Submersible Pump Data

Make: Goulds
Model #: 3G502
Pump Capacity 2 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: OT
Model #: P100LT
Depth: 36 (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: 250 (feet)

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 Yes

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 6'
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 of company representative responsible for installation

Aug 15, 2001
date

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

Date Insp. Requested: 5/11/01 Date Insp. Approved: 5/15/01 (BB) 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

Pumped 2037 & 2036 at same time and watched

2035 8/2038 5/11/99 SRN

Time arrived 9:45 am

Pump started 8:30 am

Lot 22 Lot 25

HO-94-2035 HO-94-2038

850 - ? ?

945 - 65 ?

1000 - 80.5

1015 - 81.0

1030 - 83 1/4

1045 - 85 1/2

1100 - 88

1115 - 90.5

1130 - 92

1145 - 93

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

44 1/2

Lot 22 Lot 25

HO-94-2035 HO-94-2038

850 - ? ?

945 - 65 ?

1000 - 80.5

1015 - 81.0

1030 - 83 1/4

1045 - 85 1/2

1100 - 88

1115 - 90.5

1130 - 92

1145 - 93

44 1/2

44 1/2

44 1/2

44 1/2

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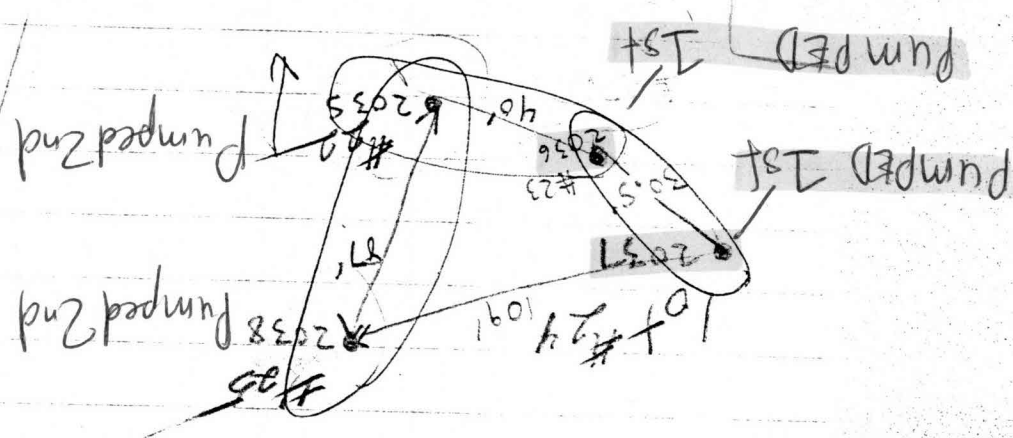
44 1/2

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ST
MILES
RD

PUMPED 2035 & 2038 & WATCHED 2037 & 2036 - 8/11/99

Time arrived = 1:45 pm
 Pump started = 12:15 pm
 Lot 27 → Lot 24
 Lot 25
 Lot 24 Watched 23 SRL
 Ho-94-2035 Ho-94-2038 Ho-94-2037 Ho-94-2036

Time	Ho-94-2035	Ho-94-2038	Ho-94-2037	Ho-94-2036
Start	64	44.6'	46'	64'
1215	80	64	46'	-
1230	80	64	46	-
1245	80	64	46	79.5
1:00	80	64	46	79.5
1:15	82	64	46	79.5
1:30	82	64	46	79.5
1:45	82'	64'	46	79.5
2:00	82	64	46	79.5
2:15	82	64	46	79.5
2:30	82	64	46	79.5
2:45	82	64	46	79.5
3:00	82	64	46	79.5
3:15	82	64	46	79.5
3:30	82	64	46	79.5

