

9642

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

WELL IS COMPLETED.

COUNTY NUMBER 13

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2144

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

03/24/99

22 200 26

OWNER DILLON TANDY TOWN HIGHLAND

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED

PUMPING TEST HOURS PUMPED

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

TYPE OF GROUTING MATERIAL (Circle one)

PUMPING RATE

DESCRIPTION (Use additional sheets if needed)

CEMENT BENTONITE CLAY

METHOD USED TO MEASURE PUMPING RATE

Table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Includes entries for Topsoil, Br. Sandy Clay, Yellowish White Sand, etc.

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

WATER LEVEL (distance from land surface) BEFORE PUMPING

CASING RECORD casing types insert appropriate code below

WHEN PUMPING

MAIN CASING TYPE Nominal diameter Total depth of main casing

TYPE OF PUMP USED (for test)

OTHER CASING (if used) diameter depth (feet)

PUMP INSTALLED DRILLER INSTALLED PUMP

SCREEN RECORD screen type or open hole

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

DEPTH (nearest ft.)

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

PUMP HORSE POWER

DRILLERS LIC. NO. 1 MWD 040

PUMP COLUMN LENGTH (nearest ft.)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

CASING HEIGHT (circle appropriate box and enter casing height)

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

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

Date Received (APA) 2/16/99
 8 MM DD YY 13
OWNER INFORMATION RN 7747
Dillon Norman
 15 Last Name Owner First Name 34
13197 Highland Rd
 36 Street or RFD 55
Highland, Md 20777
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard COUNTY 21 CC#
Harold Johnson
 23 SUBDIVISION 42
 SECTION 687
 44 46 LOT 48 50
Highland
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M D 040
 Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd.. MT. Airv. Md. 21771
 Address
George F. Easterday 2/12/1999
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

Highland Rd
 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 1000 37
 DISTANCE FROM ROAD Fl
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 **WELL INFORMATION**
 1 2
 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)
 22 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

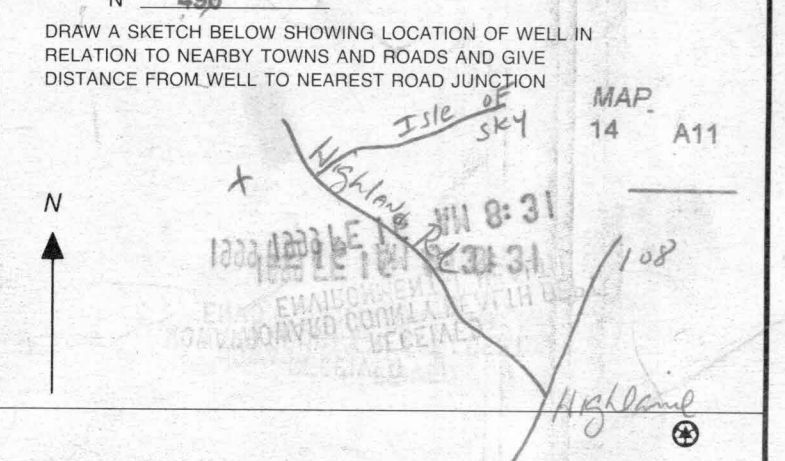
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → _____
 DATE ISSUED 3/1/99 Civilian 2/28/00
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 993 0 0 0 EAST GRID 0807 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 30 37 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 3/25/99
 105960760 XFBQ 61077
 SOURCES OF DRILLING WATER
 1. wells
 2. LOCATION of X
 3. (CW)
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 880
 N 490
 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 _____

REPLACEMENT OR DEEPEINED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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 - 2144
 70 71 72 73 74 75 76 77 78 79

**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: Mallck P&H Telephone #: 301-840-5860
Address: 7901-V Beechcraft Ave
Gaithersburg, MD 20879

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

*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: _____ Telephone #: _____
Subdivision: Dillon Property Lot #: _____ Well Tag #: HO-99-2144
Site Address: 13199 Highland Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

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: _____

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 _____

Piping to house

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 4/4/01 Date Insp. Approved: 4/4/01 Inspector: SRy
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 ✓

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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: Mallik Plumbing + Heating Telephone #: 301-840-5860
Address: 201-V Beachcroft Avenue
Greenbelt, MD 20779

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

Name (Print): Michael Mallik / Ken Mallik License # 42565 19572

*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. Licensees may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Worthmore Builders Telephone #: 301-540884
Subdivision: Dillon Property Lot #: 6/7 Well Tag #: HO-94-2144
Site Address: 3197/1388 Highland Rd
Highland, MD 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Starite</u>	Make: <u>American Granby</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>10SP4002H</u>	Model #: <u>HPT200</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</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

Piping to house
Type: 200 PSI Polyethylene
PSI: (160 psi min)
Depth of supply line: 42' (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 6 feet
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: Michael Mallik date: May 8, 2001

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Date Insp. Requested: 4/4/01 Date Insp. Approved: 4/4/01 Inspector: SRM
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