

1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

WELL COMPLETION PERMIT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

COUNTY NUMBER A 49 889 A

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO - 94 - 2296
 28 29 30 31 32 33 34 35 36 37

DATE WELL COMPLETED
 MM DD YY
11 08 99
 15 20
 Depth of Well
 22 205 26
 (TO NEAREST FOOT)

OWNER Hawitt first name
 STREET OR RFD Monticello Dr
 SUBDIVISION Horseshoe Manor SECTION _____ TOWN Cooksville LOT 32

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	
Top Soil	0	2	
Brown Shale	2	25	✓
Brown Slate	25	30	
Blue Slate	30	55	
Brown Slate	55	60	✓
Blue Slate	60	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 44 44
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 800
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface)
 48 TOP 52 54 BOTTOM 58

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35
 60 61 63 64 66 70

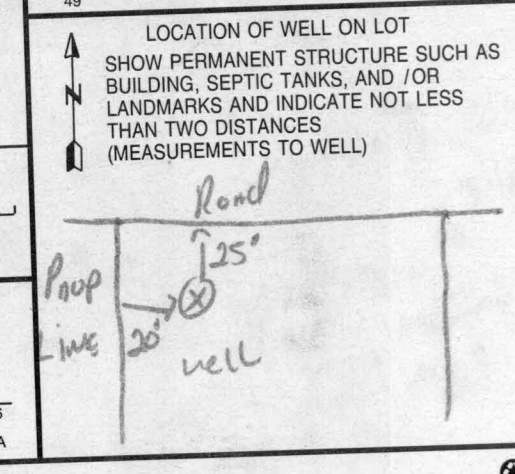
OTHER CASING (if used)
 diameter depth (feet)
 inch from to
 EACH CASING _____

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

C 2 DEPTH (nearest ft.)
 1 HU 33 205
 2 _____
 3 _____
 4 _____
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 74 _____
 75 _____
 76 _____

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 7.5
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 15 ft.
 17 20
 WHEN PUMPING 80 ft.
 22 25
 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 WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or 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)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED 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 MSD 116
Theri Mayre
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD 112
Theri S. Mayre

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

B 1 1982

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-94-2296 fill in this form completely

DATE RECEIVED (APA) 5-11-99 OWNER INFORMATION Hewitt Leroy 14020 Monticello DR COOKSVILLE MD 21732

LOCATION OF WELL HOWARD COUNTY HARLESS MANOR SECTION 44-46 LOT 32 COOKSVILLE MILES FROM TOWN I MI

DRILLER INFORMATION Ralph Mayne MS D 116 Ralph Mayne Well Drilling 9120 Brown Church Rd Mt Airy Mark Mayne 5-6-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NE ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) MONTICELLO DR. DISTANCE FROM ROAD 20 ENTER FT OR MI 38 39 TAX MAP: 9 BLK: 19 PARCEL 326

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A 49889 A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/21/99 CO SIGNATURE EXP. DATE 6/21/00 NORTH GRID 542 000 EAST GRID 0801 000

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

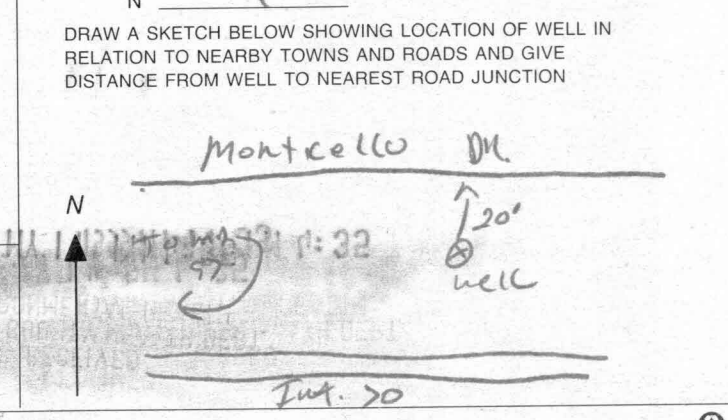
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

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) 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 H094 GAP 012 PERMIT No. H0-94-2296

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 800 N 5402



7/9/01
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2644

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 Plan and Occupancy approval.

Company Name: CONFER'S Plumbing & Heating Telephone #: 410-969-3980
Address: 904 EVERGREEN Rd.
SEVERNA Md. 21144

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): GARY R. CONFER License # 8263

*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: RICHARD S. SUTHERLAND Telephone #:
Subdivision: HARLESS MANOR Lot #: 32 Well Tag #: HO-94-2296
Site Address: 14029 MANTICELLO DR.
COOKVILLE MD 21722

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: MEYERS Make: CARBELL Two piece watertight cap: YES
Model #: 2-SP52-3 Model #: B10X Screened, vented well cap: YES
Pump Capacity: 5 GPM Depth: 48" (36" min) Cap secured to casing: YES
Well Yield: 7K GPM NSF approved: ✓ Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPD 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 _____

Piping to house House Connection
Type: PLASTIC PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 42 (36" min) 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 seen, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Gary R. Confer date: 7/9/01

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

Date Insp. Requested: 7/9/01 Date Insp. Approved: 7/9/01 (SRN)
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 ✓

Department of The Environment
Water/Wastewater Permits Program
Room 111

2500 Broening Highway
Baltimore, MD 21224
Phone: 410-631-3784
Fax: 410-631-3163

DRILLER Ralph Mayne Ron Pinkley

DATE 1-4-2000 4/25/01

Your Completion Report for Leroy Hewitt

(HO-94-2296) has been found to be incomplete. Please complete as indicated below and return to ISSWP.

- | | |
|--|--|
| _____ date well completed | _____ screen depth |
| _____ depth of well | _____ slot size |
| _____ permit number | _____ diameter of screen(given in NO. |
| _____ owner | _____ gravel pack |
| _____ street | _____ pumping test |
| _____ town | _____ hours pumped |
| _____ sub-division | _____ pumping rate |
| _____ section | _____ method used to measure pump |
| _____ lot | _____ water level before pumping |
| _____ well log -(when given on seperate sheet
<u>send for state, survey & WRA</u>) | _____ water level when pumping |
| _____ driller's signature -(must agree with permit
unless transferred) | _____ type of pump used |
| _____ driller's number | _____ pump installed |
| _____ type of driller (MWD, MSD, MGD) | _____ gallons per minute |
| _____ has well been grouted (<u>Circle only one</u>) | _____ pump horse power |
| _____ number of bags | _____ pump column length |
| _____ Number of Pounds | _____ casing height |
| _____ gallons of water | _____ height above land surface |
| <input checked="" type="checkbox"/> depth of grout seal | _____ location of well on lot |
| _____ casing record | _____ sketch |
| _____ main casing type-insert code | _____ all numbers start at far left b |
| _____ casing diameter | _____ don't staple report(s) together
as we have to unstaple taking u
valuable time. |
| _____ casing depth | |
| _____ screen record or open hole | |
| _____ screen type-insert code | |

See all attached reports.
Driller(s) have filled in
necessary sections that
were left blank.