

C1 2111 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 49888 V

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 082395

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-0618

OWNER Fisher Collins Carter first name Mohiticella Dr TOWN Cookeville SUBDIVISION Horless Manor SECTION 1 LOT 13

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, Sandy Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 5000 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 42

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

SCREEN RECORD screen type or open hole insert appropriate code below. HO OPEN HOLE

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.

TYPE MWD/MSD/MGD DRILLERS LIC. NO. 116 Ralph Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 117 Ralph E. Wayne

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

DEPTH (nearest ft.)

Table with columns for depth intervals (8-9, 11-15, 17-21, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51) and values HO, 90, 205.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from 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 74 75 76 70 72

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft.

WHEN PUMPING 29 ft.

TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL 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. 29

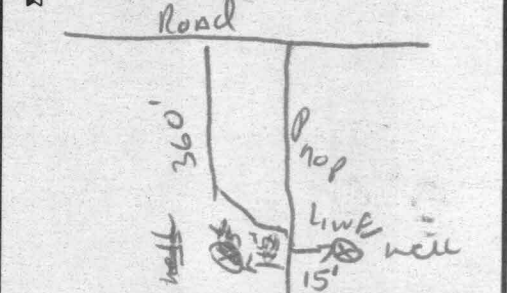
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE 51 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



1 0625 SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
 H0-94-0618  
 fill in this form completely

Date Received (APA) 09.07.95

**OWNER INFORMATION**

8 13  
 FISHER COLLINS CARTER  
 15 Last Name Owner First Name 34

36 55  
 9171 BALT MATZ PIKE  
 Street or RFD

57 76  
 BULICOFF CI + YMD 21043  
 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**

1 2  
 HOWARD  
 8 COUNTY 21

23 SUBDIVISION HARLESS MANOR 42

SECTION 44 46 LOT 13 48 50

52 NEAREST TOWN COOKSVILLE 71

MILES FROM TOWN (enter 0 if in town) 1 MI  
 73 76 77 78

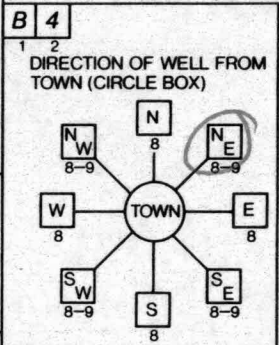
**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

Ralph Mayne 715  
 Driller's Name 77 License No. 80

Ralph Mayne Well Drilling  
 Firm Name

9120 Brown Church Rd. Mt Airy  
 Address

Ralph Mayne 7/1/95  
 Signature Date



11 30  
 Monticello Dr.  
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37  
 360  
 DISTANCE FROM ROAD

ENTER FT OR MI F4  
 38 39

TAX MAP: 8 BLK: 19 PARCEL 9+324

**B 2 WELL INFORMATION**

1 2  
 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)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A49888V  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 082495 Ronald P... 7/24/96  
 43 48 CO SIGNATURE EXP DATE

NORTH GRID 592000 EAST GRID 0891000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 26

APPROXIMATE DIAMETER OF WELL 6" INCH  
 NEAREST

**METHOD OF DRILLING** (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 37  
 AIR-ROTAry AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTAry DRive-POINT

other

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

80Q1  
 54Q2

000 000

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

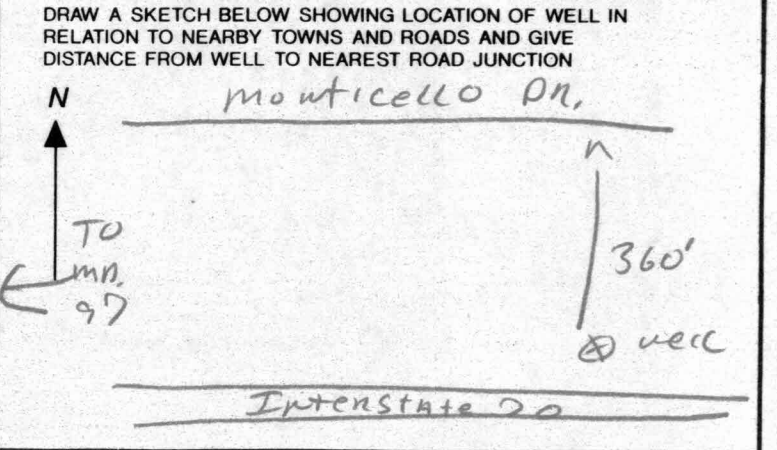
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 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 GAP 63

FORCE AP INITIALS IN BOX PERMIT No. H0-94-0618  
 67 68 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: FERRA Plumbing Co Telephone #: 410-465-1401
Address: 3201 Herndon Rd
Woodstock, MD 21153

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): BEN FERRA 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: Cornerstone Homes Telephone #:
Subdivision: HARLESS MANOR Lot #: 13 Well Tag #: HO-99-0618
Site Address: 14033 Monticello Drive

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Martinson Two piece watertight cap:
Model #: 7G505412 Model#: B10X Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 12 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 200 (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 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: PVC PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 8 ft
Depth of supply line: 40 (36" min) 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 6/12/01

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

Date Insp. Requested: 5/10/01 Date Insp. Approved: 5/10/01 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