

C1 14566 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 516026

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received -MM DD YY 13

DATE WELL COMPLETED MM DD YY 7 31 02

Depth of Well 22 240' 26 (TO NEAREST FOOT)

8/7/02 PERMIT NO. FROM "PERMIT TO DRILL WELL" OK(BB) HO-44-3435 28 29 30 31 32 33 34 35 36 37

OWNER Griffithmore Group STREET OR RFD 13000 Old Frederick Rd first name TOWN West Friendship SUBDIVISION Sewell Property SECTION LOT 1

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. Includes handwritten entries: Sand (0-45), Gray Micg Rock (45-240).

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 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 48 TOP 52 ft. to 42 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 49

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

SCREEN RECORD

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

DEPTH (nearest ft.)

Table with columns: A C H S R E N, 1-11, 15-17, 21, 23-24, 26, 30-32, 36, 38-39, 41, 45-47, 51. Includes handwritten entries: 47, 240.

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

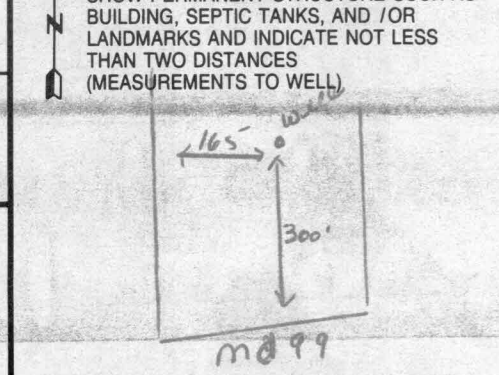
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 69 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) 50 51

LOCATION OF WELL ON LOT



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. MS D 024 DRILLERS SIGNATURE Joseph L. Mayne (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 7991

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3435

WS17337 please type

fill in this form completely

Date Received (APA)

6 28 02

OWNER INFORMATION

Griffmore Group
4231 Lanthicum Rd
Dayton Md 21036

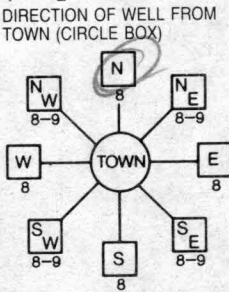
LOCATION OF WELL

Howard
Small Property
West Friendship
MILES FROM TOWN 2

DRILLER INFORMATION

Joseph L. Mayne MS D 24
Joseph L. Mayne Well Drilling
5512 Ridge Rd Mt Airy Md 21771
6/25/02

DIRECTION OF WELL FROM TOWN



13000 Old Frederick Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



650 DISTANCE FROM ROAD

TAX MAP: 9 BLK: 16 PARCEL 718176

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & Driven
Air-Rotary
Air-PerCussion
Rotary (Hydraulic Rotary)
Cable
Reverse-Rotary
Drive-Point

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 deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G
PERMIT No. HO-94-3435

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

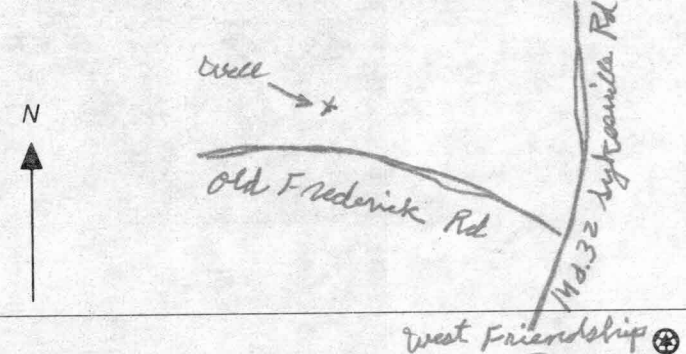
Howard 517337
COUNTY NAME COUNTY NO.
DATE ISSUED 07 10 02 Steven R. Krieg 07 10 03
NORTH GRID 540 000 EAST GRID 810 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE
E 810
N 540

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



May 30 03 09:04a

HO CO ENV HEALTH

14103132648

*William King*

**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: UNITED PLUMBING Telephone #: 410-995-6505  
Address: 9305 GERWIG LA STE 5  
COLUMBIA MD 21046

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): LAWRENCE BASKETTE License# 3479

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: SEAN BURGET Telephone #: 410-442-4042  
Subdivision: Lot #: 1 Well Tag #: HO-94-3435  
Site Address: 2470 OLD FREDERICK RD  
SYKESVILLE MD 21784

**Submersible Pump Data** **Pitless Adapter** **Well Cap and Electric Conduit**  
Make: JACOZZI Make: AMERICAN Two piece watertight cap:   
Model #: SAN HANCOCK WHP Model #: PT 800 Screened, vented well cap:   
Pump Capacity: 10 GPM Depth: 5 FT (36" min) Cap secured to casing:   
Well Yield: 15 GPM NSF approved: YES Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 240 (feet) Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
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** **House Connection**  
Type: POLYETHYLENE PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 60 (160 psi min) Approximate length of sleeve: 7'  
Depth of supply line: 6 (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 accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: *William King* date: 10-8-03

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

Date Insp. Requested: 5/15/03 Date Insp. Approved: 5/15/03 JB 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

APPROVED SEPTIC AREA

135 PERC  
ELEV.  
595.2'

EXISTING WELL

WELL AREA  
1500 Sq.Ft

100' RADIUS

582°34'29"E 101.34'

551°00'07"E 73.04'

N62°47'17"E  
56.15'

N87°03'38"E  
27.49'

60' B.R.L.

60' B.R.L.

LOT 1  
3.006 AC±

WELL AREA  
1500 Sq.Ft

PROPOSED WELL

100' RADIUS

PROPOSED HOUSE SITE

OK SRK  
7/10/02

526°05'10"W 420.46'

ChB2  
GIB2

MAC DRIVE

WOOD-RAIL FENCE

N43°04'15"E 339.31'

ChB2  
GIC2

30' B.R.L.

ELEV. 597.5'

ELEV. 597.5'

APPROVED SEPTIC AREA

75' B.R.L.

ELEV. 592.3'

ELEV. 592.2'

POLE (C&P-59)  
(326069)

N83°38'35"W 354.56'

TELEPHONE  
BOX 592

POLE (C&P-59)  
(326069)

ROAD DEDICATION  
14,149 Sq.Ft±

MARYLAND ROUTE 99 - (OLD FREDERICK ROAD)  
(MAJOR COLLECTOR)  
(SCENIC ROAD)

MD Copy