

C1 07775

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITH THE WELL IS COMPLETED. 8/16/00 0.2 (BB)

COUNTY NUMBER A 45334

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM 06 DD 30 YY 2000

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2682

OWNER Mannarelli last name Mario first name STREET OR RFD Old Frederick Rd TOWN Lisbon Woodbine SUBDIVISION HONG PROPERTY SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entry for Overburden Gray Rock and water at 90'.

GROUTING RECORD form with fields for GROUTED status, material type (CM, BC), bags, pounds, and seal depth.

CASING RECORD form with fields for casing type (PL), nominal diameter (6), and total depth (80).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (HO) and slot size.

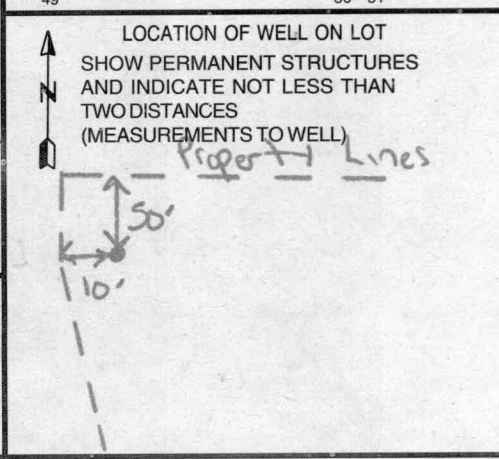
DEPTH (nearest ft.) table with columns for casing height and screen diameter.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL form.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for telescope casing and log indicator.

PUMPING TEST form with fields for hours pumped (3), pumping rate (13.0), and pump type (S).

PUMP INSTALLED form with fields for pump type (S), capacity, and pump height.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. 1 MWD 399, DRILLERS SIGNATURE, LIC. NO. 1 JS 049, D 049, SITE SUPERVISOR

**OWNER INFORMATION**  
 Date Received (APA) 03 29 00  
 8 MM DD YY 13  
 15 Last Name: Mannarell, Owner: Mario First Name: Mario  
 36 Street or RFD: 2929 Summit Circle  
 57 Town: Ellicott City MD 21043 State: MD Zip: 21043

**LOCATION OF WELL**  
 B 3  
 8 COUNTY: Howard  
 23 SUBDIVISION: Hong Property  
 SECTION: 44 46 LOT: 1 (old lot 4)  
 52 NEAREST TOWN: Luthers Woodbine  
 MILES FROM TOWN (enter 0 if in town) 1

**DRILLER INFORMATION**  
 Driller's Name: Paul M. Fabiszak M W D 3 9 9 License No. 81  
 Firm Name: G. Edgar Harr Sons' Corp  
 Address: 12047 Falls Rd cockeysville 21030  
 Signature: [Signature] Date: 3/27/00

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 1 2  
 11 NEAR WHAT ROAD: 15801 old Frederick Rd  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH  
 34 100 37 DISTANCE FROM ROAD: 100 FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 7 BLK: 6 PARCEL: 517

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.): 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

**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

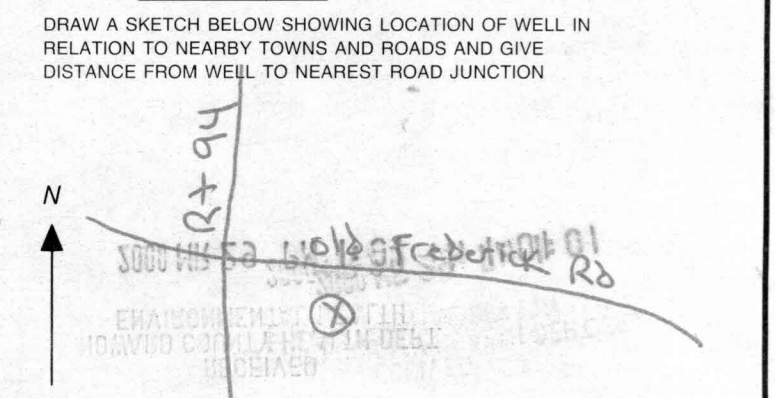
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME: Howard COUNTY NO.: A45334  
 STATE SIGNATURE: [Signature] INSERT S →  
 DATE ISSUED: 050300 Mark E. Rifkin 5/3/01  
 43 MM DD YY 48 CO SIGNATURE: [Signature] EXP. DATE: 41  
 NORTH GRID: 551 000 EAST GRID: 0782 000

APPROXIMATE DEPTH OF WELL: 250 FEET  
 APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST

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 7802  
 N 5501

**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 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: 54 G A P 63  
 PERMIT No. HO-94-2682  
 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: Columbia Pump HVAC Telephone #: 410-715-2323
Address: 9017 Red Branch Rd.
Columbia, MD 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Kevin C. DiMaggio License# 8594

\*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: Allen Homes Telephone #: 410-715-4500
Subdivision: Home Property Lot #: 1 Well Tag #: HO-94-2682
Site Address: 15801 Old Frederick Rd.
Woodbine, MD 21797

Submersible Pump Data

Make: Jacuzzi
Model #: T754518B52
Pump Capacity: 5 GPM
Well Yield: 13 GPM

Pitless Adapter

Make: Hayward
Model #: PT800
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 200 (feet)

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 NO

Piping to house

Type: PEX
PSI: 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5ft.
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.

Kevin C. DiMaggio/K.M.O.
Signature of company representative/responsible for installation

7-6-01
date

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

Date Insp. Requested: 5/14/01 Date Insp. Approved: 5/14/01 Inspector: SRK

- 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 groud: observed below pitless adapter