

C1 07676

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. On SRUS/as/00

COUNTY NUMBER A 45331

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YYYY

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2618

OWNER Mannarelli last name Mario first name STREET OR RFD Old Frederick Rd TOWN Woodbine SUBDIVISION STOUT SUBDIVISION SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entry for Overburden Gray Rock from 0 to 75 feet.

GROUTING RECORD form with fields for GROUTED (Y), MATERIAL (CM, BC), BAGS (15), ROUNDS (1500), and SEAL DEPTH (60).

CASING RECORD form with fields for MAIN CASING TYPE (PL), DIAMETER (6), and DEPTH (80).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for SCREEN TYPE (HO) and DEPTH (80).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (4.7), and TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), CAPACITY (31), and PUMP HORSE POWER (37).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) and CIRCLE APPROPRIATE LETTER (A, E, P).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

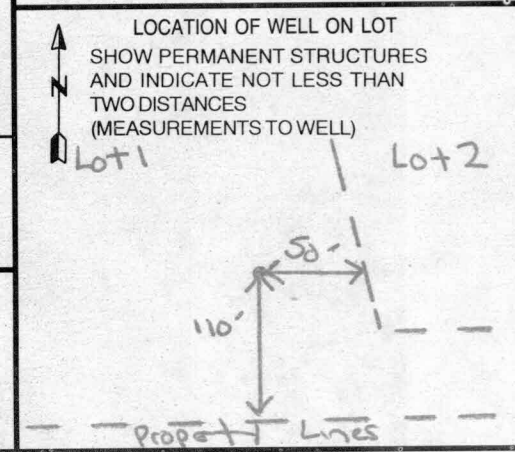
DRILLERS LIC. NO. MWD 399 and DRILLERS SIGNATURE Tharu McCall.

SITE SUPERVISOR responsible for sitework if different from permittee.

DEPTH (nearest ft.) table with columns for casing depth (10, 80, 400) and screen diameter (56, 60).

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields for TELESCOPE CASING and LOG INDICATOR.



B 1 19330

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2618 fill in this form completely

Date Received (APA) 022900

OWNER INFORMATION

Mamarelli, Mario 2929 Summit Circle Elkott City MD 21043

B 3 LOCATION OF WELL

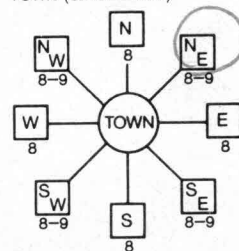
Howard County Stout Subdivision Lisbon NEAREST TOWN

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No. MW D 399 Firm Name: G. Edgar Harris Sons' Corp Address: 12047 Falls Rd Gockeysville 21030 Signature: [Signature] Date: 2/22/00

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



15814 Old Frederick Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



9200 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 7 BLK: 6 PARCEL 99

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 APPROX. PUMPING RATE (GAL. PER MIN.) 750 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) Farming (Livestock Watering & Agricultural Irrigation) Industrial, Commercial, Dewatering Public Water Supply Well Test, Observation, Monitoring Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County Name A45331 County No. State Signature Mark E. Riffin Date Issued 030900 EXP. DATE 3/9/08 North Grid 552 000 East Grid 0782 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary AIR-PERCussion (circled) ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

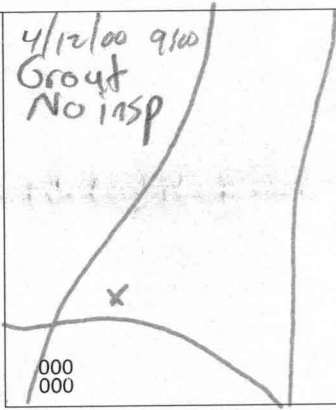
APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2618

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

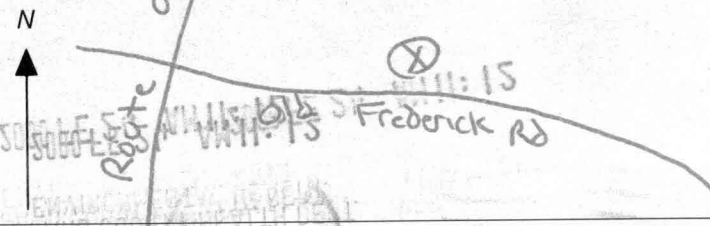
SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7802 N 5502



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



**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: RPUS Inc Telephone #: 374-0800  
Address: Plot Box 641  
Manchester, MD 21202

(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 P. Knott License# 4659 MD Master M/E  
\*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: Joseph Corona Telephone #: 410-795-7251  
Subdivision: Start Property Lot # 1 Well Tag #: HO-94-2618  
Site Address: 15814 Old Fredrick Rd.

**Submersible Pump Data**

Make: Goulds  
Model #: SSB07422  
Pump Capacity: 5 GPM  
Well Yield: 1/5 GPM

**Pitless Adapter**

Make: SIMMONS  
Model#: PT-800  
Depth: 42 (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:

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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

**Piping to house**

Type: \_\_\_\_\_  
PSI: 3901 (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: 10'  
Approximate length of sleeve: 10'  
Sleeve caulked and sealed properly:

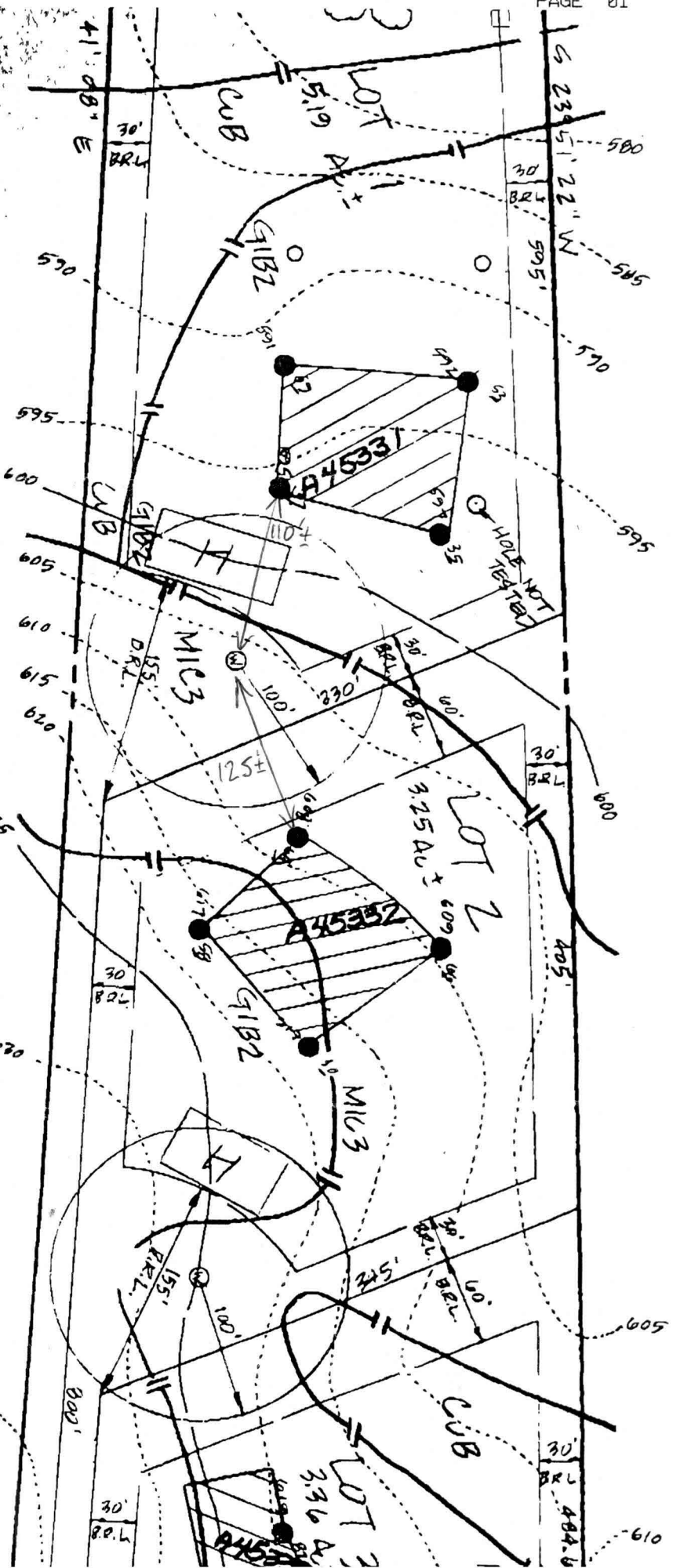
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: \_\_\_\_\_ date: \_\_\_\_\_

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

Date Insp Requested: 4/16/01 Date Insp. Approved: 4/17/01 Inspector: DHC SRK  
Inspection Data: Pitless adapter watertight & water supply line atleast 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   
Not able to inspect

4/17/01 DHC



Well  
 Site OK  
 3/9/00 (ML)

LOT 1 (15814)  
 LOT 2 (15808)  
 OLD FREDERICK RD  
 WOODBINE, MD 21797

TO: MIKE I.  
 FROM: MARIO

440  
 M) 493-324-9614  
 O) - - - 431-2278