

C1 07772

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. 8/18/00 onsen

COUNTY NUMBER A45333

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 06 30 2000

Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-74-2685

OWNER Mannarelli last name Mario first name STREET OR RFD Old Freda TOWN Woodbine SUBDIVISION HONG PROPERTY SECTION LOT 4

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, FEET (FROM, TO), check if water bearing. Includes entry: Overburden Gray Rock, water at 175'

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (6) Total depth of main casing (75)

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

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below (Steel, Brass, Bronze, Plastic, Open Hole, Other)

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes slot size and diameter of screen.

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

C3

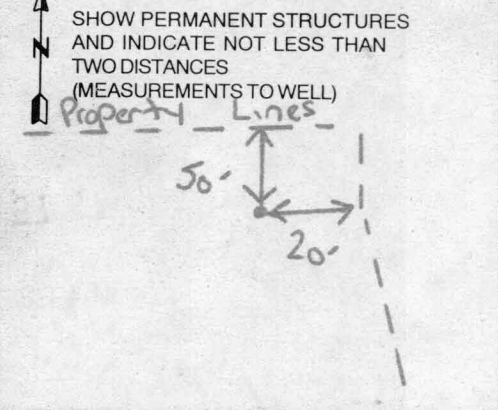
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 39 WHEN PUMPING 101 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES 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 (nearest foot) 50 51

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

- 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 M W D 3 9 9

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JS D049

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

B 1 19309
1 2 3 4 5 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-2685
70 fill in this form completely 79

Date Received (APA)
03-29-00
8 MM DD YY 13

OWNER INFORMATION

Mannarelli Mario
15 Last Name Owner First Name 34
2929 Summit Circle
36 Street or RFD 55
Ellicott City MD 21043
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

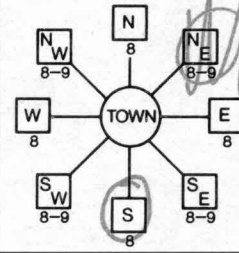
Howard
8 COUNTY 21
Hong Property
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Lisbon Woodbine
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1
73 76 77 78

DRILLER INFORMATION

Paul M. Fabiszak M W D 399
Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature Date 3/27/00

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



15819 Old Frederick Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 7 BLK: 6 PARCEL 517

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A45333
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 050300 Mark E. Piffkin 5/3/01
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 551 000 EAST GRID 6982 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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

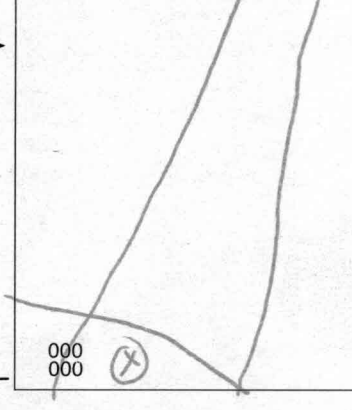
REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- 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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

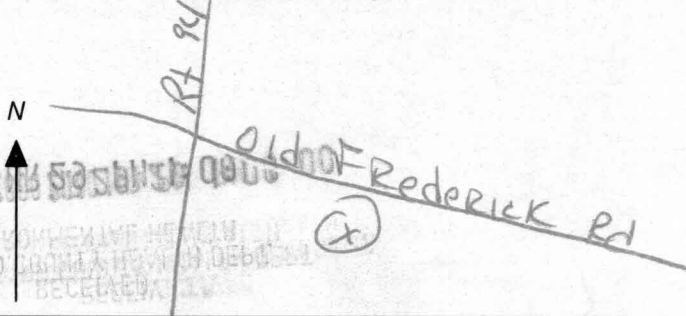
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 7882
N 5521



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. HO-94-2685
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

HH Steele

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: Garvey Plumbing + Heating Telephone #: 443-250-9189
Address: 5026 OAKLAND Rd
BAIT MD 21227

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): JAMES F GARVEY JR License# MPL01736
*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: Eliseta WAYNE Telephone #: _____
Subdivision: Hawg Property Lot #: 4 Well Tag #: HO-94-2685
Site Address: 15819 OLD FREDRICK Rd
WOOD BINE MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACOZZI</u>	Make: <u>OTT</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>T7545750-S2</u>	Model#: <u>PA-100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>250</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10ft</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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] date 9/26/01
Signature of company representative responsible for installation

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

Date Insp. Requested: 7/17/01 Date Insp. Approved: 7/17/01 (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