

C-1 07501

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A49398

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM/DD/YY 11/27/99

Depth of Well 360' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2470

OWNER Susan Scheidt, STREET OR RFD Paternal Gift Dr, TOWN Highland, SUBDIVISION PATERNAL GIFT FARM, SECTION, LOT 7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica, opening, and Gray Mica.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types, MAIN CASING TYPE, Nominal diameter, Total depth.

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

SCREEN RECORD form with fields for screen type or open hole, diameter of screen.

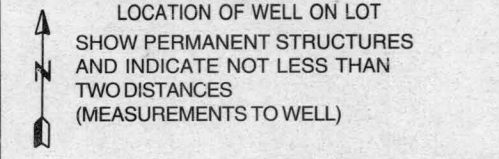
DEPTH (nearest ft.) form with grid for casing height and slot size.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE George F. Eberling, LIC. NO. 1 JW D 038, DRILLERS SIGNATURE Bwg Thompson

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

14796

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2470 fill in this form completely

Date Received (APA)

10/6/99

OWNER INFORMATION RN 8073

Scheidt Susan Last Name Owner First Name

12730 Hall Shop Street or RFD

Highland, Md. 20777 Town State Zip

DRILLER INFORMATION

George F. Easterday MW D 040 Driller's Name License No.

L. Franklin Easterday, Inc. Firm Name

9265 Brown Church Rd., MT. Airv. Md. 21771 Address

George F. Easterday 10/4/1999 Signature Date

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

LOCATION OF WELL CCH#

Howard 21 COUNTY

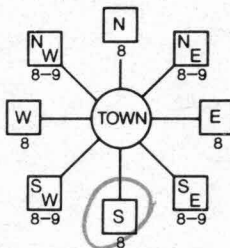
Paternal Gift Farm 42 SUBDIVISION

SECTION 44 46 LOT 7 48 50

Highland 71 NEAREST TOWN

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paternal Gift Drive (13544) 11 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

DISTANCE FROM ROAD Ft. ENTER FT OR MI

TAX MAP: 40 BLK: 11 PARCEL 90

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 A49398 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/18/99 EXP. DATE 10/18/00

CO SIGNATURE EAST GRID 0812

NORTH GRID 488 000 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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 DEEPEMED 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)

APPROX. PERMIT NUMBER Ho 96 GAP 007(01)

PERMIT No. HO - 94 - 2470

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

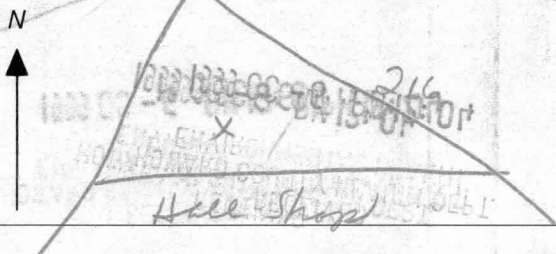
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 2
N 480 8

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: MASTER MECHANICAL Telephone #: 410-796-8583  
Address: 5941 Hunt Club Rd  
Elkridge MD 21075

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

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

Name (Print): Cathy Eisenberg License# 3260

\*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: John Triscali Telephone #: 301-317-8619  
Subdivision: Platernal Gift Lot #: 7 Well Tag #: HO 94-2470  
Site Address: 13537 Platernal Gift Drive  
Hickory MD 20777

**Submersible Pump Data**

Make: Go-ids  
Model #: 70307  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: 12 GPM

**Pitless Adapter**

Make: Herward  
Model#: PT-80  
Depth: 42 (36" min)  
NSF approved: Y

**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: 360(feet)

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**

Type: Polyethylene  
PSI: 160(160 psi min)  
Depth of supply line: 42(36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve: 36  
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 [Signature] company representative responsible for installation date 6-21-2001

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

Date Insp. Requested: 5/22/01 Date Insp. Approved: 5/25/01 SRW

- 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

