

07500

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 49399

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11/24/99

Depth of Well 2200

PERMIT NO. HO-94-2469

OWNER Susan Scheidt, STREET OR RD PATERNAL GIFT DRIVE, TOWN Highland, SUBDIVISION PATERNAL GIFT FARM SECTION LOT 6

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (16), NO. OF POUNDS (1600), DEPTH OF GROUT SEAL (0 to 30 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (60 feet).

OTHER CASING (if used) table with columns: diameter, depth (feet).

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 58, 200.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (32 ft. before, 56 ft. when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (2), PUMP HORSE POWER (2), PUMP COLUMN LENGTH (2), CASING HEIGHT (2).

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 MW D 040, DRILLERS SIGNATURE (George F. Easterday), LIC. NO. 1 JW D 038, DRILLERS SIGNATURE (Bruce Thompson).

DEPTH (nearest ft.) 58, 200, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (56 to 60 inch).

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.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). See plot.

B 1 14795 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

110 - 94 - 2469 fill in this form completely

Date Received (APA) 10/16/99

OWNER INFORMATION RN 8072

LOCATION OF WELL

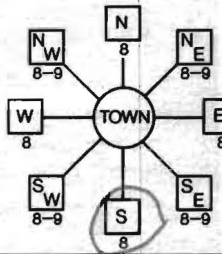
Scheidt Susan 12730 Hall Shop Highland, Md. 20777

Howard Paternal Gift Farm Highland 1 mile from town

DRILLER INFORMATION

George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd. MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paternal Gift Drive (13541) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 60 FT TAX MAP: 40 BLK: 11 PARCEL 90

WELL INFORMATION APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D) Farming (F) Industrial, Commercial, Dewatering (I) Public Water Supply Well (P) Test, Observation, Monitoring (T) Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 49399 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 10/18/99 CO SIGNATURE EXP. DATE 10/18/00

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY JETTED & DRIVEN AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

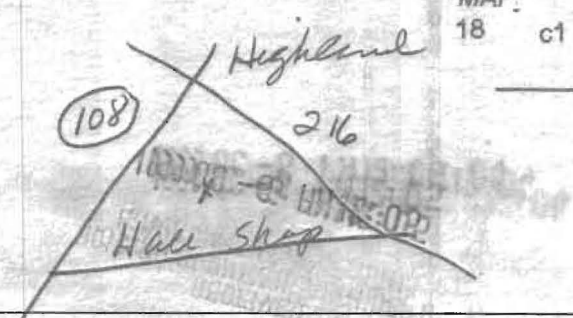
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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 DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

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



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

APPROX. PERMIT NUMBER 110 96 GAP 007(0) PERMIT No. 110 - 94 - 2469

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

11-30-99

8:30
Review OKMR 1/24/00
~~OKMR~~
truck

Page _____ of _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2469
Location of property (road) Paternal Gift Drive
Subdivision Paternal Gift Farm Lot 6 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Susan Scheidt

Depth of well 200 - 209 pm
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 32

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	43	5 sec		12 gpm
30	46	5 sec		
45	50	5 sec		
10:00	51.5	5 sec		
15	53	5 sec		
30	53.4	5 sec		
45	53.7	5 sec		
11:00	54	5 sec		
15	54	5 sec		
30	55.4	5 sec		
45	55.5	5 sec		
12:00	55.5	5 sec		
15	55.5	5 sec		
30	55.5	5 sec		

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Old Form accepted
(SRW)

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement
 Receipt # _____ Date _____
 Name of Installer BECK PLUMBING, INC Telephone 3014219279
 License number 2163
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner CHARLES BUTTERFIELD Telephone 3014989258
 Subdivision Paternal Gift Lot # 6 Well tag # HO-99-2969
 Site Address 13541 PATERNAL GIFT
HIGHLAND MD 20777

Pump Motor Pitless Adapter

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make MYERS
 3. Model # ZST52-5
 4. Capacity 7.25 GPM
 5. Pump exceeds well capacity Yes _____ No NO
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

1. Horsepower 1/2 HP
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

1. Make MATINSON
 2. Model # B10X
 3. Depth 4'0"

Tank Piping Well data

1. Capacity Wx 350
 2. Pressure relief valve? 75*

1. Type 200' Poly
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 4'0"

1. Depth 200 ft.
 2. Yield 12 GPM
 3. Static water level 32 ft.
 4. Will water supply be disinfected by installer? NO

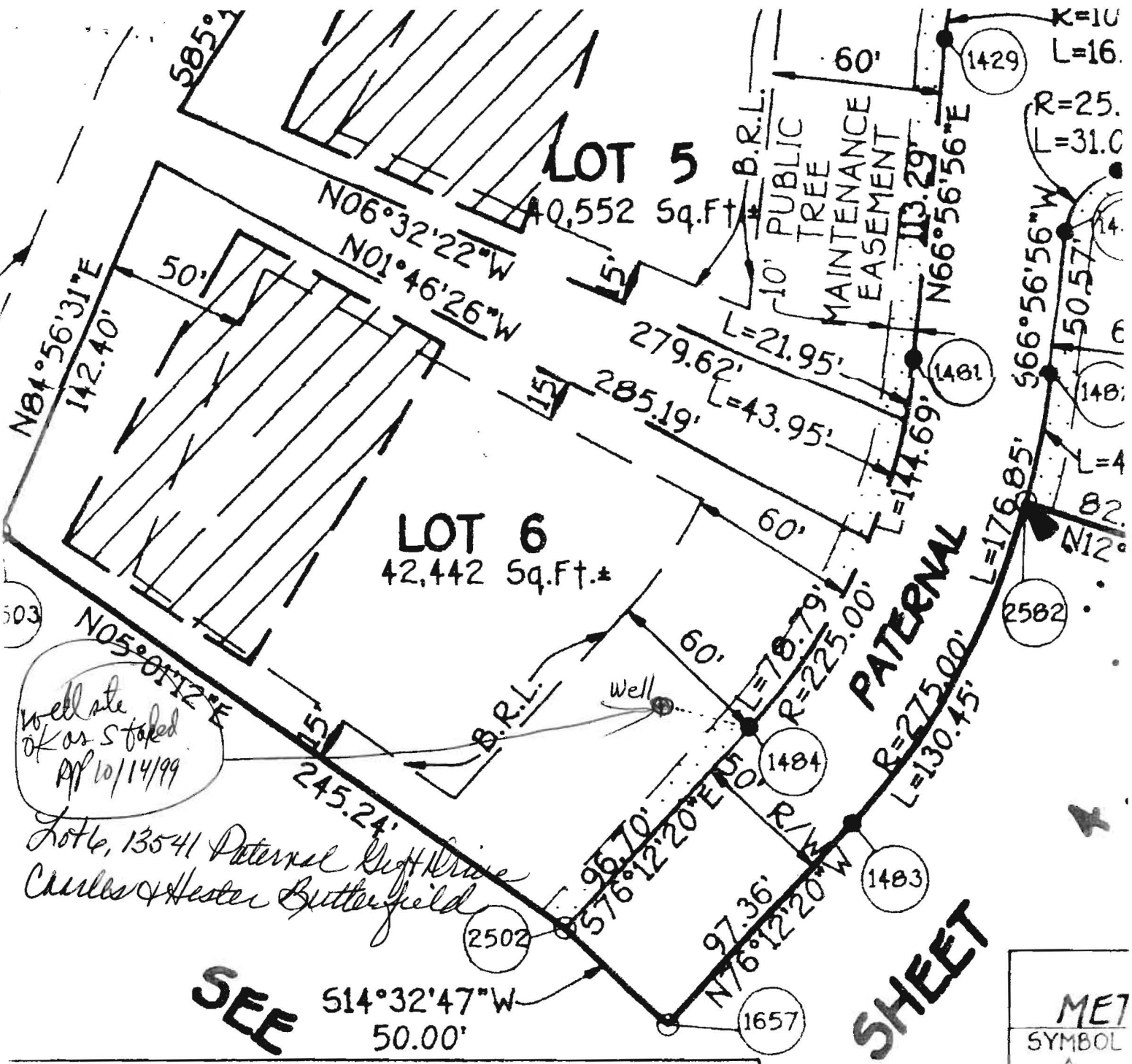
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

10/6/00
WPI OK
(DKC)

Signature of Applicant: [Signature]
Date: 10/2/00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



THE REQUIREMENTS §3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

Terrell A. Fisher 3/30/95
 TERRELL A. FISHER, L.S. #10692
 REGISTERED LAND SURVEYOR

Map Property Taxes: \$1,379.16
 #3,660

ME7	
SYMBOL	
WL1	△
WL2	
WL3	
WL4	
WL5	
WL6	
WL7	
WL8	
WL9	
WL10	
WL11	