

C1 07660

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.

COUNTY NUMBER A41800

ST/CO USE ONLY DATE RECEIVED MM YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2611

OWNER Altieri Homes last name first name TOWN W Friendship STREET OR RFD Fox Valley DR SECTION 2 LOT 92 SUBDIVISION W Friendship Est

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 27 NO. OF POUNDS 2700 GALLONS OF WATER 162 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 100 ft.

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 9.3 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 108 ft. TYPE OF PUMP USED (for test) [S] submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Row: Overburden Gray Rock, 0-105, 105-200, X. Note: water at 127'

CASING RECORD

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 110

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, depth (feet) to. No data entered.

SCREEN RECORD

screen type or open hole [HO] insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED [Y]

- CIRCLE APPROPRIATE LETTER 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. MW D399 DRILLERS SIGNATURE Wynn Powell LIC. NO. JW D241

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

Table with columns: DEPTH (nearest ft.), 1-21, 23-36, 38-51. Row: HO 110 200

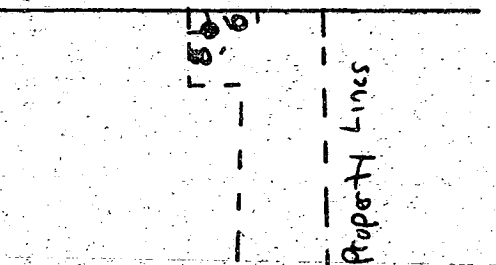
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F. IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [NO] 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) 49 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Fox Valley Drive



B 1 07037

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2611 fill in this form completely

Date Received (APA) 02/28/00

OWNER INFORMATION

Alteri Homes 9017 Red Branch Road Columbia MD 21045

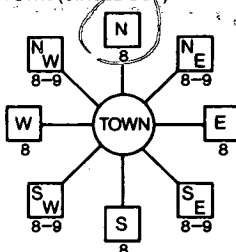
LOCATION OF WELL

Howard 8 COUNTY 21 W. Friendship Estates 23 SUBDIVISION 42 SECTION 44 46 LOT 92 48 50 Glencelg 52 NEAREST TOWN 71

DRILLER INFORMATION

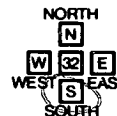
Paul M. Fabiszak MW D 399 G. Edgar Harr Sons' Corp. 12047 Falls Road, Cockeysville 21030

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3305 Fox Valley Drive NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

WELL INFORMATION

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

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 Co A41800 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 02/28/00 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

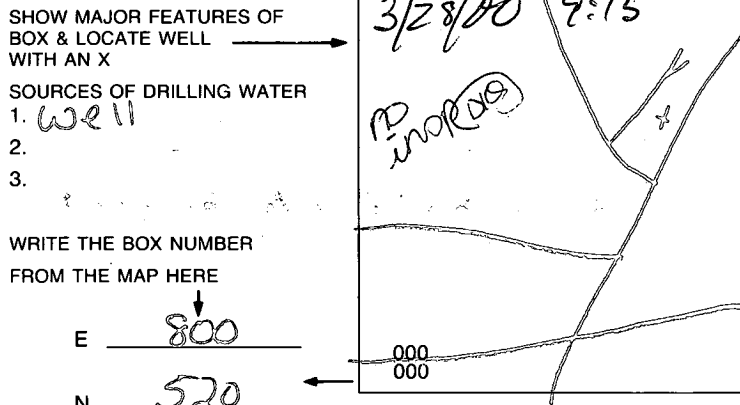
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 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)

APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2611



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

S/26/00  
10-11

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
Phone: 410-313-2640  
Fax: 410-313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  X  
Replacement

Receipt # \_\_\_\_\_  
Date 5/20/00

Name of Installer Carroll Water Systems, Inc.

Telephone 410-876-5100

License Number PI-074

Certified Well Pump Installer  X

Well Driller \_\_\_\_\_

Registered Plumber \_\_\_\_\_

Name of Property Owner Altieri Homes

Telephone \_\_\_\_\_

Subdivision: West Friendship

Lot# 92

Well Tag# HD 94-2611

Site Address 3305 Fox Valley Drive

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible  X

2. Make Couids

3. Model # 7SB05422

4. Capacity 7 GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No  X

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 \_\_\_\_\_

Motor

1. Horsepower 1/2

2. RPM 3450

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220  X

Pitless Adapter

1. Make Campbell

2. Model # B-10X

3. Depth 48"

Tank

1. Capacity \_\_\_\_\_

Pressure relief valve: Yes

6/2/00 - WPI ON (BB) SRK

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code approved Yes

4. Depth of supply line 4'

Well data

1. Depth 200ft

2. Yield 15 GPM

3. Static water level \_\_\_\_\_ 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).

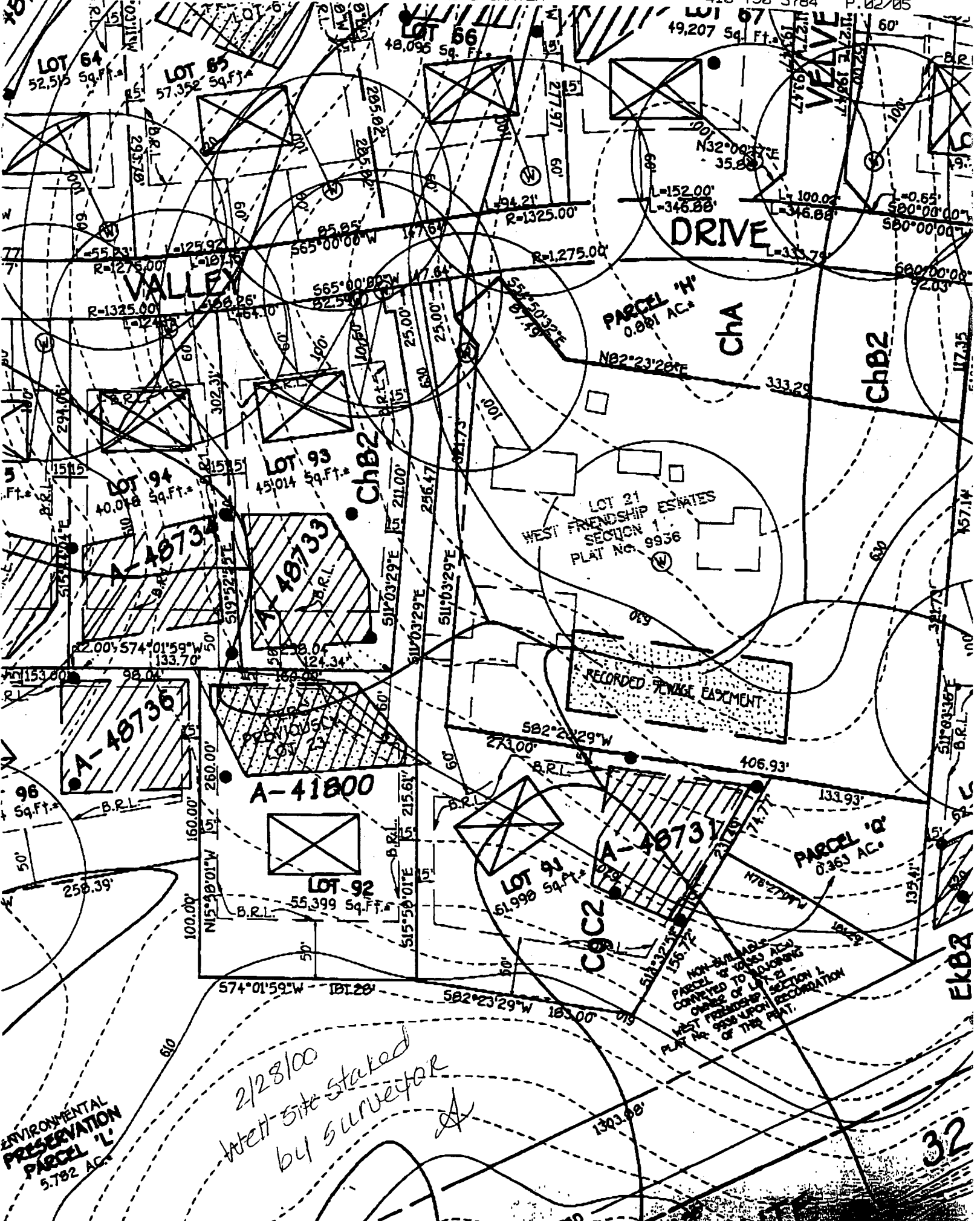
All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

7-3-00

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



ENVIRONMENTAL  
PRESERVATION  
PARCEL 'L'  
5.782 AC.

2/28/00  
West site staked  
by surveyor

32