

C1 14254

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A516938

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 13 12 02

Depth of Well 22 260 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3503

OWNER Selfridge Builders STREET OR RFD 138 Highland Road TOWN Clarksville

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. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 22 NO. OF ROUNDS 2200

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE Bucket

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 60

OTHER CASING (if used) diameter depth (feet)

SCREEN RECORD

screen type or open hole ST STEEL HO OPEN

DEPTH (nearest ft.) 58 260

Table with columns: A, C, H, S, R, E and rows for casing depth intervals.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

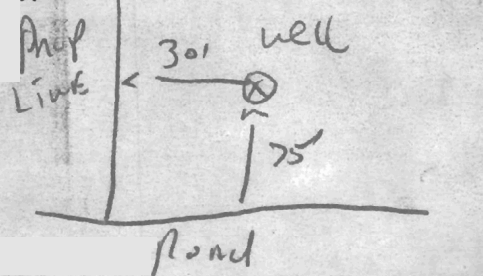
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) 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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



1 3270

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL W 51739 please print or type

STATE PERMIT NUMBER

Ho - 94 - 3503 fill in this form completely

Date Received (APA) 07/3/02

OWNER INFORMATION

8 MM DD YY 13 SELF RIDGE Builders 15 Last Name Owner First Name 34 18045 SALED DR. 36 Street or RFD 55 57 Town 70 State 72 Zip 76 GLENWOOD MD. 21738

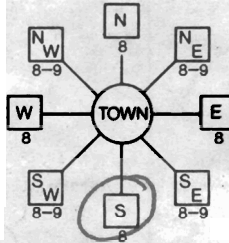
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21 23 SUBDIVISION 42 52 - NEAREST TOWN DAYTON 52 - NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION

76 License No. 81 M SD 117 76 Ralph E. MAYNE well DRILLING 81 Firm Name 17024 Handy Rd. Mt. Airy MD. 21721 Address 6-14-02 Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 13895 Highland Rd. 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 75 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 34 BLK: 3 PARCEL 339

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) 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 (13) A516938 COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S DATE ISSUED 9/6/2003 EXP. DATE NORTH GRID 503 000 EAST GRID 806 000

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST

METHOD OF DRILLING (circle one)

30 BORED (or Augered) AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 JETTED Jetted & DRIVEN CABLE REVerse-ROTary DRive-POINT other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

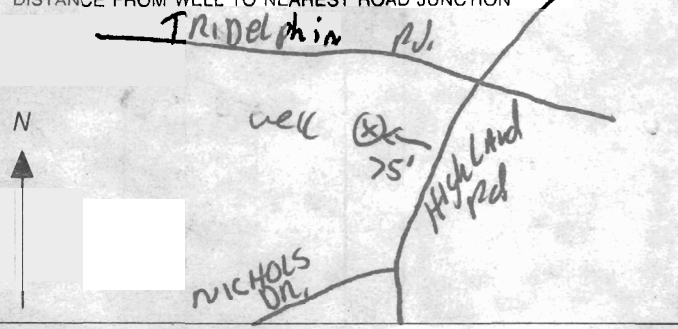
SOURCES OF DRILLING WATER

1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 500 806 N 500 503

REPLACEMENT OR DEEPEMED 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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) APPROP. PERMIT NUMBER PERMIT No. Ho - 94 - 3503

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3503
 Location of property (road) 13895 Highland Road
 Subdivision 2/4 Lot 1A Block Plat Sec.
 Well Driller Ralph Mayne Owner Selfridge Builders

Depth of well 260
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 55 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 <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	38	6 Sec		10 GPM
			Started	
8:45	55 ft	8 Sec		7.5 GPM
9:00	55 ft	8 Sec		7.5 GPM
9:15	55 ft	8 Sec		7.5 GPM
9:30	55 "	8 "		7.5 "
9:45	55 "	8 "		7.5 "
10:00	55 "	8 "		7.5 "
10:15	55 ft	8 Sec		7.5 GPM
10:30	55 ft	8 Sec		7.5 GPM
10:45	55 ft	8 Sec		7.5 GPM
11:00	55 "	8 "		7.5 "
11:15	55 "	8 "		7.5 "
11:30	55 ft	8 Sec		7.5 GPM
11:45	55 ft	8 Sec		7.5 GPM

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: Pipe-Rite Plumbing Telephone #: 410-788-3080
Address: 465 Lakesville Ave
Baltimore, MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): George Baker License# 2214

*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: Tosiah Rogers Telephone #: _____
Subdivision: _____ Lot #: 339 Well Tag #: HO-94-3503
Site Address: 13895 Highland Road
Clarksville, MD 21029

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Meyers Make: Martinson Two piece watertight cap:
Model #: 25102-5 Model#: B10X Screened, vented well cap:
Pump Capacity 2.5 GPM Depth: 43 (36" min) Cap secured to casing:
Well Yield: 7.5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 260 (feet) Conduit secured to wall cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt:

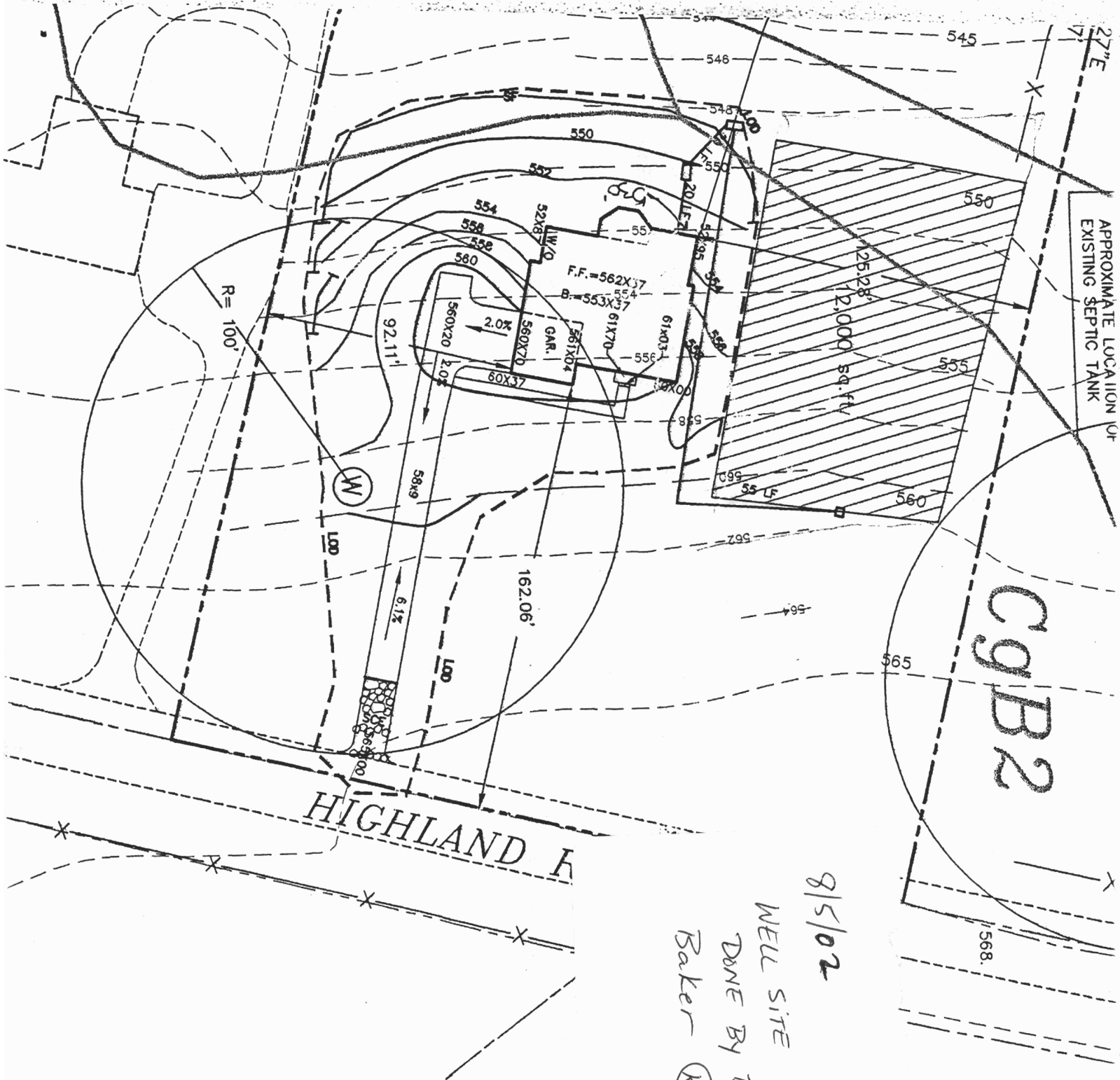
Piping to house **House Connection**
Type: 160 P/6" PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 43 (36" min) Sleeve caulked and sealed properly:

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: George Baker date: 6-03-03

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

Date Insp. Requested: 12/10/02 Date Insp. Approved: 12/10/02 (50) SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
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



APPROXIMATE LOCATION OF
EXISTING SEPTIC TANK

CgB2

8/5/02

WELL SITE INSPECTION
DONE BY BRIAN
BAKER (KN)

HIGHLAND R