

C# 06659 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A39709

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 01 03 2000

Depth of Well 22 505 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-6341

OWNER Digi Data last name first name TOWN W Friendship SUBDIVISION HOWARD SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Clay & Br. Schist, Soft Br. Mica Schist, etc.

GROUTING RECORD form with fields for GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (11), NO. OF POUNDS (1034), GALLONS OF WATER (66), DEPTH OF GROUT SEAL (0 to 40 ft).

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter (6 inch), Total depth (41 feet).

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

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT), DEPTH (41 feet).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N) 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 M W D 2961 DRILLERS SIGNATURE Ronald Kyker (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M D JWD334

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

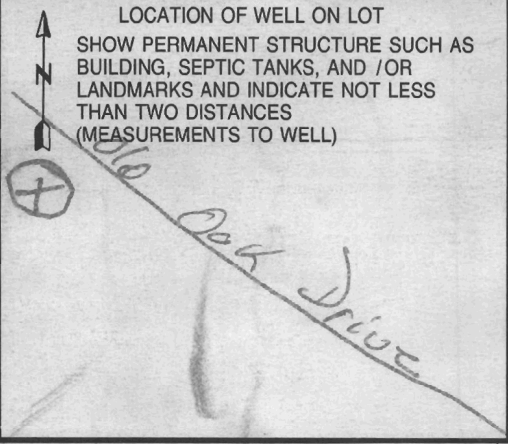
Table with columns 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80, 81-82, 83-84, 85-86, 87-88, 89-90, 91-92, 93-94, 95-96, 97-98, 99-100. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (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

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (10 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL (28 ft. before, 192 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, 1 foot).



B 1 **8559** SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
410-94-2341
 fill in this form completely

Date Received (APA) **02/20/99**

OWNER INFORMATION

DIGI-DATA HOLDINGS
 15 Last Name 8 Owner 13 First Name 34
9881 BROOKLAND PEK WY
 36 Street or RFD 55
COLUMBIA 57 Town 70 State 72 Zip 76 **MD 21046**

B 3 **LOCATION OF WELL**

HOWARD 8 COUNTY 21
HAWASFIELD EST ATPS 23 SUBDIVISION 42
 SECTION **7** 44 46 LOT **6** 48 50
WEST FRIENDSHIP 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 **M I** 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Ronald Kiefer 77 License No. 80 **796**
 Driller's Name
Westminster Rotary Well Drilling Inc.
 Firm Name
P.O. Box 861, Westminster Md 21158
 Address
Ronald Kiefer (USA) 7-9-99
 Signature Date

B 4 **Old Oak Drive** 11 NEAR WHAT ROAD 30

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **380** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 38 39
 TAX MAP: **16** BLK: **20** PARCEL **258**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME **A39709** COUNTY NO.
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **073099** **A McMill** **073000**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **530000** EAST GRID **829000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **260** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- City**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

820
530

000
000

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
 THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

FORCE **AM** WRITE INITIALS IN BOX 87 88 PERMIT No. **410-94-2341** 70 71 72 73 74 75 76 77 78 79

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: Gartland Plumbing Inc Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
Sykesville MD 21788

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): J. Joseph Gartland TJ License# 6352
*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: Wyley Stephen & Sandra Telephone #: 410-799-1449
Subdivision: Hawksfield Estate Lot #: 6 Well Tag #: HO-74-2341
Site Address: 3112 Old Oak Drive
Gallatin City MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Geosids Make: BT
Model #: 106302 Model#: P106302
Pump Capacity 10 GPM Depth: 48" (36" min)
Well Yield: 12 GPM NSF approved: Yes
Depth of well encountered at time of pump installation: 48" (feet)
Conduit secured to well cap:
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 Yes

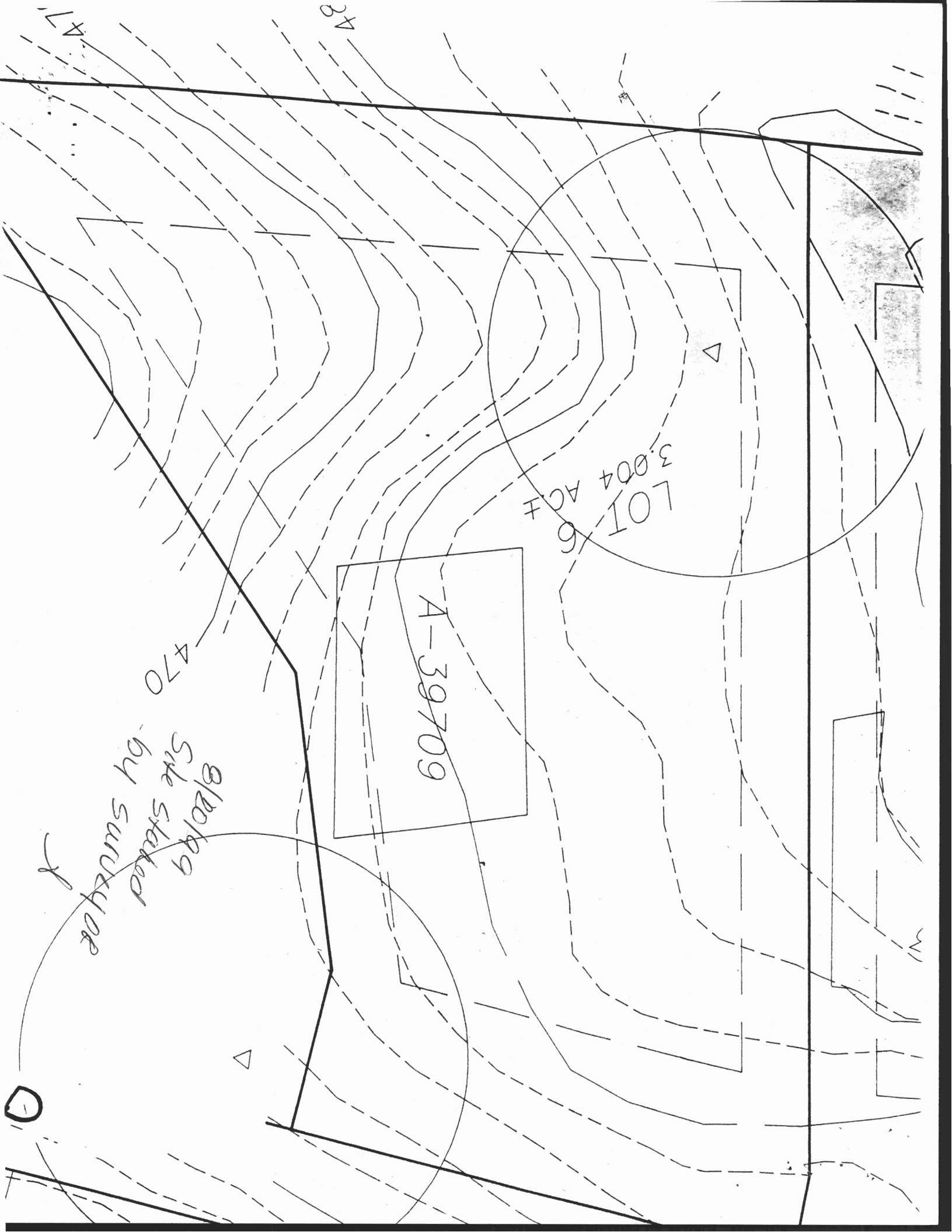
Piping to house House Connection
Type: PVC PVC sleeved to undisturbed soil at wall penetration: } Sleeved Under Footc
PSI: 160 (160 psi min) Approximate length of sleeve:
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the 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 2-26-04 date

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

Date Insp. Requested: Date Insp. Approved: 11/25/03 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [x]
Two piece cap installed and attached to casing securely [x] BB
Elec. conduit extends at least 18" below grade/attached to cap properly [x]
Safety rope installed inside of well casing [x]
Correct well tag attached properly and casing 8" above finished grade [x]
Water supply line sleeved adequately at house connection [x]
Adequate grout observed below pitless adapter [x]



LOT 6
3.004 AC F

A-39709

470

8/20/09
Site started
by surveyor

D