

C1 3591

SEQUENCE NO. (DENV 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 A-49274

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

020295

032295

405

40-99-0369

OWNER SOC GROUP STREET OR RFD last name CORTNA DRIVE first name TOWN HIGHLAND SUBDIVISION CORTNA HIGHLANDS SECTION LOT 11

WELL LOG table with columns: DESCRIPTION (SAND, GRAY Mica Rock), FEET (FROM 0 TO 80, 80 TO 405), Check-if water bearing.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 31, NO. OF POUNDS 2914.

CASING RECORD: casing types ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE ST, Nominal diameter 6, Total depth 84.

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER). SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y).

DEPTH (nearest ft.) table with rows for E A C H S C R E E N and columns for depth intervals.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

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 IDENT. NO. 24 Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Joseph L. Mayne 24

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

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 (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 1, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 58, WHEN PUMPING 335, TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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).

See attached location

EMERGENCY/TEMP NO. IF ANY

B 1 4413 SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0354
fill in this form completely

B 2 DATE RECEIVED (APA) 520295

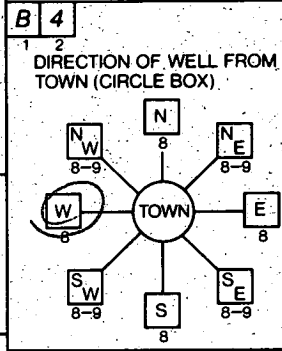
OWNER INFORMATION

SDC GROUP
8480 BALT. NATIONAL PK
ELK LICK TOWN CITY MD 21043

B 3 LOCATION OF WELL

HOWARD COUNTY
CORTINA HIGHLANDS
SECTION 11 LOT 11
HIGHLAND TOWN
MILES FROM TOWN 2 MI

DRILLER INFORMATION
Joseph L. Mayne
MSD/MGD/MWD License No. 24
Joseph L. Mayne Well Drilling
5512 RIDGE RD. MT. AIRY, MD. 21771
Joseph L. Mayne 2/2/95



CORTINA RD.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH
DISTANCE FROM ROAD 270 FT
ENTER FT OR MI FT

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A-49274 COUNTY NO.
STATE SIGNATURE [Signature] INSERT \$
DATE ISSUED 022895 [Signature] EXP. DATE 2/28/96
NORTH GRID 483000 EAST GRID 770000

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

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 800770
N 4923

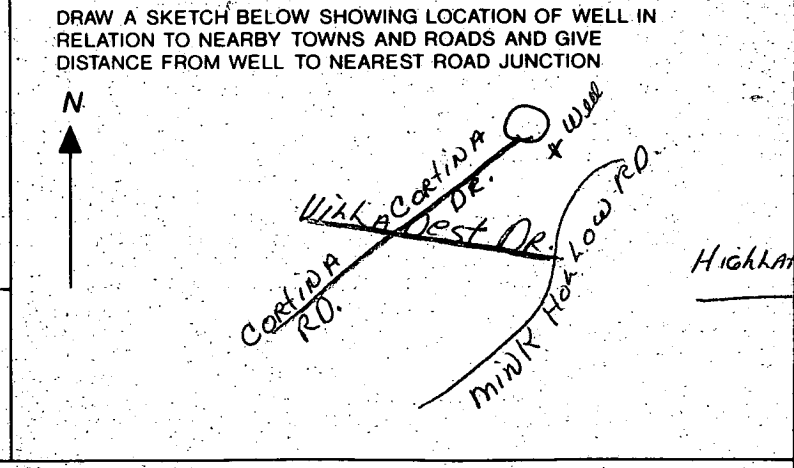
3/2/95 9:30
84' casing
76' open
31 bags
Info provided @ site - grout completed DCS

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
 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)



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP
FORCE SDC WRITE INITIALS IN BOX PERMIT No. 40-94-0354

3/21/2000 AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

461-9833
410 313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Ben Lewis Sr

Telephone 4283900

License Number 11302

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Robert H. Miller

Telephone 953 2022

Subdivision Cortina Highland lot 9

Well Tag # HO-99-0364

Site Address 13424 Green Hill Ct

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Grundfos
- Model # _____
- Capacity _____ GPM
- Does exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- Horsepower 1/3
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve?

Piping

- Type #760
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line _____

Well data

- Depth 247 ft.
- Yield _____ GPM
- Static water level 30 ft.
- Will water supply be disinfected by installer?

6/7/00 2-piece cap - top
place loose Safety rope
extends through cap. (BB)

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: Ben Lewis Sr

Date: 3/21/2000

3/21/00 - WPZ NOT ON
OK TO COVER

BUT NEEDS 2 piece cap (SRH)
Call for reinspection!

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

MD-215 6/30/00 - Safety rope now inside well
well passes inspection # 6/30/00



JACOBSEN HOMES

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
95 JUL 20 PM 2:52

July 20, 1995

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544
Attention: Ms. Amy McMillen

Dear Amy,

As per our telephone conversation yesterday, I am requesting you to convert the wells at Lot #'s 6, 8, 9, 10, 11 and 12 at Cortina Highlands for use on single family dwellings.

If there is anything else that you need, please feel free to call me at any time.

Sincerely,



Carl K. Jacobsen

cc: Dale Thompson