

C 1 1984

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER AS18263

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 3 16 2000

DEPTH OF WELL 22 300' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 94 - 2447

OWNER Nantucket Homes / Dorsey Inc last name first name STREET OR RFD Howard Rd TOWN Dayton SUBDIVISION Hinson Property SECTION LOT 1

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 11 NO. OF POUNDS 1034 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 247 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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand, Gray Mica Rock, and Dry wells back-filled.

CASING RECORD

types insert appropriate code below: casing types ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER. MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 52

OTHER CASING (if used)

diagram for other casing with diameter and depth fields.

SCREEN RECORD

screen type or open hole: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER.

NUMBER OF UNSUCCESSFUL WELLS: 3

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER: A 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...

DRILLERS LIC. NO. 1 MS D 0 2 4 DRILLERS SIGNATURE Joseph H. Mayne

LIC. NO. 1 D

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

DEPTH (nearest ft.)

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. Includes slot size and diameter of screen information.

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) 1

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

See Attached Well Locations.

B 1 14390

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER Ho-945-2447 fill in this form completely

Date Received (APA) 9/23/99

OWNER INFORMATION

8 mm dd yy 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Driller's Name License No. 81 Firm Name Address Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 27 BLK: 6 PARCEL 100

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX) 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 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL APPROXIMATE DIAMETER OF WELL 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

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G A P PERMIT No.

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

**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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 6203 PATRICK DR.
SYKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License# 6992
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: MARK & ANNE SMITH Telephone #: 301-498-1673
Subdivision: _____ Lot #: _____ Well Tag #: HO 94-2447
Site Address: 14101 HOWARD Rd.
DARTON MD 21031

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: JACOZZI Make: HARVARD Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity: 10 GPM Depth: 18" (36" min) Cap secured to casing:
Well Yield: 4 GPM NSF/WSC approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (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, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house **House Connection**
Type: CREST LINE PVC sleeve to undisturbed soil at wall penetration:
PSI: 1" (160 psi min) Approximate length of sleeve: 6' Sleeve caulked and sealed properly:
Depth of supply line: (36" min)

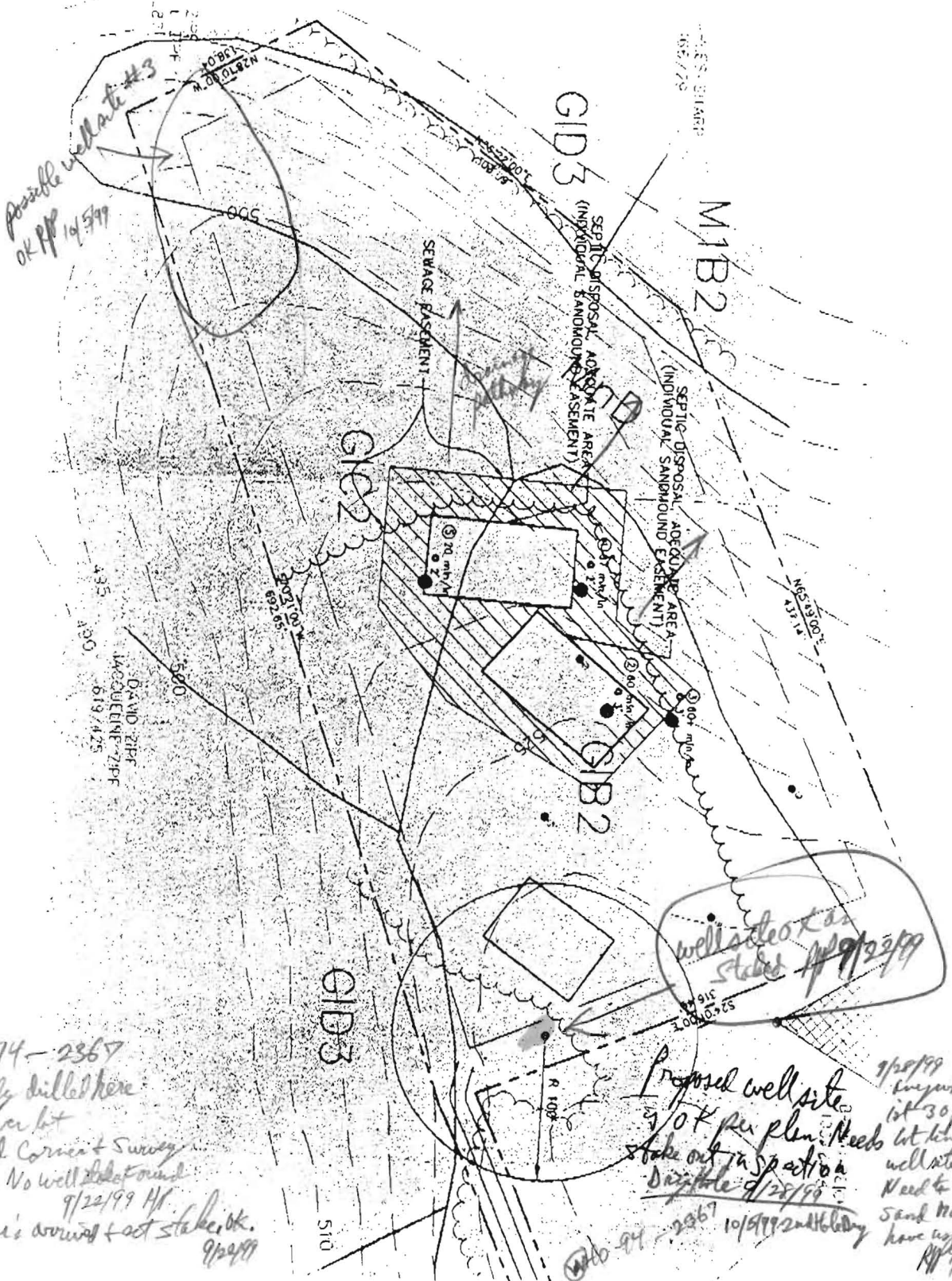
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby date: 8/3/05

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

Date Insp. Requested: 8/4/05 12pm Date Insp. Approved: 8/30/05 Inspector: BB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not seen outside of well cap/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

Sleeved to within 2' of casing because of Rock



possible well site #3
OK 9/14/99

well site OK as
Staked 9/22/99

#10-94-2367
already drilled here
on lower lot
Found Corner + Survey
Stakes, No well hole found
9/22/99 HJ
Surveyor's records + set stakes, OK.
9/22/99

Proposed well site
OK per plan. Needs
stake out in position
Date: 9/28/99
9/28/99
anywhere within
1st 30 ft of front
lot line is OK for
well site - any further
Need to stake out
Send mound site +
have my check location.
9/28/99

