

C1 6582

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 04 28 06

Depth of Well 22 140 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 95-0017

OWNER J T S Corp STREET OR RFD Sharp Rd TOWN Calverley SUBDIVISION Magraves Farm SECTION 21/12/02 LOT 1

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. Includes entries for Top Soil, Sandy, Sandstone, MICA, and MICA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (C/M, B/C) NO. OF BAGS 30 NO. OF POUNDS 3000 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 73

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S, B, H, P, O) insert appropriate code below

C 2

DEPTH (nearest ft.)

Table for screen record with columns for slot size, diameter of screen, and depth.

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

C 3

PUMPING TEST

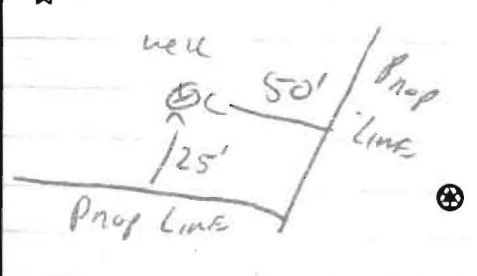
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft. WHEN PUMPING 17 ft. TYPE OF PUMP USED (for test) S submersible

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) 50 51

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)



B 1 8903

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522472 please type

STATE PERMIT NUMBER HO-95-0017 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 J.T.S. Corp 8800 Centre Park Dr, Suite 209 Columbia MD 21045

LOCATION OF WELL B 3 Howard 8 COUNTY 21 Musgrove Farm 23 SUBDIVISION 42 SECTION 44 46 LOT I 48 50 GLEWES 52 NEAREST TOWN 71 MILES FROM TOWN 2 M I 73 76 77 78

DRILLER INFORMATION Driller's Name 76 License No. 81 Ralph E. Mayne MS D 112 Firm Name 17024 Handy Rd Mt Airy MD 21271 Address 5-14-05 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N W N E W E S W S E S TOWN ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD Sharp rd 11 30 DISTANCE FROM ROAD 100 ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 12 PARCEL 12

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 6/2/05 EXP. DATE 6/2/06 CO SIGNATURE EXP. DATE NORTH GRID 524 000 EAST GRID 797 000

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST 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 525 797 N 500 527

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) 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 DEEPEM 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 Sketch showing Sharp rd, Musgrove Ct, and well location.

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO 2005 G 002 PERMIT No. HO-95-0017

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 1 Well Tag #: HO 95-0017  
Site Address: 11302 Musgrove Farm Rd

|  |                               |   |
|--|-------------------------------|---|
| <b><u>Submersible Pump Data</u></b>                                  | <b><u>Pitless Adapter</u></b> | <b><u>Well Cap and Electric Conduit</u></b> |
| Make: _____  | Make: _____                   | Two piece watertight cap: _____             |
| Model #: _____   | Model#: _____                 | Screened, vented well cap: _____            |
| Pump Capacity _____ GPM  | Depth: _____ (36" min)        | Cap secured to casing: _____                |
| Well Yield: _____ GPM  | NSF approved: _____           | Conduit min 18" B.G.: _____                 |
| Depth of well encountered at time of pump installation: _____ (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 \_\_\_\_\_

|                                       |  |
|---------------------------------------|--|
| <b><u>Piping to house</u></b>         | <b><u>House Connection</u></b>                             |
| Type: _____                           | PVC sleeved to undisturbed soil at wall penetration: _____ |
| PSI: _____ (160 psi min)              | Approximate length of sleeve: _____                        |
| Depth of supply line: _____ (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.**

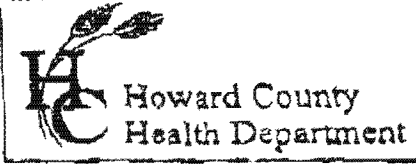
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/17/68 (BB)

Inspection Data:

|   |   |
|---|---|
| Pitless adapter and 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 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                           | ✓ |



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

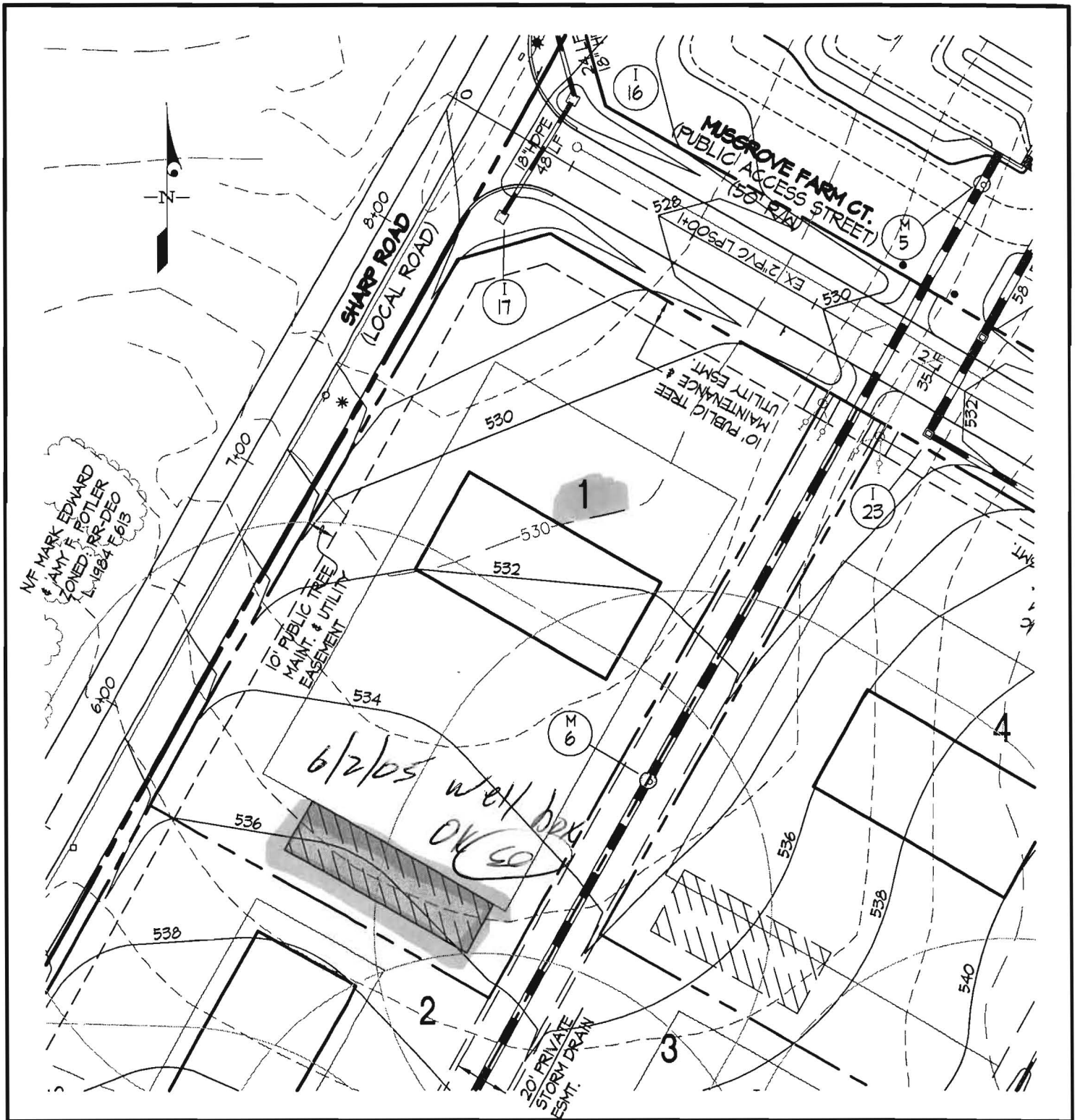
Musgrove Farm

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Gulachick Little & Weber PA on 05/05/05 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



**LEGEND**



CONCEPTUAL HOUSE BOX

4022  
W-01



WELL SURVEY POINT

WELL BOX

*Carl*

**WELL LOCATION EXHIBIT - LOT 1**

**MUSGROVE FARM**

Lots 1 thru 30, Buildable Preservation Parcels 'A' and Non-Buildable Preservation Parcels 'C' and 'D'

**GLW GUTSCHICK LITTLE & WEBER, P.A.**

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS  
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK  
 BURTONSVILLE, MARYLAND 20866  
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

ZONING: RC/RR-DEO

TAX MAP/GRID: 22-12,22-1&7

GLW JOB NO: 01171

APR., 2005

1 OF 1