

C1 1139

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 A510570 B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11 7 05

Depth of Well 300'

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-0149

OWNER Gould, Kingston STREET OR RFD 7861 Murray Hill Rd. TOWN Laurel 20723

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Gray Mica Rock, Dry well at cement base backfilled, 500-40 drilling material, 40-0 Cement.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (72), NO. OF POUNDS (1128), GALLONS OF WATER (72), DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth of main casing (40).

OTHER CASING table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form with fields: screen type or open hole (insert appropriate code below: ST, BR, HO, PL, OT), DEPTH (nearest ft.)

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (8 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (45 ft), WHEN PUMPING (220 ft), TYPE OF PUMP USED (air).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), 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), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot).

WELL HYDROFRACTURED form with fields: NUMBER OF UNSUCCESSFUL WELLS (1), WELL HYDROFRACTURED (Y), 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

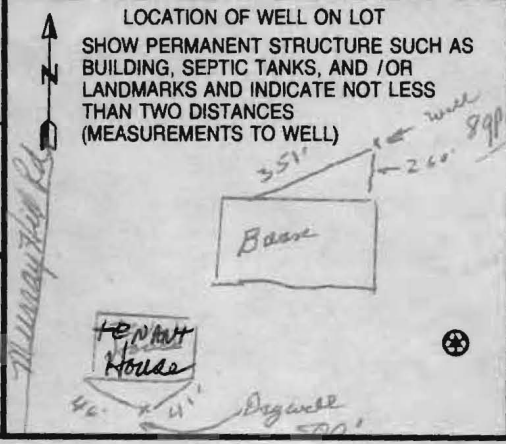
DRILLERS LIC. NO.: MSD024, DRILLERS SIGNATURE: [Signature], LIC. NO.: D

DEPTH table with columns: SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH) from, to.

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



B 1	8107	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 95 - 0149 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 10/19/05
8 MM DD YY 13

Gould Kingdon
15 Last Name Owner First Name 34

7861 Murray Hill Rd
36 Street or RFD 55

Laurel md 20723
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Laurel
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 1/2 M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS DO 24
Driller's Name 76 License No. 81

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt Airy md 21771
Address

Joseph L. Mayne 10/19/05
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)

NEAR WHAT ROAD 7861 Murray Hill Rd
11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 250 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 42 Grid BLK: 20 PARCEL 286

WELL INFORMATION

APPROX. PUMPING RATE 4
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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

HOWARD (13) A 510570B
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 10/19/05 Joseph A. Kingdon 10/20/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 481 000 EAST GRID 842 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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 DEEPEM AN EXISTING WELL

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

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

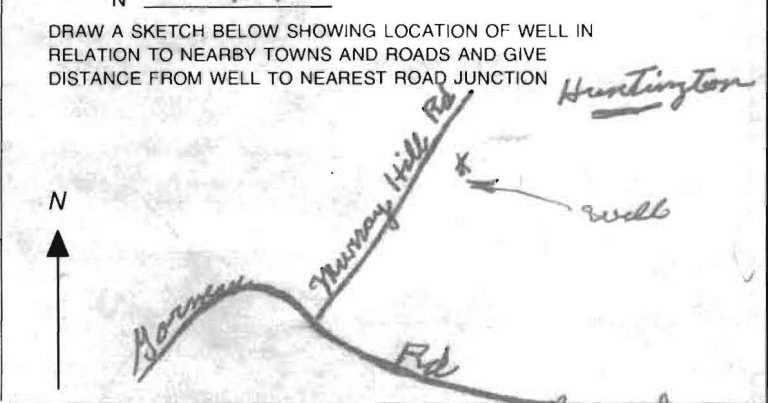
E 842
N 481

X
000
000

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO - 95 - 0149
70 71 72 73 74 75 76 77 78 79



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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - **95** - _____
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____

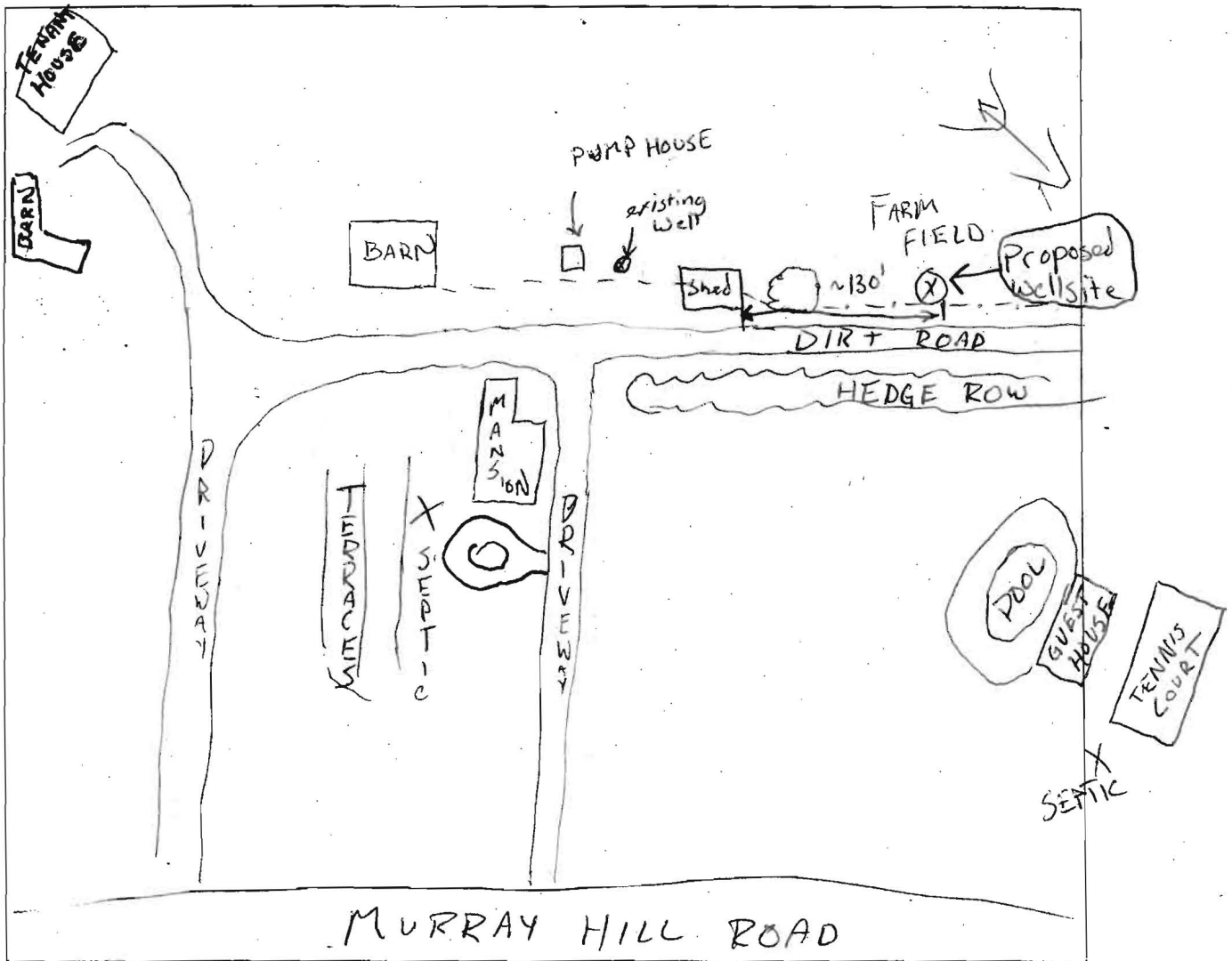
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 11/16/05 Date Insp. Approved: 11/16/05 Inspector: GAC
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely - *Not at first was repaired when left*
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 - *N/A - Replacement well tied into existing Building*
Adequate grout observed below pitless adapter

SITE INSPECTION SHEET

OWNER: Kingdom Gould PHONE #: 301-953-7259
ADDRESS: 7861 Murray Hill Rd CONTRACTOR: J. Wayne
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Out of Water, Has public water been ruled out? (GAC)

LOCATION DIAGRAM



COMMENTS: Replacement well site ok (GAC)
Public Water Not in Metropolitan District, Old well has plenty of flow
but poor water quality, Well is already on Agricultural permit. New
well to service dwellings, (GAC)
DATE: 10/19/05 INSPECTOR: G. Creighton

10/26/05
12:15

SITE INSPECTION SHEET

OWNER: Goald - Tenant House PHONE #: _____

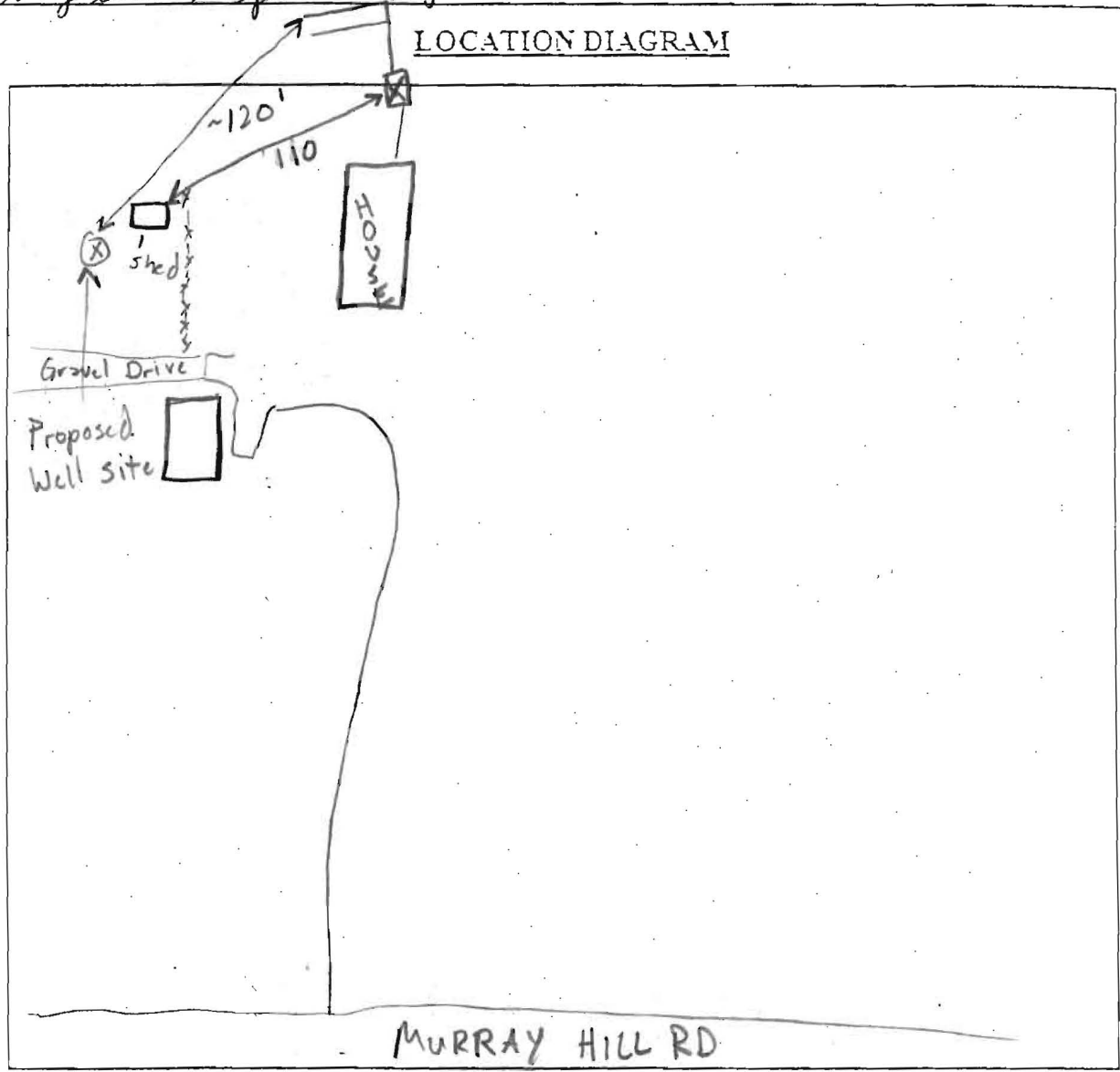
ADDRESS: 7861 Murray Hill CONTRACTOR: Joseph Mayne

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Out of Water - ~~Had~~ Was sharing well with Mr. Goald -
Now they want to put in a separate well

LOCATION DIAGRAM



COMMENTS: This Well Location yielded a Dry Hole!

DATE: _____ INSPECTOR: _____

wpi 11/16/05 Well cap needs tightened to casing
and capbolts need snugged

~150' of pump line + tying into ex. pump house
and plumbing. GAC

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
11/16/05	Went to Residence / Farm at 7861 Murray Hill Rd
	for WPI Inspection for a replacement well HO-95-0149
	Well is tied into an existing well house with a well inside
	at grade and covered by a piece of wood Well is either jetted
	or drilled pit type well, also another well is tied in
	here - HO 94 2001