

C1 0208 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 PERMIT NO. A58121

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 02 26 01

Depth of Well 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2897

OWNER Green William Sykesville Rd. (Route 32) TOWN Sykesville SUBDIVISION Hay Meadow SECTION LOT Parcel A

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Gray shale, and Flint.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (120), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (70).

OTHER CASING (if used) table with columns for diameter and depth.

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

WELL HYDROFRACTURED (Y) and NUMBER OF UNSUCCESSFUL WELLS (0).

- 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 M S D 069 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M D

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

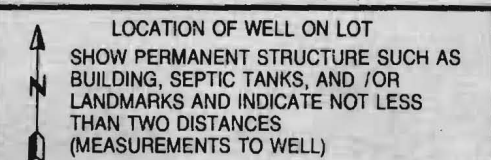
DEPTH (nearest ft.) table with columns for depth ranges and values (40, 60, 300).

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED (06), PUMPING RATE (3), METHOD USED TO MEASURE PUMPING RATE (190L), WATER LEVEL (53 ft before, 160 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (02), PUMP HORSE POWER (02), PUMP COLUMN LENGTH (02), CASING HEIGHT (02).



NO Survey states

B 1 13654

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2897

W514665 please print or type

fill in this form completely

Date Received (APA) 11/22/2000

OWNER INFORMATION

Green, William
1270 Hay meadow Lane
Sykesville md 21784

B 3

LOCATION OF WELL

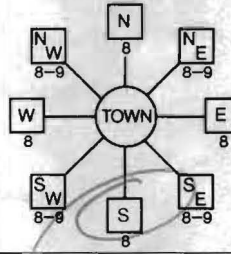
Howard
Hay meadow
Sykesville
3 MILES FROM TOWN

DRILLER INFORMATION

Allen Compton M S D 009
Fogles Well Drilling
580 Obrecht RD Sykesville

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sykesville RD
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH, WEST, EAST, SOUTH

2400
DISTANCE FROM ROAD

TAX MAP: 9 BLK: 10 PARCEL 334

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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
COUNTY NAME
DATE ISSUED 12/15/2000
CO SIGNATURE Brian Baker
NORTH GRID 547 EAST GRID 812

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

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

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

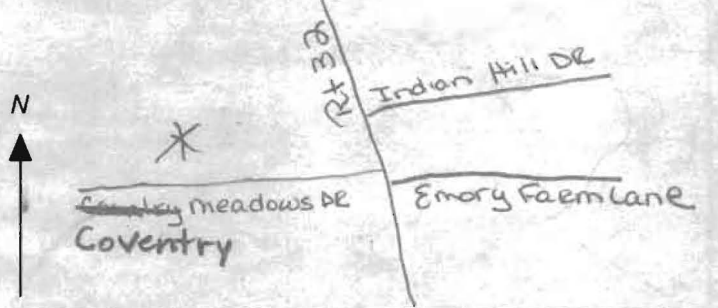
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8102
N 5407

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
PERMIT No. HO-94-2897

SPECIAL CONDITIONS

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 94-2897
Site Address: 1304 Hay Meadow Ln

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
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/WSC 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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

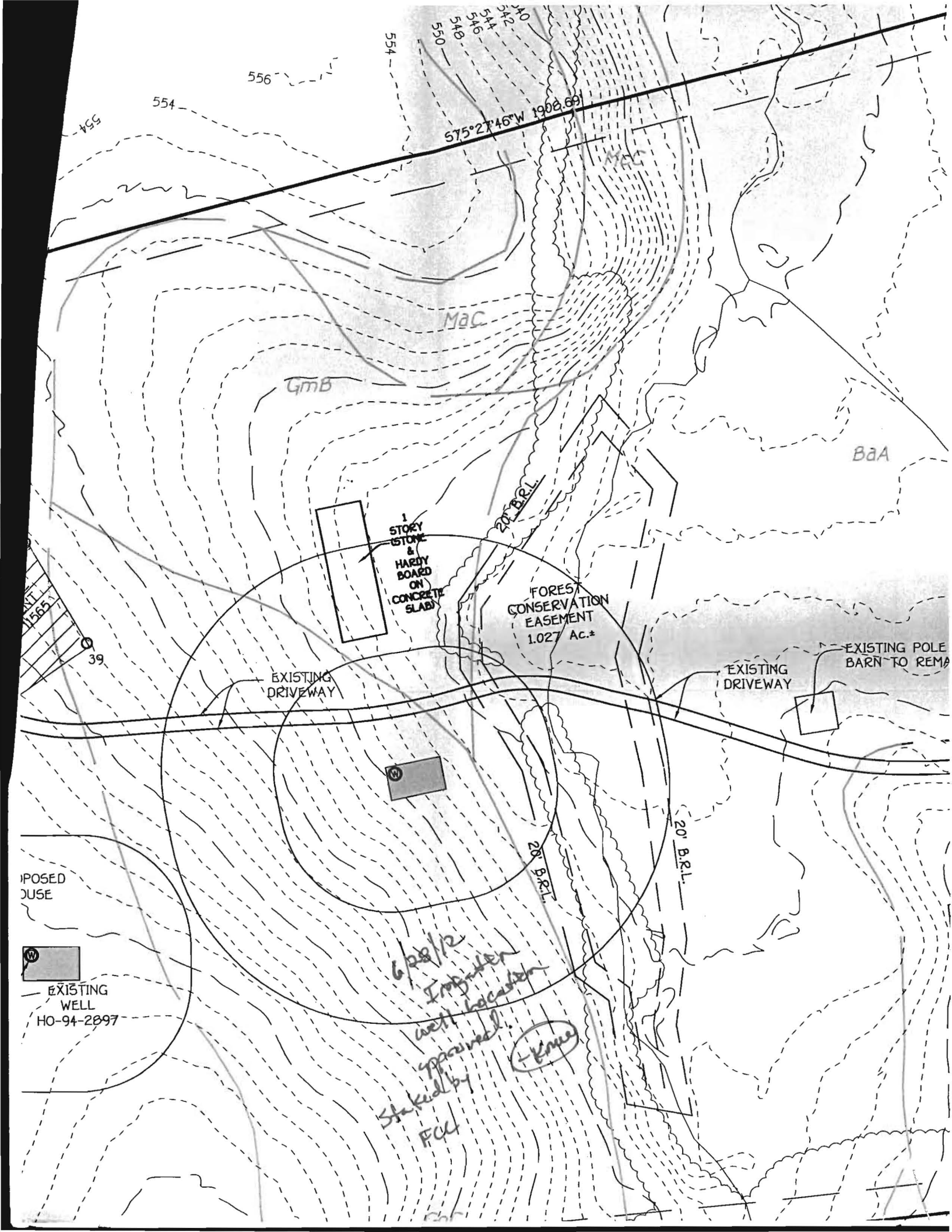
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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: 9/27/13 Inspector: BBB
 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 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



575°27'46"W 1908.69'

MaC

GmB

BaA

1 STORY
STONE &
HARDY
BOARD
ON
CONCRETE
SLAB

FOREST
CONSERVATION
EASEMENT
1.027 Ac.±

EXISTING
DRIVEWAY

EXISTING
DRIVEWAY

EXISTING POLE
BARN TO REMA

PROPOSED
DUSE

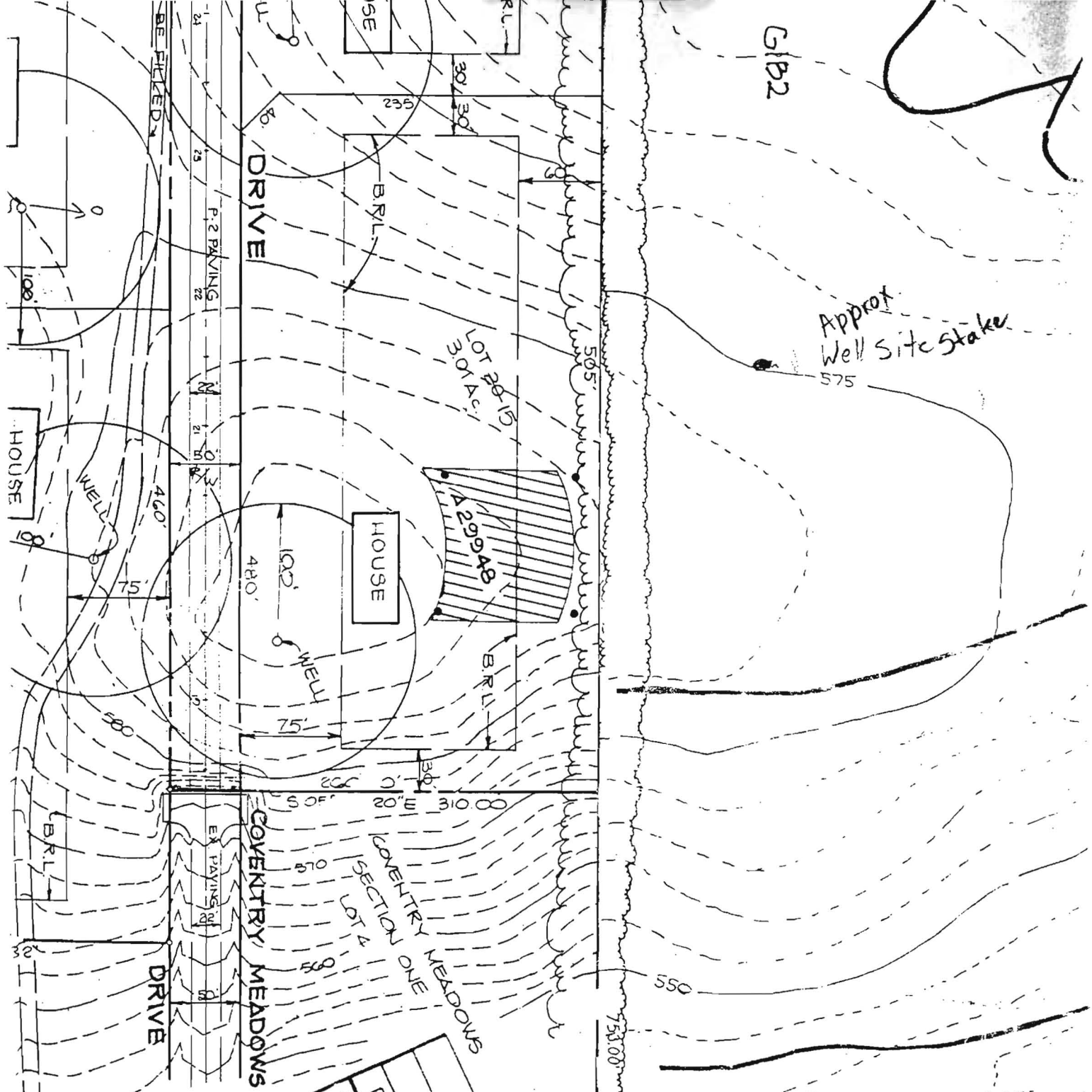
EXISTING
WELL
HO-94-2897

6/28/12
Imbri
well location
approved.
Staked by
FCA

(Kma)

G1B2

Approx. Well Site Stake
575



COVENTRY MEADOWS

250 W. PRATT STREET BALTIMORE, MD

S.D.A.®

THE DICKEY FAMILY PRUDENTIAL - BACHELOR

OWNER/DEVELOPER:

DATE	NO.	REVISION

PROJECT: **COVENTRY MEADOWS** (SECTION TWO)

AREA TAX MAP NO. 9
3rd ELECT
HOWARD CO

PRELIM

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 95592 Account #: 19302
Reference: Dave Pickett Company: CASH ACCOUNT
Location: 1304 Haymeadow Lane Requested By: Dave Pickett
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/11/2014 0955 Site: Pressure Tank
Date/Time Rec'd: 8/11/2014 1504 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: R. Ott 4269RO Well #: HO-94-2897

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/12/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/12/2014 / 1000 / LLO
Nitrate	4.14	mg/L	10	601	8/12/2014 / 1145 / CRS
Turbidity	1.00	NTU	<10	SM18 2130B	8/12/2014 / 1130 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/12/2014 / 1130 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 12003091

Date Reported: 8/12/2014