

C1 0158

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 A520847

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

DATE WELL COMPLETED 12 28 05

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-95-0185

OWNER Rachaba Home Builders last name first name STREET OR RFD TOWN Woodbine SUBDIVISION SECTION 7/22/323 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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Brown shale 0-76, Gray limestone 76-600 ✓

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 27 NO. OF POUNDS 2538 GALLONS OF WATER 162 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 79 ft.

CASING RECORD casing types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 06 84

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

SCREEN RECORD screen type or open hole insert appropriate code below [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.) NO 84 600 A 8 9 11 15 17 21 C 23 24 26 30 32 36 R 38 39 41 45 47 51 E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

C 3 1 2 PUMPING TEST

HOURS PUMPED (nearest hour) 06 8 9 PUMPING RATE (gal. per min.) 1.1 11 15 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 36 17 20 ft. WHEN PUMPING 117 22 25 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [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 } 02 (nearest foot) 49 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)

NUMBER OF UNSUCCESSFUL WELLS: 0

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

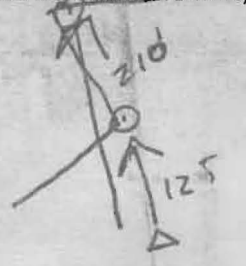
DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 0706 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-95-0185
 1 2 3 6 70 fill in this form completely 79
523619 APPLICATION FOR PERMIT TO DRILL WELL please type

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
Rochuba Home Builders
 15 Last Name Owner First Name 34
946-A Marimich Ct.
 36 Street or RFD 55
Eldersburg Md 21784
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY Howard 21
A.E. Mullinix Road Property
 23 SUBDIVISION 42
 SECTION 1 LOT 1
 44 46 48 50
Woodbine
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 5 M I I
 73 76 77 78

DRILLER INFORMATION
Allen Compton M S D 009
 76 Driller's Name License No. 81
Eagles Well Drilling
 Firm Name
580 Obrecht Rd.
 Address
Allen Compton 11-2-05
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 16780 A.E. Mullinix Rd 30 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 34 800 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 7 BLK: 22 PARCEL 323

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE 5
 (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 COUNTY NAME A520847 COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 12/7/05 (Signature) 12/7/05 41 EXP. DATE
 43 MM DD YY 48 CO SIGNATURE EAST GRID 775 000
 NORTH GRID 542 000 WEST GRID 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
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

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 7705
 N 5402

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
 39 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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

 N
 A.E. Mullinix
 94

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-0185
 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 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 #: _____ Well Tag #: HO - 95-0185
Site Address: 16780 A.E. Mullinix Rd.

| | | |
|--|-------------------------------|---|
| <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 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 _____

| | |
|---------------------------------------|--|
| <u>Piping to house</u> | <u>House Connection</u> |
| 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: _____

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 _____

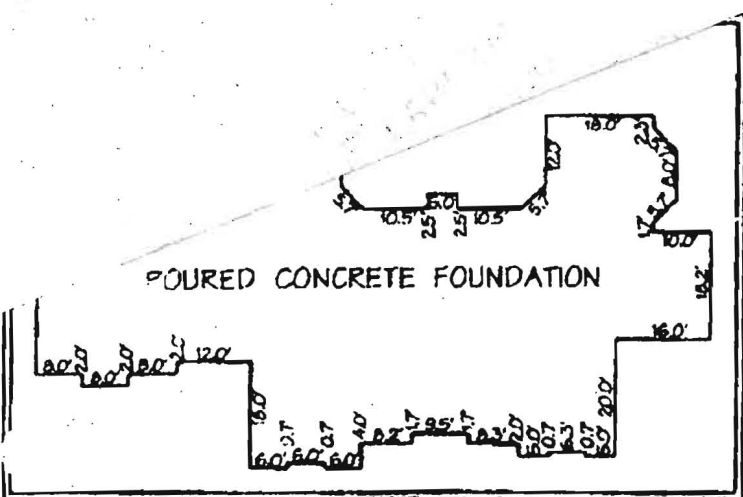
Correct well tag attached properly and casing 8" above finished grade _____

Water supply line sleeved adequately at house connection _____

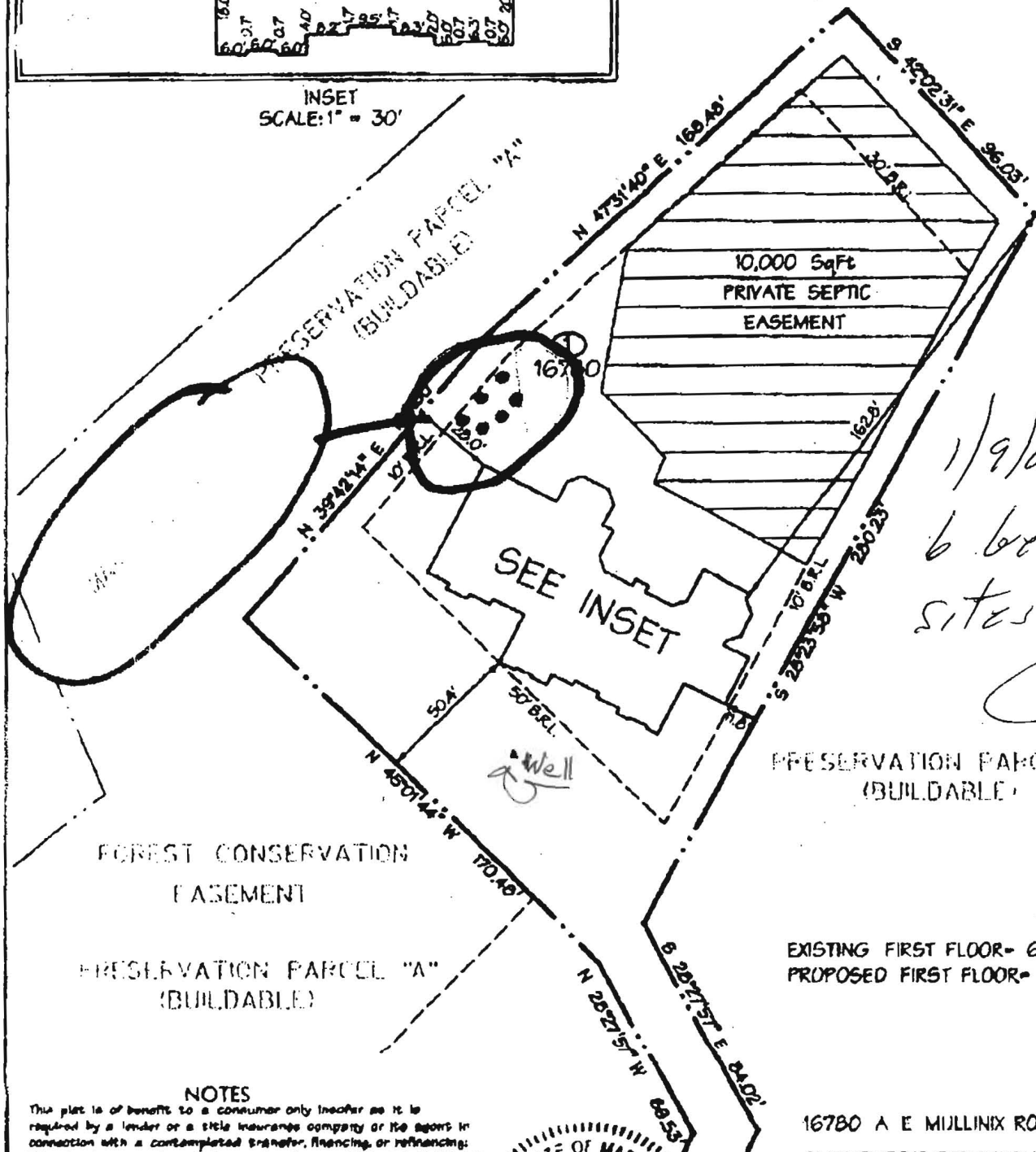
Adequate grout observed below pitless adapter _____

3/11/10 (BB)
Bolt Loose
Tag Needs to Be made
Raised

MARYLAND COORDINATE SYSTEM



INSET
SCALE: 1" = 30'



1/9/09
 6 bro well
 sites OK
 (SC)

FOREST CONSERVATION
EASEMENT

PRESERVATION PARCEL "A"
(BUILDABLE)

PRESERVATION PARCEL "A"
(BUILDABLE)

EXISTING FIRST FLOOR= 617.01
PROPOSED FIRST FLOOR= 618.2

16780 A E MULLINIX ROAD
SURVEYOR'S CERTIFICATE

NOTES
 This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with a contemplated transfer, financing, or refinancing. This plat is not to be relied upon for the establishment of property corners or the location of fences, garages, buildings or other existing or future improvements; and this plat does not provide for the accurate identification of property.



I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only.