

C1 1764

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Mathson, John; STREET OR RFD: 13356 Tridelphis Ter; TOWN: Ellicott City; SUBDIVISION: Tridel Farms; SECTION: ; LOT: 13D

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CM/BC); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

C3

PUMPING TEST

HOURS PUMPED (4); PUMPING RATE (6); METHOD USED TO MEASURE PUMPING RATE (pumptest); WATER LEVEL

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. Rows include Soft clay + sand, Brn yellow clay, Gravel, Red clay, Brn silt, Yellow shale, Brn mica, Gray rock, Dk gray rock, light gray rock.

CASING RECORD

MAIN CASING TYPE (PL); Nominal diameter top (main) casing (6); Total depth of main casing (72)

BEFORE PUMPING (35 ft); WHEN PUMPING (300 ft); TYPE OF PUMP USED (S - submersible)

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

- 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. M SD106; DRILLERS SIGNATURE; LIC. NO. MS 204

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

DEPTH (nearest ft.)

DEPTH (nearest ft.) HO 72 385; SLOTTED SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH)

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O); CAPACITY: GALLONS PER MINUTE (31-35); PUMP HORSE POWER (37-41); PUMP COLUMN LENGTH (43-47); CASING HEIGHT

LAND SURFACE (nearest foot); 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)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

B 1 6710

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 529565 please type

STATE PERMIT NUMBER Ho-95-1676 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Mattson John E 13356 Driadelphia Road Ellicott City Md 21042

B 3

LOCATION OF WELL

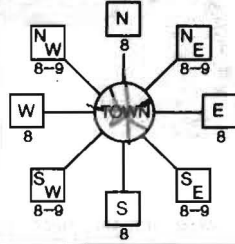
Howard Driadel Farms Ellicott City

DRILLER INFORMATION

Marshal Arnette M S D 106 Allied Environmental Services 1242 Millersville Md 21108 9/10/08

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13356 Driadelphia Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

TAX MAP: 22 BLK: 9 PARCEL 264

B 2

WELL INFORMATION

APPROX. PUMPING RATE 10 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 10000 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A27898 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 9/19/08 CO SIGNATURE EXP. DATE 9/19/09

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 deepen an existing well

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

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

APPROX. PERMIT NUMBER G PERMIT No. Ho-95-1676

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Driller Well

WRITE THE BOX NUMBER FROM THE MAP HERE

8007 5202

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



SPECIAL CONDITIONS

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 95-1676
 Site Address: 13356 Triadelphia Rd.

Submersible Pump Data

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

Pitless Adapter

Make: _____
 Model#: _____
 Depth: _____ (36" min)
 NSF 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 or Cable guards are required – Must circle one
 Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
 PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
 Approximate length of sleeve (5 foot minimum): _____

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: 10/2/08 Date Insp. Approved: 10/2/08
 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

Allied Well Drilling

P.O. Box 1242
Millersville, MD 21108
Office #: 410-789-2711
Fax #: 410-789-2712

Abandon & Seal Authorization

I Paquin Design Build. Agree to have my Well at 13356 Triadelphia Road
Ellicott City, MD abandoned & sealed at the time my new well is completed.
I am aware that the existing well at the address of 13356 Triadelphia Road must be
abandoned and sealed by a licensed well driller, unless the well is hand dug. If I elect
to abandon and seal my hand dug well, the County Health Department must be notified
so that they may oversee the process.

I also agree to allow the County Health Department Representative access to the water
supply on my property for the purposes of water sampling, well inspection and
chlorination as necessary.

Tax Identification # : _____

Signature: _____

Printed Name: Paquin Design Build. _____

Address: 13356 Triadelphia Road Ellicott City, MD _____

Primary Phone #: _____

Date: ____ / ____ / 2008



HOWARD COUNTY HEALTH DEPARTMENT

29565

DATE
9/12/08

LLS

Received From

Allied Environmental Serv. Inc. PHONE # 410 789. 2711

For Well permit - Triadel Farms Lot 13D
13356 Philadelphia Rd.

CASH

CHECK

NO.

17857

one hundred sixty dollars Dollars

\$

1100RD

Received By LLS