

C1 2151

SEQUENCE NO. (OEP 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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 38123

DATE RECEIVED

DATE WELL COMPLETED 042588

DEPTH OF WELL 240 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2541

OWNER ASSOCIATES SPRING HILL
STREET OR RFD MAY APPLE DRIVE first name TOWN SYKESVILLE
SUBDIVISION MEADOWS SECTION 1 LOT 15

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, FEET TO, Check if water bearing. Rows include Topsoil, Slate, Soft Brown Mica, Brown Mica, Grey Mica, Brown Mica, Grey Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y)
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 22 NO. OF POUNDS 2700

GALLONS OF WATER 110
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

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

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

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

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

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen.

A CIRCLE APPROPRIATE LETTER 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 10.17.13 "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 IDENT. NO. 40
DRILLERS SIGNATURE
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 6
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 63
WHEN PUMPING 115
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
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)

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)

See plot plan

B 1 2295 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
MO-81-2541
fill in this form completely

Date Received 07/14/87
OWNER INFORMATION
SPRING HILL ASSOCIATES
1432 RT 32
W FRIENDSHIP MD 21794

B 3 LOCATION OF WELL R 39443
HOWARD COUNTY
MEADOWOOD SUBDIVISION
SECTION 1 LOT 15
SNABEVILLE NEAR TOWN
MILES FROM TOWN 4 MI

DRILLER INFORMATION
George F. Easterday
L. Franklin, Inc.
9265 Br. Ch. Rd., Mt. Airy, Md. 21771
Signature: George F. Easterday Date: 4/12/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
MAYAPPEL DRIVE
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 92 FT
ENTER FT or MI AT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A 38123
OEP SIGNATURE DATE ISSUED 02/10/88
CO SIGNATURE B. Wilson EXP. DATE 08/10/88
NORTH GRID 548000 EAST GRID 0919000

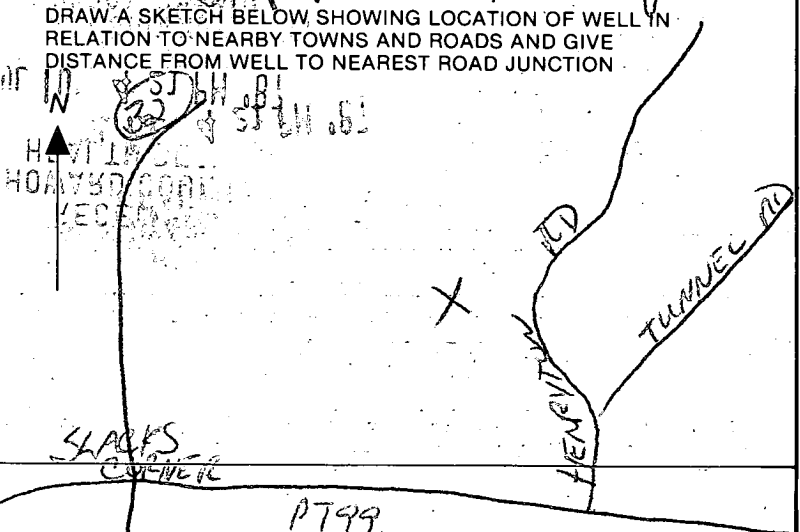
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT
other

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
810 9
HEALTH 540 9
4/25/88
location = as per staked
72' casing (17' above)
60' open hole
22 bags cement
H2O sample taken

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
D 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 (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE INITIALS IN BOX (M) PERMIT No. MO-81-2541

SPECIAL CONDITIONS

Mon
 2:00 4-25

Review OK 8/25/88 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2541
 Location of property (road) MAYAPPLE DRWS
 Subdivision MEADOWOOD ROAD Lot 15 Block _____ Plat _____ Sec. 1
 Well Driller GEORGE EASTBAY Owner ASSOCIATES, SPRING HILL

Depth of well 240 5 GPM
 Distance of measuring point (M.P.) above ground _____
 Static water level (S.W.L.) below M.P. 63 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 2:55 Pumping rate 12 gpm
 Total time 20 mins to reach pumping water level 115 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <input checked="" type="checkbox"/> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
3:15	113'	10 sec	$\frac{1}{10}$	6 gpm
3:30	113'	10	Pump at 200' R. Hancu	6
3:45	113'	10		6
4:00	113'	10		6
4:15	113'	10		6
4:30	114'	10		6
4:45	114'	10		6
5:00	114'	10		6
5:15	114'	10		6
5:30	114'	10		6
5:45	114'	10		6
6:00	115'	10		6
6:15	115'	10		6

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

Final 10/26
OK - P.M.
C.B.S.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 48562
Date 9-24-92

Name of Installer K.H. Plumbing

Telephone 857-0255

License Number 8300

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Barnard Bros. Inc Telephone 489-7621

Subdivision Meadowood Lot # 15 Well Tag # HO-81-2541

Site Address 12101 Maj Apple Trail
Marriottsville, MD (Lot 15)

- | Pump | Motor | Pitless Adapter |
|--|--|-------------------------------------|
| 1. Type | 1. Horsepower <input type="checkbox"/> | 1. Make <input type="checkbox"/> |
| a. Deep well jet <input type="checkbox"/> | 2. RPM <input type="checkbox"/> | 2. Model # <input type="checkbox"/> |
| b. Shallow well jet <input type="checkbox"/> | 3. Voltage <input type="checkbox"/> | 3. Depth <input type="checkbox"/> |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 <input type="checkbox"/> | |
| 2. Make <input type="checkbox"/> | b. 220 <input type="checkbox"/> | |
| 3. Model # <input type="checkbox"/> | | |
| 4. Capacity <input type="checkbox"/> GPM | | |
| 5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input type="checkbox"/> Other <input type="checkbox"/> | | |

- | Tank | Piping | Well data |
|--------------------------------------|---|--|
| 1. Capacity <input type="checkbox"/> | 1. Type <input type="checkbox"/> | 1. Depth <u>200</u> ft. |
| 2. Pressure relief valve? <u>yes</u> | 2. Size <input type="checkbox"/> | 2. Yield <input type="checkbox"/> GPM |
| | 3. NSF and/or BOCA Code approved <input type="checkbox"/> | 3. Static water level <input type="checkbox"/> ft. |
| | 4. Depth of supply line <input type="checkbox"/> | 4. Will water supply be disinfected by installer? <input type="checkbox"/> |

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge
Signature of Applicant: Kent H. H. H.

Date: 9-24-92

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215
(10/26 area of casing, only, seen ok. CBS)
12/26