

C1 9374

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A510650

DATE RECEIVED MM DD YY 02 03 98

DATE WELL COMPLETED MM DD YY 02 03 98

DEPTH OF WELL 140 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' HD-94-2000

OWNER Minford Millers Mill Road Jon & Torri Cooksville Pres Parcel C

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, TO), check if water bearing. Rows include Top Soil, Clay Seam, Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1400

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 50

SCREEN RECORD

screen type or open hole (HO) DEPTH (nearest ft.) 140

C3

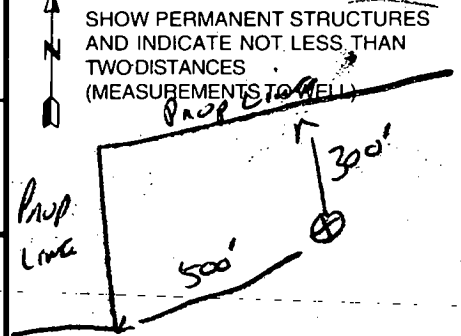
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) TYPE OF PUMP INSTALLED (S) submersible CAPACITY: GALLONS PER MINUTE 31

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 'WELL CONSTRUCTION'

DRILLERS LIC. NO. MSD 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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)

B 4753 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HD-94-2000 fill in this form completely

Date Received (APA) 12 04 98 OWNER INFORMATION Mincard Sow & TERRI 12805 Colley Quarter Rd Ellicott City MD 21042

LOCATION OF WELL Howard COUNTY Parcel C Riggs Property Cooksville

DRILLER INFORMATION RALPH MAYNE MS D 116 RALPH MAYNE Well Drilling 9120 Brown Church Rd Mt. Airy Md 11-17-98

MILES FROM TOWN 2 MILLERS MILL RD NEAR WHAT ROAD ON WHICH SIDE OF ROAD 470 DISTANCE FROM ROAD 14 BLK 4 PARCEL 96

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard CO A510650 STATE SIGNATURE Kim Minto DATE ISSUED 12-9-98 EXP. DATE 12-9-99

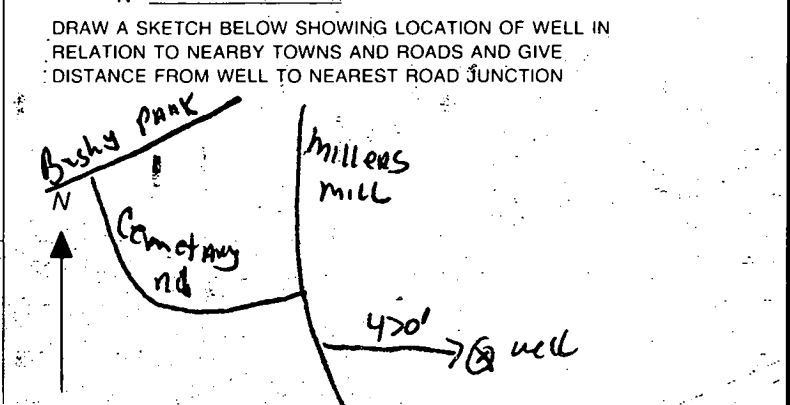
USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER well 2.3.91 GROUT 19:00 NO INSP

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No. HD-94-2000

SPECIAL CONDITIONS 410-531-3611

5/17/99
WPI 35

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

~~4000000000~~
410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation XXX
Replacement _____

Receipt # _____
Date 4-23-99

Name of Installer Walter W. King Plmb. & Htg., Inc.

Telephone 301-662-6990

License Number 2217

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber XXX

Name of Property Owner Ryan Homes, Inc.

Telephone 410-654-0501

Subdivision Riggs Meadow Lot # 3 Well Tag # HO - 94-2000

Site Address 2031 Millers Mill Road, Cookesville, MD 21723

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible XXX

Motor

- 1. Horsepower 1/2 HP.
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220 XXX

Pitless Adapter

- 1. Make Boshart
- 2. Model # P-100-4
- 3. Depth 42"

2. Make Sta-Rite

3. Model # TSP4C02HL

4. Capacity 8.5 GPM

5. Pump exceeds well capacity Yes _____ No X

6. If Yes, is low pressure cutoff switch installed? Yes _____ No X

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Tank

- 1. Capacity 86 Gal.
- 2. Pressure relief valve? YES

Piping

- 1. Type 160 PSI Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line _____

Well data

- 1. Depth 140 ft.
- 2. Yield 12 GPM
- 3. Static water level 25 ft.
- 4. Will water supply be disinfected by installer? YES

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: Sherald D. Wall

Date: April 23, 1999

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