

C1 0217

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

A 49889R

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

030596

22 205 26

HO-92-0254

OWNER Hewitt Leroy STREET OR RFD Manticella Dr TOWN Cooksville SUBDIVISION Harless Manor SECTION 2 LOT 24

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, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE (PL) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

diagram for other casing with diameter and depth fields

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

TYPE: MWD/MSE/MGD DRILLERS LIC. NO. 117

DRILLERS SIGNATURE (Handwritten signature)

LIC. NO. 116

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

DEPTH (nearest ft.)

Diagram showing casing depth from surface to 205 ft

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

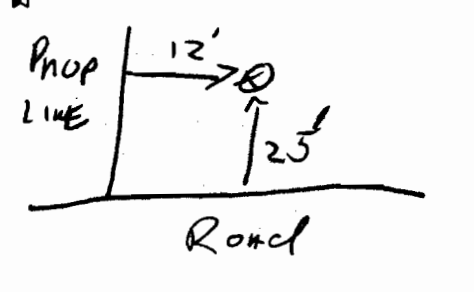
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 120 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 38 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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

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)



COUNTY

<b>B 1</b>	<b>0660</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-93-0257</b> <small>70 fill in this form completely 78</small>
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**Date Received (APA)**  
012996

**OWNER INFORMATION**

8-13 **HEWITT LEBOY**  
15 Last Name 34 First Name

36-55 **19070 MONTICELLO DR.**  
Street or RFD

57-76 **COOKSVILLE MD 21223**  
Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

1-21 **HOWARD** Final lot 24  
8 COUNTY 21

22-42 **HARLESS MARJOR**  
SUBMISSION SECTION 44-46 **2** LOT 48-50 **21** **A49889R**

52-71 **COOKSVILLE**  
NEAREST TOWN

73-78 **1 MI**  
MILES FROM TOWN (enter 0 if in town)

**DRILLER INFORMATION** CIRCLE: MSD/MGD/AWD

**Ralph MAYNE** 77 License No. 80 **116**

Driller's Name **Ralph MAYNE (well Drilling)**

Firm Name **5120 Brown Church Rd. Mt. Airy**

Address **Shub. Mayne** Date **1/20/96**

Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11-30 **MONTICELLO DR.**  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34-37 **25**  
DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **8** BLK: **15** PARCEL: **324**

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**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

**Howard** COUNTY NAME **A 49889R** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S

DATE ISSUED **020296** **Lowell Hubby** **2/2/97**  
43 48 CO SIGNATURE 41 EXP. DATE

NORTH GRID **592000** EAST GRID **0800000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**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

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**800**  
**5402**

3/5/96 grant location - OK  
Coring - 40'  
gravel - 35'  
14 bags gravel  
2/3/96

**REPLACEMENT OR DEEPEINED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

**D** THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

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** ↑

**well**  
**725'**

**Monticello Dr.**

**70 mi**  
**90'**

**Int. 70**

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

APPROP. PERMIT NUMBER **HO99GAP0112**

FORCE **PP** INITIALS IN BOX PERMIT No. **HO-93-0257**

1/18/01

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: CARROLL WATER SYSTEMS Telephone #: 410-876-5100  
Address: 150 AIRPORT DRIVE #1  
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**  
License # and name of individual responsible for the field installation:  
Name (Print): RON SMITH License# PL 074

\*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: IMMACULATE HOMES Telephone #: 410-552-0808  
Subdivision: HARLES MAJOR Lot #: 24 Well Tag #: HO-93-0254  
Site Address: 14004 MONTICELLO DR  
COOKSVILLE MD

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: GRANDE      Make: Campbell      Two piece watertight cap: YES  
Model #:      Model#: B10K      Screened, vented well cap: YES  
Pump Capacity \_\_\_\_\_ GPM      Depth: 42 (36" min)      Cap secured to casing: YES  
Well Yield: ? GPM      NSF approved: YES      Conduit min 18" B.G.: 24"  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)      Conduit secured to well cap: YES  
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 NO

**Piping to house**      **House Connection**  
Type: Plastic      PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min)      Approximate length of sleeve: 2'  
Depth of supply line: 42 (36" min)      Sleeve caulked and sealed properly: YES

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: Ronald W. Smith      date: 10/18/00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: No insp?      Date Insp. Approved: [Signature]  
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 \_\_\_\_\_

Spoke to Installer regarding Inspection procedures (SRK)