

C1 0857 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 A 59907N

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 05 15 01 Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3028

OWNER Rover Mill LLC STREET OR RFD New Rover Rd TOWN Stencely SUBDIVISION Friendship Farms SECTION LOT PPA

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y 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...

DRILLERS LIC. NO. M SD DRILLERS SIGNATURE LIC. NO. M D

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 29 NO. OF POUNDS 2900 GALLONS OF WATER 174 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 95

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

SCREEN RECORD screen type or open hole insert appropriate code below SCREEN RECORD ST BR HO PL OT

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

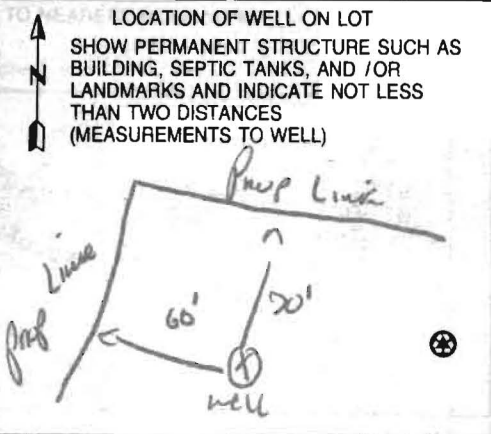
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 37 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 9 (nearest foot)



B 1 **04793** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 V514954 please print or type

STATE PERMIT NUMBER
10-94-3028
 fill in this form completely

Date Received (APA)
5/15/01

OWNER INFORMATION

ROVER MILL LLC
 15 Last Name Owner First Name 34

8508 CENTRE PARK DR.
 36 Street or RFD 65

COLUMBIA MD 21045
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

HOWARD COUNTY 21

FRIENDSHIP LAKE SUBDIVISION 42

SECTION **44** LOT **50** PRESERVATION PARCEL A

CLAWELLS NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** MI 73 76 77 78

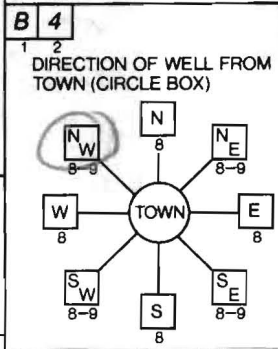
DRILLER INFORMATION

RALPH E. MAYNE DRILLER'S NAME 77 License No. **117** 80

RALPH E. MAYNE WELL DRILLING FIRM NAME

12024 HANDY DR W/ AIRY MD ADDRESS

R.E. Mayne SIGNATURE DATE **02-25-01**



NEW ROVER RD NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

200 DISTANCE FROM ROAD 34 37 ENTER FT or MI **FT** 38 39

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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 CO COUNTY NAME COUNTY NO. **159907R**

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED **3/5/02**

43 NORTH GRID **530000** **48** CO SIGNATURE _____ **55** **57** EAST GRID **770000** **83** EXP. DATE

APPROXIMATE DEPTH OF WELL **59** FEET 24 28

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

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jetted & DRIVEN**

AIR-ROTARY **AIR-PERCUSION** **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

E 570
N 530

5/15/01
 CROUT 9:00
 5/15/01
 No Inspection
 BB

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

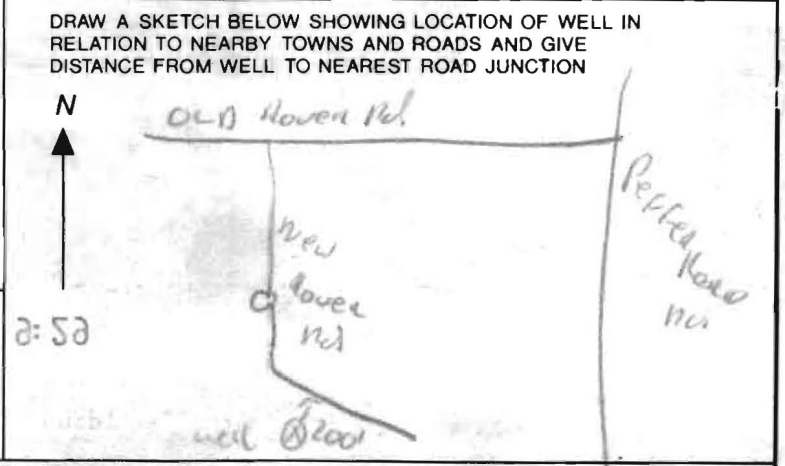
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEM AN EXISTING WELL

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



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER **10000 GAP 003** 54 63

FORCE **11** WRITE INITIALS IN BOX PERMIT No. **10-94-3028** 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

WLB00 9658

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: CHARLES A. KLEIN & SONS, INC. Telephone #: (410) 549-6960
Address: 5220 KLEIN MILL ROAD
SPRINGVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print) CHARLES A. KLEIN, JR. License# 6521

*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: WILLIAMSBURG GROUP Telephone #: (410) 997-8300
Subdivision: FRIENDSHIP LAKES Lot #: 1000 Well Tag #: HO-94-3028
Site Address: 2750 NEW ROVER ROAD
WEST FRIENDSHIP, MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACUZZI</u>	Make: <u>HAERFAD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5S45-13A-52</u>	Model #: <u>PT-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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: <u>POLYETHYLENE</u>	FVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>1"</u> (150 psi min)	Approximate length of sleeve: <u> </u>
Depth of supply line: <u> </u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Charles A. Klein, Jr. date: 7/26/02
CHARLES A. KLEIN, JR.

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

Date Insp. Requested: Date Insp. Approved: 12/17/02 (50)
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

2/13/06

Called Barry
Nancy Boone

Don not need to remove.
We don't

Don boy call utilities

Not special saw him right
\$600-700 Love boy