

C1 8102

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

(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"

OWNER STREET OR RFD SUBDIVISION SECTION LOT

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. Includes entries like Red Clay, Gravelly Sand, Buff Shale, Dry Gray Shale, Fracture, Gray Shale, Fracture, Gray Shale.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from ft. to ft.

CASING RECORD

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

SCREEN RECORD

screen type or open hole (insert appropriate code below)

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

- A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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)

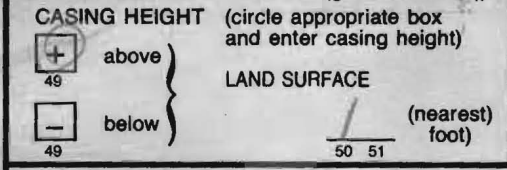
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

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 26.04.04 "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 LIC. NO. M 5 D 106

DRILLERS SIGNATURE

LIC. NO. M 5 D 138

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

DEPTH (nearest ft.)

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 6923

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 584071

STATE PERMIT NUMBER

Ho-95-2030 fill in this form completely

Date Received (APA) 10 26 10

OWNER INFORMATION

Lee Sang Ja, 1204 Preservation Court, Dulton Md 20759

B 3

LOCATION OF WELL

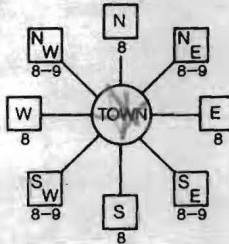
Howard, 21 COUNTY, Highland, NEAREST TOWN

DRILLER INFORMATION

Marshal Arnette, Allied Environmental Services, PO Box 1243, Millersville Md 21105

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



(7245) Mink Hollow Rd, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



550, 308, TAX MAP: 40, BLK: 7, PARCEL: 308

B 2

WELL INFORMATION

APPROX. PUMPING RATE 10 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 1000 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 (13), County Name, State Signature, Date Issued 11/9/2010, Brian Baker, North Grid 488 000, East Grid 002 000

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary, AIR-PERcussion, 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)

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

APPROX. PERMIT NUMBER G, PERMIT No. Ho-95-2030

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

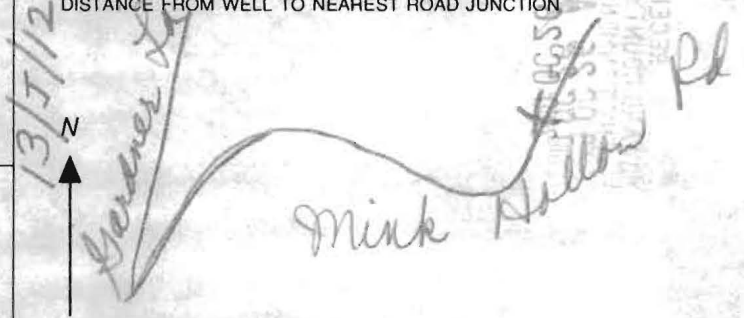
SOURCES OF DRILLING WATER

- Drilled Well

WRITE THE BOX NUMBER FROM THE MAP HERE

76°59'30.82, 39°10'22.98

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

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 - 2030

Site Address: 7245 Pink Hollow Rd.

** Irrigation well.*

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)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____

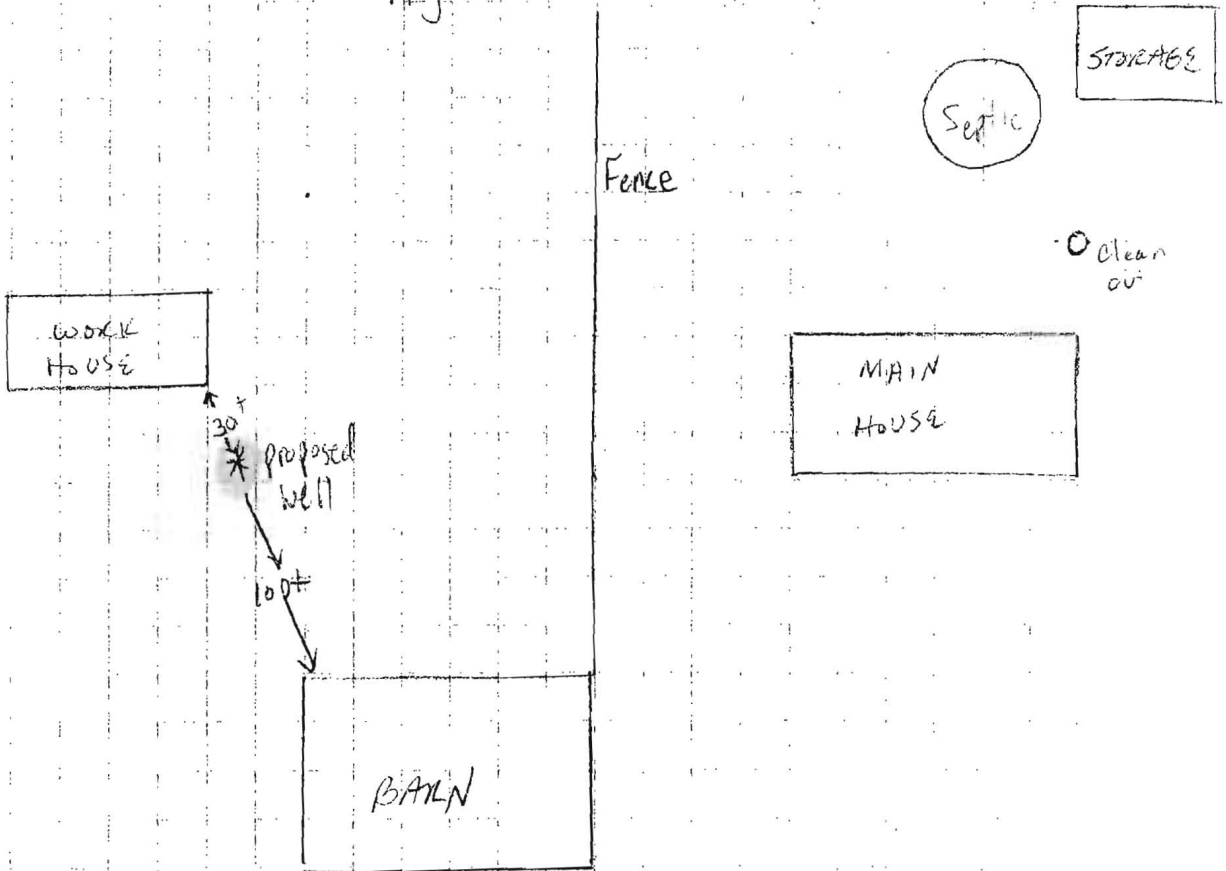
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 4/29/11 Date Insp. Approved: _____

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 _____ ✓

SITE PLAN

2245 Mink Hollow Road
Highland MD



11/8/2010
Irrigation well location
looks O.K. (BB)

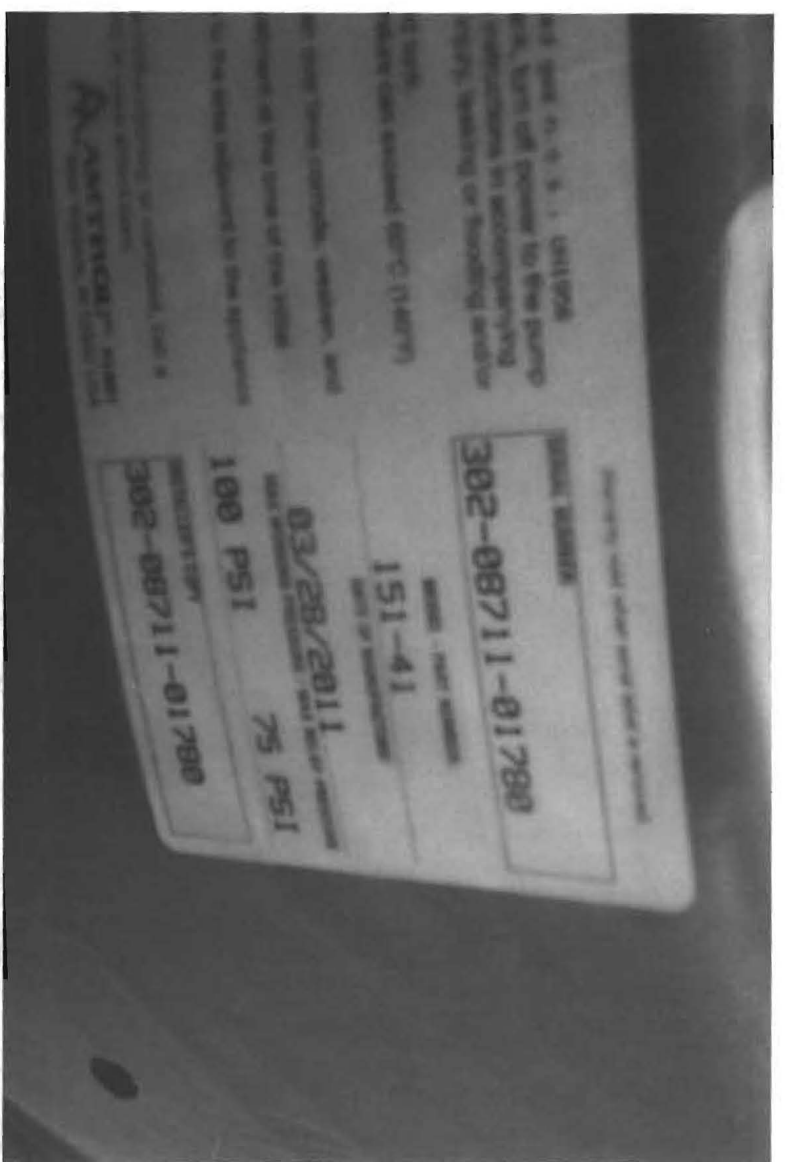
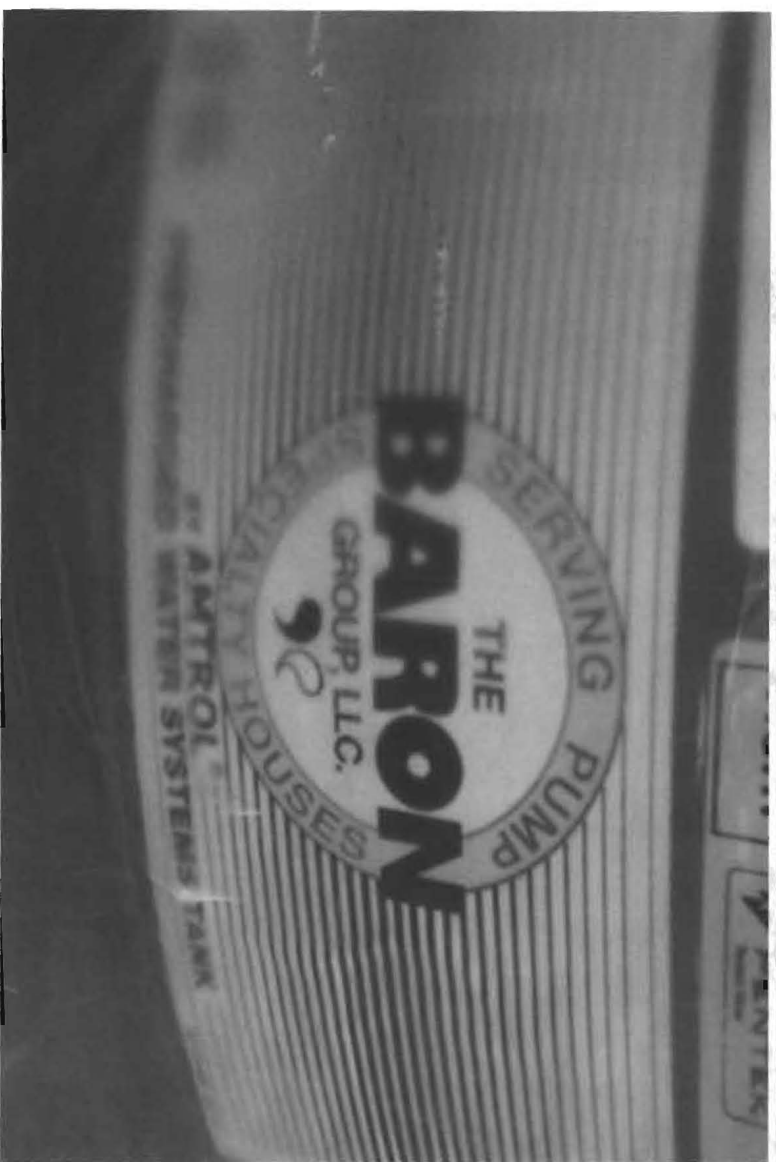
NEIGHBORING TAG #'S: _____

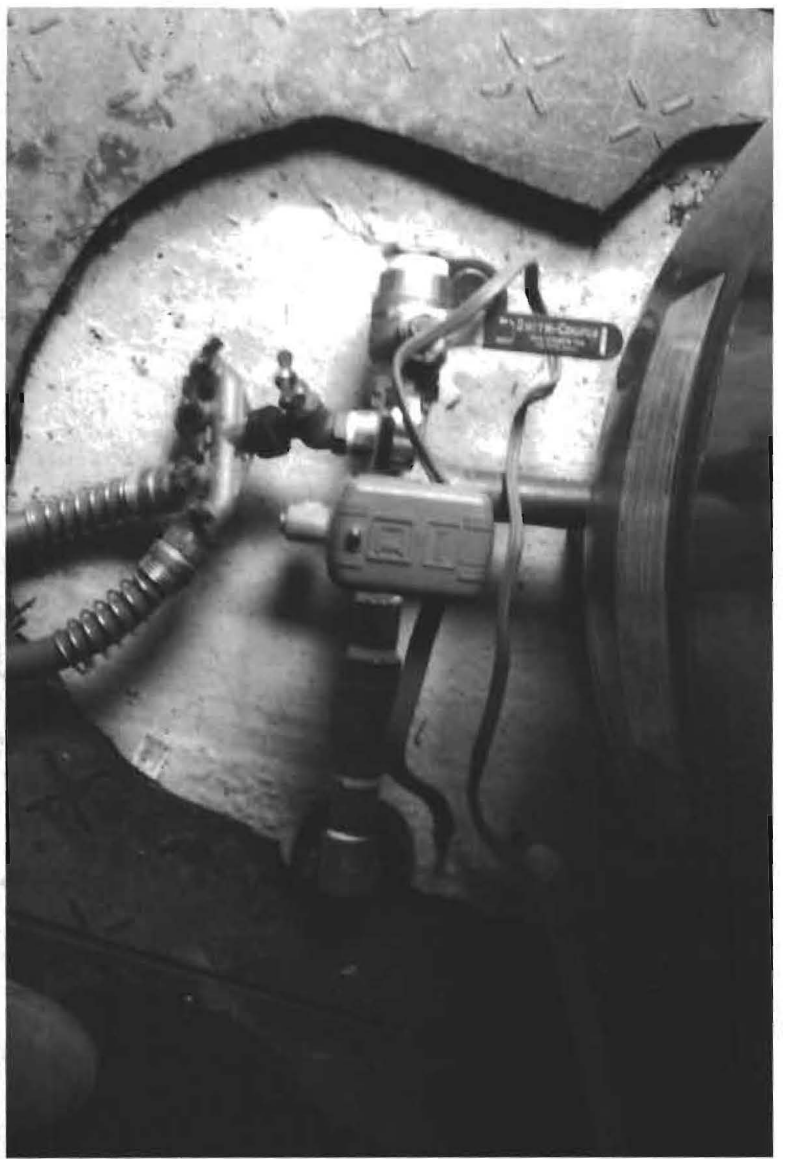
DISTANCE FROM HOUSE: 30+
FROM SEPTIC: 100+
FROM SEWER: N/A
FROM PROPERTY LINE: 100+
FROM STREET: _____

TREES NEARBY: None
UTILITY ISSUES: None marked
MATS NECESSARY: No
ACCESS FOR H/U: TBD

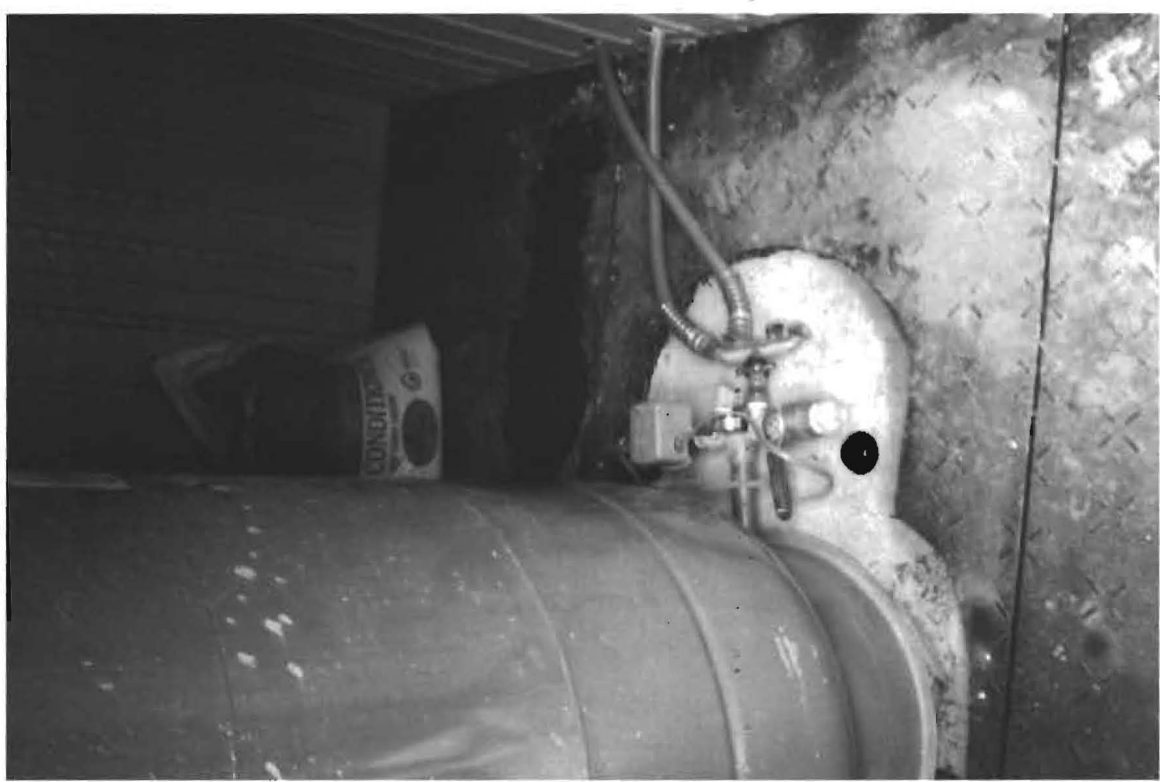
COMMENTS: _____

PERSON COMPLETING FORM: GUZZARDI











WARNING
Submersible pump installed in well. Display this notice on the disconnection box, or other prominent position.

ADVERTISMENT
Pompe submersible installée dans le puits. Coler cet avis sur la boîte de déconnexion ou sur un endroit bien visible.

ADVERTENCIA
Bomba sumergible instalada en el pozo. Escalar este aviso en la caja de desconexión o en otro lugar prominente.

Maximum voltage
Disconnect power before working on equipment. This unit is to be serviced only by trained persons. Consult with grounding and code requirements.

Tension dangerous
Avoid all contact with equipment, except to repair and adjust. Call equipment for the proper persons qualified to perform the work.

Tension peligros
Evitar el contacto con partes activas de equipo. Solo personal capacitado debe realizar el mantenimiento y las reparaciones.

Assemble at
PRENTEK

1.5HP

P42B0015A2

230V 1Ph 60Hz 1.1kW

9.2A 3450 RPM SF: 1.3

SF MAX AMP 11.0 KVA CODE M

SERVING PUMP THE BARON GROUP LLC.

Called WELL DRILLING

Installation/Service Date: _____

Next Scheduled Service: Month: _____ Year: _____

Call: 410-789-2711

All warranties dependent upon recommended scheduled service.

P42B0015A2

230V

9.2A

SF MAX A

1.5HP

SERVING PUMP THE BARON GROUP LLC.

