

C1 08010

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK SRK 11/15/00

COUNTY NUMBER A/49414

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

DATE WELL COMPLETED 10/23/00 Depth of Well 226 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2859

OWNER Scheidt last name Paternal 61FT D. Sasan first name TOWN Highland SUBDIVISION Paternal 61FT Farm SECTION LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for TOPSOIL, SANDSTONE, CLAY, TAN MICA, GRAY MICA, RED GRAY MICA, GRAY MICA.

GRROUTING RECORD form with fields for GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth of main casing (80).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (40), TYPE OF PUMP USED (S).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y)

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

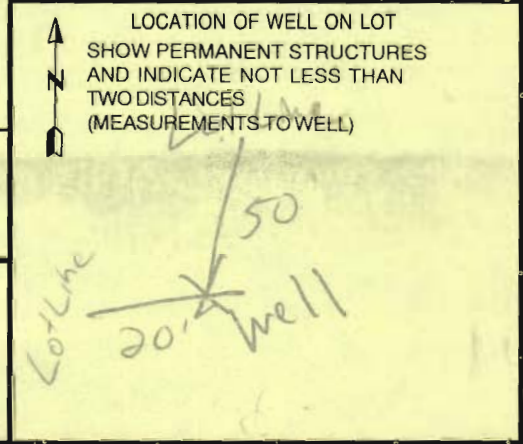
DRILLERS LIC. NO. MW D040, DRILLERS SIGNATURE, LIC. NO. JW D 328

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

DEPTH (nearest ft.) table with columns 1-21 and rows A-C. Includes SLOT SIZE and DIAMETER OF SCREEN.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (above).



B 1 01472
1. 2. 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2859
70 fill in this form completely 79

10514231 please print or type

Date Received (APA)
9/6/00

OWNER INFORMATION 8389

8 MM DD YY 13
Scheidt Susan
15 Last Name Owner First Name 34
12730 Hall Shop
36 Street or RFD 55
Highland, Md. 20777
57 Town 70 State 72 Zip 76

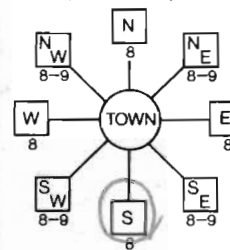
B 3 LOCATION OF WELL

8 COUNTY Howard ICC#
Paternal Gift Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 13 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

George F. Easterday MWD 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 9/5/2000
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paternal Gift Drive
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 20 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 10 PARCEL 90

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 49414
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 9/26/00 9/26/01
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 488 0 0 0 EAST GRID 0812 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTary DRIVE-POINT
other

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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

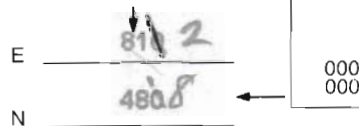
APPROX. PERMIT NUMBER 54 HO 96 G A F 007 63
PERMIT No. HO-94-2859
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



18 C 1

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

6/28/01 PM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643

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: Ben Lewis Inc Telephone #: 301-488-3500
Address: 27407 Frederick Rd
Chesapeake Md. 20871

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Frank Henkel License# 17867

*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: Pinecrest Bldg Telephone #: 202-638-3150
Subdivision: Paternal Duff Lot #: 13 Well Tag #: HO-94-2859
Site Address: 13505 Paternal Duff Dr
Rockville Md 20877

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Compuser</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>43</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>320</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 _____

Piping to house	House Connection
Type: <u>Blk 1"</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>36"</u>
Depth of supply line: <u>36</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: [Signature] date: 6-27-01

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

Date Insp. Requested: 6/28/01 PM Date Insp. Approved: 6/28/01 (SRW)
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

Well site
of 30' x 30'
APR 9/15/06

to ft further west
is OK R/P 10/5/06

13

13,687 Sq.Ft.±

9B2

PC 041672
10' TREE
MAINTENANCE
EASEMENT

12

47,600 Sq.Ft.±

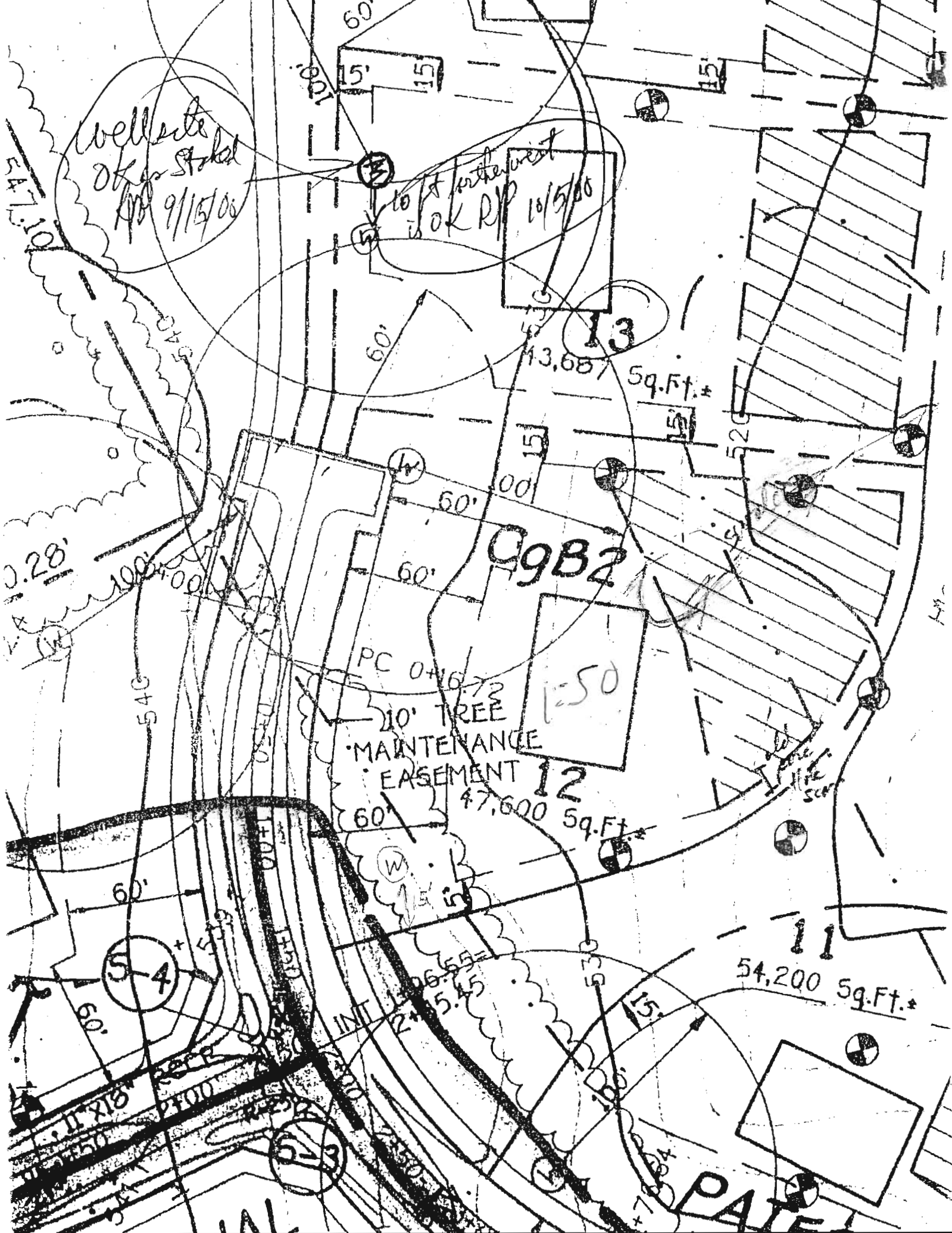
11

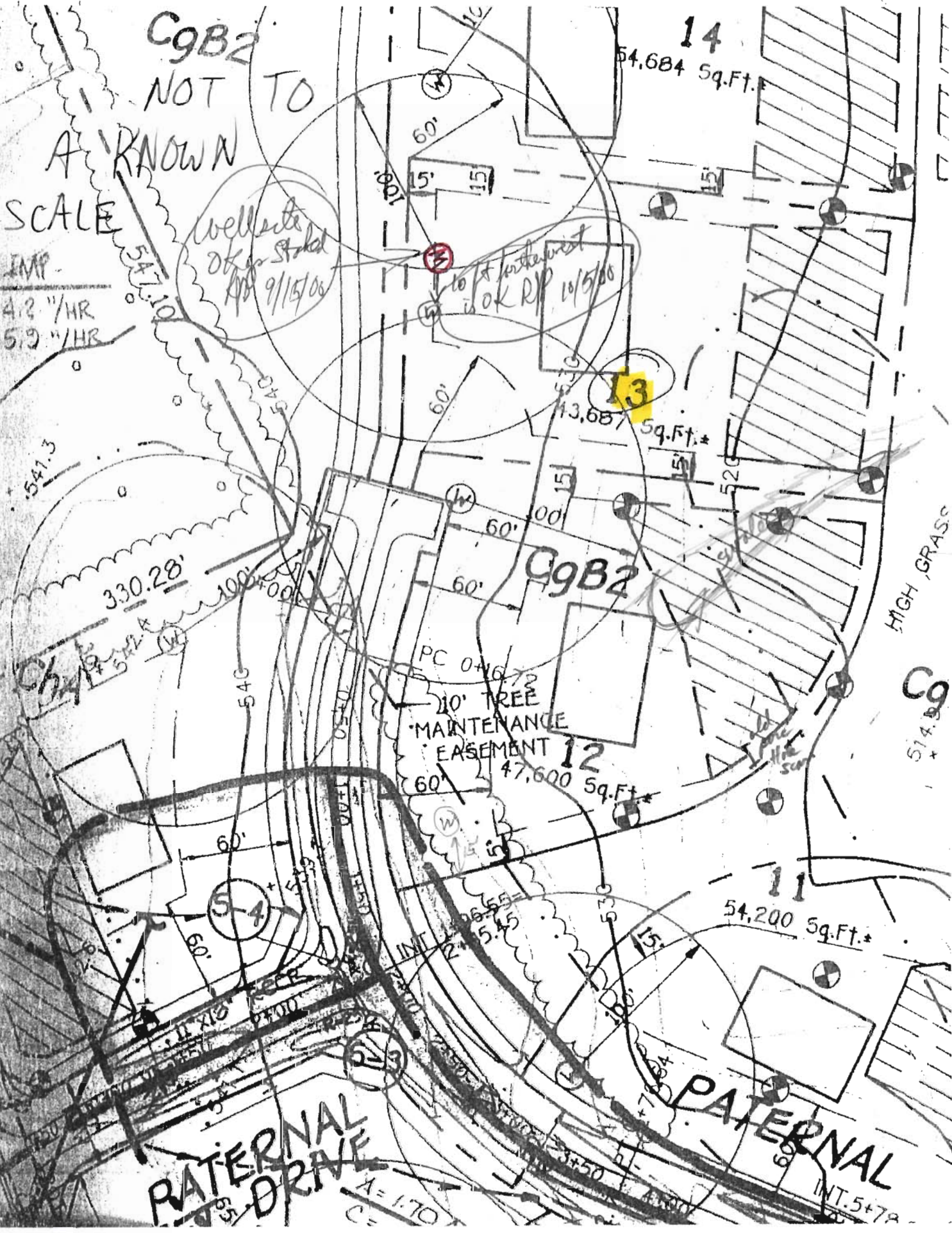
54,200 Sq.Ft.±

5-4

INT 2

PART





C9B2
NOT TO

A KNOWN
SCALE

IMP.
4.2 "/HR
5.9 "/HR

Well water
OK for stand
9/15/06

10' front set
is OK RIP 10/5/06

14
54,684 Sq.Ft.

13
13,687 Sq.Ft.*

C9B2
PC 0+10-72
10' TREE
MAINTENANCE
EASEMENT
12
47,600 Sq.Ft.*

11
54,200 Sq.Ft.*

PATERNAL
DRIVE

PATERNAL

HIGH GRASS

514.50

X=1.70
C=

Lot 13