

C1 0447

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A40132

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 01/25/92

Depth of Well 22 305 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-72-0289

OWNER BEARNA DUB last name first name TOWN CLARKSVILLE SUBDIVISION BROADWATER FARM SECTION 1 LOT 2

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 handwritten entries: SAND 0-53, GRAY MICR 53-305.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 1 NO. OF POUNDS 346 GALLONS OF WATER 24 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 36 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE CT Nominal diameter 6 Total depth 57 of main casing (nearest inch) (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) HO 56 305

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...

DRILLERS IDENT. NO. 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

OEP 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. to nearest gal.) 44 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 21.5 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 EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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)

See Attached Well location

B 1 05299 SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER 10-92-0389
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) 70 fill in this form completely 78

Date Received (APA) 060493
OWNER INFORMATION
 B 13
 B 15 Last Name: BERILLA Owner: DON First Name: DON
 12562 FOLLY QUARTER RD
 36 Street or RFD 55
 ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2 HOWARD
 8 COUNTY BROADWATER 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 2 48 50
 CLARKSVILLE 71
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION
 Joseph L. Mayne 0024
 Driller's Name 77 License No. 80
 Joseph L. Mayne Well Drilling
 Firm Name
 5512 Ridge Rd. Mt. Airy, Md. 21771
 Address
 Joseph L. Mayne 6/3/93
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N W E S
 8 8-9 8 8-9
 TOWN
 S W S E
 8-9 8-9 8
 5403 Broadwater Lane
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 1340 37 DISTANCE FROM ROAD
 ENTER FT or MI FT 38 39

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD A 40133
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED INSERT S
 061493 Raymond Hodge (2/14/93)
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 504000 EAST GRID 0210000
 50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX).
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

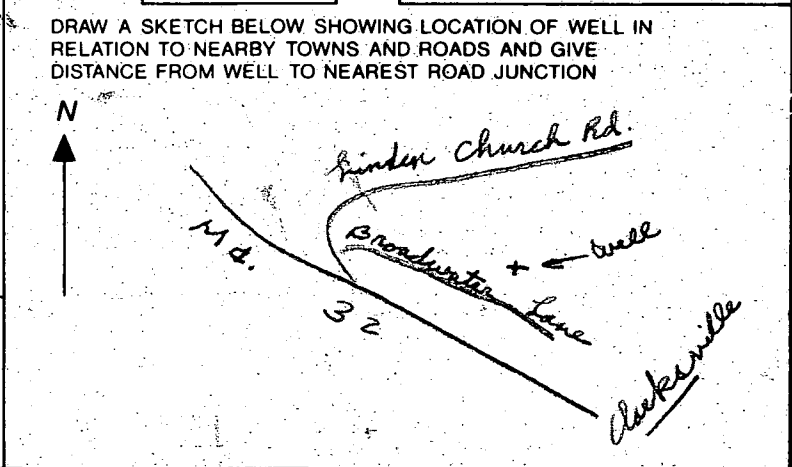
APPROXIMATE DEPTH OF WELL 260 FEET
 24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 80010
 N 5004
 000 000
 6/25/93 NO INSP MR OPPORTUNITY

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



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER 54 GAP 63
 FORCE INITIALS IN BOX PERMIT No. 10-92-0389
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

DRILLER

6-24-94
after 12

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Clement Sreper
2030 Liberty Road, Suite 124, Eldersberg, MD 21784

Telephone 461-5880

License Number _____
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Rob and Lynn Sticka

Telephone _____
Subdivision Broadwater Lot # 2 Well Tag # HO-92-0389

Site Address 5415 Broadwater Lane

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>CARPEL</u>
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4'</u>
c. Submersible _____	a. 110 _____	
2. Make <u>RED JACKET</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank
1. Capacity 42
2. Pressure relief valve? YES

Piping
1. Type Plastic
2. Size 1 1/4
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 4'

Well data
1. Depth 300 ft.
2. Yield _____ GPM
3. Static water level 270 ft.
4. Will water supply be disinfected by installer? NO - By Builder

6/24/94
WPI - pitless adaptor 4'
well line OK ALM

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: [Signature]

Date: 6-24-94

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