

C1 6463

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 A59276N

(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" H0-94-4155

OWNER Kukuselis Tracy STREET OR RFD 15221 Cattail Oaks TOWN Glenwood SUBDIVISION Peacefields at Cattail Creek SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Includes entries for Brown mica, Brown Sandstone, Gray Limestone.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (17), NO. OF POUNDS (1598), GALLONS OF WATER (102), DEPTH OF GROUT SEAL (0 to 47 ft).

CASING RECORD form with fields for MAIN CASING TYPE (PL), Nominal diameter (06 inch), Total depth (100 feet).

OTHER CASING (if used) form with fields for diameter (5 inch) and depth (95 to 200 feet).

SCREEN RECORD form with fields for screen type (HO), diameter (100 inch), depth (300 feet).

PUMPING TEST form with fields for HOURS PUMPED (0.1), PUMPING RATE (15 gal/min), METHOD USED TO MEASURE PUMPING RATE (196L), WATER LEVEL (55 ft before, 290 ft when pumping), TYPE OF PUMP USED (A - air).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S - submersible), CAPACITY (V.G. gallons per minute), PUMP HORSE POWER (V.G.), PUMP COLUMN LENGTH (280 ft), CASING HEIGHT (61 ft).

WELL HYDROFRACTURED form with YES (Y) and NO (N) options.

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. 1 M S D O O 9 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

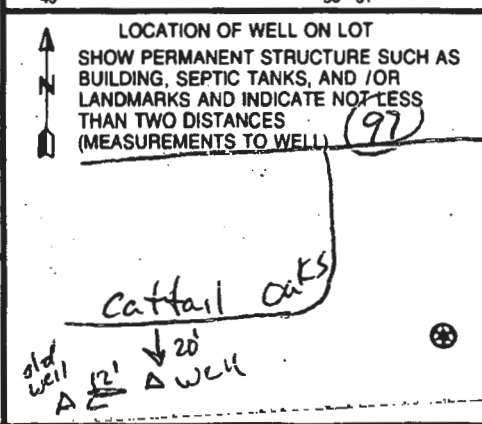
LIC. NO. 1 D

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

DEPTH (nearest ft.) table with columns for depth ranges (61-9, 9-11, 11-15, 15-17, 17-21, 21-23, 23-24, 24-26, 26-30, 30-32, 32-36, 36-38, 38-39, 39-41, 41-45, 45-47, 47-51) and rows for SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (56, 60 inch).

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



B 1 8110

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

522076 please type

HO-94-4155

fill in this form completely

Date Received (APA)

04/07/05

OWNER INFORMATION

Kukulielis Tracy

15521 Cattail Oaks

Glenwood, md 21738

B 3

LOCATION OF WELL

Howard COUNTY

Countryside SUBDIVISION

SECTION 44 46 LOT 11 48 50

Glenwood NEAREST TOWN

3 MILES FROM TOWN

DRILLER INFORMATION

Allen Compton M S D 009

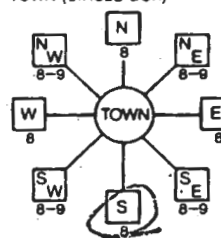
Fogles Well Drilling

580 Obrecht RD

Allen Compton 4-7-05

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Roxbury mills RD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

106 DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP 21 BLK 10 PARCEL 63

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
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 COUNTY NAME A59276N COUNTY NO. 13

STATE SIGNATURE INSERT S

DATE ISSUED 04/07/05

SIGNATURE EXP. DATE 04/07/06

NORTH GRID 522 000 EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
AIR-ROTary
CABLE
JETTED (circled)
AIR-PERCussion (circled)
ROTARY (Hydraulic Rotary)
DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

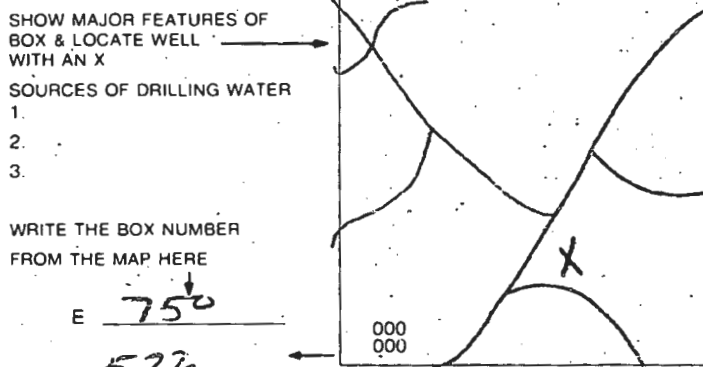
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (circled)
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS.
THIS WELL WILL DEEPEEN AN EXISTING WELL

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

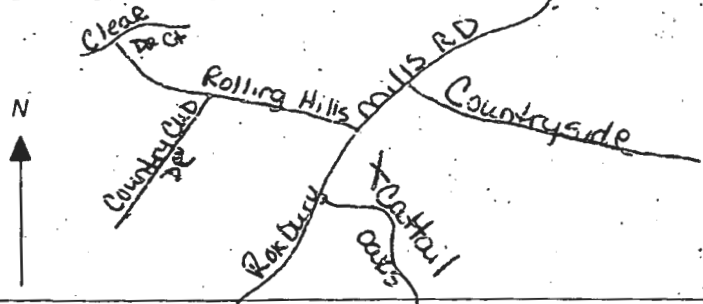
APPROP. PERMIT NUMBER

PERMIT No. HO-94-4155

SPECIAL CONDITIONS Emergency replacement well



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



**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: Peacefields Lot #: 11 Well Tag #: HO-94-4155
Site Address: 15521 Cattail Oaks Dr

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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: Black polyethylene
PSI: 160 (160 psi min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) 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: _____ Date Insp. Approved: 4/11/2005

Inspection Data: Pitless adapter and water supply line at least 36" below grade (GAC)
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 N/A
Adequate ground observed below pitless adapter

* Old well still needs to be sealed * GAC