

C1 08179 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A-524184

ST/CO USE ONLY DATE RECEIVED MM 01 DD 02 YY 13

DATE WELL COMPLETED MM 12 DD 07 YY 12

Depth of Well 22 205 26 (TO NEAREST FOOT)

OK 11/3/15

PERMIT NO. FROM "PERMIT TO DRILL WELL" HCL-95-2433

OWNER Heritage Realty & Land Development WELL SITE ADDRESS 1000 Rte 97 TOWN GLENDEN MD. SUBDIVISION QUARTZ HILL EST. SECTION Parcel 401 LOT Parcel I

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown SLATE, Blue SLATE, Brown Slate, Blue SLATE.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 16 NO. OF POUNDS 1600 GALLONS OF WATER 96 DEPTH OF GROUT SEAL 0 to 58 ft.

CASING RECORD MAIN CASING TYPE PL Nominal diameter 6 Total depth 61

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

SCREEN RECORD screen type or open hole (H) (O) (S) (T) (B) (R) (P) (L) (O) (T) (O) (T) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M SD 117 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 1-21 and rows E, A, C, H, S, C, R, E, N. Includes handwritten values like 59, 205.

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

PUMPING TEST 3 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 10.3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 60 ft. WHEN PUMPING 25 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) (+) above LAND SURFACE (-) below 2 (nearest foot)

LATITUDE 39.20.586 LONGITUDE 77.00.984 (DEFAULT COORD. WGS 84)

NOTES:

B 1 14966

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 53814

STATE PERMIT NUMBER HO-95-2433 fill in this form completely

OWNER INFORMATION Date Received (APA) 10/31/12 Heritage Realty & Land Develop PO Box 482 1000 Rt 97 Lis Bon MD, 21765

LOCATION OF WELL B 3 Howard QUANTZ HILL Est. Parcel I. GLEN WOOD

DRILLER INFORMATION RALPH E. MAYNE M S D 117 RALPH E MAYNE WELL DRILLING 17024 Handy Rd. Mt. Airy MD, 21771

SOURCES OF DRILLING WATER 1. well 1000 Rt. 97 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 1375' DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 8 BLK: PARCEL 33

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

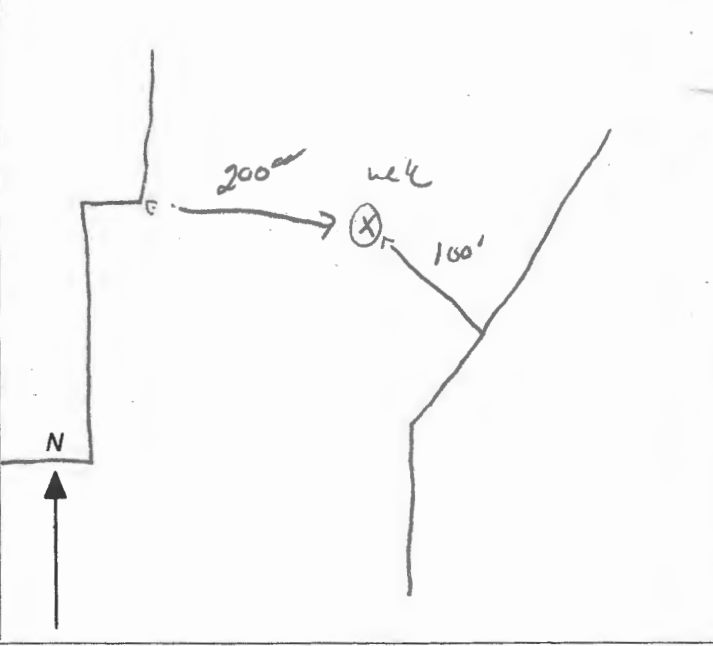
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A524184 COUNTY NAME Howard COUNTY NO. 23 STATE SIGNATURE DATE ISSUED 11/16/2012 EXP. DATE 11/16/13 approved for Tax ID 04-370406

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other



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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. HO-95-2433

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Joel Isaacs Pkg. Svc Telephone #: 410 442-5780  
Address: 643 E. Watersville Rd. C 410 365-1279  
Mt. Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Joel Isaacs, Sr. License# 4524

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Jason Pett Telephone #: 410 730-3939  
Subdivision: Quartz Hill Lot #: — Well Tag #: HO-95-24362  
Site Address: 1000 Rt 97  
Chatham, MD 21738

**Submersible Pump Data**

Make: Grunfos  
Model #: V2W  
Pump Capacity 10 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Campbell  
Model#: 1"  
Depth: 40" (36" min)  
NSF/WSC 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: 205 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Piping to house**

Type: 1 1/4 Poly  
PSI: 160 (160 psi min)  
Depth of supply line: 40" (36" min)

**House Connection**

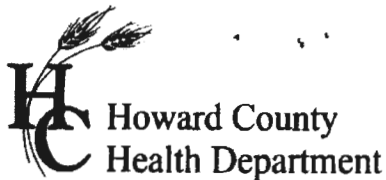
PVC sleeve to undisturbed soil at wall penetration:   
Length of sleeve (5' minimum from foundation): 5'  
Sleeve sealed properly:

**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 12-16-13

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 12/16/13 Date Insp. Approved: \_\_\_\_\_ Inspector: RR  
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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



7178 Columbia Gateway Dr., Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Bielson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Quartz Hill</u>	<u>Par. 33</u>	<u>986 Route 97</u>
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

The well site has been staked by Fisher, Collins, and Carter, Inc. ,  
(professional land surveyor or company employing professional land surveyors)  
on 02/01/12 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
4/2/13	<p>The well drilled at 1000 Route 97, Tax I.D. #04-370406, is the same with this tag # (HO-95-2432). Jeff Williams advised that correction of the tag (re: permit) number in association with the property address and ID# would be done after receiving the Well Completion Report.</p> <p>Robert Baker</p>
5/6	<p>After checking the GPS locations of the well tags from the time of well completion, Well Tag HO-95-2433 is and should be located on <del>1000</del> Route 97 (AG). I have put appropriate documents in the correct files.</p>



# HOWARD COUNTY HEALTH DEPARTMENT

38114

DATE  
10/31/2012

OS

Received From Horizon Health Care Inc. PHONE # 413-535-1040

P.O. Box 212 - Pikesville MD 21765

For Well Permit Application - 1000 Byte IT

CASH  
 CHECK  
NO.  
6410

One hundred sixty 7 Dollars

\$ 160.00

Received By [Signature]