

C1 9531
 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **A 56480 A**

ST/CO USE ONLY DATE Received: **02997**
 DATE WELL COMPLETED: **082877**
 Depth of Well: **400** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **H0-94-1246**

OWNER: **Nuss, Fred**
 STREET OR RFD: **Cabin Run** TOWN: **Florence**
 SUBDIVISION: **Florence Farms** SECTION: _____ LOT: **Pres. Pct. "A"**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	55	✓
Brown SLAK	55	60	
Blue Slate	60	75	✓
Brown SLAK	75	80	
Blue SLAK	80	260	✓
Brown SLAK	260	265	
Blue SLAK	265	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **18** NO. OF POUNDS: **2700**
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch): **6**
 Total depth of main casing (nearest foot): **68**

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

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER:
A 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.

TYPE: **MWD/MSD/MGD**
 DRILLERS LIC. NO. **116**
Paul Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MSO 117**
Paul E. Mayne

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

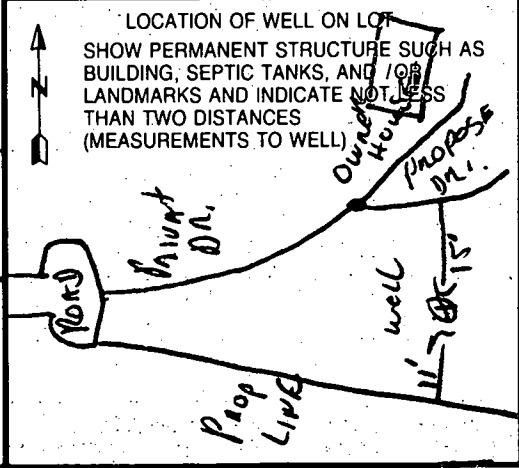
C2
 DEPTH (nearest ft.)
H0 **66** **400**
 A C H S C R E E N
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min.) **2**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: **43** ft.
 WHEN PUMPING: **200** ft.
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) **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)
+ above **-** below
 LAND SURFACE **24** (nearest foot)



B 1	8714	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1246 <small>70 fill in this form completely 78</small>
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Date Received (APA) **080197**

OWNER INFORMATION

NYSS FREY BARBARA
Last Name Owner First Name

3132 CABIN RUN
Street or RFD

WOODBINE MD. 21297
Town State Zip

LOCATION OF WELL

HOWARD
COUNTY

FLORENCE FARMS
SUBDIVISION

SECTION **44** LOT **48** PRE SERVED PARCEL A

FLORENCE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION

Ralph Mayne
Driller's Name

Ralph Mayne Well Drilling
Firm Name

9120 Brown Church Rd Mt Airy
Address

Slack Mayne **8/1/97**
Signature Date

CIRCLE: MSD/MGD/MWD
License No. **714**

CABIN RUN
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH

DISTANCE FROM ROAD **200**
ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL: _____

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. **A56480A**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____ INSERT S _____

080597 AM Miller **8/5/98**
CO SIGNATURE EXP. DATE

NORTH GRID **532000** EAST GRID **0766000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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)

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 DEEPEM 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 _____

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1246**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

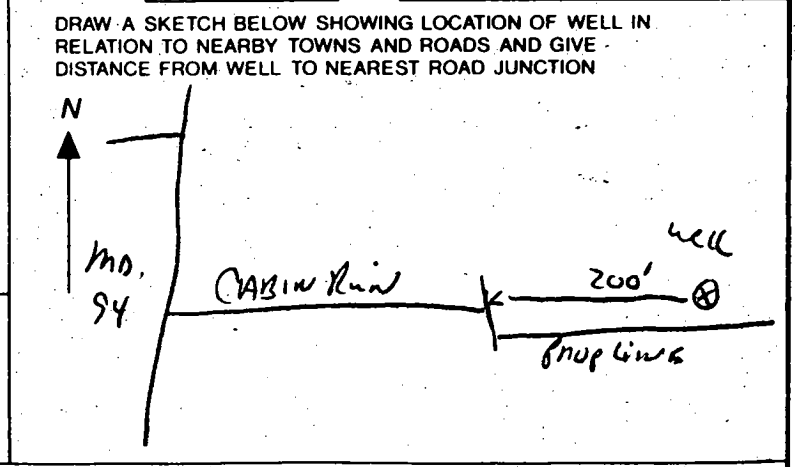
SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

7666
5322

8-28-97
Circuit 9:30
location OK
 casing 68'
open 50'
18 hole grout
wells 10ft off corner marker
at end of across right of way



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1246
 Location of property (road) Cabin Run
 Subdivision Cabin Run Lot PPA Block Plat Sec.
 Well Driller Ralph Mayne Owner Nuss, Fred

Depth of well 400
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 43 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 12 GPM
 Total time 30 min to reach pumping water level 200 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	200 ft	30 Sec		2 GPM
9:30	200 ft	30 Sec		2 GPM
9:45	200 ft	30 Sec		2 GPM
10:00	200 "	30 "		2 "
10:15	200 "	30 "		2 "
10:30	200 "	30 "	68" casing	2 "
10:45	200 ft	30 Sec	50" open	2 GPM
11:00	200 ft	30 Sec	18 BAGS	2 GPM
11:15	200 ft	30 Sec		2 GPM
11:30	200 "	30 "		2 "
11:45	200 "	30 "		2 "
12:00	200 "	30 "		2 "
12:15	200 ft	30 Sec		2 GPM
12:30	200 ft	30 Sec		2 GPM
12:45	200 ft	30 Sec		2 GPM
1:00	200 "	30 "		2 "
1:15	200 "	30 "		2 "
1:30	200 "	30 "		2 "
1:45	200 ft	30 Sec		2 GPM
2:00	200 ft	30 Sec		2 GPM
2:15	200 ft	30 Sec		2 GPM
2:30	200 "	30 "		2 "
2:45	200 "	30 "		2 "
3:00	200 ft	30 Sec		2 GPM
HD-224 3:15	200 ft	30 Sec		2 GPM

6/6/01
11-12

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: Wm. H. Smith Jr Telephone #: 410-879-7641
Address: P.O. BOX 370
FOREST HILL MD 21050

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Wm. H. Smith Jr License# PI 58
*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: JAMES REEVE Telephone #: 410-492-7446
Subdivision: Nuss Property Lot #: PA Well Tag #: HO-94-1246
Site Address: 312B Cabin Run

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JTA-RIFE</u>	Make: <u>CARDEN</u>	Two piece watertight cap: _____
Model #: <u>5P4E03JL-02</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <u>X</u>
Pump Capacity <u>5 gal</u> GPM	Depth: <u>4.8"</u> (36" min)	Cap secured to casing: <u>blue</u>
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: <u>X</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>X</u>

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>480</u>	PVC sleeved to undisturbed soil at wall penetration: <u>40 ft</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>40 ft</u>
Depth of supply line <u>48</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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.

William H. Smith Jr 6-6-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 6/6/01 Date Insp. Approved: 6/6/01 (MR)
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 ✓

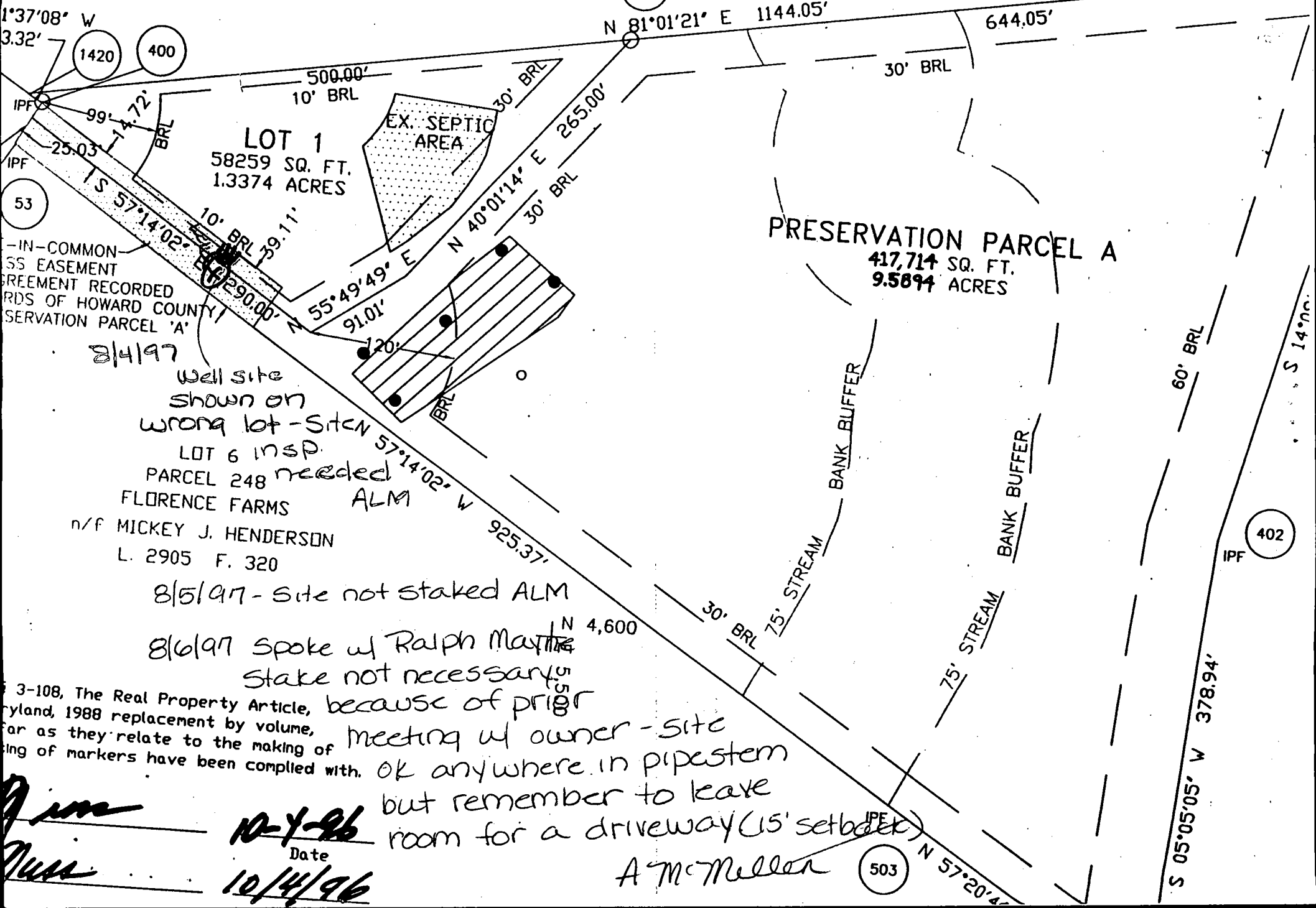
9/21/01
Need Well
Barrier-
Informed
Builder (Pat Hagen)

SLEEVE INSTALLED UNDER DRIVE @ HOUSE
2ND SLEEVE TO BE ADDED FROM WELL TO 140' DOWNHILL
OK TO COVER W/O INSP (MR)

Copy of application
F-97-05
10/10/96

5.200

440



-IN-COMMON
SS EASEMENT
REEMENT RECORDED
RDS OF HOWARD COUNTY
SERVATION PARCEL 'A'

8/4/97
Well site
shown on
wrong lot - site
LOT 6 in sp.
PARCEL 248 needed
FLORENCE FARMS ALM
n/f MICKEY J. HENDERSON
L. 2905 F. 320
8/5/97 - site not staked ALM

8/6/97 Spoke w/ Ralph Max
Stake not necessary
meeting w/ owner - site
OK anywhere in pipestem
but remember to leave
room for a driveway (15' setback)

3-108, The Real Property Article,
Maryland, 1988 replacement by volume,
far as they relate to the making of
ing of markers have been complied with.

[Signature]
Date
10-4-96
10/4/96

A McMullen

503

402

1420 400

53

IPF

IPF