

C1 0191

SEQUENCE NO. (MDE 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 A50572T

SY/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

061897

160

40-94-1194

OWNER CAV HILL PROPERTIES, L.L.C. STREET OR RFD Carriage Mill Drive TOWN COCKSVILLE SUBDIVISION CARriage MILL SECTION LOT 13

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 entries for top soil, brown shale, sand stone, mica, sand stone, mica, sand stone, mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD (Steel, Brass, Plastic, Open Hole, Other) screen type or open hole

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 40

DRILLERS SIGNATURE George F. Esterday

LIC. NO. 501

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

DEPTH (nearest ft.) grid

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN

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

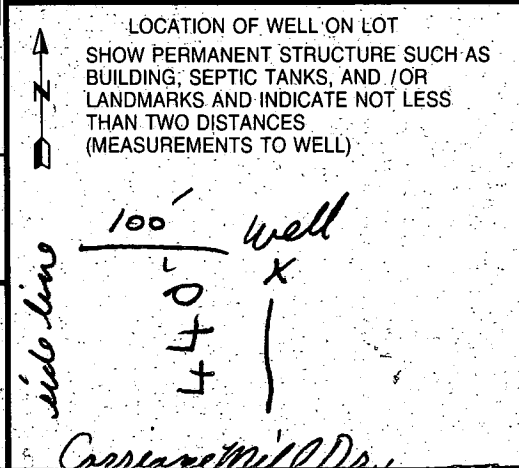
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest-hour) 3 PUMPING RATE (gal. per min.) 15.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 70 ft. TYPE OF PUMP USED (for test) air, piston, turbine, centrifugal, rotary, jet, submersible

PUMP INSTALLED

DRILLER WILL INSTALL 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B E 9387

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1194
fill in this form completely

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

Date Received (APA) **6/3/97** **RN. 7111**

OWNER INFORMATION

8 MM DD YY 13
Oak Hill Properties

15 Last Name Owner First Name 34
107 Loudoun St., N E

36 Street or RFD 55
Leesburg, Va. 20175-3106

57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL **CC#**

8 COUNTY 21
Carriage Mill Farms

23 SUBDIVISION 42
13

SECTION 44 46 LOT 48 50
Cooksville

52 NEAREST TOWN 71
174

MILES FROM TOWN (enter 0 if in town) **0** M I J
73 76 77 78

DRILLER INFORMATION
George F. Easterday

M W D **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 **6/2/97**

Signature Date

B 4

1. 2. DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)

11 NEAR WHAT ROAD 30
Carriage Mill Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

230 440

34 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **AS0572T**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **6-9-97** **Kimberly Maisto** **6-9-98**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **544 000** EAST GRID **793 000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** 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

39 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) 41 _____ 52

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

APPROP. PERMIT NUMBER 54 G A P 63

WRITE INITIALS IN BOX FORCE **KM** PERMIT No. **HO-94-1194**

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

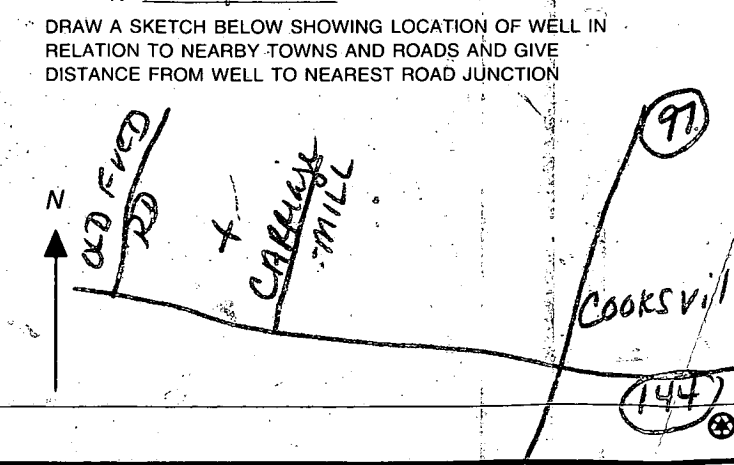
- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **793**

N **544**

6/18/97 Groat
groat ok
location ok
14 bags Portland Type #1
X (PND)
6/20/97
000 PUMP SAMPLE
000 WATER CLEAR



To: Kim M
410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3625-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date 10-12-98

Name of Installer Darren Wilson (Easterday Well & Pump) Telephone _____

License Number J50065
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner Oak Hill Prop Telephone 703-413-0100
Subdivision Carriage Mill Farm Lot # 13 Well Tag # HO-94-1194
Site Address 14785 Carriage Mill Ln

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Grundfos
- 3. Model # 7650222
- 4. Capacity 7 GPM
- 5. Pump exceeds well capacity Yes _____ No
- 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 _____

Motor

- 1. Horsepower 1/2
- 2. RPM 3450
- 3. Voltage
 - a. 110 _____
 - b. 220

Fitless Adapter

- 1. Make Martinson
- 2. Model # B-102
- 3. Depth 3 1/2

Tank

- 1. Capacity 30
- 2. Pressure relief valve? yes

Piping

- 1. Type PE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 3 1/2

Well data

- 1. Depth 160 ft.
- 2. Yield 15 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? yes

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: Darren Wilson (Signature)

Date: 10-12-98

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

