

C1 07505

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A43347

ST/CO USE ONLY DATE Received MM 4 12 00

DATE WELL COMPLETED MM 2 11 00

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2471

OWNER Oak Hill Properties last name Carriage Hill Dr first name TOWN Looksville SUBDIVISION CARRIAGE HILL FARMS SECTION LOT 56

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, red shaley clay, brown shale, sand stone, mica, quartz, mica, quartz mica, mica.

GROUTING RECORD yes no

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 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 54 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

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

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.)

Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22. Values: 40, 78, 200.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

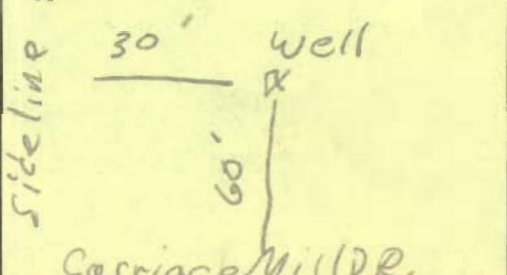
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 40 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO 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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no 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.

DRILLERS LIC. NO. 1 M D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D 501

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



B 1 14792

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

HO-94-2471

fill in this form completely

Date Received (APA)

10 13 99

OWNER INFORMATION RN 8069

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

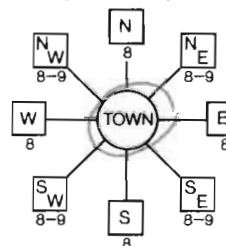
LOCATION OF WELL

B 3 Howard
8 COUNTY 21
Carriage Mill Farms
23 SUBDIVISION 42
SECTION 44 46 LOT 56 48 50
Cooksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 0 M I I
73 76 77 78

DRILLER INFORMATION

George F. Easterday MW D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airv. Md. 21771
Address
George F. Easterday 10/11/1999
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Carriage Mill Dr
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 60 37
DISTANCE FROM ROAD Ft. 38 39
ENTER FT OR MI
TAX MAP: BLK: PARCEL

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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 Co A43347
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/18/99 A McMillen 10/18/00
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 540 000 EAST GRID 790 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

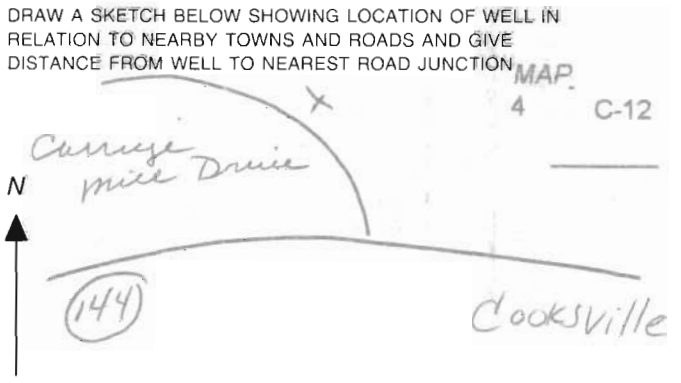
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER 54 G A P 63
PERMIT No. HO-94-2471
70 71 72 73 74 75 76 77 78 79

- SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 790
N 540



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

8:28  
A.M.

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: EASTERDAY WELL & PUMP Telephone #: \_\_\_\_\_  
Address: 9265 BROWN CHURCH RD  
MT AIRY, MD 21771  
301-831-6170

(Must circle one) Licensed Plumber \_\_\_\_\_ Licensed Well Driller  Licensed Well Pump Installer \_\_\_\_\_  
License # and name of individual responsible for the field installation:  
Name (Print): Darren Wilson License# JSD 065

\*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: OAK Hill Prop Telephone #: \_\_\_\_\_  
Subdivision: Carriage Mill Farm Lot #: 50 Well Tag #: HO-94-2471  
Site Address: Carriage Mill Dr.

Submersible Pump Data  
Make: Crawls  
Model #: 7650542  
Pump Capacity 7 GPM  
Well Yield: 30 GPM  
Depth of well encountered at time of pump installation: 20 (feet)  
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 no

Pitless Adapter  
Make: Morrison  
Model #: BLIX  
Depth: 3 1/2 (36" min)  
NSF approved: Yes

Well Cap and Electric Conduit  
Two piece watertight cap: Yes  
Screened, vented well cap: Yes  
Cap secured to casing: Yes  
Conduit min 18" B.G.: Yes  
Conduit secured to well cap: Yes

Piping to house  
Type: V.E  
PSI: 200 (160 psi min)  
Depth of supply line: 3 1/2 (36" min)

House Connection  
PVC sleeved to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve: 5'  
Sleeve caulked and sealed properly: Yes

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.

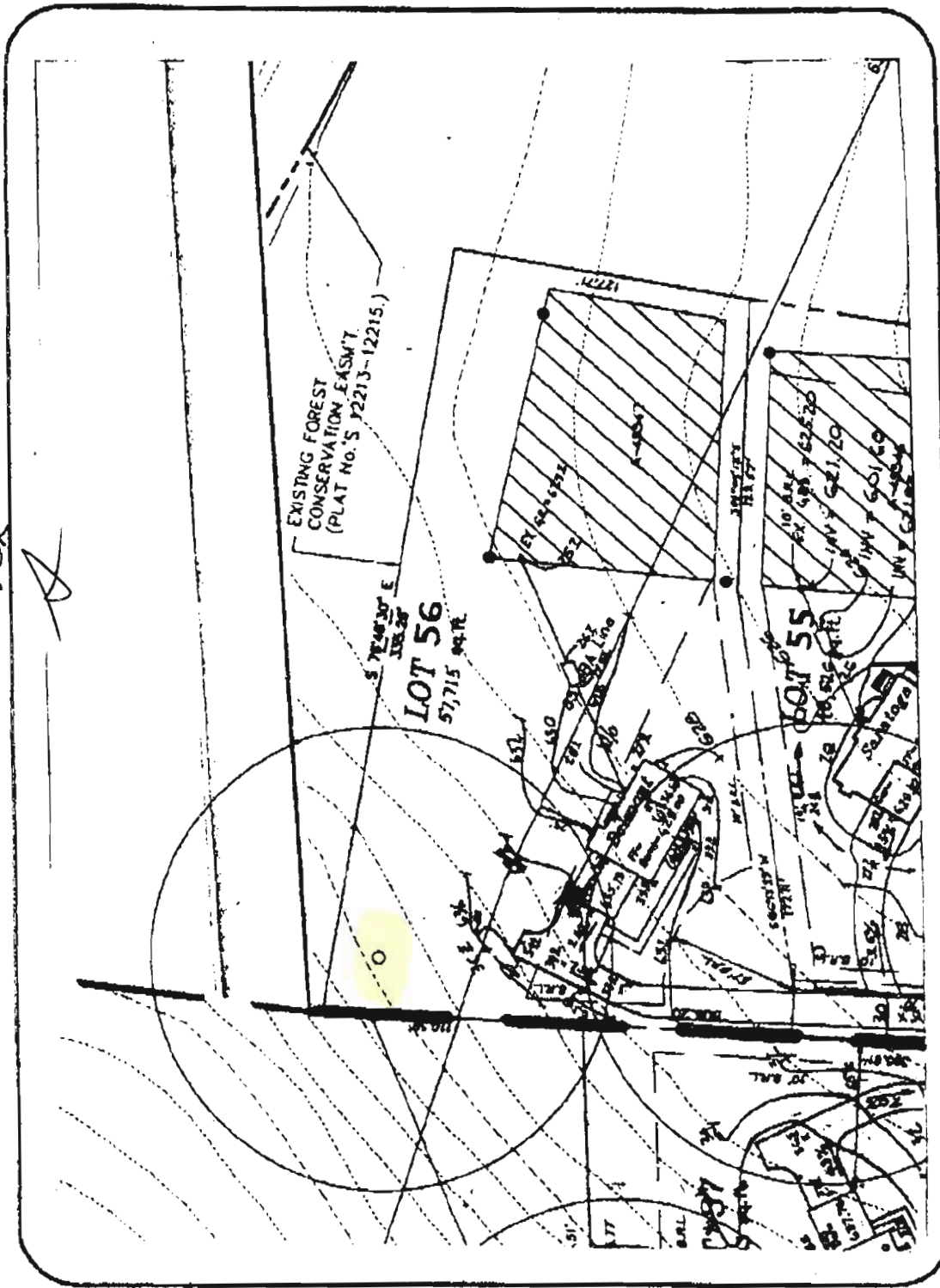
Signature of company representative responsible for installation: \_\_\_\_\_ date: 8/29/00


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

Date Insp. Requested: 8/28/00 Date Insp. Approved: 8/28/00  
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

8/28/00  
WPI  
O.K. BB

10/18/99  
Well site staked  
by surveyor



<b>LOT 56</b>		<b>R.M. MOCHI GROUP, P.C.</b> 
<b>CARRIAGE MILL FARMS - PHASE II</b> <b>WELL PERMIT</b>		
DATE: 10/1/99	PROJECT NO: 95005.22	P.O. Box 10 New Market, MD 21774-0010
DRAWN BY: JMZ	SCALE: 1" = 50'	10120 A Old National Pike Hagerstown, MD 21734-9706
	SHEET 1 OF 1	(301) 868-5858 Fax: (301) 868-5111