

C1 2049 SEQUENCE NO. (OEP 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. 2-8 ON ALL CARDS)

COUNTY NUMBER A 38537

DATE RECEIVED DATE WELL COMPLETED 17 27 87 DEPTH OF WELL 345 (TO NEAREST FOOT) PERMIT NO. WC-81-2417

OWNER ASSOCIATES WHITMAN REQUARDT STREET OR RFD CASTLEFIELD STREET TOWN ELLICOTT CITY SUBDIVISION BURLEIGH MANOR SECTION 2 LOT 2A 708

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY MICH. SAND, 0-54, 54-345.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 110, NO. OF POUNDS 140, GALLONS OF WATER 60, DEPTH OF GROUT SEAL 45.

CASING RECORD: casing types insert appropriate code below (S, T, C, O, P, L, O, T), MAIN CASING TYPE (S, T), Nominal diameter (6), Total depth (60).

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

SCREEN RECORD: screen type or open hole insert appropriate code below (S, T, B, R, H, O, P, L, O, T).

DEPTH (nearest ft.) table with handwritten entries: H, O, 57, 345.

A CIRCLE APPROPRIATE LETTER 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 237 DRILLERS SIGNATURE [Signature]

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 59, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 26, WHEN PUMPING 35, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below) LAND SURFACE 3 (nearest foot).

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). Includes a diagram of a lot with a well location.

B 1 9374 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
H0-81-2427
fill in this form completely

Date Received: 12.10.87

OWNER INFORMATION
W H I T M A N + R E G U A R D T A S S .
22 A S C A I N T P A U L S T .
B A L T I M O R E M D 2119

DRILLER INFORMATION
Driller's Name: *Joseph E. Wagner* License No. 80: 238
Firm Name: *Joseph E. Wagner Well Drilling*
Address: *5512 Ridge Rd. Mt. Airy, Md. 21771*
Signature: *Joseph E. Wagner* Date: *10/29/87*

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)

APPROXIMATE DEPTH OF WELL: 240 FEET

APPROXIMATE DIAMETER OF WELL: 6 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

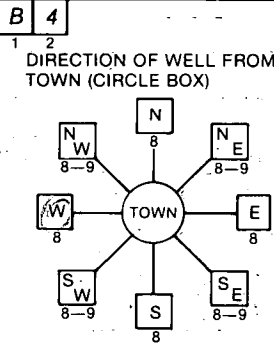
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP

FORCE INITIALS IN BOX: *BA* PERMIT NO.: H0-81-2417

SPECIAL CONDITIONS

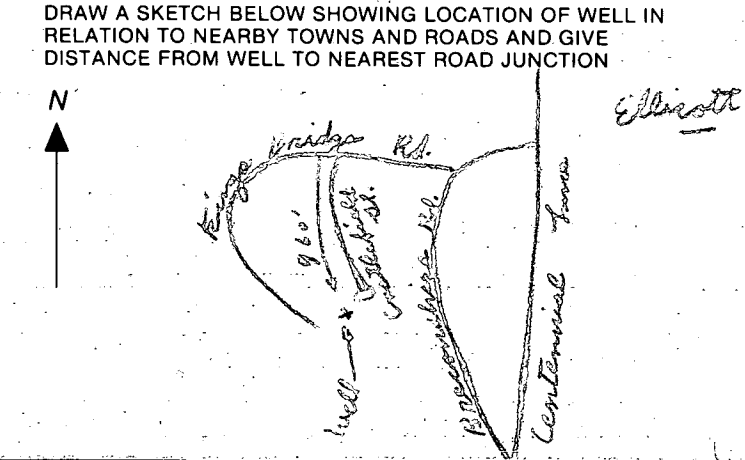
LOCATION OF WELL
HOWARD COUNTY
PULPICH MANOR SUBDIVISION
SECTION 2 LOT 708
ELLICOTT CITY
MILES FROM TOWN: 3 1/2 MI



Costfield Street
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD: 50 FT
ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: *HOWARD* COUNTY NO.: *A 38537*
OEP SIGNATURE: *R. Nihon* STATE HEALTH INSERT S
DATE ISSUED: *11/13/87* EXP. DATE: *05/13/88*
NORTH GRID: *521000* EAST GRID: *0836000*

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
11/29/87
60' casing
45' open
10.675
LOCATION OK



NEEDED FOR PRELIMINARY PLAT APPROVAL

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # 46444
Date 10/01/90
Name of Installer KELLER MAY P/bq Telephone 301 949-3525
License Number 2306
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Drs Khatibi & Hubbard Telephone _____
Subdivision Burleigh Manor Lot # 708 Well Tag # HD - 88 - 2417
Site Address 10320 Castlefield St

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1 1. Make MARTINSON
a. Deep well jet _____ 2. RPM 3450 2. Model # B 10 K
b. Shallow well jet 3. Voltage _____ 3. Depth 3'
c. Submersible
2. Make Red jacket a. 110 _____
3. Model # 100 CNW1CN 20 AD b. 220
4. Capacity 5 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 _____

Tank Piping Well data
1. Capacity 84.9 gal 1. Type QEST 160 polybut 1. Depth 345 ft.
2. Pressure relief valve? RV-50 2. Size 1' 2. Yield 5 1/2 GPM
3. NSF and/or BOCA Code approved YES 3. Static water level 26 ft.
4. Depth of supply line 3' 4. Will water supply be disinfected by installer? NO

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: [Signature]
Date: 9-25-90

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

9/17/90

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer KELLER-MAY

Telephone 301-949-3525

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

Name of Property Owner DR. KHADIBI & HUBBARD Telephone _____

Subdivision BURLEIGH MANOR Lot # 29708 Well Tag # HU - 81 - 2417

Site Address 10320 CASTLEFIELD ST 438537

- | | | |
|---|---------------------|------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible _____ | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ 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 _____ | | |

- | | | |
|---------------------------------|--|---|
| Tank | Piping | Well data |
| 1. Capacity _____ | 1. Type _____ | 1. Depth <u>345</u> ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield <u>3 1/2</u> GPM |
| <u>P.A. OK 3' B.G. MR</u> | 3. NSF and/or BOCA Code approved _____ | 3. Static water level <u>26</u> ft. |
| | 4. Depth of supply line _____ | 4. Will water supply be disinfected by installer? _____ |

8" A.G. requirement not met

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).

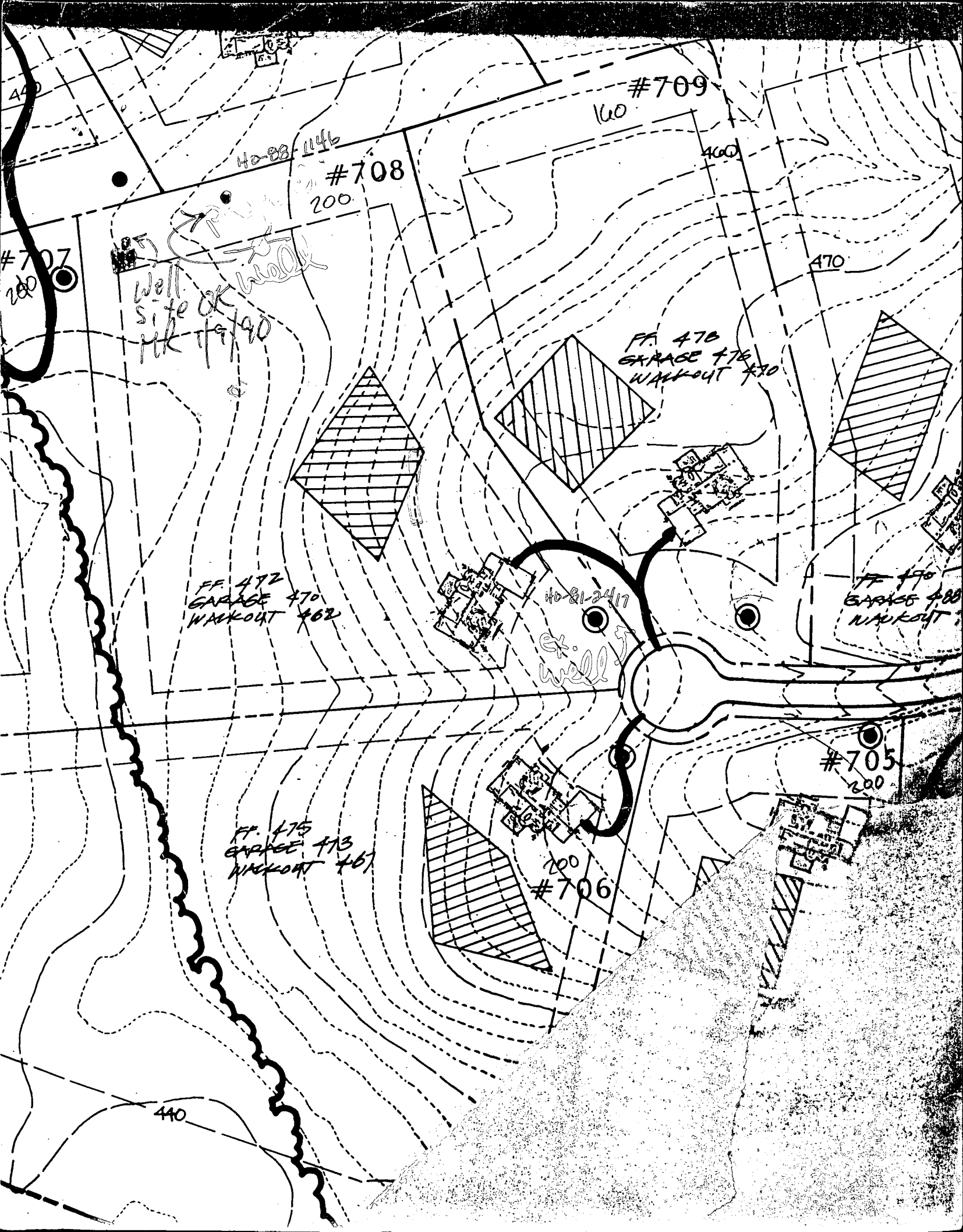
All information given above is true to the best of my knowledge.

10/19/90 1' ADDL. CASING MR NOT INSTALLED

Signature of Applicant: _____

Date: _____

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



#709

#708

#707

470

FF. 476
GARAGE 476
WAREHOUSE 470

Well site OK
1/9/90

FF. 472
GARAGE 470
WAREHOUSE 462

40-81-2417

FF. 490
GARAGE 488
WAREHOUSE

ext. well

#705

FF. 475
GARAGE 413
WAREHOUSE 461

#706

440