

C1 2026 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. 3-6 ON ALL CARDS)

COUNTY NUMBER A-39247

DATE Received

DATE WELL COMPLETED 120289

Depth of Well 385 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-2422

OWNER RAO GROUP, INC. last name CLIFTON OAKS DR. first name TOWN CCHALKSVILLE SUBDIVISION WESTSIDE SECTION LOT 12

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND and GRAY MICA Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 11, NO. OF POUNDS 1034, GALLONS OF WATER 66, DEPTH OF GROUT SEAL from 1 ft. to 45 ft.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE ST, Nominal diameter 6, Total depth of main casing 57.

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

SCREEN RECORD: screen type or open hole insert appropriate code below, SCREEN TYPE ST, BR, HO, PL, OT.

DEPTH (nearest ft.) table with rows for casing and screen depths.

- 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 10.17.13 "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 IDENT. NO. 238, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

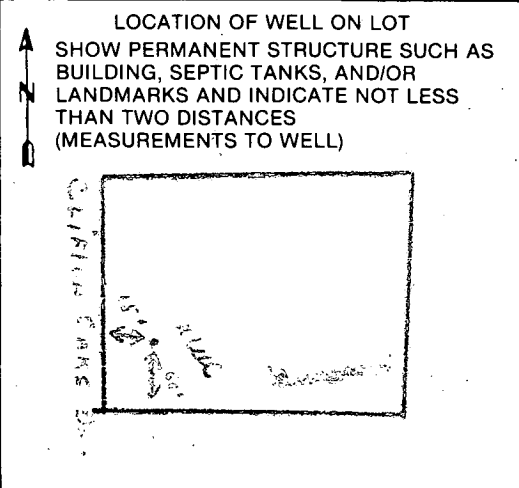
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK, 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 (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 45, WHEN PUMPING 70, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 (nearest foot)



B 1 9315 SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
(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
HO-81-2422
70 fill in this form completely 79

Date Received: 10/19/87
OWNER INFORMATION
KHO GROUP INC
15 Last Name 21 Owner 27 First Name 34
1570 Route 32
36 Street or RFD 55
CLARKSVILLE MD 21029
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2
HOWARD
8 COUNTY 21
Westside
23 SUBDIVISION 42
SECTION 44 46 LOT 12 48 50
CLARKSVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne 238
Driller's Name 77 License No. 80
Joseph L. Mayne WELL DRILLING
5512 Ridge Rd. Wt. Aring, Md. 21771
Address
Joseph L. Mayne 10/8/87
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH N
WEST W
EAST E
SOUTH S
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Clifton Oaks Drive
11 NEAR WHAT ROAD 30
NORTH N
WEST W
EAST E
SOUTH S
34 15 37
DISTANCE FROM ROAD
ENTER FT OR MI FT
38 39

B 2 WELL INFORMATION
1 2
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)
 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 A-34247
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED
11/17/87
43 48 CO SIGNATURE 05-11-88
55 EXP. DATE
NORTH GRID 502000 EAST GRID 0812000
50 55 57 63

APPROXIMATE DEPTH OF WELL 280 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

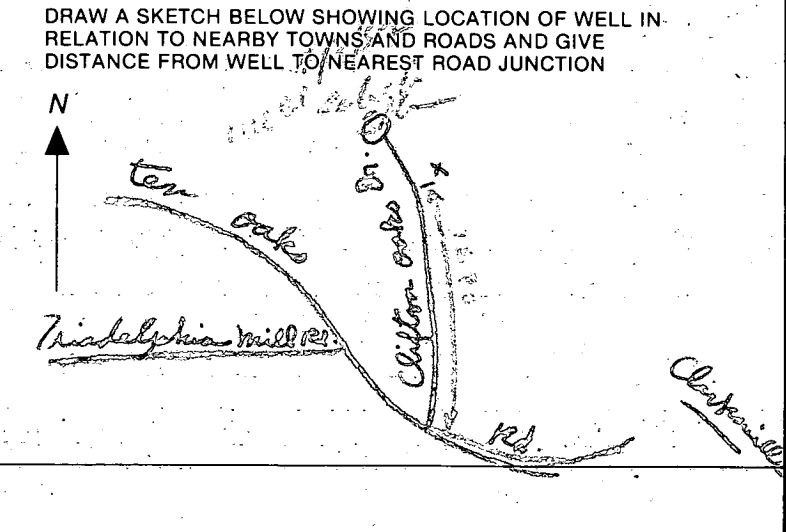
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROtary DRIVE-POINT
other

REPLACEMENT OR 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
39 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) 41 52

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
54 63
FORCE SA WRITE INITIALS IN BOX PERMIT No. HO-81-2422
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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
E 8122
N 5042
000 000



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X
Replacement _____

Receipt # 45068
Date 10/12/99

Name of Installer ADM Plumbing

Telephone 875-2395

License number 3426

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner RHO Ceramics Telephone 301-554-0809

Subdivision West Side Lot # 12 Well tag # HO-8-2422

Site Address 5430 Clinton Oaks Dr.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
- 2. Make Myers
- 3. Model # 3952-394R
- 4. Capacity 4 GPM
- 5. Pump exceeds well capacity Yes _____ No X
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Motor

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

Pitless Adapter

- 1. Make Martinson
- 2. Model # BP-10X
- 3. Depth 47"

Tank

- 1. Capacity 42
- 2. Pressure relief valve? Yes

Piping

- 1. Type Himal 100PSI
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 42"

Well data

- 1. Depth 385 ft.
- 2. Yield 5 GPM
- 3. Static water level 45 ft.
- 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: Frank A. Arrowood

Date: 10/10/99

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

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 _____

Telephone _____

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

Name of Property Owner RAO GROUP Telephone _____
 Subdivision WEST SIDE Lot # 12 Well Tag # HO - 81 - 2422
 Site Address CLIFTON OAKS DR A 39247

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>385'</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>5</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>45</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

MR 10/10/89 P.A. OK
@ 3' ± Below Final Grade

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: _____

9-30-89 Date: _____

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