

C1 6420

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 44 713

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED MM DD YY 2 24 05

Depth of Well 260' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-4117

OWNER Linthicum Oaks LLC STREET OR RFD Linthicum Rd TOWN Dayton SUBDIVISION Linthicum Oaks SECTION LOT Parc 52

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Micaceous Rock.

GROUTING RECORD form including fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with columns for diameter inch and depth (feet).

SCREEN RECORD form including fields for screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A ELECTION 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...

DRILLERS LIC. NO. 1 M SD 024 DRILLERS SIGNATURE LIC. NO. 1 D

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

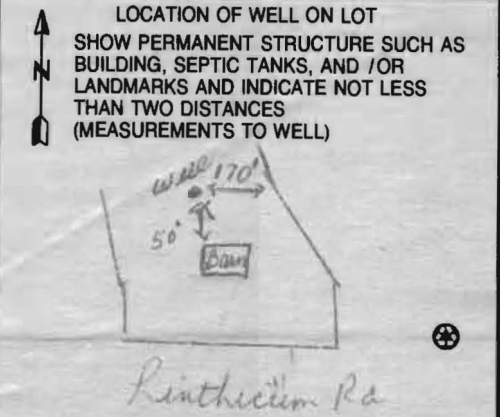
Table with columns for casing depth (feet) from 1 to 21, and slot size 1, 2, 3.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form including fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form including fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



B 1 8176

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 52195.7 please type

STATE PERMIT NUMBER HD-94-4117 fill in this form completely

Date Received (APA) 11/8/05

OWNER INFORMATION

15 Last Name Owner First Name 34 4231 Lenthicum Rd Street or RFD 55 Dayton Md 21036 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

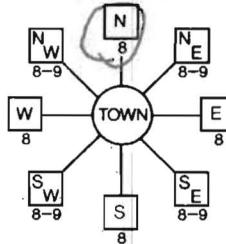
8 COUNTY Howard 23 SUBDIVISION Lenthicum Oaks Property SECTION 44 46 LOT Parcel 50 52 NEAREST TOWN Dayton MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne MS D024 License No. 76 Firm Name Joseph L Mayne Well Drilling Address 5512 Ridge Rd Mt. Airy Md 21771 Signature Joseph L Mayne Date 1-13-05

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Lenthicum Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH DISTANCE FROM ROAD 300 Ft ENTER FT OR MI 38 39 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name Howard County No. A44713 STATE SIGNATURE DATE ISSUED 2/10/05 CO SIGNATURE EXP. DATE 2/10/06 NORTH GRID 519 000 EAST GRID 801 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

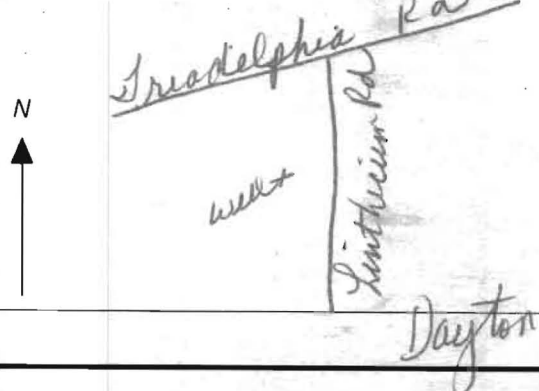
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 801 000 N 519 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER G

PERMIT No. 70 71 72 73 74 75 76 77 78 79

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**

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: REG WATER SYSTEMS INC Telephone #: 410-239-0700  
Address: 4322 ORAIS CHOICE DR  
MANCHESTER, MD. 21102

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): RICKEY L. ROOS, SR.      License# PI 0141

\*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: GRIFFIN HOME Telephone #: \_\_\_\_\_  
Subdivision: LINTICUM OAK Lot #: \_\_\_\_\_ Well Tag #: HO-410-94-4117  
Site Address: 4074 LINTICUM ROAD  
DAYTON

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>CRUICKS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model # <u>SSQE10</u>	Model #: <u>B10X</u>	Screened, vented well cap: _____
Pump Capacity: <u>15</u> GPM	Depth: <u>42</u> " (36" min)	Cap secured to casing: _____
Well Yield: <u>20</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>2 1/2</u> (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt: <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene 1 1/4"</u>	PVC sleeved to undisturbed soil at wall penetration: <u>UP THROUGH SLABS.</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>4'</u>
Depth of supply line: <u>42</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.

Signature of company representative responsible for installation: Rickey L. Roos, Sr.      date: 3/24/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/30/05

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 3" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

HD-215 (Rev. 8/00)

*Well hooked up to  
3 spigots and line run  
through wall of tenant house for  
future usage. (RB)*

GIB2

GIC3

GIB2

2/10/05 well sites staked  
by Van Mar

REPLACEMENT  
WELLS FOR  
EX. HOUSE

REPLACEMENT  
AREA FOR  
EX. HOUSE  
13,945 S.F.

BARN  
UNDER  
CONSTRUCTION

BARN  
UNDER  
CONSTRUCTION

EX. WELL  
EX. HSE  
EX. TENANT HOUSE

GnB2

GIC2

LOT 1  
4 Ac.

24' WIDE  
USE-IN-COMMON  
ACCESS  
EASEMENT FOR  
LOTS 1-5 & PRESERVATION PARCEL

GAS ELECTRIC LIGHT & POWER  
CO. OF BALTO. R/W

FUTURE RAIL LINE

APPROX. LOCATION  
EX. SEPTIC SYSTEM

S 19°02'52" W 1102.40'

20' ASPHALT PAVING

LINTHICUM

ROAD

LEWIS / H.  
ZARFOSS, ET UX  
LIBER 1718  
at FOLIO 424

SEIBERT SUBDIVISION  
LOT 1  
PLAT #7161

