

SEQUENCE NO. 2138 (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 37371

DATE Received

DATE WELL COMPLETED 030488

Depth of Well 22 245 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2525

OWNER NICHOLS JAMES last name first name STREET OR RFD JAMESWAY COURT TOWN CLARKSVILLE SUBDIVISION DUNFARMWOOD ESTATES SECTION LOT 1

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. Includes handwritten entries: SAND, GRAY mica rock, 0 57, 57 245.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 92 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST 6 62 Nominal diameter (nearest inch) Total depth (nearest foot)

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

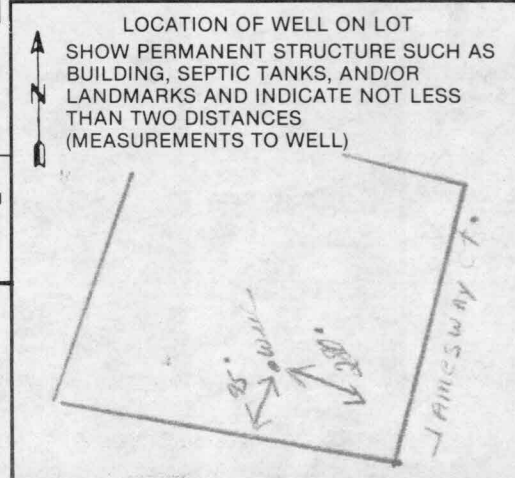
SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 1 40 61 245 2 23 24 26 30 32 36 3 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 73 METHOD USED TO MEASURE PUMPING RATE Buckets WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 110 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE 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) LAND SURFACE (nearest foot)



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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE Joseph L. Mays

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

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

B 1 **7255** 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

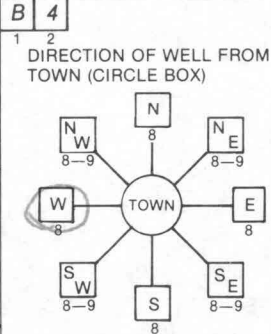
OEP PERMIT NUMBER
HO-81-2525
 fill in this form completely

Date Received
012698

OWNER INFORMATION
 Last Name: **NICHOLS** Owner First Name: **JAMES**
 Street or RFD: **13938 HIGHLAND ROAD**
 Town: **CHARKSVILLE** State: **MD** Zip: **21029**

B 3 **LOCATION OF WELL**
 COUNTY: **HOWARD**
 SUBDIVISION: **DOWN FARM IN W ESTATES**
 SECTION: **44** LOT: **1**
 NEAREST TOWN: **CHARKSVILLE**
 MILES FROM TOWN: **1 1/2** MI

DRILLER INFORMATION
 Driller's Name: **Joseph L. Mayne** License No. **238**
 Firm Name: **Joseph L. Mayne Well Drilling**
 Address: **3512 RIDGE RD. DH. AINY 21771**
 Signature: **Joseph L. Mayne** Date: **1/27/88**



NEAR WHAT ROAD
Jamney Ct.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD
275 FT
 ENTER FT or MI **FT**

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.): **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: **HOWARD** COUNTY NO. **A 37371**
 OEP SIGNATURE: **B. Mayne** STATE HEALTH INSERT S **08/02/88**
 DATE ISSUED: **020288**
 NORTH GRID: **505000** EAST GRID: **080700**

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: **320** 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 _____

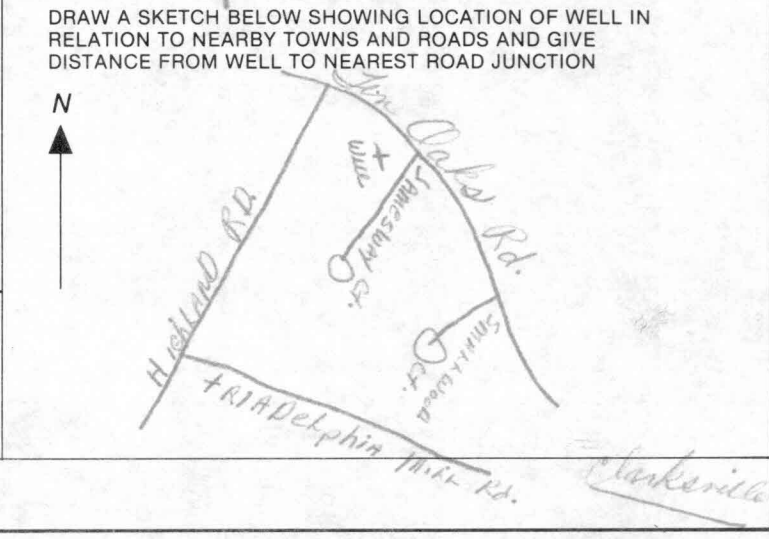
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1. **WELL**
 2. **OIL**
 3. **Other**

WRITE THE BOX NUMBER FROM THE MAP HERE

3/4/88
WELL
OIL
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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER: **G A P**
 FORCE: **GA** WRITE INITIALS IN BOX PERMIT No. **HO-81-2525**

SPECIAL CONDITIONS

1771

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: R.A. OFFER P & H Telephone #: 710-0333
Address: 1709 NEW HAMPTON LANE
WOODSTOCK MD. 21163

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): RICHARD A. OFFER License # 5725
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: GILBERT A. MORTON Phone #: _____
Subdivision: DUNFARMIN Lot #: 1 Well Tag #: HO-91-2525
Site Address: 5400 JAMES WAY CT

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: _____ Two piece watertight cap: YES
Model #: 954518B S.2 Model #: UNIVERSAL Screened, vented well cap: YES
Pump Capacity: 3 GPM Depth: 42 (36" min) Cap secured to casing: YES
Well Yield: 7 1/2 GPM NSF/WSC approved: _____ Conduit min 18" B.G.: YES 36"
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4
Torque arrestors: Cable guards or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing YES

Piping to house House Connection
Type: PLASTIC PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 42 (36" min) 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: [Signature] date: 5-18-2001

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

Date Insp Requested: 4/4/01 Date Insp. Approved: 5/17/01 Inspector: SRW
Inspection Data: Pitless adapter watertight & water supply line at least 30" below grade ✓
Two piece cap installed and attached to casing securely ✓ ← 2 piece cap ok
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/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 ✓

- ① 40 ft open, measured with a string
- ② 62 ft pipe
- ③ Location OK Per Plat
- ④ 9 BAGS SO FAR, HAD TO LEAVE,
JOHNNY MIXED UP 3 MORE BAGS
- ⑤ WELL OK

3/9/88
JH