

C1 0775 <small>1 2 3 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. <i>OK</i> COUNTY NUMBER <u>A514987</u> <i>7/23/01</i> PERMIT NO. <u>HO-94-3130</u>																																																																																																																																																							
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 7 13 01		Depth of Well 22 160 26 (TO NEAREST FOOT)																																																																																																																																																							
OWNER <u>Paruk</u> STREET OR RFD <u>Raybury Rd</u> TOWN <u>Glenn</u> SUBDIVISION <u>Map 21</u> SECTION <u>61</u> LOT <u>7</u>																																																																																																																																																											
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Sand</td> <td>0</td> <td>36</td> <td></td> </tr> <tr> <td>Gray Micaceous Rock</td> <td>36</td> <td>160</td> <td></td> </tr> </tbody> </table>			DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Sand	0	36		Gray Micaceous Rock	36	160		GROUTING RECORD <i>yes</i> <i>no</i> WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>13</u> NO. OF POUNDS <u>1222</u> GALLONS OF WATER <u>78</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>36</u> BOTTOM 58 ft. (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>40</u> 60 61 63 64 66 70 OTHER CASING (if used) diameter depth (feet) inch from to EACH CASING SCREEN RECORD screen type or open hole (insert appropriate code below) <table style="width:100%;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td></td> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table>			ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	ST STEEL	BR BRASS	HO OPEN HOLE		PL PLASTIC	OT OTHER																																																																																																																														
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WELL HYDROFRACTURED <i>yes</i> <i>no</i> 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. <u>MSD024</u> DRILLERS SIGNATURE <u>David L. Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>M D</u>																																																																																																																																																								
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 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																																																																																																																																								
			PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>15</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>48</u> ft. WHEN PUMPING <u>52</u> ft. 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) + above - below <u>2</u> (nearest foot) LAND SURFACE 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) 																																																																																																																																																								

STATE OF MARYLAND PERMIT TO DRILL WELL. Includes fields for Date Received (062001), Owner Information (PAVUK, Todd), Driller Information (Joseph L. Mayne), Well Information (5512 Ridge Rd), Use for Water (Domestic Potable Supply), and a sketch of the well location near Roxbury Rd and Howard Rd.

Review ON SRK
7/23/01

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3130
Location of property (road) Roxbury rd Map 21, P. 61
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller J Mayne Owner Todd Paruk

Depth of well 160'
Distance of measuring point (M.P.) above ground 1 1/2
Static water level (S.W.L.) below M.P. 48'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm
Total time 12 min to reach pumping water level 52 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

Well Permit No. HO - 94-3130
Location of property (road) Roxbury Rd. Map 21, P. 61
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller J Mayne Owner Pavuk

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

**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: WILLoughby Pump Telephone #: 410-549-2323
Address: 6203 PATRICK DR
SLICKESVILLE MD

(Must circle one) Licensed Plumber License # 2784 Licensed Well Driller License # 2784
Name (Print): Chris Willoughby Licensed Well Pump Installer License # 1A92
*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: JOHN PAWLIK Telephone #: 410-876-0889
Subdivision: Levick Property Lot #: HO 99-3130
Site Address: 1725 ROXBURY Rd

Submersible Pump Data
Make: JOHN DEER **Pitless Adapter** Make: HAIRVARD **Well Cap and Electric Conduit**
Model #: HAIRVARD Model #: HAIRVARD Two piece watertight cap: ☒
Pump Capacity: 15 GPM Screened, vented well cap: ☒
Well Yield: 15 GPM Depth: 48" (36" min) Cap secured to casing: ☒
Depth of well encountered at time of pump installation: 1100 (feet) Conduit min 18" B.G.: ☒
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque armors or Cable guards are required - Must circle one Conduit secured to well cap: ☒
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
Type: PRESTLINE
PSI: 7 (160 psi min)
Depth of supply line: 36" min

House Connection
PVC sleeved to undisturbed soil at wall penetration: ☒
Approximate length of sleeve: 6"
Sleeve caulked and sealed properly: ☒

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: Chris Willoughby Pres

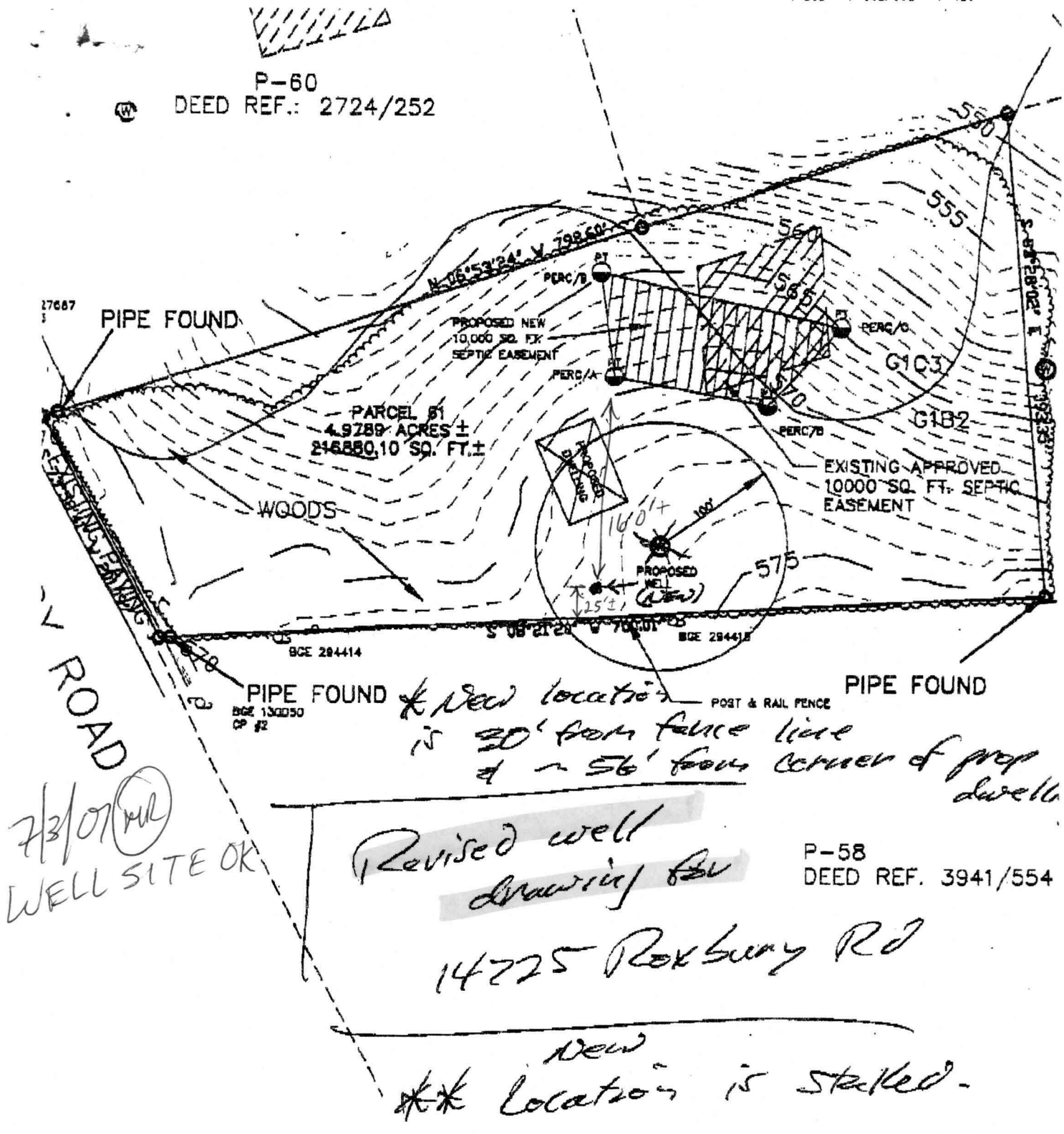
date: 7-11-02

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

Date Insp Requested: 4/2/02 Date Insp. Approved: 4/2/02 (MR) SRK
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 ground observed below pitless adapter

P-60

DEED REF.: 2724/252



7/3/07 (initials)
WELL SITE OK

Revised well drawing for

14725 Roxbury Rd

New location is staked.

P-58

DEED REF. 3941/554

APPROVED: FOR PRIVATE WATER AND SEWER S'
HOWARD COUNTY HEALTH DEPARTM

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