C 1  1326   SEQUENCE NO.	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN	
(DENV USE ONLY)	WELL COMPLETION REPORT	45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	NUMBER A SOSGOC	
ST/CO USE ONLY DATE Received DATE WELL COMPLETE	Donath of Moll	PERMIT NO.	
050297 040997	Depth of Well	FROM "PERMIT TO DRILL WELL"	
8 13 15 20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
OWNER SOC			
OTTIEL OTTING		Vest Friendship mD.	
	ROPERTY SECTION_	LOT	
WELL LOG  Not required for driven wells	WELL HAS BEEN GROUTED (VS)	C 3	
STATE THE KIND OF FORMATIONS	(Circle Appropriate Box)	1 2 PUMPING TEST	
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL  CEMENT C M BENTONITE CLAY B C	HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	45 46 0 45 46	PUMPING RATE (gal. per min.	
additional sheets if needed) FROM TO bearing	NO. OF BAGS 300 NO. OF POUNDS 3008	to nearest gal.)	
Sand 0 79	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE LOUCKET	
San a 0 19	from 0 ft. to 7.5 ft.	WATER LEVEL (distance from land surface)	
po out	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 50	
GRAYMICA 79 345 V	casing CASING RECORD	17 20 7 3 7 1	
ROCK	types insert ST CO	WHEN PUMPING 22 25	
NOCK	(appropriate code STEEL CONCRETE	TYPE OF PUMP USED (for test)	
	below PLASTIC OTHER	A air P piston T turbine	
	MAIN Nominal diameter Total depth	other	
	CASING top (main) casing of main casing	C centrifugal R rotary (describe below)	
	TYPE (nearest inch) (nearest foot)	J jet Submersible	
	60 61 63 64 66 70	27 27	
1. 10 1111	OTHER CASING (if used)		
arywell 440	diameter depth (feet) inch from to	PUMP INSTALLED	
Selledin with commont + drilling materials	C A S	DRILLER WILL INSTALL PUMP YES NO	
Selledin with cement	i i	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION	
& dillia materals	I N G	MUST BE COMPLETED FOR ALL WELLS	
+ oucung ma	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED	
	/ insert   ST BR HO	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  29	
	(appropriate code steel brass open bronze hole	CAPACITY:	
	below / PL OT	GALLONS PER MINUTE (to nearest gallon)	
	PLASTIC OTHER	PUMP HORSE POWER 37 41	
IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY	1 2	PUMP COLUMN LENGTH (nearest ft.)	
WHERE SATURATED FRACTURES WERE OBSERVED.	DEPTH (nearest ft.)	CASING HEIGHT (circle appropriate box	
yes no	A 8 9 11 15 17 21	and enter casing height)	
WELL HYDROFRACTURED Y	H 2	LAND SURFACE	
CIRCLE APPROPRIATE LETTER	S 23 24 26 30 32 36	below below (nearest foot)	
A A WELL WAS ABANDONED AND SEALED	R 3	LOCATION OF WELL ON LOT	
WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 47 51	A SHOW PERMANENT STRUCTURE SUCH AS	
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 123(NEADEST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS	
P WELL	OF SCREEN (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"	from to	W (MEXICO TO WELL)	
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	GRAVEL PACK L	1 set 1 a	
MY KNOWLEDGE.	FLOWING WELL INSERT	See Utlacked	
DRILLERS IDENT. NO. 024	F IN BOX 68 68 MDE USE ONLY	. , , ,	
Joseph & mayne	(NOT TO BE FILLED IN BY DRILLER)	See attached Well locations	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q		
( )	70 72 74 73 76		
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA		
responsible for sitework if different from permittee)	CASING INDICATOR		

B 1 7432 SEQUENCE NO. (MDE USE ONLY)	PERMIT TO	MARYLAND DRILL WELL	STATE PERMIT NUMBER  H0-94-7087
IN COLS. 3-6 ON ALL CARDS)	please pr	rint or type	70 fill in this form completely 79
Date Received (APA)  OWNER INFORMATION		B 3	LOCATION OF WELL
8 13 SOC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HOWARD 8 COUNTY	21
15 Last Name Owner First Name	34	S + 1 e B L e	R PROPERTY
36 Street or RFD	55	SECTION A4	LOT 3 1
57 Town 70 State 72	1041 Zip 76	West FR.i	48 50 PNDSHIA
DRILLER INFORMATION CIRCLE: MS	ISD/MGD/MWD	52 NEAREST TOWN MILES FROM TOWN (enter	er 0 if in town) / M I
	77 License No. 80	B 4	73 76 77 78
Firm Name 15512 Ridge Rd. mt. am n & 2)		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	St. JAMES RD.  11 NEAR WHAT ROAD 30
Address Smith Many M. 21	117/02		NORTH
	Date -	8-9 8-9 8-9	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX)
WELL INFORMATION  APPROX. PUMPING RATE (GAL. PER MIN.)		W TOWN E	34 3 6 0 37 SOUTH DISTANCE FROM ROAD
AVERAGE DAILY QUANTITY NEEDED 8	12	S <sub>W</sub> S <sub>E</sub>	ENTER FT OR MI H
14	20	8-9 S 8-9	TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BO.  D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT O		N N	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AGRICULTURA		Howard Co	o A50560 C
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL OTHER (REQUIRES APPROPRIATION PERMIT)	GOV.	COUNTY NAME  STATE SIGNATURE	COUNTY NO.
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	SPARTMENT	DATE ISSUED	1 mcm, 100m 2/21/98
APPROVAL)  T TEST, OBSERVATION, MONITORING (MAY REQUIRE		NORTH 52/2010	SIGNATURE EXP. DATE  O EAST   8   4   0   0   0
APPROPRIATION PERMIT)		50	55 GRID 0 7 4 0 0 0
APPROXIMATE DEPTH OF WELL 300 FEET		SHOW MAJOR FEATURES BOX & LOCATE WELL WITH AN X	9:30 Grout
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING V	
METHOD OF DRILLING (circle one)	INCH	2.	4/9/97
BORED (or Augered)  JETTED  Jett  30  AIR POTARY (And	tted & DRIVEN	3. WRITE THE BOX NUMBER	R Missed inst
AIR-PERcussion ROTARY (Hyden CABLE REVerse-ROTary	draulic Rotary) <u>DR</u> ive- <u>POINT</u>	FROM THE MAP HERE	(All)
other		E 80014	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		N 54036	6 000 000 000 000 000 000 000 000 000 0
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		RELATION TO NEARBY TO	V SHOWING LOCATION OF WELL IN OWNS AND ROADS AND GIVE O NEAREST ROAD JUNCTION
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE US A STANDBY-CONTACT LOCAL APPROVING AUTHORIT POLICY ON STANDBY WELLS		<i>N</i>	mp 991
D THIS WELL WILL DEEPEN AN EXISTING WELL		4 u	we si
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEN (IF AVAILABLE) 41	NED 52	2.00	the same of
Not to be filled in by driller (MDE OR COUNTY USE	ONLY)		划 割
APPROP. PERMIT NUMBER G A P	63		1 1 1
FORCE WRITE PERMIT No. 0 - 94 - 70 71 72 73 74 75 76	1087		
SPECIAL CONDITIONS  NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =		West FR	TENUSh rjo

Page	of
Date	4/9/97

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1087 Location of property (road) St. James	RO			
Subdivision Stiegher Prop. Well Driller Joseph L. Mayde	Lot 3 B		Plat	Sec.
Depth of well 345 Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.		2.		
I. High rate pumping reservoir drawdown				
Time pump started 7.00  Total time 30 min to reach pumping	Pumpin water level	231	ft. below h	1.P.

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	145'	3 sec.	NA	20 gpm
7:30	231	3		20
7:45	227	13		4.5
8:00	226	/3		4.5
8:15	225	13	T.	4.5
8:30	224	13		4.5
8:45	223	/3		4.5
9:00	223	12		5
9:15	223	12		5
9:30	222	12		5
9:45	222	12-		5
10:00	222	12		5
10:15	222	12		5
10:30	222	12		5
	Sife in partic			
		mettiness designation		

Prour - Hous enument in

5/8/01 Anytime

## 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 camply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.64.04 (MD Well Construction Regulations). Submission of a complete form is constructed prior to thee and Occupancy approval.

Company Nam Address	Sycamura A to	MILL KEIST	* (41) 549.60
License # and a Name (Print) & *A licensed in Supervision of subjected to fi	name of individual remo ************************************	the actual installation. App or master plumber, pump i	Licenses 52/ prentices must be under the direct postaller or well driller. Licenses may be
Name of Prope	tty Owner. William	TERROR FRANCE Teleph	mes: (40) 997-9800
POSTATION -	CINCEN ROKEC	Lot #:	2 Well Tag #: HO - 94 -1087
Site Address:	2062 ST. JAN	NES ROAD	The same of the sa
-	mARRIOTTEN	WE MD 3/104	
Submersible P	trumer Date		TT. 11 /8
Make: Jac		Pittess Adapter	Well Can and Electric Conduit.
		Make: HARMARD	Two pieces watertight can:
TYPICIES #.	545-131-52	Model#: 67-800	Screened, vented well can:
rump Capacity	5 GPM	Depth: 42" (36" min)	Cap secured to casing:
Well Yield: 20	GPM	NSF approved:	Conduit min 18" B.G.:
Depth of well co	ncountered at time of po	mp installation: 345 (feet)	Candida and and an and
n bomb cabacit	y exceeds well yield, a l	ow water cut off switch is term	aired by NSPC 1990 Section 17.8.4
TOTAL STANDER			
Safety rope, if	used, attached to inside	of well casing with eye bolt	
Piping to bonse	•	House Connection	
Type: POLLA	THALENE	PVF classed to	
PSI: /" (160	psi min)	Averaginary to the state	ed soil at wall penguarion Leo
Denth of conniv	line:(36" min)	Approximate length of sid	ZVE
- Alvert or metalich	mar(so man)	Sleeve outlied and scale	property:
73.a	She'llow to us makes # 4 . 1		
distribution scop	my une is required to be	e at least ten feet from the se	ptie tank, pump chamber, sewage piping,
		the reserve area. If this can	pre tank, pump chamber, sewage piping, not be accomplished, contact this office for
approxal prior	to installation.		ATTENDED STORE STATES TOL
Charle	es Axlein	Sh	2/2/21
Signature of con	ODERV representative nee	nonethia for inemilaria	date
CHARLES	A. KLEW	Lie	CALC /
	For Health Depar	tment Use Only - Not to be	completed by installer
Date Insp. Requi	20/1/	. /	-100
remedies Te	Transition of 200	Date Insp. Apr	proved:
manacade nats.	Princess adopter and wat	of Supply line at layer 26" hale	TO THE SECOND
	TAM DISCRICED TORONTO	1 200 200ched to caring persons	
	tice, conduit counts a	I least 12" below grade/arrach	ed to can properly
	CONTEST A LODG THEIR THAN AN	CLOB OF THIS PROPERTY AND	
	Correct well the attach	of Disperiy and Osting 80 show	re fireshed prode
	as seems settlibes a rure model	EC MEDISELV St house connec	TANK OF STATE OF STAT
	Adequate grout observe	ed below pitiess adapter	
		The second second	



