

0842

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER
A 44550
OK BB

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-3014

DATE WELL COMPLETED
MM/DD/YY
3/29/01

Depth of Well
22 300 26
(TO NEAREST FOOT)

OWNER
Tacoma
STREET OR RFD
Triq Hill Rd
SUBDIVISION
GEO A SAAH PROP
SECTION
TOWN
Dayton
LOT
3

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING
DESCRIPTION (Use additional sheets if needed)
FEET
FROM TO
check if water bearing
Top Soil 0 2
Clay 2 20
Brown shale 20 50
Brown Mica 50 75
Gray mica 75 90
Brown mica 90 91
Gray mica 91 300

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 36 NO. OF POUNDS 3600
GALLONS OF WATER 216
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)! 6
Total depth of main casing (nearest foot) 85
OTHER CASING (if used)
diameter depth (feet)
inch from to

SCREEN RECORD
screen type or open hole
(insert appropriate code below)
ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER
DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED
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. 1 MWD 040
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 MWD 038
SUPERVISOR (sign. of driller or journeyman able for sitework if different from permittee)

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 10
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 12 ft.
WHEN PUMPING 113 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)
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
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE
- below (nearest foot) 2
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)

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

COUNTY

**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: Cumberland Co. Inc Telephone #: 301 854-6838
Address: 16391 A.E. Mullhax Rd
Worxhite MD. 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Kelly Cumberland License # 61417

*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: Jeffrey Pourick Telephone #: 410 959-5970
Subdivision: _____ Lot #: 2 Well Tag #: HO-94-3014
Site Address: 14406 Tridadelphismilk Rd
Dayton MD. 21036

| | | |
|---|---|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Myers</u> | Make: <u>Camble</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>25778-8</u> | Model #: <u>6-10x</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>5</u> GPM | Depth: <u>42</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>10</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: _____ (feet) | | Conduit secured to well cap: <input checked="" type="checkbox"/> |
| If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 | | |
| <u>Torque arrestors or Cable guards</u> are required - Must circle one <u>both</u> | | |
| Safety rope, if used, attached to inside of well casing with eye bolt <u>yes</u> | | |

Piping to house

Type: Poly
PSI: 800 (160 psi min)
Depth of supply line: 42 (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. NA

Signature of company representative responsible for installation: Kelly Cumberland date: 1-4-02

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

| | |
|---|--|
| Date Insp. Requested: _____ | Date Insp. Approved: <u>3/11/02 BB</u> |
| Inspection Data: Pitless adapter and water supply line at least 36" below grade | |
| 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 8" 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"/> |

3/11/02
Covered without
complete
inspection.
Builder informed
of correct
inspection
procedures.
BB

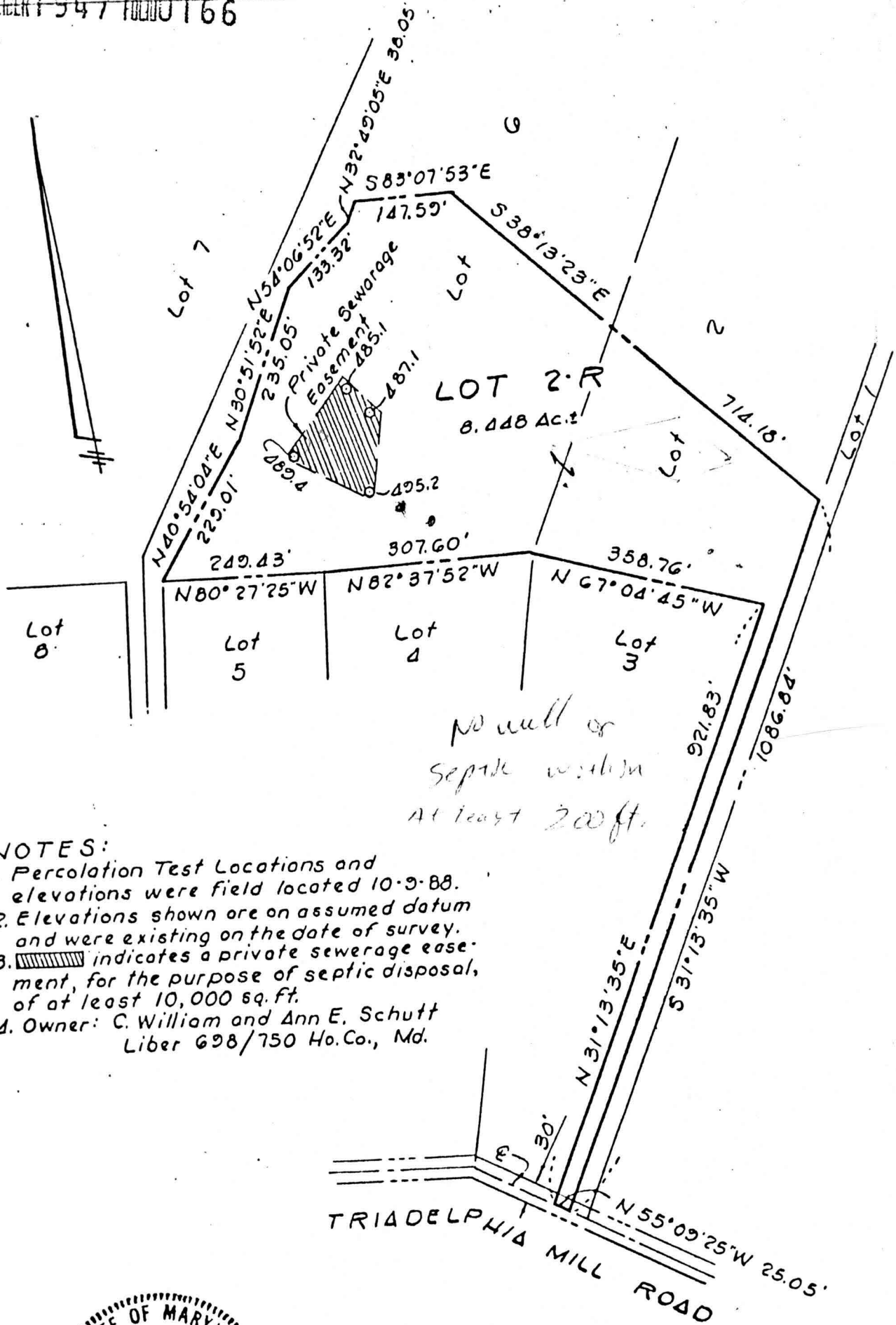
| B 1 | | 01557 | | SEQUENCE NO. (MDE USE ONLY) | | STATE OF MARYLAND PERMIT TO DRILL WELL please print or type | | STATE PERMIT NUMBER H0-94-3014 fill in this form completely | |
|--|--|-------|--|---|--|---|--|---|--|
| 1 | | 2 | | 3 | | 4 | | 5 | |
| Date Received (APA) 01/04/01 8 MM DD YY 13 | | | | OWNER INFORMATION Takoma Reconstruction, Inc 14410 Triadelphia Mill Rd Dayton, Md 21036-1220 | | | | 8470 | |
| 15 Last Name Owner 34 | | | | 23 SUBDIVISION George Saah Prop | | | | 42 | |
| 36 Street or RFD Dayton, Md 21036-1220 | | | | 52 NEAREST TOWN Dayton | | | | 71 | |
| 57 Town 70 State 72 Zip 76 | | | | 52 NEAREST TOWN Dayton | | | | 71 | |
| DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature 1/31/2001 Date | | | | M WD 040 76 License No. 81 | | | | 440 | |
| B 2 | | | | WELL INFORMATION | | | | 5 | |
| 1 2 | | | | APPROX. PUMPING RATE (GAL. PER MIN.) | | | | 8 12 | |
| AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) | | | | 14 20 | | | | 500 | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) | | | | 22 | | | | | |
| <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION | | | | | | | | | |
| <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) | | | | | | | | | |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING | | | | | | | | | |
| <input type="checkbox"/> PUBLIC WATER SUPPLY WELL | | | | | | | | | |
| <input type="checkbox"/> TEST, OBSERVATION, MONITORING | | | | | | | | | |
| <input type="checkbox"/> GEO-THERMAL | | | | | | | | | |
| APPROXIMATE DEPTH OF WELL 24 28 FEET 300 | | | | APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST | | | | | |
| METHOD OF DRILLING (circle one) | | | | | | | | | |
| BORED (or Augered) 30 AIR-ROTARY 37 CABLE other | | | | JETTED AIR-PERCUSION ROTARY (Hydraulic Rotary) Drive-POINT | | | | Jettied & DRIVEN | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) | | | | | | | | | |
| <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL | | | | | | | | | |
| <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED | | | | | | | | | |
| <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS | | | | | | | | | |
| <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL | | | | | | | | | |
| PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 | | | | 52 | | | | | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) | | | | | | | | | |
| APPROX. PERMIT NUMBER 54 | | | | G A P 63 | | | | | |
| PERMIT No. H0-94-3014 | | | | 70 71 72 73 74 75 76 77 78 79 | | | | | |
| SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - | | | | | | | | | |
| B 3 | | | | LOCATION OF WELL | | | | Howard | |
| 8 COUNTY | | | | 21 | | | | OC# | |
| 23 SUBDIVISION | | | | 42 | | | | | |
| SECTION 44 46 | | | | LOT 48 50 | | | | 2 | |
| 52 NEAREST TOWN | | | | 71 | | | | | |
| MILES FROM TOWN (enter 0 if in town) | | | | 73 76 77 78 | | | | 2 M I | |
| B 4 | | | | DIRECTION OF WELL FROM TOWN (CIRCLE BOX) | | | | Triadelphia Mill Rd | |
| 1 2 | | | | 11 30 | | | | NEAR WHAT ROAD | |
| ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) | | | | 34 37 | | | | 575 | |
| TAX MAP 27 | | | | BLK 17 | | | | PARCEL 137 | |
| NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL | | | | | | | | | |
| Howard | | | | A44550 | | | | COUNTY NAME | |
| STATE SIGNATURE | | | | INSERT S | | | | 41 | |
| DATE ISSUED | | | | 02/27/01 | | | | Mark R. Rikkin | |
| 43 MM DD YY 48 | | | | CO SIGNATURE | | | | EXP. DATE | |
| NORTH GRID 509 | | | | EAST GRID 0797 | | | | 000 63 | |
| SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X | | | | | | | | | |
| SOURCES OF DRILLING WATER | | | | | | | | | |
| 1. wells | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| WRITE THE BOX NUMBER FROM THE MAP HERE | | | | | | | | | |
| E 792/7 | | | | | | | | 000 000 | |
| N 502/9 | | | | | | | | | |
| DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION | | | | | | | | Dayton 13 D 3 | |
| N | | | | | | | | | |
| Triadelphia Mill Rd | | | | | | | | | |
| Green Bridge Rd | | | | | | | | | |

Depth of well 300' 7 1/2"
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 12'

Time pump started 9:45 Pumping rate 15 G.P.M.
Total time to reach pumping water level _____ ft. below M.P.

Pump 285

HD-224



NOTES:

1. Percolation Test Locations and elevations were field located 10-9-88.
2. Elevations shown are on assumed datum and were existing on the date of survey.
3. indicates a private sewerage easement, for the purpose of septic disposal, of at least 10,000 sq. ft.
4. Owner: C. William and Ann E. Schutt
Liber 698/750 Ho. Co., Md.



| | |
|---|---------|
| Approved: Private Water & Private Sewer Howard County Health Dept. | |
| | 4-20-88 |
| Howard County Health Officer | Date |

Perc. Test Site Plan

LOT 2-R

A Resubdivision Of Lots 2 and 6
COLEMAN-LERCH SUBDIVISION

Fifth Elec Dist.

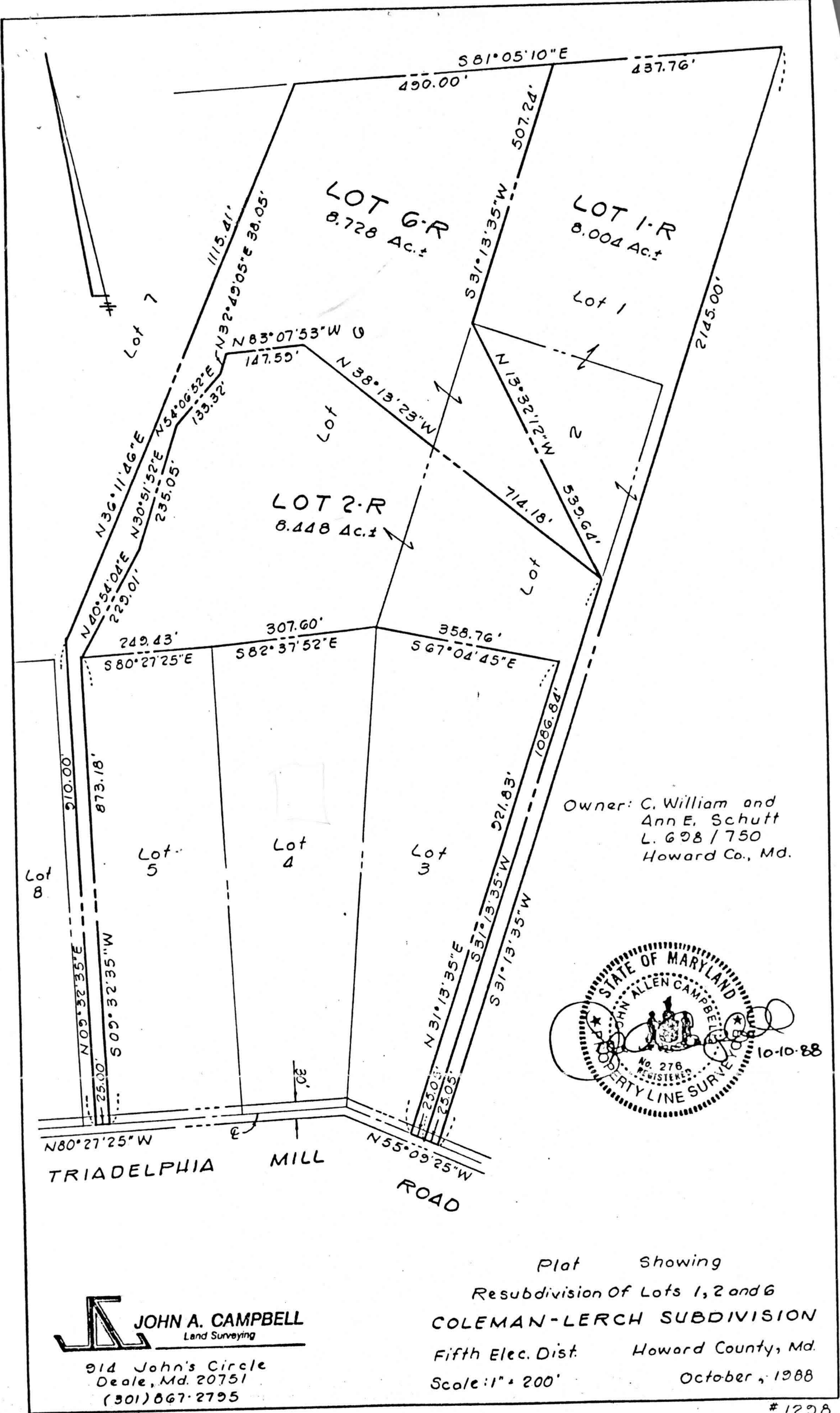
Howard County, Md.

Scale: 1" = 200'

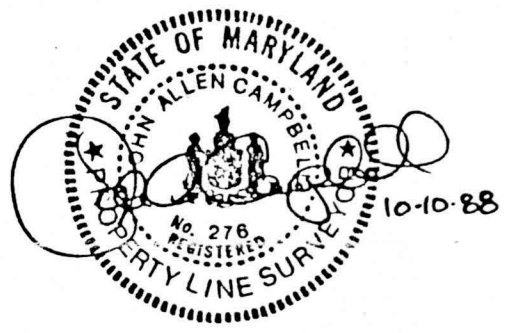
October, 1988

JOHN A. CAMPBELL
Land Surveying

914 John's Circle
Oeale, Md. 20751
(301) 867-2795



Owner: C. William and
Ann E. Schutt
L. 698 / 750
Howard Co., Md.



JOHN A. CAMPBELL
Land Surveying
914 John's Circle
Deale, Md. 20751
(301) 867-2795

Plat Showing
Resubdivision Of Lots 1, 2 and 6
COLEMAN-LERCH SUBDIVISION
Fifth Elec. Dist. Howard County, Md.
Scale: 1" = 200'
October, 1988

Tox Map 24

This is the

new configuration

into 3 approximately

8 \pm lots designated
- R -

Bill Schmitt