C 1 - 14164 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
7/8/100	ETED Depth of Well  22 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER ELLIS	From name	
STREET OR RFD_11/22 WHYNEZ	SECTION TOWN F	LOT 3
WELL LOG Not required for driven wells	GROUTING RECORD YES NO N	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	CEMENT CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
Top Soil 0 2	NO. OF BAGS NO. OF POUNDS GALLONS OF WATER	PUMPING RATE (gal. per min.)  METHOD USED TO
clay 2 (0)	DEPTH OF GROUT SEAL (to nearest foot) 96 ft.	MEASURE PUMPING RATE
(1.1	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Brown 3794 10 30 1	casing types insert ST CO	BEFORE PUMPING 17 20 ft.
20 1/0 4	appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.
Brown 17'ca	below PLASTIC OTHER	PYPE OF PUMP USED (for test)  A air  P piston  T turbine
Brown Mica 30 110 L  Gray Mica 160 130  Gray Mica 130 131  Gray Mica 131 160  Brown Mica 160 161	MÅIN Nominal diameter Total depth CASING top (main) casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe
Mice /30 /3/	60 61 63 64 66 70	27 27 below)  J jet S submersible
Brown 130 160	E OTHER CASING (if used) A diameter depth (feet)	27 27
G-ray 11/61 /60 /6/	inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
Brown M/9 160 101	(S) Z	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
Gray MICA 161 600	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED
Gray 1/10	or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
	(appropriate code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
3 3 3 3	below PLASTIC OTHER	PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED Y96 N	E 1 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED	C H 2 23 24 26 30 32 36	49 LAND SURFACE
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below (nearest) foot)
P TEST WELL CONVERTED TO PRODUCTION WELL  I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
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.	DIAMETER   (NEAREST   INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M/VD 040	GRAVEL PACK IF WELL DRILLED	THOUSE
DRILLERS SIGNATURE (MUST MATCH DIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68	The second
ELIC. NO.1 25 D 0 38 I	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q	Jip war .
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70	
DENV-CR00	COUNTY	

B 1 9473 SEQUENCE NO. STATE OF	MARYLAND	STATE PERMIT NUMBER
(MDE USE ONLY)	ERMIT TO DRILL WELL	40-94-3621
pleas	e type	70 fill in this form completely 79
Date Received (APA)	B 3	LOCATION OF WELL
03/26/03 OWNER INFORMATION 9427	Howard \	60#
8 MM DD YY 13	8 COUNTY	21"
ELLIS KEN	Moorest	HEICH
15 Last Name Owner First Name 34 11722 WAINRIDGE STREET	23 SUBDIVISION	42
36 Street or RFD 55	SECTION 44	LOT LAS 50
FULTON, MD 20759	X Fulton	40 30
57 Town 70 State 72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION	MILES FROM TOWN (enter	0 if in town)   M   I
George F. Easterday MW D 040	MILES PHOM TOWN (enter	73 76 77 78
Driffer's Name 76 License No. 81	B 4	Transfer to de-
L. Franklin Easterday, Inc.	DIRECTION OF WELL FROM	11722 Wainridge Street
9265 Brown Church Rd., MT. Airy, Md. 21771	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Address.	N NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Mean 7 Casterila 3/25/2003		(CINCLE APPROPRIATE BOX)
Signature Daje	W TOWN E	34 50 37 SOUTH
B 2 WELL INFORMATION 5		DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12	SW SE	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED 500	S <sub>W</sub>   S <sub>E</sub>   8-9	TAX MAP: 41 BLK: 20 PARCEL 293
(GAL. PER DAY) 14 20	8 NOT TO	DE FILLED IN DV DDILLED
USE FOR WATER (CIRCLE APPROPRIATE BOX)	HEALTH	BE FILLED IN BY DRILLER DEPARTMENT APPROVAL
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION	the - and	1 5 1959N-A
FARMING / IVECTOCK WATERING & AGRICULTURAL	COUNTY NAME	COUNTY NO.
IRRIGATION	STATE SIGNATURE	INSERT S ──►
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	DATE ISSUED	1 NOETT 5 41 /
P PUBLIC WATER SUPPLY WELL	4/15/03 KG	acie 1100nan 4/15/04
T TEST, OBSERVATION, MONITORING	NORTH 48	CO SIGNATURE EXP. DATE
G GEO-THERMAL	GRID 50	$\frac{0.0}{55}$ GRID $\frac{822}{57}$ 0.00
300	SHOW MAJOR FEATURES BOX & LOCATE WELL '	OF
APPROXIMATE DEPTH OF WELL FEET FEET 24 28	WITH AN X	
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH	SOURCES OF DRILLING W  1.	ATER
inon	2! Wells	
METHOD OF DRILLING (circle one)	3.	
BORED (or Augered)  JETTED  Jetted & DRIVEN		
AIR-ROTary  AIR-PERcussion  ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	
CABLE REVerse-ROTary DRive-POINT	FROM THE MAP HERE	
other	820	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	480 4	000
N THIS WELL WILL NOT REPLACE AN EXISTING WELL	N	
THIS WELL WILL REPLACE A WELL THAT WILL BE		SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED		OWNS AND ROADS AND GIVE 8 H 3  O NEAREST ROAD JUNCTION
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	BIOTATIOE FROM WELL TO	
FOR POLICY ON STANDBY WELLS  D THIS WELL WILL DEEPEN AN EXISTING WELL		V
THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	Commence of the Commence of th	Sil
(IF AVAILABLE) 41 – 52	N	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	and the second	1 hours
Not to be fined in by drifter (NIDE ON COONTY OSE GNET)	O UT	and and
APPROP. PERMIT NUMBER	* alpea drughe X	Waynesidge St
18 mode MA 194 19/19/		
PERMIT No. 70 71 72 73 74 75 76 77 78 79	-	
SPECIAL CONDITIONS	e e	0.04
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -		Quelter &

I-spario - 7-28-03-No Thing Over 50

## 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

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: AUS Inc. Telephone #: 410-443- 2221
Address: 13630 FRANCIE Ad 21794
The state of the s
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CAA' & R. KASP-89 Licenses 7080
"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: <u>Ker EUS</u> Telephone #: <u>301-735-6140</u> Subdivision: <u>w4-4-1066</u> Lot #: Well Tag #: HO - 74-3671
Site Address: 11727 Wayledge 57
Fibron no 20759
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Gowld 5 Make: Two piece watertight cap:
Model #: Model#: P18055 Screened, vented well cap:
Pump Capacity GPM Depth: (36" min) Cap secured to casing:
Well Yield: GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt X
Piping to house House Connection
Type: PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 55
Depth of supply line: (36" min) 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.
7-25-03
Signature of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer
Date Intr. Persected: 10 116 123 (SQ)
Date map. Adjustical Date map. Approyed:
nspection 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 grout observed below nitless adapter

0110	011
OVG	Ru
*****	RK = 11/03

11722 Wayneridge Fulton, MD 20759

SUBMIT COPIES OF COMPLETED FO	DPM TO:	19/. ///
	ENCY (contact MDE, WMA if address	needed) ADDR
WELL OWNER	Exter (contact MDE; WMAT if address	
	ADMINISTRATION, WELL PROGR	AM
DATE WELL ABANDONED: 8-1	3-0-3 (month/day/y	ear)
		a ARL
PERMIT NUMBER OF ABANDO	ONED WELL (if any)	75
		none 110
PERMIT NUMBER OF REPLACE	CEMENT WELL	110
	1	
PERSON ABANDONING WELL	Joseph Mayal	WELL DRILLERS I
V 9	A.	Carlotte to the state of
OWNER'S NAME:	lles -	
		SITE
WELL LOCATION:		
COUNTY: Howard		TEXASTA
NEAREST TOWN:		
TAX MAP BLOCK _	PARCEL	
SUBDIVISION:	2.420	-
	_ LOT:	15
NEAREST ROAD: 11722 W	ameridae Ct.	1
	1-09	1
		3
		The state of the s
10	100	
100		
TYPE OF WELL BEING ABAN	DONED:	
TYPE OF WELL BEING ABAN	DONED:	THE PERSON
	DONED:JETTED	
DRILLED _	JETTED	
DRILLED	JETTED HAND DUG	
DRILLED _	JETTED HAND DUG	
DRILLEDBORED/AUGEREDOTHER (specify)	JETTED HAND DUG	
DRILLEDBORED/AUGERED	JETTED HAND DUG	
DRILLED BORED/AUGERED OTHER (specify) USE CODE:	JETTEDHAND DUG	Cen
DRILLED BORED/AUGERED OTHER (specify) USE CODE: DOMESTIC	JETTEDHAND DUG MUNICIPAL/PUBLIC	Cem
DRILLED BORED/AUGERED OTHER (specify) USE CODE: DOMESTIC IRRIGATION	JETTEDHAND DUGMUNICIPAL/PUBLICINDUSTRIAL	Cem
DRILLED BORED/AUGERED OTHER (specify) USE CODE: DOMESTIC	JETTEDHAND DUGMUNICIPAL/PUBLICINDUSTRIAL	Cim
DRILLED BORED/AUGERED OTHER (specify)  USE CODE:  DOMESTIC IRRIGATION TEST/OBSERVATION	JETTEDHAND DUGMUNICIPAL/PUBLICINDUSTRIAL	Cem
DRILLEDBORED/AUGEREDOTHER (specify)  USE CODE:  DOMESTICIRRIGATION	JETTEDHAND DUGMUNICIPAL/PUBLICINDUSTRIAL	Cem
DRILLED BORED/AUGERED OTHER (specify)  USE CODE:  DOMESTIC IRRIGATION TEST/OBSERVATION  TYPE OF CASING:	JETTEDHAND DUGMUNICIPAL/PUBLICINDUSTRIALGEOTHERMAL	cen
DRILLED BORED/AUGERED OTHER (specify)  USE CODE:  DOMESTIC IRRIGATION TEST/OBSERVATION  TYPE OF CASING:  STEEL	JETTEDHAND DUGMUNICIPAL/PUBLICINDUSTRIALGEOTHERMALPLASTIC	Cem
DRILLED BORED/AUGERED OTHER (specify)  USE CODE:  DOMESTIC IRRIGATION TEST/OBSERVATION  TYPE OF CASING:	JETTEDHAND DUGMUNICIPAL/PUBLICINDUSTRIALGEOTHERMAL	Cem
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DRILLED BORED/AUGERED OTHER (specify)  USE CODE:  DOMESTIC IRRIGATION TEST/OBSERVATION  TYPE OF CASING:  STEEL CONCRETE  SIZE OF CASING:	JETTEDHAND DUG MUNICIPAL/PUBLICINDUSTRIALGEOTHERMAL PLASTICOTHER (specify)  INCHÉS IN DIAMETER	Cem
DRILLED BORED/AUGERED OTHER (specify)  USE CODE:  DOMESTIC IRRIGATION TEST/OBSERVATION  TYPE OF CASING:  STEEL CONCRETE	JETTEDHAND DUGMUNICIPAL/PUBLICINDUSTRIALGEOTHERMALPLASTICOTHER (specify)	Cim
DRILLED BORED/AUGERED OTHER (specify)  USE CODE:  DOMESTIC IRRIGATION TEST/OBSERVATION  TYPE OF CASING:  STEEL CONCRETE  SIZE OF CASING:	JETTEDHAND DUG MUNICIPAL/PUBLICINDUSTRIALGEOTHERMAL PLASTICOTHER (specify)  INCHÉS IN DIAMETER	cen

CIRCLE: MWD/MSD/MGD

LOCATION MAP



MATERIAL	FEET	
	FROM	то
ement granel	0	140
mixed		
VOLUME OF M	IATERIAL U	SED

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

WAS CASING RIPPED OR PERFORATED? \_\_\_\_ YES \_\_\_\_\_ NO

LICENSE #

MWD/MSD/MGD