

<b>C 1</b> - 08018		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <u>A43092</u>	
ST/CO USE ONLY DATE Received MM <u>10</u> DD <u>19</u> YY <u>12</u>		DATE WELL COMPLETED MM <u>7</u> DD <u>6</u> YY <u>2012</u>		Depth of Well <u>22</u> <u>600'</u> <u>26</u> (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-95-2365</u>	
OWNER <u>Ribero</u> WELL SITE ADDRESS <u>13600 Russell Zupp Dr</u> SUBDIVISION _____		TOWN <u>Highland Md 20777</u> SECTION _____		LOT _____			
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>		<b>C 3</b>		<b>PUMPING TEST</b>	
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)		HOURS PUMPED (nearest hour) <u>6</u>	
DESCRIPTION (Use additional sheets if needed)		CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>		NO. OF BAGS <u>22</u> NO. OF POUNDS <u>2068</u>		PUMPING RATE (gal. per min.) <u>1.5</u>	
FEET FROM TO check if water bearing		GALLONS OF WATER <u>132</u>		DEPTH OF GROUT SEAL (to nearest foot)		METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>	
<u>Sand</u> <u>0</u> <u>76</u>		from <u>48</u> TOP <u>0</u> ft. to <u>54</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)		WATER LEVEL (distance from land surface)		BEFORE PUMPING <u>34</u> ft.	
<u>Mica Rock</u> <u>76</u> <u>600</u>		CASING RECORD		WHEN PUMPING <u>480</u> ft.		TYPE OF PUMP USED (for test)	
<u>Water</u> <u>480</u>		casing types insert appropriate code below		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>80</u>		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		OTHER CASING (if used) diameter inch depth (feet) from to		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		SCREEN RECORD		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		screen type or open hole insert appropriate code below		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		DEPTH (nearest ft.)		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		WELL HYDROFRACTURED <u>Y</u>		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		CIRCLE APPROPRIATE LETTER		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		E ELECTRIC LOG OBTAINED		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
		P TEST WELL CONVERTED TO PRODUCTION WELL		TYPE OF PUMP USED (for test)		TYPE OF PUMP USED (for test)	
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.		LATITUDE <u>39.12701N</u>		LONGITUDE <u>76.58663W</u>		(DEFAULT COORD. WGS 84)	
DRILLERS LIC. NO. <u>M5D024</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		NOTES:		NOTES:	
DRILLERS SIGNATURE <u>[Signature]</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		T (E.R.O.S.) W Q		T (E.R.O.S.) W Q	
LIC. NO. <u>D</u>		TELESCOPE CASING LOG INDICATOR OTHER DATA		TELESCOPE CASING LOG INDICATOR OTHER DATA		TELESCOPE CASING LOG INDICATOR OTHER DATA	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA		TELESCOPE CASING LOG INDICATOR OTHER DATA		TELESCOPE CASING LOG INDICATOR OTHER DATA	

<b>B 1</b>	<b>12181</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <u>538057</u>	STATE PERMIT NUMBER <u>40-95-2365</u> <small>fill in this form completely</small>
Date Received (APA) <u>09/06/12</u> 8 MM DD YY 13		<b>OWNER INFORMATION</b>		
15 <u>Ribero</u> Last Name		Owner		34 <u>Joe</u> First Name
36 <u>13800 Russell Zapp Drive</u> Street or RFD		55		
57 <u>Highland</u> Town		70 <u>MD</u> State	72 <u>20777</u> Zip	76
<b>DRILLER INFORMATION</b>				
Driller's Name <u>Joseph L Mayne</u>		M <u>SD 024</u> License No. 81		
Firm Name <u>Joseph L Mayne Well Drilling</u>				
Address <u>5512 Ridge Rd Mt. Airy Md 21771</u>				
Signature <u>Joseph L Mayne</u>		Date <u>8-30-2012</u>		
<b>B 2</b>	<b>WELL INFORMATION</b>			
1	2	APPROX. PUMPING RATE (GAL. PER MIN.)		8 <u>5</u> 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 <u>500</u>	20	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>				
<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"/> OPEN LOOP GEOTHERMAL				
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL				
<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b>				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u>				
STATE SIGNATURE _____ INSERT S → 41				
DATE ISSUED <u>8/30/12</u> CO SIGNATURE <u>K. M. [Signature]</u> EXP. DATE <u>8/30/13</u>				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
<b>METHOD OF DRILLING (circle one)</b>				
BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>Drive-POINT</u>				
AIR-PERCussion <u>ROTARY</u> (Hydraulic Rotary)				
CABLE <u>REVERSE-ROTARY</u>				
other _____				
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b>				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input checked="" 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 DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>				
APPROP. PERMIT NUMBER _____ <u>G</u> _____				
PERMIT No. <u>40-95-2365</u>				
SPECIAL CONDITIONS <u>Hardy Dig need to be sealed per COMAR 26.04.07.4</u>				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

PROPOSED LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,  
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO  
DISTANCE MEASUREMENTS TO WELL

Clarksville

**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
**WELL & SEPTIC PROGRAM**  
**TEL: (410)313-1771 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95 - 2865  
Site Address: 13800 Russell Zapp Dr.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

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

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve 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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 9/7/12 Date Insp. Approved: 9/7/2012 Inspector: BB

Inspection Data: Pitless adapter watertight & 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 not 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 ☒

\* Must sleeve  
Well line 10'  
both sides  
within sewer  
line.

Told Installer to Put  
Sand or Gravel Around  
Overdig at House Connection







3.15.64.595

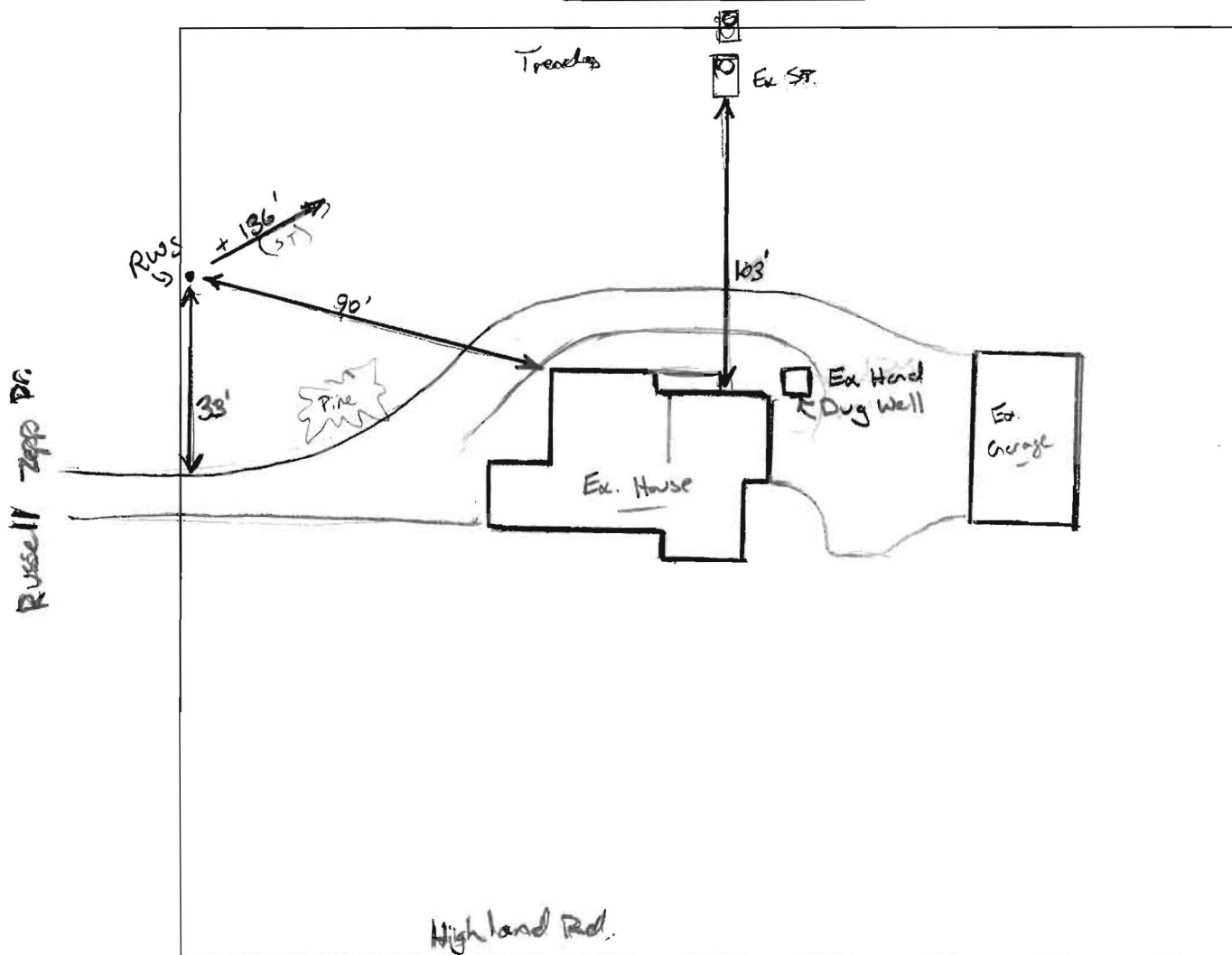


HIGHLAND RD.

# SITE INSPECTION SHEET

OWNER: Joseph R. Bero PHONE #: \_\_\_\_\_  
ADDRESS: 13800 Russell Zapp Dr. CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: (19) WELL TAG #: Hand Dug well  
PROPOSAL: out of H<sub>2</sub>O COUNTY #: (13)

## LOCATION DIAGRAM



COMMENTS: Ex. well is hand dug, to be sealed. little or no  
H<sub>2</sub>O coming from well. New rep well location as shown  
above. Homeowner stated that trenches existed w/ 2 S.T.  
App. location shown above.

DATE: 8/30/12 INSPECTOR: R. W. Bero