

C1 9811		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓			
ST/CO-USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 15 2018		Depth of Well 22 205 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2018 28 29 30 31 32 33 34 35 36 37			
OWNER Cissel Lambert		STREET OR RFD Spring Hollow Ct		TOWN Poplar Springs		LOT 2			
SUBDIVISION Spring Hollow		SECTION		LOT					
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes no (Y) (N) 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 19 NO. OF POUNDS 1500 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft. (enter 0 if from surface)		C3 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 49 ft. WHEN PUMPING 118 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					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 55 OTHER CASING (if used) diameter depth (feet) inch from to		C2 DEPTH (nearest ft.) HO 53 205 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		PUMP INSTALLED DRILLER INSTALLED PUMP 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 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 2 (nearest foot) - below 49 50 51			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing					
Top Soil		0 2							
Brown Shale		2 45							
Brown SLUR		45 50		✓					
Blue SLATE		50 90							
Brown SLATE		90 95		✓					
Blue SLATE		95 105		✓					
Brown SLATE		105 110		✓					
Blue SLATE		110 205		✓					
NUMBER OF UNSUCCESSFUL WELLS:		0							
WELL HYDROFRACTURED		yes no 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. 1 MSD/L16 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD/L12 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									
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Road well 20' 20' Prop. Lines									

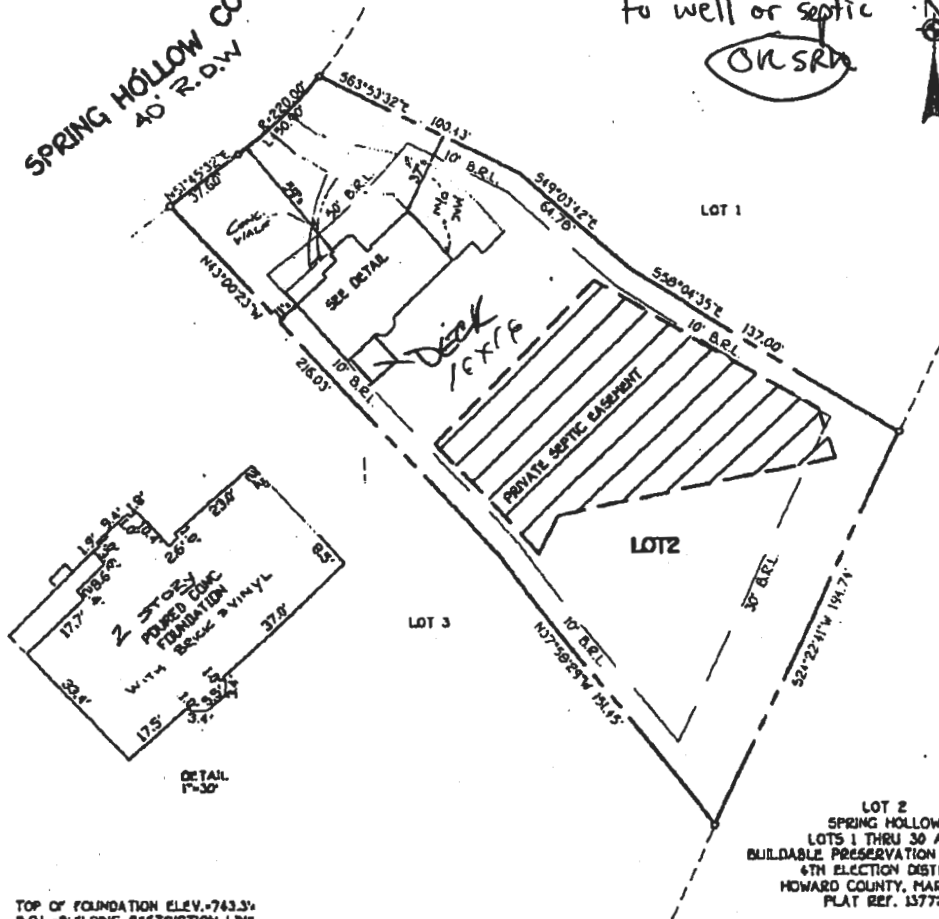
GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 210044 0007, EFFECTIVE DATE: DEC. 1, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 0.5' PLUS OR MINUS (±).

ANN
LINN

6/14/01 -
proposed deck
has no impact
to well or septic
OK SRM

SPRING HOLLOW COURT
40' R.O.W.



TOP OF FOUNDATION ELEV. +743.3'
B.R.L.-BUILDING RESTRICTION LINE

LOT 2
SPRING HOLLOW
LOTS 1 THRU 30 AND
BUILDABLE PRESERVATION PARCEL 'A'
6TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 15772

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTURIAL SQUARE OFFICE PARK • 10272 BALTIMORE NATIONAL PIKE
GLUCOTT CITY, MARYLAND 21042
1100 401 • 20955



PROFESSIONAL LAND SURVEYOR
REG. # 692

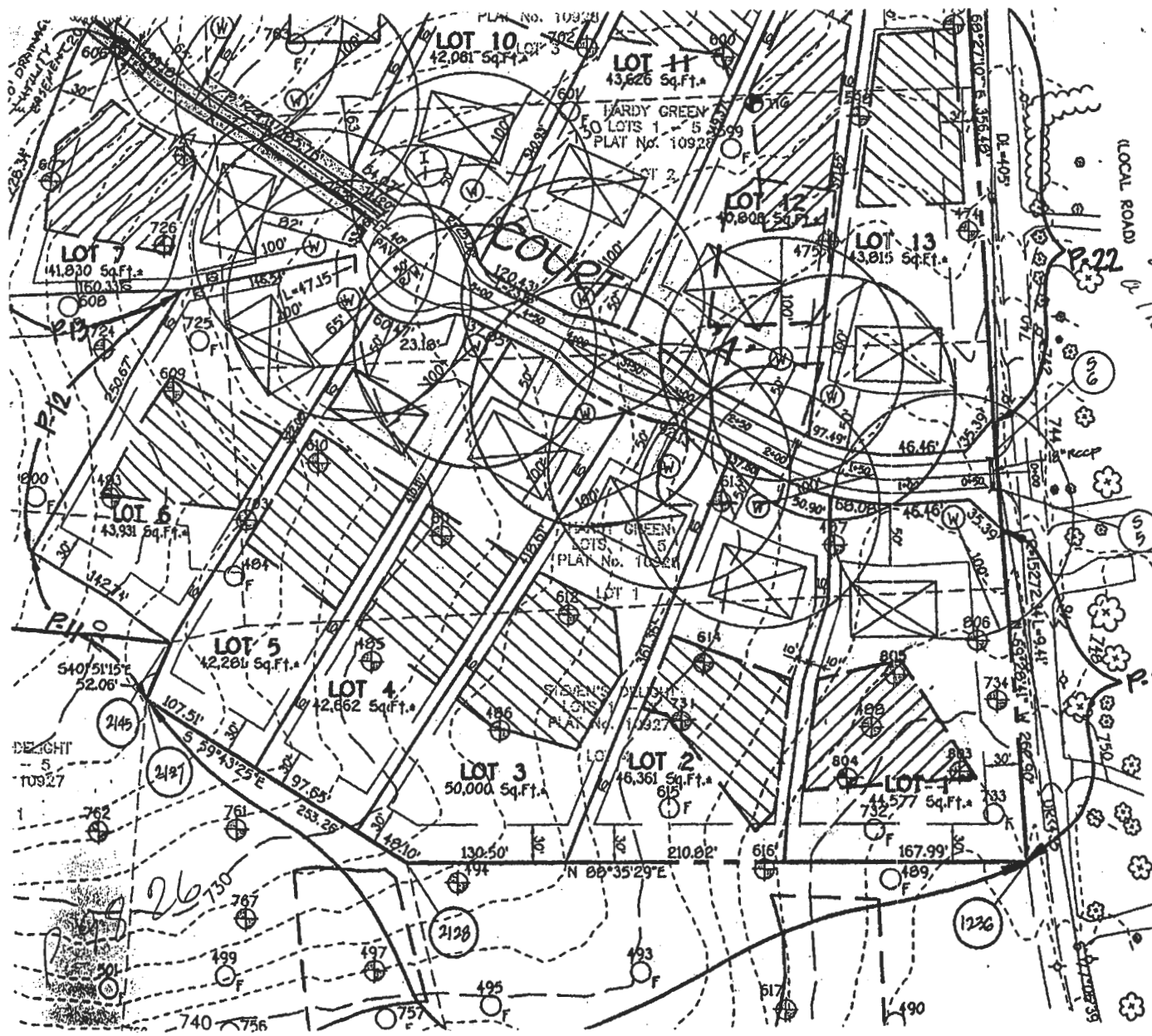
4/5/01
DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10/7/00
FINAL LOCATION: 4/5/01
BOUNDARY SURVEY:

SCALE: 1"=50'
DATE: 4/5/00
DRAWN BY: L.F.F.
CHECKED BY: C.C.
PROJECT No. 61434

FCC •



20Y
12/29/98
Well stated by
a licensed surveyor
RD
ROAD

4 CURV
P.C. 518.1-19.90
K

4/20/00 Late pm

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

461-0032
410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer WTC II P+H

Telephone _____

License Number 7979

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Vance Merson

Telephone 829-3024

Subdivision Spring Hollow Lot # 2

Well Tag # HO-94-2018

Site Address 1705 Spring Hollow

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ☒ Other _____

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

Tank

1. Capacity 40
2. Pressure relief valve? yes

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth 205 ft.
2. Yield 70 GPM
3. Static water level 49 ft.
4. Will water supply be disinfected by installer? no

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 4/20/00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.