

C 1	0129	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  COUNTY NUMBER <b>A49914-A</b>
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-8 ON ALL CARDS)					
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED <b>032296</b>		Depth of Well <b>385</b> (TO NEAREST FOOT)	
PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>40-73-0098</b>					
OWNER <b>Demmitt</b> STREET OR RFD <b>Sabus Drive</b> TOWN <b>West Friendship</b> SUBDIVISION <b>Sabus Farms</b> SECTION <b>1</b> LOT <b>1</b>					
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</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) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <b>6</b> NO. OF POUNDS <b>564</b> GALLONS OF WATER <b>36</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>19</b> ft. (enter 0 if from surface)		HOURS PUMPED (nearest hour) <b>6</b> PUMPING RATE (gal. per min.) <b>002.5</b> METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>27</b> ft. WHEN PUMPING <b>268</b> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing			
Sand 0 10 Gray Mica Rock 10 385 ✓		CASING RECORD casing types insert appropriate code below <b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER MAIN CASING TYPE <b>ST</b> 60 61 63 64 66 70 Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>22</b>			
3 dry wells 440', 440', 340' filled in with cement & drilling materials		OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING			
		SCREEN RECORD screen type or open hole insert appropriate code below <b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER			
NUMBER OF UNSUCCESSFUL WELLS: <b>3</b>		WELL HYDROFRACTURED <b>Y</b> <b>N</b>		C 2	
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		DEPTH (nearest ft.) <b>H0</b> 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51		PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) <b>NO</b> 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) <b>+</b> above <b>-</b> below LAND SURFACE <b>2</b> (nearest foot)	
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.		SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH)		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) <b>Sabus Dr.</b> <b>Wynfield Rd.</b> <b>Good Will</b>	
TYPE: MWD/MSD/MGD DRILLERS LIC. NO. <b>24</b> DRILLERS SIGNATURE <b>Joseph L. Maigne</b> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <b>27</b> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) <b>Sally Maigne</b>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA			

COUNTY

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

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt #  
Date 2/18/97

Name of Installer ROBERT L. FREEZER CO. INC. Telephone 181-4655

License Number 2122  
Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner ALTIERI HOMES Telephone 795-1405  
Subdivision SOBUS FARMS Lot # 1 Well Tag # HO-93-0098  
Site Address 3000 SOBUS DRIVE

Pump

1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible ☒

2. Make 4FSD02 JL

3. Model # 5

4. Capacity 5 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 ☐

CAPTIVE AIR  
Tank WELL-X-TROL

1. Capacity 34 GALS.

2. Pressure relief valve? YES

2/18/97

casing 8" above grade.

P.O. 44" below grade. 2-piece cap installed

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 Robert L. Freezer

Date: 2/18/97

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

CLUSTER

SEE SHEET 1

DEV

WYNFIELD RD

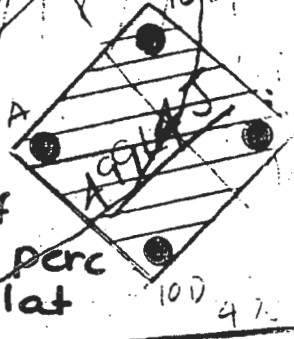
3.0 AC DEV. LOT#

LOT#1

3 AC



copy of  
signed perc  
cert plat  
11-3-94



LOT#2

3 AC



LOT#3

3 AC



COPY  
P-95-15

WYNFIELD CLUSTER

DE  
RO

OK TO DATE  
ANY DATE  
THAT IS  
FOR ABOVE  
AND ABOVE  
530

3.0 AC DEV

FF=38  
BF=28

FF=24  
BF=14

LOT #1

3 AC

1941A

SOBUS

Site #3

2' 6" PM 32" 30

30' BR 15

FF=15  
BF=04

07°  
FF=509  
BF=499

LOT #2

MEAN

CONFORM

FF=975  
BF=875

30' BR 1

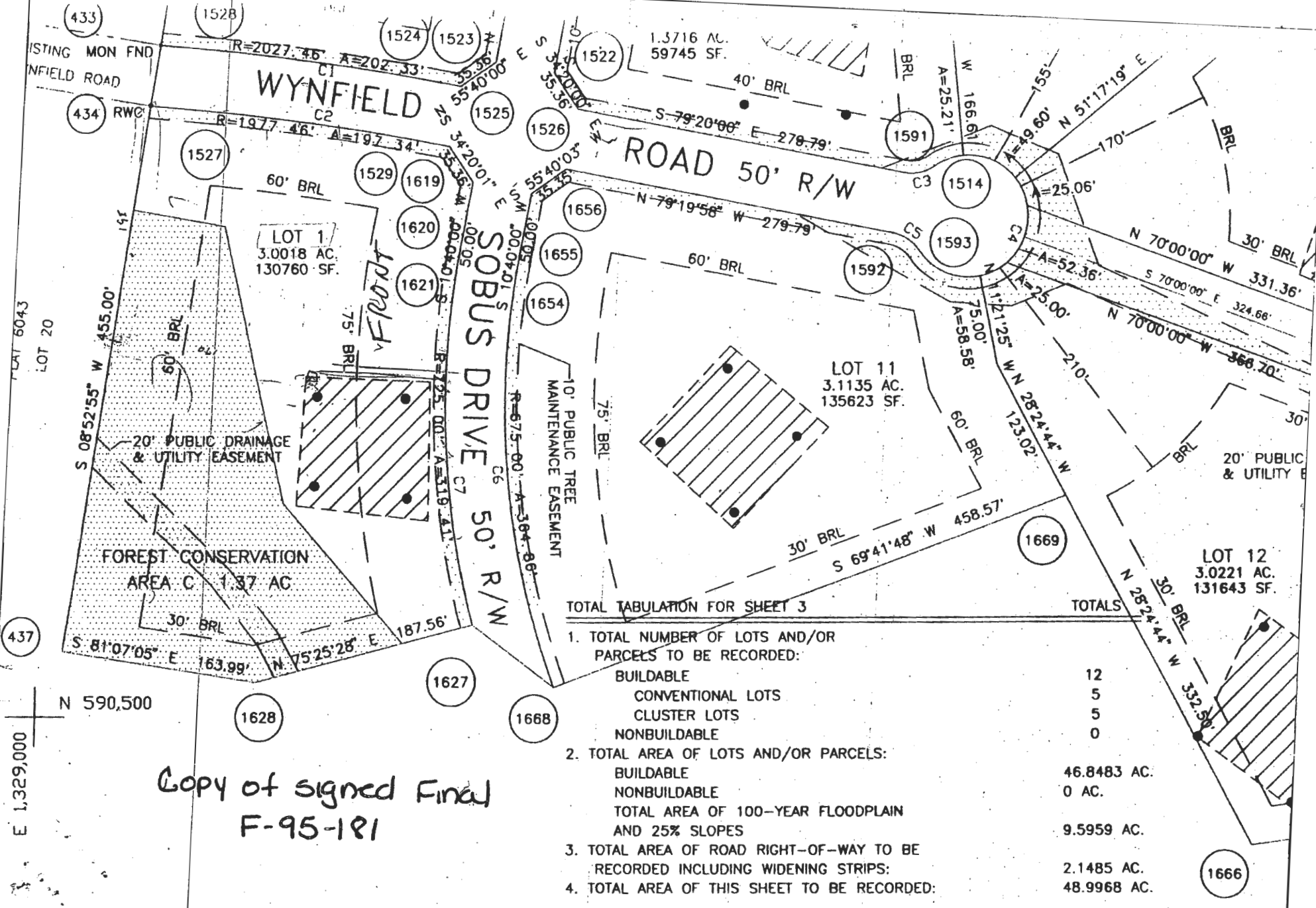
75' BR 1

75' BR 1

75' BR 1

75' BR 1





Copy of signed Final  
F-95-181

TOTAL TABULATION FOR SHEET 3

1. TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED:	
BUILDABLE	12
CONVENTIONAL LOTS	5
CLUSTER LOTS	5
NONBUILDABLE	0
2. TOTAL AREA OF LOTS AND/OR PARCELS:	
BUILDABLE	46.8483 AC.
NONBUILDABLE	0 AC.
TOTAL AREA OF 100-YEAR FLOODPLAIN AND 25% SLOPES	9.5959 AC.
3. TOTAL AREA OF ROAD RIGHT-OF-WAY TO BE RECORDED INCLUDING WIDENING STRIPS:	2.1485 AC.
4. TOTAL AREA OF THIS SHEET TO BE RECORDED:	48.9968 AC.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS FOR HOWARD COUNTY HEALTH DEPARTMENT.

OWNER'S CERTIFICATE

Hilltop Development Corporation, by Richard J. Demmitt, President, owner of the property shown and described hereon, hereby adopt this plan of subdivision, and consideration of the approval of this final plan by the Department of Planning and the minimum building restriction lines and grant unto Howard

