

C1 - 9645	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	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)		COUNTY NUMBER	A 39870
DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13	15 20	22 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37

OWNER	RIDGEWOOD ASSOC		
STREET OR RFD	last name	first name	TOWN
SUBDIVISION	RIDGEWOOD		SECTION
			LOT
			20

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 4	
Shale	4 13	
Brown Mica	13 38	✓
Gray Mica	38 65	✓
Quartz	65 68	
Mica	68 75	
Quartz	75 80	✓
Gray Mica	80 200	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS	NO. OF POUNDS
9	700
GALLONS OF WATER	
15	
DEPTH OF GROUT SEAL (to nearest foot)	
from	ft. to
0	23
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	ST CO
	PL OT
STEEL CONCRETE PLASTIC OTHER	
MAIN Nominal diameter Total depth	
CASING top (main) casing of main casing	
TYPE (nearest inch) (nearest foot)	
5	1
60 61	63 64

OTHER CASING (if used)	
diameter	depth (feet)
inch	from to

SCREEN RECORD	
screen type or open hole	insert appropriate code below
ST BR HO	
STEEL BRASS OPEN	
PL OT	
PLASTIC OTHER	

C2	
DEPTH (nearest ft.)	
1	2
8 9	11 15 17 21
23 24	26 30 32 36
38 39	41 45 47 51
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	

CIRCLE APPROPRIATE LETTER	
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 10.17.13 "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 IDENT. NO.	46
DRILLERS SIGNATURE	<i>Charles R. Hall</i>
(MUST MATCH SIGNATURE ON APPLICATION)	
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	

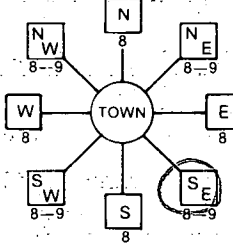
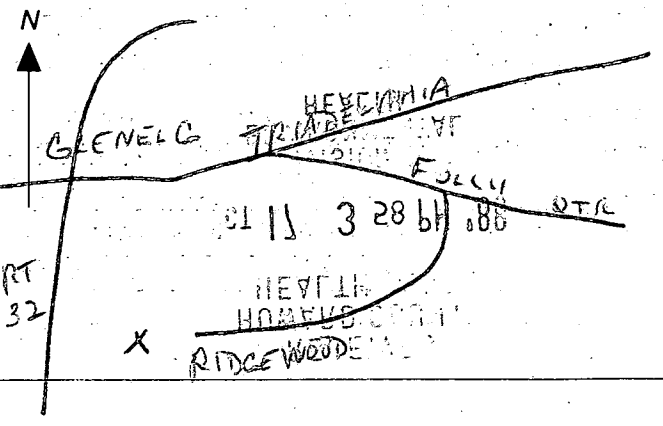
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE	LOG
CASING	INDICATOR
WQ	
74 75 76	
OTHER DATA	

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour)		
3		
PUMPING RATE (gal. per min. to nearest gal.)		
11 15		
METHOD USED TO MEASURE PUMPING RATE		
Pump		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
17 20		
WHEN PUMPING		
22 25		
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 WILL INSTALL PUMP. YES NO	
(CIRCLE) (YES or NO)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O)	
IN BOX-SEE ABOVE:	
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	
2 (nearest foot)	
50 51	

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)	
15 ft lot line	
45' well	
500'	
Ridge road DR.	

COUNTY

B 1	9785	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <i>Tag on 2</i> 40-88-0265 fill in this form completely
2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 02598 OWNER INFORMATION RIDGEWOOD ASSOC 15 Last Name Owner First Name 34 033 E KEDWOOD ST 36 Street or RFD 55 BALTIMORE 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 GLENELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78		
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 10/6/88 Signature Date		B 4 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 500 37 DISTANCE FROM ROAD ENTER FT or MI 38 39		
B 2 WELL INFORMATION 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD R 33370 COUNTY NAME 6 MO EXT. NEW EXP 1/11/89 COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 5/1/89 43 CO SIGNATURE 48 EXP. DATE NORTH GRID 50 55 EAST GRID 57 63		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE ONLY Twenty Eight E 800 7 N 520 4/28/89 9 Bags of cement 2 1/2" Well grout open 1 1/2" Casing well 1 1/2" Casing above ground 000 000		
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 63 FORCE 67 68 WRITE INITIALS IN BOX 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS		

Review OK 5/16/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0265
Location of property (road) RIDGEWOOD DR.
Subdivision RIDGEWOOD Lot 20 Block Plat Sec.
Well Driller G. EASTERDAY Owner RIDGEWOOD ASSOC.

Depth of well 200 / 30 GPM
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 23 /

I. High rate pumping -- reservoir drawdown

Time pump started 11:45 Pumping rate 15 G.P.M.
Total time 3 hrs. to reach pumping water level 23' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

3/2/90

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement

Receipt # 45637
Date 03/05/90

Name of Installer J. Joseph Gartland, Inc. Telephone 875-2400

License Number 1713
Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner Signatures Homes Telephone 531-2234
Subdivision Ridgewood Lot # 20 Well Tag # 40-88-0265
Site Address 13357 Ridgewood Drive

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible X
2. Make Gould
3. Model # 10EJ05422
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes No X
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 1/2
2. RPM
3. Voltage
a. 110
b. 220 X

Pitless Adapter
1. Make Harvard
2. Model # PT-800
3. Depth 42"

Tank
1. Capacity 42 Gal.
2. Pressure relief valve? 75 psi

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer?

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: 2/18/90

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