C 1 42318 (MD	QUENCE NO. DE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER		
ST/CO USE ONLY DATE Backlyed MM B 13 DATE MM 15	*3 25 10	Depth of Well  22 500 26  (TO NEAREST FOOT)  26	PERMIT NO. FROM "PERMIT TO DRILL WELL"  12/16 SC) 28 29 30 31 32 33 34 35 36 37		
OWNER WILL SITE ADDRESS LOS FIRST NAME TOWN FULL STEEL ADDRESS FIRST NAME TO FULL STEEL ADDRESS FIRST NAME TOWN FULL STEEL ADDRESS FIRST NAME FULL STEEL ADDRESS FIRST NAME FULL STEEL ADDRESS FIRST NAME FULL STEEL FULL S					
SUBDIVISION WESTA	d farm	ESTATES SECTION_	LOT 5		
WELL LOG  Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed) FROM		CEMENT CM BENTONITE CLAY BC	8.5		
Light Brown 0	70	NO. OF BAGS NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot)	PUMPING RATE (gal. per min.)  METHOD USED TO MEASURE PUMPING RATE		
to Park		from 6t. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)		
Brown		casing CASING RECORD	BEFORE PUMPING 17 tt.		
Bru 70	210	insert appropriate code below PL OT	WHEN PUMPING 22 tt.		
MICO		below PLASTIC OTHER  MAIN Nominal diameter Total depth	TYPE OF PUMP USED (for test)  A air  P piston  T turbine		
		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe		
White 210	2/1	60 61 63 64 66 70	J jet S sybmersible		
6 211	No.	E OTHER CASING (if used) A diameter depth (feet)	27 27		
माल्य ग्री।	760	H inch from to	DRILLER INSTALLED PUMP YES (CIRCLE) (YES or NO)		
1100	Man /	Ġ	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
White mo	701)	screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29		
Grad UM	870)	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE		
mica	200	below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER		
NUMBER OF UNSUCCESSFUL WELLS:		C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED	yes Y	E 1 8 9 11 15 17 21 C	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROPRIATE LE	EALED	H 23 24 26 30 32 36 S	LAND SURFACE    Delow   O Z (nearest)		
E ELECTRIC LOG OBTAINED  P TEST WELL CONVERTED TO PRODUCTION WELL		C 3 R 38 39 41 45 47 51 E E SLOT SIZE 1 2 3	LATITUDE 3 9. 15063/0		
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		DIAMETER (NEAREST	LONGITUDE 7 6.9519958		
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		56 60 from to	(DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of		
DRILLERS LIC. NO. 1 M SD 009		GRAVEL PACK	the Maryand Code personal info. requested on this form is used in processing this form pursuant		
DRILLERS SIGNATURE		WAS FLOWING WELL INSERT F IN BOX 68 68	to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this		
(MUST MATCH SIGNATURE ON APPLICATION)  LIC. NO. 1 D 1		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made		
	•	70 72	available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the pulic and other governmental		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	agencies, if not protected by federal or state law.		

B 1 38227 BEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
1 2 3 6 (MDE USE ONLY)		ERMIT TO DRILL WELL	40-15 -016
	pleas	e type	fill in this form completely 79
Date Received (APA)		B 3	LOCATION OF WELL
12 IS IS OWNER INFOR	RMATION	1/2.22	
8 MM DD YY 13	10	8 COUNTY	21
Williamsburg Homes		1004001	Form Estates
15 Last Name Owher First Name 34		23 SUBDIVISION	42
36 Street or RFD	55	SECTION	LOT 1.5
16 pm sidmila.	hud .	44 46	48 50
57 Town 70 State	72 Zip 76	tul-tor	
DRILLER INFORMATION		52 NEAREST TOWN	71
Allen Compton	150009 I		
Driller's Name 7	6 License No. 81	B 4	1 (1 - 1
togles well Drilling	uc	SOURCES OF DRILLING WATER  1.	Lime Kiln Rd
Firm Name	0010000	2.	11 STREET ADDRESS 30
Address Address	ine mon align	3.	ON WHICH SIDE OF ROAD
11/1/	9-72-18		(CIRCLE APPROPRIATE BOX)
Signature William Wy	Date		34 LIM 37 SOUTH
B 2 WELL INFORMATION	5		DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.)	B 12		ENTER FT OR MI 38 39
·	500		TAX MAP: 45 BLK: 5 PARCEL 28
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20		
USE FOR WATER (CIRCLE AP		NOT TO	D BE FILLED IN BY DRILLER  H DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDE	NTIAL	112/12/1	, DEL MILITARI MARIE
F FARMING (LIVESTOCK WATERING & AGI	RICULTURAL	Howard	(13)
IRRIGATION)		COUNTY NAME	COUNTY NO.
22 INDUSTRIAL, COMMERCIAL, DEWATERI	NG	STATE SIGNATURE	INSERT S
P PUBLIC WATER SUPPLY WELL: T TEST, OBSERVATION, MONITORING		DATE ISSUED	41
O OPEN LOOP GEOTHERMAL		1/2/34/5 43/MM OD VY 48	CO SIGNATURE EXP DATE
C CLOSED LOOP GEOTHERMAL		40/ 11111 700 11/40	OO OOMATOTE EXT. DATE
<u> </u>			The state of the s
200	2		ED LOCATION OF WELL ON LOT
APPROXIMATE DEPTH OF WELL 24	J FEET		ICTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, MARKS AND INDICATE NOT LESS THAN TWO
APPROVIMATE DIAMETER OF WELL	NEAREST		CE MEASUREMENTS TO WELL
APPROXIMATE DIAMETER OF WELL	INCH	\	
METHOD OF DRILLING	(circle one)		
BORED (or Augered) JETTED	Jetted & DRIVEN		
AIR-ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	\ /	
37 CABLE REVerse-ROTary	DRive-POINT		
other			to marlow Hat
REPLACEMENT OR DEEPE		XI	100
(CIRCLE APPROPRIATE	·	~ · · · · ·	Marious
THIS WELL WILL BERLADE A WELL THAT		X	
ABANDONED AND SEALED	WILL DE		411
THIS WELL WILL REPLACE A WELL THAT I			1
AS A STANDBY-CONTACT LOCAL APPROV	ING AUTHORITY		X
THIS WELL WILL DEEPEN AN EXISTING W	ELL		
PERMIT NUMBER OF WELL TO BE REPLACED O		N V	, ,
(IF AVAILABLE) 41	52	X	
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)	1 / / /	
APPROP. PERMIT NUMBER _/	G		
ATTION TELIMINATION DEL			
PERMIT No. HO-	-15 -0161		
SPECIAL CONDITIONS	2 73 74 75 76 77 78 79	,	
SPECIAL CONDITIONS  NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED>			●



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

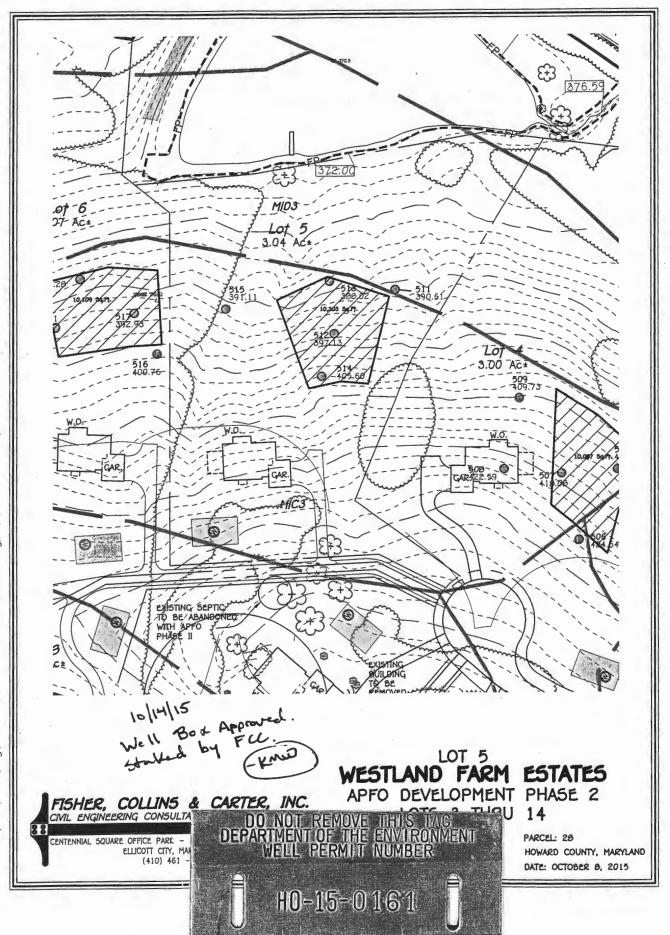
Maura J. Rossman, M.D., Health Officer

## 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.

complete form is required prior to use and Occupancy approval.
Company Name: FORES WITH PUMP + WATER TYPE TELEPHONE #: 410 795 51070  Address: Story of the Company Name: 410 795 51070
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# \( \omega \) \( \omeg
*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: Williamsh na Grup Telephone #:  Subdivision: WSHUNG FORM D Lot #: S Well Tag #: HO-15-0161  Site Address: 12526 WSH and Ct  FU HON, MY 20759
Submersible Pump Data  Make:
Plping to house Type:   '   DO   DO   DO   PVC sleeve to undisturbed soil at wall penetration:   Length of sleeve(5' minimum from foundation):   Compared to the sleeve of
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 <u>cannot</u> be accomplished, contact this office for approval prior to
Signature of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer
Date Insp. Requested: Date Insp. Approved: Inspector: LR
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

(Revised form 10/24/2018)



INFORMATION-GIVE NUMBER AND WRITE 1800 WASHINGTON BLVD BALTIMORE MARYLAND, 21230