C 1 | 0210 | SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER A-34933

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 07/26/89

Depth of Well: 295 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-83-0772

OWNER: Crosby (last name) Development Co. (first name)

STREET OR RFD: Sharp Rd. TOWN: Glenwood

SUBDIVISION: Stanley Sharp Sub SECTION: LOT: 7

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	FEET TO	Check if water bearing
Sand Stone	0	48	
Gray Mica Rock	48	295	

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 IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes **Y** / no **N**

TYPE OF GROUTING MATERIAL

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 35 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL **CO** CONCRETE **PL** PLASTIC **OT** OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	55

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL **BR** BRASS BRONZE **HO** OPEN HOLE **PL** PLASTIC **OT** OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	53	285
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING / LOG INDICATOR / OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20

WHEN PUMPING 64

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 (CIRCLE) (YES or NO) YES (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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above / (−) below LAND SURFACE 2 (nearest foot)

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)

N

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 (1 2 3 6) 5682 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER (70 79): HO-88-0772
fill in this form completely

Date Received (APA) (8 13): 05/24/89

OWNER INFORMATION

(15 Last Name / Owner / First Name 34): Crosen Development Co
(36 Street or RFD 55): 3775 Shady Lane
(57 Town / 70 State 72 / Zip 76): Glenwood MD 21738

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne (77 License No. 80: 238)
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy 21771
Signature: Joseph L. Mayne Date: 5/22/89

B 2 (1 2)

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) (8 12): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) (14 20): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) (22)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL (24 28): 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
(30-37) AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY (39)
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) (41 52):

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER (54 63): GAP

FORCE (67 68) WRITE INITIALS IN BOX: CW PERMIT No. (70 71 72 73 74 75 76 77 78 79): HO-88-0772

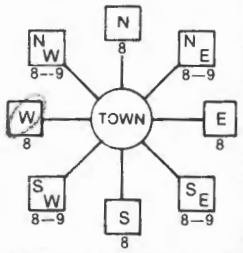
B 3 (1 2)

LOCATION OF WELL

(8 COUNTY 21): HOWARD
(23 SUBDIVISION 42): CHARLES SHARP SUB.
SECTION (44 46): LOT (48 50): 7
(52 NEAREST TOWN 71): GLENELG
MILES FROM TOWN (enter 0 if in town) (73 76 77 78): 1 1/10 MI

B 4 (1 2)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



(11 NEAR WHAT ROAD 30): Sharp Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD (34 37): 220
ENTER FT or MI (38 39): FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD COUNTY NO.: A-34733
STATE SIGNATURE _____ INSERT S (41)
DATE ISSUED (43 48): 06/16/89 CO SIGNATURE: Craig Williams EXP. DATE: 12/16/89
NORTH GRID (50 55): 52000
EAST GRID (57 63): 049700

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

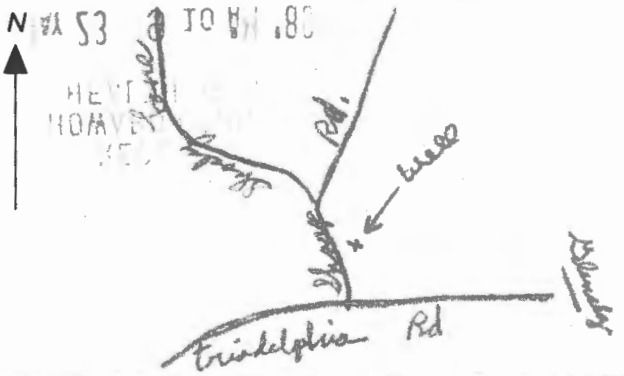
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 497
N 529
000
000

7/12/89 NO INSP

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

COUNTY

Page ____ of ____
Date 7/12/89

Review ok 8/14/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0772
Location of property (road) SHARP RD.
Subdivision CHARLES SHARP SUB. Lot 7 Block ____ Plat ____ Sec. ____
Well Driller JOSEPH MAYNE Owner CROSEN DEVELOPMENT

Depth of well 285'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 20'

I. High rate pumping -- reservoir drawdown

Time pump started 8:20 Pumping rate 20 gpm.
Total time 15 min to reach pumping water level 64 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:35	64	3		20
8:50	64	6		10
9:05	64	6		10
9:20	64	6		10
9:35	64	6		10
9:50	64	6		10
10:05	64	6		10
10:20	64	6		10
10:35	64	6		10
10:50	64	6		10
11:05	64	6		10
11:20	64	6		10
11:35	64	6		10

HD-224

HOWARD COUNTY HEALTH DEPARTMENT

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.

Company Name: K+T Plumbing Telephone # 443-8449073
Address: Po Box 2153
Westminster MD 21158

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
License # and ~~name of~~ individual responsible for the field installation
Name (Print): Tom Dimaggio License# 21451

***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: Gokberg Telephone #: 301 339 0000
Subdivision: Lot #: Well Tag #: HO - 81 - 0772
Site Address: 3985 Sharp Rd
Glenwood MD 21738

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Dayton	Make: Simmons	Two piece watertight cap: ✓
Model #: 12784	Model#: 15225D	Screened, vented well cap ✓
Pump Capacity: 5	GPM Depth: 48 (36" min)	Cap secured to casing: ✓
Well Yield: 12 GPM	GPM NSF/WSC approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 300 (feet)		Conduit secured to well cap: ✓

If pump capacity exceeds well yield, a low water cut-off switch is required by NSPC 1990 Section 17.8.4
Must circle one: Torque arrestors / Cable guards / (Other acceptable method used)
Safety rope, if used, attached to brass rope adapter ~~or other acceptable method~~ inside of well casing N/A

Piping to house	House Connection
Type: Poly	PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: 250 (160 psi min)	Length of sleeve(5' minimum from foundation): ✓
Depth of supply line: 48 (36" min)	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.

Thomas A. DiMaggio Jr 3/30/20
Signature of company representative responsible for installation date

For Health Department Use Only – Not to be completed by Installer

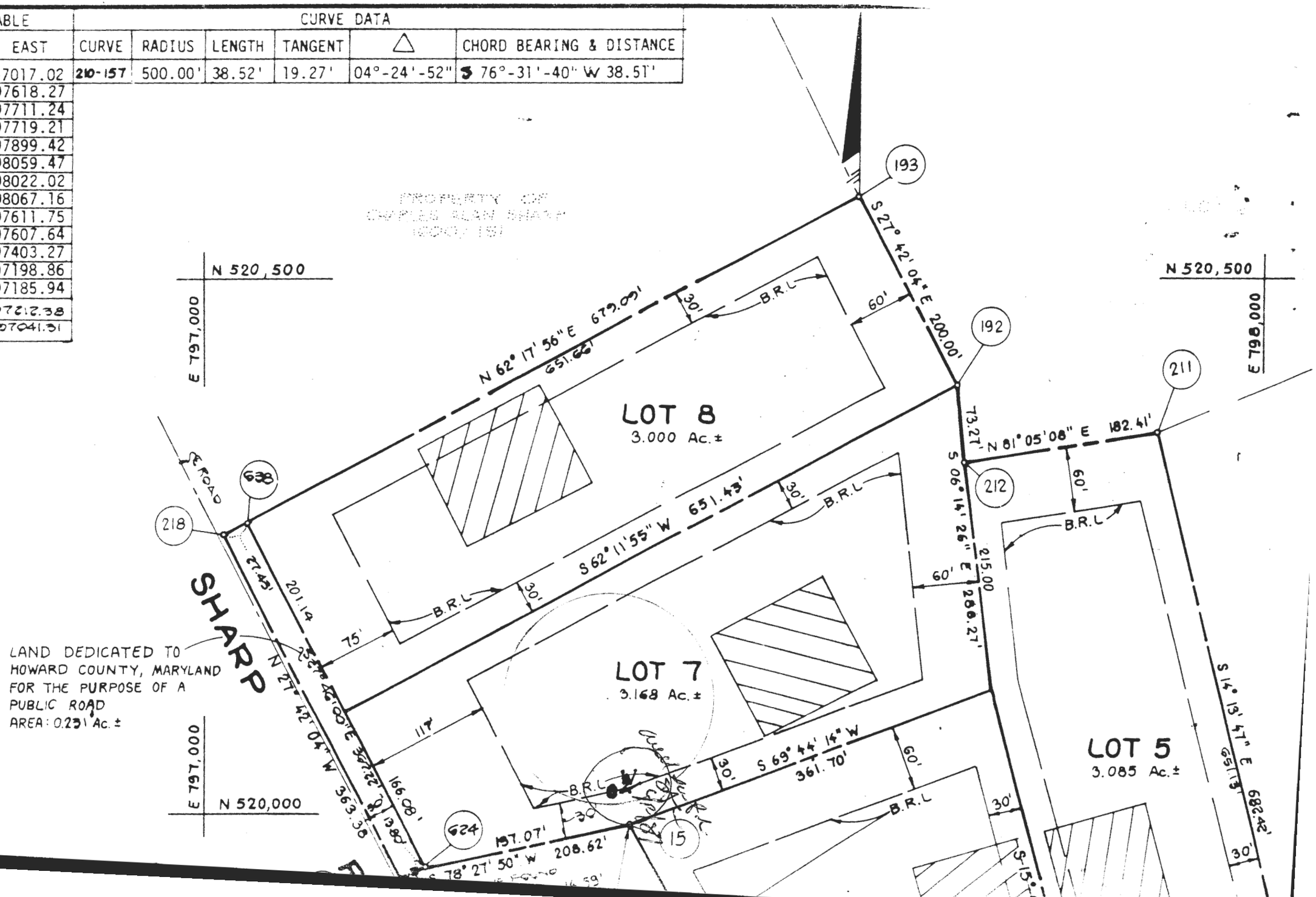
Date Insp. Requested: _____ Date Insp. Approved: 3/31/20 Inspector: [illegible]

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 ✓

(Revised form 10/24/2018)

COORDINATE TABLE		
PT	NORTH	EAST
218	520261.28	797017.02
193	520576.96	797618.27
192	520399.88	797711.24
212	520327.05	797719.21
211	520355.32	797899.42
210	519724.16	798059.47
157	519715.19	798022.02
217	519693.83	798067.16
147	519602.88	797611.75
146	519623.49	797607.64
15	519988.06	797403.27
14	519946.34	797198.86
143	519939.55	797185.94
624	519949.10	797212.38
638	520274.03	797041.31

CURVE DATA					
CURVE	RADIUS	LENGTH	TANGENT	△	CHORD BEARING & DISTANCE
210-157	500.00'	38.52'	19.27'	04°-24'-52"	S 76°-31'-40" W 38.51'



CHARLES SHARP

A 34733

SUBDIVISION: SHARP Property LOT NUMBER: ~~#5~~ LOT 7

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3.5 feet below original grade.

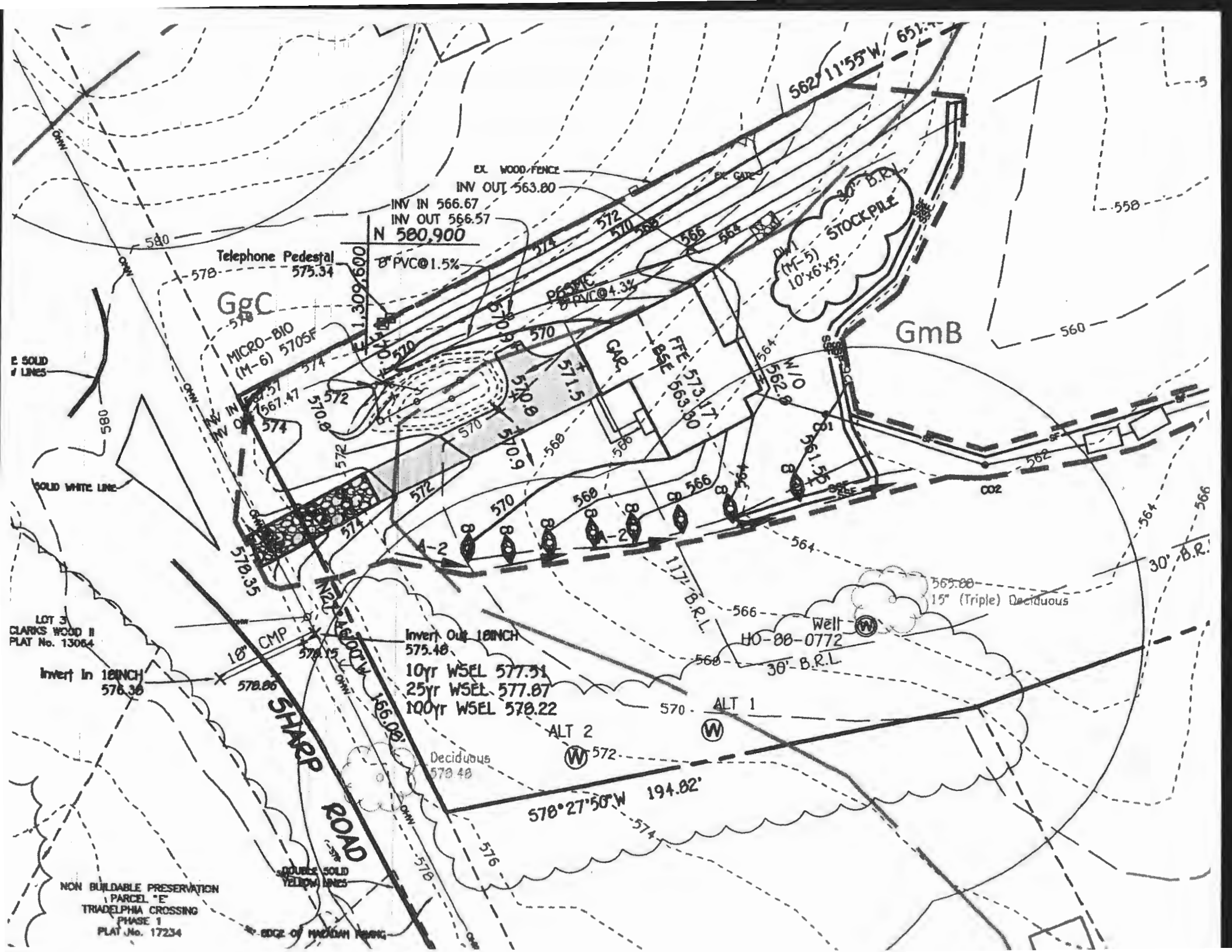
Bottom maximum depth 7.5 feet below original grade.

Effective area begins at 3.5 feet below original grade.

4.0 feet of stone below distribution pipe.

NOTE:
(1) No trench to exceed 100 feet in length.
(2) If more than one trench used, a distribution box is required.
(3) Trenches to be installed on level ground.
(4) Call for inspection of trench before gravel is installed.
(5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
(6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: Beginning From THE REAR RIGHT CORNER PLACE THE FIRST TRENCH 215 Ft DOWN THE RIGHT (361.70') LOT LINE AND 30 Ft FROM The SAME LOT LINE AS SEEN WHEN FACING THE LOT FROM SHARP Rd. RUN TRENCHES ON CONTOUR TOWARD THE REAR LOT LINE. 7-21-88 S. Abell



S62°11'55"W
EX. WOOD FENCE
INV OUT 563.80
INV IN 566.67
INV OUT 566.57
N 580,900
Telephone Pedestal
575.34
8" PVC@1.5%
1,309,600
GgC
MICRO-BIO
(M-6) 570SF
INV IN 567.57
INV OUT 567.47
PGSMC
8" PVC@4.3%
GAR
FFE 573.17
BSE 563.30
W/O
562.8
STOCKPILE
DW1
(M-5)
10'x6'x5'
30' B.R.L.
GmB
CO1
CO2
A-2
117' B.R.L.
30' B.R.L.
565.88
15" (Triple) Deciduous
Well
HO-88-0772
30' B.R.L.
ALT 1
ALT 2
Deciduous
578.48
578°27'50"W 194.82'
SHARP ROAD
166.08'
18" CMP
Invert Out 18INCH
575.48
10yr WSEL 577.51
25yr WSEL 577.87
100yr WSEL 578.22
Invert In 18INCH
576.38
578.86
578.15
578.35
LOT 3
CLARKS WOOD II
PLAT No. 13064
SOLID WHITE LINE
DOUBLE SOLID
YELLOW LINES
EDGE OF MACADAM PAVING
NON BUILDABLE PRESERVATION
PARCEL "E"
TRIADELPHIA CROSSING
PHASE 1
PLAT No. 17234