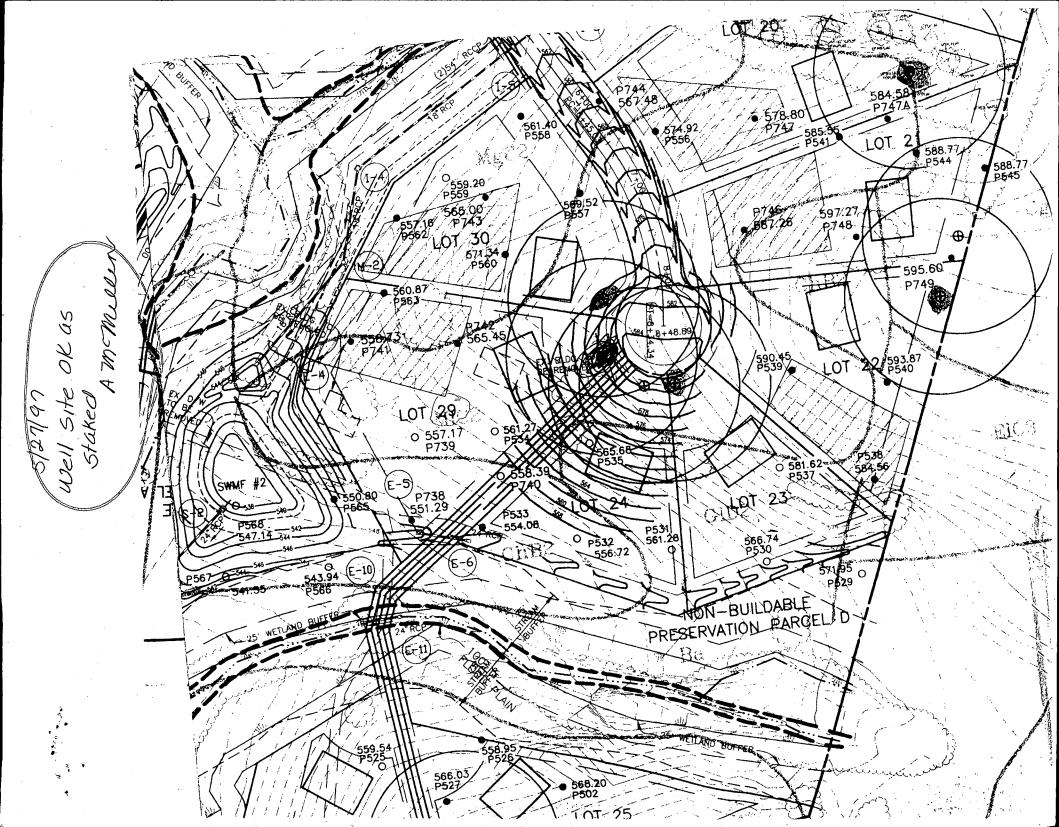
C 1 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBERAS TO BE PUNCHED IN COUR. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 50560 U	
ST/CO'USE ONLY DATE WELL COMPL DATE Received		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	22 <b>380</b> 26 20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
OWNERSDC	first name	11) # 500	
STREET OR RFD	<u> </u>	LOT 29	
WELL LOG  Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	<u>C 3</u>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 3	
DESCRIPTION (Use FEET check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)	
3551119	NO. OF BAGS 15 1998 NO. OF POUNDS 15 1998 GALLONS OF WATER	PUMPING RATE (gal. per min.)	
Sand o 59 Gray Mica, S7 380'	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket	
5.00	from 0 ft. to 55 ft. to 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)	
Gray Mica 57 380	casing CASING RECORD types	BEFORE PUMPING $\frac{33}{17}$ ft.	
Rock	(insert appropriate) STEEL CONCRETE	WHEN PUMPING $\frac{303}{22}$ ft.	
	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)	
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine	
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)	
	60 61 63 64 66 70	J jet Submersible	
	E OTHER CASING (if used) A diameter depth (feet)	27	
	H inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO)	
		(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION	
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED	
	or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.	
	(appropriate ) BRONZE HOLE	CAPACITY: GALLONS PER MINUTE	
	below PLASTIC OTHER	(to nearest gallon) 31 35  PUMP HORSE POWER	
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH 41	
yes (no.)	140 59 380	(nearest ft.)	
WELL HYDROFRACTURED Y N	A 8 9 11 15 17 21 C 2	ànd enter casing height)	
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	H	LAND SURFACE	
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	R 38 39 41 45 47 51 E	49 / 50 51	
HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS	
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	DIAMETER (NEAREST OF SCREEN INCH) 56 60	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES	
KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)	
DRILLERS LIC. NO. 1 M S D Q 2 4 1	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68  MDE USE ONLY	1 1	
C LIC. NO. 1 M S D 0 2 7 1	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q		
SITE SUPERVISOR (sign, of driller or journeyman	70 72 76 76 76	1 Mag	
responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA		

B 1 SEQUENCE NO. (MDE USE ONLY)		MARYLAND		STATE PERMIT NUMBER		
1 2 3 6 5	PERMIT TO	DRILL WELL	. ] 4	40-94-11712		
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please pri	nt or type	70	fill in this form completely 79		
Date Received (APA)		B 3 .	LOCATIO	ON OF WELL		
4 122 197 OWNER INFORMATION		HAWAR	$\mathcal{O}$	1		
8 MM DD YY 13		8 COUNTY		21		
SDC		LStiegh	OR PR	operty		
15 Last Name Owner First Name	34	23 SUBDIVISION	, _ , _ ,	42		
1.0. BOX 417		SECTION L	LOT L_	<u> 29 </u>		
36 Street or RFD	55	44	46 48	50		
ELLicott City MD 2104.	<u> </u>	West F	RIENUS	h.p		
57 Town 7 70 State 72 Zip  DRILLER INFORMATION	76	52 NEAREST TOWN 71				
0 1 1 00		MILES FROM TOWN (enter 0 if in town)				
Driller's Name 76 License N	24	B 4	*	73 76 77 78		
de la de la companya	40. 01	1 2	(1)	1 + 10		
Firm Mame	\$	DIRECTION OF WELL FRO TOWN (CIRCLE BOX)	OM   11	NEAR WHAT ROAD 30		
con Did- Rd not 1: 14		[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [		NOTTH		
Address Address	4. 2/2/			HICH SIDE OF ROAD LE APPROPRIATE BOX)		
1 17-1 41	2,60		CINCI	WEE		
Signature Date	B1 [4]	[W]—(TOWN)—[	Ε	34 20 37 ENTINE		
B 2 WELL INFORMATION			8	DISTANCE FROM ROAD		
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8	12		1	ENTER FT OR MI 38 39		
AVERAGE DAILY QUANTITY NEEDED	•			BLK: PARCEL		
(GAL PER DAY) 14	20	8	TAX WAF.	BLR FANCEL		
USE FOR WATER (CIRCLE APPROPRIATE BO	OX) <sup>or</sup>	NO	OT TO BE FILL	ED IN BY DRILLER		
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		H	EALTH DEPAR	TMENT APPROVAL		
F FARMING (LIVESTOCK WATERING & AGRICULTURAL		Howas	deo	A50560U		
IRRIGATION		COUNTY NAME STATE	pier reconstitution of the second	COUNTY NO.		
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.		SIGNATURE	· · · · · · · · · · · · · · · · · · ·	/INSERT S		
OTHER (REQUIRES APPROPRIATION PERMIT)		DATE ISSUED		41		
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL		05-27-0	48 CO SI	Milon 5-21-98		
	•	NORTH	The same of the sa	EAST 8/4 000		
TEST, OBSERVATION; MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		GRID <u>うろ</u>	<u>% 000</u> 0	RID <u>&amp; / 24 000</u>		
	<del></del>	CHOW MA IOD FEA	TURES OF			
APPROXIMATE DEPTH OF WELL \( \sum_{300} \) FEET		SHOW MAJOR FEA BOX & LOCATE WE		6/27/97		
APPROXIMATE DEPTH OF WELL 24 28		WITH AN X	• • •			
APPROXIMATE DIAMETER OF WELL	NEAREST	SOURCES OF DRIL				
ATTIONIVATE BIAMETER OF WEEL	— INCH	1. WeLL				
METHOD OF DRILLING (circle one)		3.		#		
	d & DRIVEN	* .	• • • • •			
30 AIR-ROTary AIR-PERcussion ROTARY (Hydr	aulic Rotary)	WRITE THE BOX N	UMBER			
CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HI	ERE			
other	<u> </u>	-	. ♦.			
REPLACEMENT OR DEEPENED WELLS	S .	E&	184	- 000		
(CIRCLE APPROPRIATE BOX)	. ·	·		őőő		
THIS WELL WILL NOT REPLACE AN EXISTING WELL		N <u>3</u>	208			
THIS WELL WILL REPLACE A WELL THAT WILL BE	<i>A</i>			LOCATION OF WELL IN		
ABANDONED AND SEALED  THIS WELL WILL REPLACE A WELL THAT WILL BE USED	· Service of	DISTANCE FROM V		ROADS AND GIVE T ROAD JUNCTION		
39 [5] AS A STANDBY-CONTACT LOCAL APPROVING AUTHORIT			1 mD9			
FOR POLICY ON STANDBY WELLS  THIS WELL WILL DEEPEN AN EXISTING WELL			0.1			
	i a sa t	- 4	My F			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41	52	N		F\$		
	, b	<b>A</b>	( <b>3</b> )	33		
Not to be filled in by driller (MDE OR COUNTY USE	ONLY)	T	$\mathcal{J}$	<u> </u>		
APPROP. PERMIT NUMBER G A P		a Y	inder 1	المراجع المراجع		
WRITE 54	63		)			
FORCE AM INITIALS IN BOX PERMIT No. HO - 94	1176	4	* 22			
67' 68 70 71 72 73 74 75 7	6 77 78 79	1 7				
SPECIAL CONDITIONS  NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	<b>*</b>	and the same	<b>59 €</b>	₩		

COUNTY



8/25/00

## HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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 Flumbing 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: Strategy Telephone #: 301 4285900 Address: 33167 Frequence Address: 33167 Frequence Address: 301 4285900					
(Must circle one Licensed Plumber) Licensed Well Duller Licensed Well Pump Installer License # and name of individual responsible for the field installation:					
Name (Print): Plank Oficially Licenses 1786.7					
A licensed individual must perform the actual installation. Apprentices must be under the direct					
supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be					
subjected to field verification.					
Name of Property Owner: TACOGSEN Homes Telephone #: 14/16 792 7/72					
Subdivision: Lyndon Brok Lot #: 29 Well Tag #: HO -94 - 1176 Site Address: 2/12 Whotman Way					
West Founds no ma					
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit					
Make: Make: Constell Two piece watertight cap:					
Model #: Screened, vented well cap: Screened, vented well cap: 42 (36" min) Cap secured to casing:					
Pump Capacity 73 GPM Depth: 42 (36" min) Cap secured to casing: Well Yield: 3 GPM NSF approved: Conduit min 18" B. C.:					
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap:					
If pump espacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4					
Torque arrestors or Cable guards are required. Must circle one					
Safety rope, if used, attached to inside of well casing with eye bolt					
Piping to house House Connection					
Type: PVC sleeved to undisturbed soil at wall penetration:					
PSI (160 psi min) Approximate length of sleeve:					
Depth of supply line (36" min) Sleeve caulked and 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.					
16 Emund 8/24/2000					
Signature of company representative responsible for installation date					
For Health Department Use Only - Not to be completed by Installer					
Date Insp. Requested: \( \frac{1}{3} \) \( \frac					
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					

## MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

***	WATER WELL ABANDONMENT-SEALING REPORT I	FORM	******	<i>§</i> *****
SUBM	MIT COPIES OF COMPLETED FORM TO:  COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)		•. •	
* '	WELL OWNER			
*	MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM		•	•
DATE	E WELL ABANDONED: $\frac{2/22/97}{}$ (month/day/year)			
				7
* -	PERMIT NUMBER OF ABANDONED WELL (if any)			]
*	PERMIT NUMBER OF REPLACEMENT WELL	9 4 H 1 1	76	]
.★	PERSON ABANDONING WELL: Hatfields WELL DRILLI	ERS LICENSE NUMBER: _		
*	OWNER'S NAME: SAC Development			
*	WELL LOCATION:		<del> </del>	
	COUNTY: HOWARD CO.  NEAREST TOWN: W. Friend Sinip  TAX MAP 15 BLOCK PARCEL 40  SUBDIVISION: SECTION: LOT: 29			
	MARYLAND GRID COORDINATES  E 8/5,000	1-1-12	10	
	BOX NUMBER  N 532,000  TYPE OF WELL BEING ABANDONED:	1 000 m 3 3	OFFICE UP	
*	TYPE OF WELL BEING ABANDONED:	SHOW WELL LOCATE		
	DRILLED JETTED BORED/AUGUERED HAND DUG OTHER (specify)	LOG OF SEALING		ΔL
	USE CODE:			
		MATERIAL	FEET	
	DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL		FROM	ТО
٠.	TEST/OBSERVATION	concrete	0	5.0
* .	TYPE OF CASING:			
	STEEL PLASTIC	1/06	5.0	6.0
	STEEL TEASTIC CONCRETE OTHER (specify)	clean		
		stone n"		
*	SIZE OF CASING: INCHES IN DIAMETER	2		
★	DEPTH OF WELL: * 60' FEET DEEP			
*	WAS ANY CASING REMOVED? YES NO if yes, length removed, in feet:			
*	WAS CASING RIPPED OR PERFORATED? YES NO		<u>.</u>	
من	Any Millen, R.S.	12/22/97		
SIGN	ATURE, MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE #	DATE		
DENV	V 828 JULY 1993	<b>对于我们的</b>		