

1 2 3 6
 (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

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A # 3990143750**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **09/14/59** Depth of Well 22 **295** 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-88-0575**

OWNER **ALTOGETHER LTD. PART** last name **TWELVE HILLS** first name TOWN **DAYTON**
 SUBDIVISION **TWELVE HILLS** SECTION **3** LOT **16-11**

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		Check if water bearing
	FROM	TO	
Top soil	0	2	
Shale	2	40	✓
Mika	40	70	
Sandstone	70	75	✓
Mika	75	240	
Sandstone	240	245	✓
Mika	245	285	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **73**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **PL** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **49**

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

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	49	237
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)

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 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. **453**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Frank H. [unclear]

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

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 (E.R.O.S.) WQ
 70 72 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.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **40**
 WHEN PUMPING **75**
 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
 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 } LAND SURFACE [] (nearest foot)
 - below }

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)
Handwritten diagram showing well location relative to structures and landmarks.

B 1 **6841** 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

40-88-0595
 fill in this form completely

Date Received (APA)

12/6/88

OWNER INFORMATION

ALTOGETHER LTD PART
 15 Last Name Owner First Name 34
10176 BALT NAT PIKE
 36 Street or RFD 55
ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

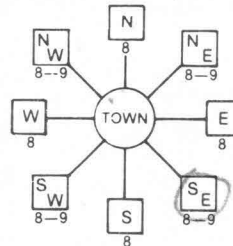
HOWARD
 8 COUNTY 21
TWELVE HILLS
 23 SUBDIVISION 42
 SECTION **3** 44 46 LOT **46** 48 50
DAYTON
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** 73 **MI** 76 77 78

DRILLER INFORMATION

Frank Delph 453
 Driller's Name 77 License No. 80
Frank Delph Well Drillers Inc.
 Firm Name
18234 Penn Shop Rd Mt Airy Md.
 Address
Frank Delph 12/14/88
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Twelve Hills Rd
 11 NEAR WHAT ROAD 30
Oaks Cr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



2
 34 **400** 37
 DISTANCE FROM ROAD

ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL **43750**

HOWARD COUNTY NAME
 COUNTY NO. **A# 39901**
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **150989** **James E. Madson** 11/9/89
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **512000** EAST GRID **0811000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

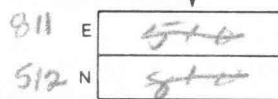
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTary DRIVE-POINT
- other _____

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



9/2/89 NO INSP
48' CASING
45' OPEN
12 BAGS
GROUTED
MR 9/18/89

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 - THIS WELL WILL DEEPEM 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 _____ **G A P** _____ 54 63

FORCE **JN** WRITE INITIALS IN BOX PERMIT No. **40-88-0595**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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 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: Pipe Rite Plumbing Telephone #: 410-788-3080
Address: 465 Lafayette Ave
Baltimore, MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): George Baker License# 2214

*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: Stephens Telephone #: _____
Subdivision: Twelve Hills Lot #: 41 Well Tag #: HO 88-0595
Site Address: 14003 Twelve Oaks Ct
Clarksville, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Meyer Make: Martinson Two piece watertight cap:
Model #: ZST-72-S Model#: B10K Screened, vented well cap:
Pump Capacity 9.5 GPM Depth: 48 (36" min) Cap secured to casing:
Well Yield: 7 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 35 (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
(torque arrestor) 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: Plastic PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 72 (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.

George Baker 10-30-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 9/7/01 Date Insp. Approved: 12/18/01 BB/KG
Inspection Data: Pitless adapter and 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 → Covered, Will Accept
Safety rope installed inside of well 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