

C1 0234

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

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 12 2001

Depth of Well 240 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2915

OWNER Crosen Homes STREET OR RFD 685 W. Watersville Rd TOWN Mt. Airy SUBDIVISION Strip Farm SECTION LOT P. 241

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (17), NO. OF POUNDS (1598), GALLONS OF WATER (102), DEPTH OF GROUT SEAL (0 to 36 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (40).

OTHER CASING (if used) Form: diameter inch, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (insert appropriate code below: ST, BR, HO, PL, OT), DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

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...

DRILLERS LIC. NO. 1 MSD 094, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 M D

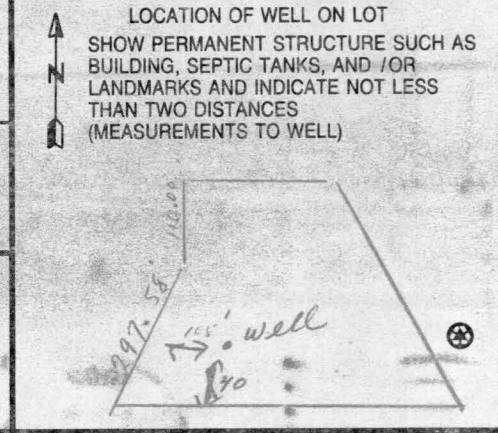
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3 PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (10 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (37 ft), WHEN PUMPING (93 ft), TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (nearest ft.) (43-47), CASING HEIGHT (circle appropriate box and enter casing height) (+ above, - below) LAND SURFACE (2) (nearest foot)



B 1 03735
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

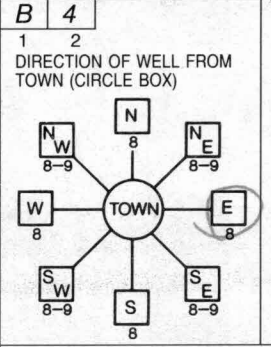
STATE OF MARYLAND
PERMIT TO DRILL WELL
W51472 please print or type

STATE PERMIT NUMBER
HO - 94 - 2915
70 fill in this form completely 79

Date Received (APA) 12/22/00
8 MM DD YY 13
OWNER INFORMATION
15 Last Name Owner First Name 34
Grosen Homes
36 3825 Shady Lane Street or RFD 55
57 Glenwood Md 21738 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Stein Farm 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Mt. Airy 71
MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION
Driller's Name Joseph L. Mayne M S D 024 76 License No. 81
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd Mt. Airy 21771
Signature Joseph Mayne Date 12/21/00



B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
685 West Watersville Rd.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 2 BLK: PARCEL 241

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 01/09/01 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 555 000 EAST GRID 0766 000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

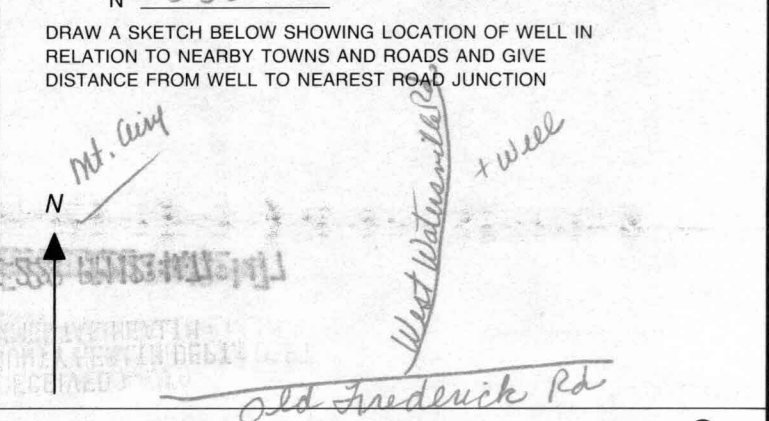
APPROXIMATE DEPTH OF WELL 300 FEET 24 28
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 760
N 550

1/12/01 9:30
No Inspection
(BB) +

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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. HO - 94 - 2915
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Willoughby PLUMB Telephone #: 410-781-7051
Address: 10023 PATRICK DR
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License# 6992

*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: CRUSEN BUILDERS Telephone #: 410-781-7051
Subdivision: Ston Farm Lot #: _____ Well Tag #: HO 44-2915
Site Address: 1085 W. WATERVILLE
MOUNT AIRY MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>JACUZZI</u>	Make: <u>ITALVALD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>390</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity 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: <u>CRESTLINE</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1" (160 psi min)</u>	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

Signature of company representative responsible for installation: Chris Willoughby date: 4-20-01

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

Date Insp. Requested: 4/23/01 Date Insp. Approved: 4/23/01 OK (SRK)
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
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



3825 Shady Lane
Glenwood, MD 21738

CHARLES ALAN SHARP
and
DENISE DOERER SHARP
Liber 4252 Folio 195
65,941 sq. ft.
or
1.5139 Acres

CHARLES ALAN SHARP
and
DENISE DOERER SHARP
Liber 4252 Folio 275
134,408 sq. ft.
or
3.0856 Acres

CHARLES ALAN SHARP
and
DENISE DOERER SHARP
Liber 4252 Folio 234
114,371 sq. ft.
or
2.6256 Acres

(685) West Watersville

N 28°54'23" E 6.01'
N 28°54'23" E 6.01'
N 28°54'23" E 6.01'
N 28°54'23" E 6.01'

PK NAIL SET
EX. 20' MAC.
PAVING

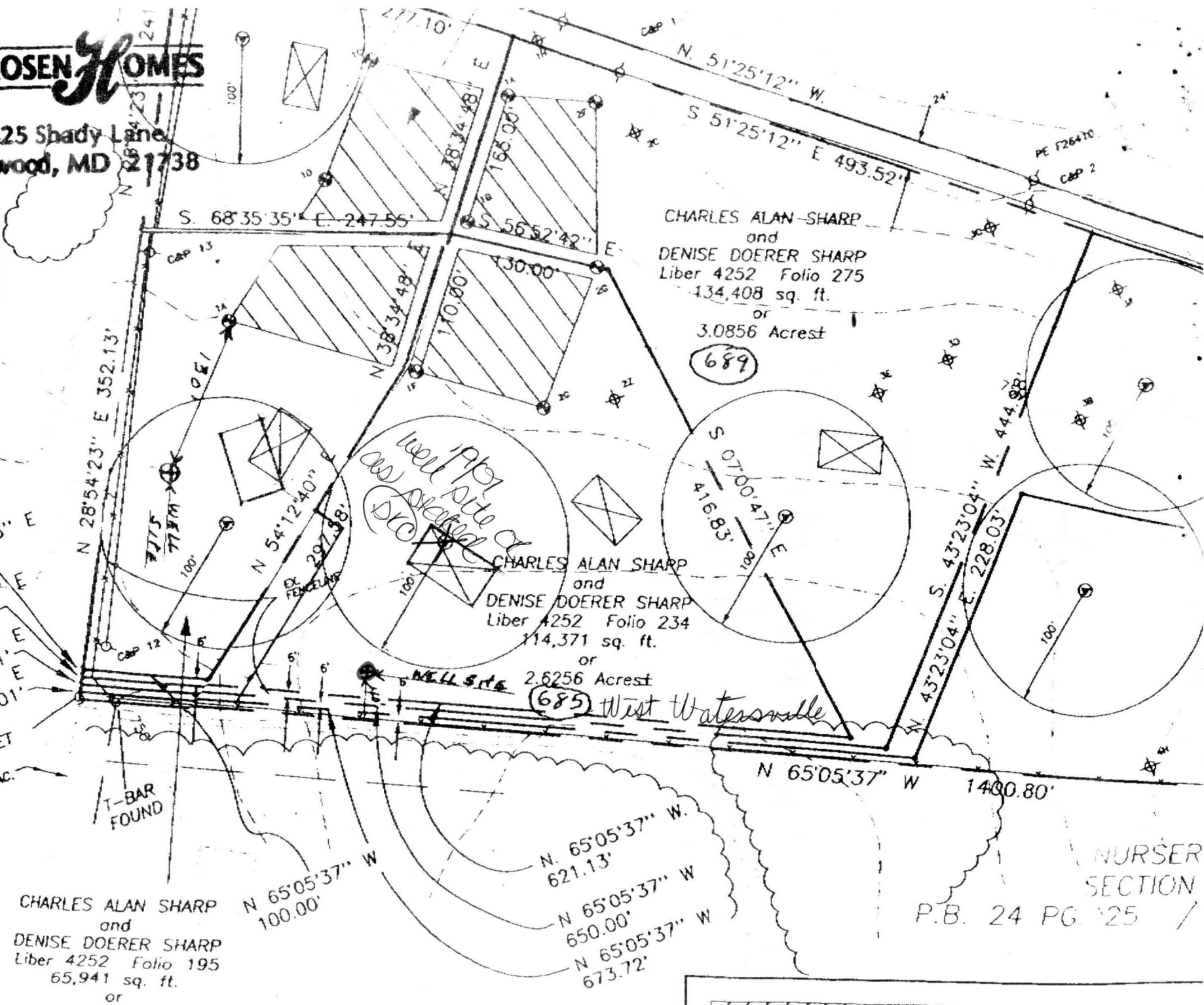
T-BAR
FOUND

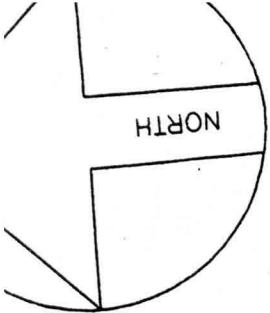
N 65°05'37" W
100.00'

N 65°05'37" W.
621.13'
N 65°05'37" W
650.00'
N 65°05'37" W
673.72'

NURSER
SECTION
P.B. 24 PG. 25 /

THIS AREA DESIGNATES





12/19/01 B00B3640
Proposed pool
O.K. BB/KG

416.8

