1 0715 SEQUENCE NO. (MDE USE ONLY)		NO. NLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
			FILL IN THIS FORM COMPLETELY	COUNTY ON SRK	
IN COLS 3-6 ON ALL CARDS	S)		PLEASE TYPE	PERMIT NO	
ST/CO USE ONLY DATE WELL COMPLE			TED Depth of Weil	FROM "PERMIT TO DRILL WELL"	
MM DD YY	5-30-0	٩ ^٧	22 400 26	HO - 94 - 30 14	
8 13	15	2	0 (TO NEAREST FOOT)	28 29 30 31 32 33 34 33 36 37	
OWNER	Viki	na	Development		
STREET OR RFD	last name *	1. XA	Later VIII C RC TOWN	M. AIT DOM	
SUBDIVISIONST	ito far	m	SECTION	tor	
WELL L	OG		GROUTING RECORD yes no	C 3	
Not required for	driven wells		WELL HAS BEEN GROUTED	1 2 PUMPING TEST	
STATE THE KIND OF FORMATIK	ONS PENETRATED,		TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)	
DESCRIPTION (Lise	FEET	check	CEMENT CM BENTONITE CLAY BC	8 9	
additional sheets if needed)	FROM TO	bearing	NO. OF BAGS 46 20 NO. OF POUNDS 450400	PUMPING RATE (gal. per min.)	
Querburden (0 .80		GALLONS OF WATER 20	METHOD USED TO	
Blue Slate	80 400	x	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE DUbmeesbe	
			from ft. to ft.	WATER LEVEL (distance from land surface)	
			(enter 0 if from surface)	1.0 . 1	
water at 92'			casing CASING RECORD	BEFORE PUMPING 17 20 ft.	
	and the		types SIT CO	305	
			appropriate STEEL CONCRETE	WHEN PUMPING 22 25 II.	
	The Contemport			TYPE OF PUMP USED (for test)	
	and the second		PEASTIC OTHER	A air P piston T turbine	
			MAIN Nominal diameter Total depth	27 27 27 other	
	Second Second	-	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe	
			PE la Sellin	27 27 27 below)	
and the factor of the			60 61 63 64 66 70	J jet S submersible	
			E OTHER CASING (if used)	27 27	
and the second			A diameter depth (feet)		
				DRILLER INSTALLED PLIMP YES NO	
	1. A		AS	(CIRCLE) (YES or NO)	
				IF DRILLER INSTALLS PUMP, THIS SECTION	
				MUST BE COMPLETED FOR ALL WELLS.	
			screen type SCREEN RECORD	TYPE OF PUMP INSTALLED	
			or open hole ST BR (HO	IN BOX 29.	
		12103	appropriate STEEL BRASS OPEN	CAPACITY:	
				(to nearest gallon) 31 35	
			PLASTIC OTHER	PUMP HORSE POWER	
A L	24 14	61	a all I proti Annu A Alt	37 41	
	ULWELLS: 0		C 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH		
NUMBER OF UNDOCCEDOR	VAS	(100)	HO 84 400	43 47	
WELL HYDROFRACTURED			A 8 9 11 15 17 21	and enter casing height)	
	<u> </u>		C 2	LAND SURFACE	
CIRCLE APPROP	HATE LETTER		23 24 26 30 32 36 S	(nearest)	
A WHEN THIS WELL WAS COMPLETED			C 3	49 below) foot)	
			E 19/11/11/151	LOCATION OF WELL ON LOT	
P TEST WELL CONVERTED TO PRODUCTION WELL			E SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND			DIAMETER (NEAREST	BUILDING, SEPTIC TANKS, AND /OR	
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED			OF SCREEN INCH)	THAN TWO DISTANCES	
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE			from to	(MEASUREMENTS TO WELL)	
DRILLERGING NO. M. HD 2.9.0			CRAVEL PACK	N N	
DHILLERS LIC. NO.1	M M D J J J	<u>-</u>	IF WELL DRILLED	NT THE REAL PROPERTY OF	
DBILLEBS SIGNATURE			INSERT F IN BOX 68 68	1 - 1 - 1	
(MUST MATCH SIGNATURE ON APPLICATION)			MDE USE ONLY	246	
LIC/NO.1 MSD048			T (E.R.O.S.) W Q	at to	
MAD				8	
May this			70 72	K go	
SITE SUPERVISOR (sign. c	of driller or journey	man	74 75 76		
responsible for sitework if di	ifferent from permit	tee)	TELESCOPE INDICATOR OTHER DATA		

COUNTY

EMERGENCY/TEMP NO. IF ANY STATE PERMIT NUMBER STATE OF MARYLAND SEQUENCE NO. 9 6 (MDE USE ONLY) 01 PERMIT TO DRILL WELL W 515 022 please print or type fill in this form completely LOCATION OF WELL 3 В Date Received (APA) b AC 21 OWNER INFORMATION COUNTY OAIOAK 8 13 MM DD 8 12 23 SUBDIVISION 16,09 34 First Name Last Name LOT SECTION L rec 46 55 Street or RFD 0 Cr 71 ND 52 NEAREST TOWN 76 Zic 72 70 State Town MILES FROM TOWN (enter 0 if in town) DRILLER INFORMATION 76 77 78 MWD 399 raby В 4 A 81 License No. KOAY WAtersuille 2 Driller's Name DIRECTION OF WELL FROM NEAR WHAT ROAD 30 00 G TOWN (CIRCLE BOX) NORTH ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Firm Name N N E W 32 E 1204 W Address SOUTH 0 37 50 E w TOW 1ad Date Ft DISTANCE FROM ROAD Signature 5 WELL INFORMATION ENTER FT OR MI 38 39 2 B APPROX. PUMPING RATE PARCEL 245 SE. Sw 12 2 1 (GAL. PER MIN.) BLK: TAX MAP: S 50 AVERAGE DAILY QUANTITY NEEDED 20 NOT TO BE FILLED IN BY DRILLER 14 (GAL. PER DAY) HEALTH DEPARTMENT APPROVAL USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL COUNTY NAME COUNTY NO. D RRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL STATE INSERT S F SIGNATURE IRRIGATION INDUSTRIAL, COMMERICIAL, DEWATERING DATE ISSUED 22 1 EXP. DATE CO SIGNATURE PUBLIC WATER SUPPLY WELL 48 MM P DD EAST NORTH 000 TEST, OBSERVATION, MONITORING 000 T GRID 50 G GEO-THERMAL OAM Grout 23/01 SHOW MAJOR FEATURES OF BOX & LOCATE WELL NO INSP | FEET WITH AN X APPROXIMATE DEPTH OF WELL SOURCES OF DRILLING WATER Ð NEAREST 0 1. Well INCH APPROXIMATE DIAMETER OF WELL 2. METHOD OF DRILLING (circle one) Jetted & DRIVEN JETTED BORED (or Augered) WRITE THE BOX NUMBER ROTARY (Hydraulic Rotary) AIR-PERcussion 30 AIR-ROTary FROM THE MAP HERE DRive-POINT REVerse ROTary 37 CABLE other 000 REPLACEMENT OR DEEPENED WELLS 000 (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN N RELATION TO NEARBY TOWNS AND ROADS AND GIVE THIS WELL WILL REPLACE A WELL THAT WILL BE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Y ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS S 39 THIS WELL WILL DEEPEN AN EXISTING WELL D PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED N 52 (IF AVAILABLE) 41 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 610 Frederick RZ PERMIT NO 8 SPECIAL CONDITIONS AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED NOTE -2 COUNTY

DENIV Dormit 97

	f <u>2</u>		. Review	OKSRK
Date <u> </u>	- 01			6/7/01
		FIELD DATA	SHEET	
		HOWARD COUNTY WEL	L YIELD TEST	
Well Permit No	о. но <u>-</u> <u>94</u> .	3074	in Dal	
Location of p	roperty (road)	W. Watersi	IIIC KO	-
Well Driller	Harr	Let Own	er Viking Plat	Sec
	5		- VIPI J LA	<u></u>
Depth of Distance	ce of measuring r	point (M P) above a	round 1	
Static	water level (S.W	L.) below M.P.	60'	
T Wigh pate				
I. HIGH Face	e pumping rese	rvoir drawdown		
Time pun Total ti	ime $45m_{10}$ to	reach pumping wate	Pumping rate 13.0	helow M P
		reach pumping wate.		Delow M.F.
II. Recovery	pump test data -	observations to be	recorded every 15 minut	tes
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
tervals	Delow M.F.	gallon bucket	(ir used)	(gallons per minute)
0700	40'	4		15.0
6715	14,1	6		10.0
0730	218'	7		8.57
0745	296'	14		3.75
0800	300'	28		2.14
0815	304'	41		1.46
0830	305'	44	4	1.30
0845	3051	46		1.30
0900	305'	46		1.30
0915	305'	46		1.30
0930	305'	46		1.30
0945	305'	46		1.30
1000	305'	46		1.30
1015	305.	46		1.30
1030	305'	46		1.30
1045	305'	46		1.30
1100	305'	44		1.30
1115	305 '	46		1.30
1130	305.	46		1.30
1145	305.	46		1.30
1200	305'	46		1.30
1215	305'	46		1.30
1230	305 '	46		1.30
1245	305'	46		1.30

HD-224

$\frac{Page}{Date} = \frac{2}{4.27} of$	2		. Review	Oh SRH
				6/7/01
		FIELD DATA HOWARD COUNTY WEL	<u>SHEET</u> L YIELD TEST	t j
Well Permit No Location of pr	operty (road)	3074 W: Watersi	ime Rol	
Well Driller	harr	Y Lot Own	erVIPING R	Sec
Depth o Distanc Static	f well 500	oint (M.P.) above g	round	
I Wigh mate	water iever (5.w	.L.) Delow M.P	60'	
Time pump Total tin	p started <u>0700</u> me <u>45m.</u> to	rvoir drawdown > reach pumping wate:	Pumping rate 15.0 r level 296' ft.	below M.P.
II. Recovery	pump test data -	observations to be	recorded every 15 minut	tes
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1300	305'	46		1.30
130	305'	46		1.30
1330	305'	46		1.30
1345	305'	46		1.30
			De .	
			-	
HD-224				

10/20/01 Anytime 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: 4 Telephone #: Address: 15 (Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: License# 7979 Name (Print): William I Comperfaud *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. Telephone #: Name of Property Owner: 7 Lot #: 242 Well Tag # : HO - 94 - 3074 Stirn Farm Subdivision: 7 W. Watersvi Site Address: Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Two piece watertight cap: Make: Mueus Make: ampel Model #: Screened, vented well cap: Model#: D ID (36" min) Cap secured to casing: Pump Capacity GPM Depth: Well Yield: 3 Conduit min 18" B.G.: GPM NSF approved: (feet) Conduit secured to well cap: Depth of well encountered at time of pump installation: 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 House Connection Piping to house PVC sleeved to undisturbed soil at wall penetration: Type: Mastic Approximate length of sleeve: PSI: 160 (160 psi min) 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. M Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer 12 Date Insp. Approved: Date Insp. Requested: 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 NOG 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 12/17/01 Talked to HD-215(Rev. 8/00)

Plumber, Conduit to Be

TCAPL

