CII. (849 SEQUENCE NO.	STATE OF MARYLAND WELL COMPLETION REPORT	45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A 50560 ULL	
ST/CO USE ONLY DATE Received DATE WELL COMPL	ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 094 2	
OWNER SECURITY DEVEL	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
STREET OR RFD last name 3 WHI	TMAN WAY first name TOWN		
SUBDIVISION STEIGLER PR	GROUTING RECORD / Yes no	LOTI	
WELL LOG Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3 1 2 PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)	
DESCRIPTION (Use FEET check additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS 45,46,20	PUMPING RATE (gal. per min.)	
	DEPTH OF GROUT SEAL (to nearest foot) from tt. to the ft.	METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface)	
Jand 056	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING	
Gray Mila 562850	types insert appropriate STEL STEL CO CONCRETE	WHEN PUMPING	
Bock	below PL OT PLASTIC OTHER	TYPE OF PUMP USED (for test)	
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	27 C centrifugal R rotary O ther (describe below)	
	S     F     G     Q     T       60     61     63     64     66     70	J jet S submersible	
	C diameter depth (feet)		
	H C inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)	
		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
	screen type or open hole insert	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
	Insent appropriate code below STEEL BRASS OPEN   BRONZE HOLE   P L O	CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
NUMBER OF UNSUCCESSFUL WELLS:	C 2 PLASTIC OTHER		
WELL HYDROFRACTURED	1 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	$ \begin{array}{c} E & 1 \\ A \\ C \\ B \\ 9 \\ H \\ H \\ \end{array} $	CASING HEIGHT (circle appropriate box and enter casing height)	
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL	s <sup>2</sup> C 23 24 26 30 32 36	49 below LAND SURFACE (nearest) 49 foot	
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	E 3 E 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS	
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES	
TYPE: MWD/MSD/MGD DRILLERS LIC. NO.	from to	(MEASUREMENTS TO WELL)	
Joseph L Mayne	GRAVEL PACK		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	F IN BOX 68		
LIC. NO	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76	man	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70 72   TELESCOPE LOG   CASING INDICATOR	is a phil	

EMER	IGENCY/TEMP NO. IF ANY		
B 1 . 4623 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL		STATE PERMIT NUMBER
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please print or type		<sup>70</sup> fill in this form completely <sup>79</sup>
Date Received (APA)		B 3	LOCATION OF WELL
8 13 OWNER INFORMATIC	N	HOWARD	
SECURITY DEREL	OP ment	BCOUNTY.	R PROPARY
POBOX417		23 SUBDIVISION	
36 Street or RFD ELLICOTTOTY	55 121047	SECTION 44 46	$\frac{1}{48} \frac{50}{50}$
57 Town 70 State DRILLER INFORMATION CIRC	e 72 Zip 76 CLE: MSD/MGD/MWD	52 NEAREST TOWN MILES FROM TOWN (ente	
Driller's Name	2 4 77 License No. 80		73 76 77 78
psyst K. Mayne Well Du	elling	B 4 1 2 DIRECTION OF WELL FROM	Whitman Way 11 NEAR WHAT ROAD 30
3512 Ridge Rd. Mt. a	ery md. 217/	TOWN (CIRCLE BOX)	ЮЯТН
Signature	10/3/96 Date		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
B 2 WELL INFORMATION		W TOWN E	34 25 37 SOUTH DISTANCE FROM ROAD
APPROX. PUMPING RATE (GAL. PER MIN.)	12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)			38 39 TAY MAD: 15 BLK: DADCEL 40
USE FOR WATER (CIRCLE APPROPRI		8	TAX MAP: BLK: PARCEL NOT TO BE FILLED IN BY DRILLER
D HOME (SINGLE OR DOUBLE HOUSEHOLD	UNIT ONLY)		HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AGRIC	ULTURAL	HOWARD C	COUNTY NO.
22 I INDUSTRIAL, COMMERCIAL, STATE AND FE	DERAL GOV.	STATE SIGNATURE	INSERT S
PUBLIC OR PRIVATE WATER COMPANY (RE	EQUIRES	DATE ISSUED	Ammille 10/7/97
APPROVAL)		NOOTHERICAL	O SIGNATURE EXP. DATE
	REQUIRE	GRID 50	0 GRID 874000 55 57 63
	FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL _ WITH AN X	
	NEAREST	SOURCES OF DRILLING	WATER NOINSP
METHOD OF DRILLING (circle		2.	ALM
BORED (or Augered) JETTED	Jetted & DRIVEN	3. WRITE THE BOX NUMB	ÉB
37	ARY (Hydraulic Rotary)	FROM THE MAP HERE	
CABLE <u>REV</u> erse <u>-ROT</u> ary	DRive-POINT	E 81×4	
REPLACEMENT OR DEEPENED	WELLS	N 530	- 000
(CIRCLE APPROPRIATE BOX)			W SHOWING LOCATION OF WELL IN
N THIS WELL WILL NOT REPLACE AN EXISTING THIS WELL WILL REPLACE A WELL THAT WI ABANDONED AND SEALED	g well Ll be	DISTANCE FROM WELL	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
<sup>39</sup> S THIS WELL WILL REPLACE A WELL THAT WI A STANDBY-CONTACT LOCAL APPROVING A POLICY ON STANDBY WELLS	LL BE USED AS AUTHORITY FOR		12. 99
D THIS WELL WILL DEEPEN AN EXISTING WEL			si l
PERMIT NUMBER OF WELL TO BE REPLACED OR (IF AVAILABLE) 41	DEEPENED 52		2 La
Not to be filled in by driller (MDE OR COUN	ITY USE ONLY)		
	P 63	0 Xi	the second second
FORCE 4 M WRITE NITALS PERMIT No. 4 0 - 9 67 68 N BOX	<u> - 9 4 2</u> 74 75 76 77 78 79	4 Find	Well + in it
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =		Duentin	€®

ubdivision (	STRIALPY DI	Whitman W	YIELD TEST	Sec.
Depth o Distanc	of well <u>285</u> se of measuring p	Doint (M.P.) above gr V.L.) below M.P.	r <u>Security</u> Do	evelopment
Time pum Total ti . Recovery	pump test data -	coreach pumping water	Pumping rate levelft/ recorded every 15 minut	
<i>TIME (in 15 minute in- tervals</i>	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
7:35	150'	3 Rec.	WIA	
7:50	150	3		20 gpm.
8:05	148	6		10
8:20	148	6		10
8:35	148	6		10
2:50	147	6		10
7:05	147	6		10
7:20	147	6		10
7:35	147	6	•	12
7:50	147	6		10 .
0:05	147	(e		10
0:20	147	6		
0:35	147	6		10
where the second s				
			9 (CLS3 (D) 1-55	
			9 CLS3 - D1 P 33	

Page of Date	· ·	3 hr pun 7:00	np Review	
		FIELD DATA	SHEET	
Well Permit No	. но - <u>94-е</u>	HOWARD COUNTY WEI	LL YIELD TEST	
Location of pr Subdivision Well Driller	operty (road) Dreigler Pro	Whitman Wa p. Lot ync Own	ay <u>30</u> Block Plat her <u>Security</u> De	Sec.
Depth o. Distance	f well e of measuring p		round	
I. High rate	pumping rese	rvoir drawdown		
Time pump Total tir	p started		Pumping rateft.	
			r level ft. recorded every 15 minu	
TIME (in 15	WATER LEVEL	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
		guilon bucket		minute)
		10/17/9	6	
		NO 10:	5D. Alm	
			AUT	
HD-224				

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

410 347

MICHHEL.P.GARICHND.INC.

## 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: Michael P Bertland Inc Telephone #: MID 549-1755 Address: 6984 Runkles Rd MT. Aliny MD 2171

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): <u>Michael Gartlance</u> Licenset (2002)

\*A licensed individual must perform the actual installation. Apprentices must be under the direct subjected to field verification. Licenses may be

Pitless Adapter Well Cap and Electric Conduit Make: Jacuzz/ Make: Amer Grandy Two piece watertight cap: 4c5 Model #: 12 pp Model#: PT 800 Depth: 42" (36" min) Screened, vented well cap: yes Pump Capacity 5 GPM Cap secured to casing: yes Well Yield: GPM NSF approved: 45 Conduit min 18" B.G .: 4CS Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: 4/5 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 Not used

Piping to house Type: <u>Plafic</u> PSI: <u>18c2</u> (160 psi min) Depth of supply line: <u>V2</u> (36" min)

01 03:58 FM

-17-

House Connection

PVC sleeved to undisturbed soil at wall penetration:  $\frac{\sqrt{cS}}{\sqrt{cS}}$ Approximate length of sleeve:  $\frac{4}{\sqrt{cS}}$ Sleeve caulked and sealed properly:  $\frac{\sqrt{cS}}{\sqrt{cS}}$ 

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 <u>cannot</u> be accomplished, contact this office for approval prior to installation.

Michael. Signature of company representative responsible for installation

<u>MAY 16,2001</u> date

For Health Department Use Only - Not to be completed by In	staller
Date Insp. Requested: <u>4/3/6</u> Inspection Data: Pittess 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 pittess adapter	BB

