

C1 9881

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A56429L

ST/CC USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 250 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2097

OWNER Russell Development, STREET OR RFD Open Run Road, TOWN ELICOTT CITY, SUBDIVISION Gardner Farm, SECTION II, LOT 47

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown soil, Hard Gray Granite, Hard White Sandstone.

GROUTING RECORD WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 8, NO. OF POUNDS 452, GALLONS OF WATER 48, DEPTH OF GROUT SEAL 31

CASING RECORD casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE ST, Nominal diameter top (main) casing 06, Total depth of main casing 31

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

SCREEN RECORD screen type or open hole: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED YES Y, NO N

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M 355, DRILLERS SIGNATURE Max S. Jones, LIC. NO. 1 Sub 341

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

DEPTH (nearest ft.) 110, 31, 250, E A C H S C R E E N S L O T S I Z E 1 2 3, DIAMETER OF SCREEN 56, 60

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

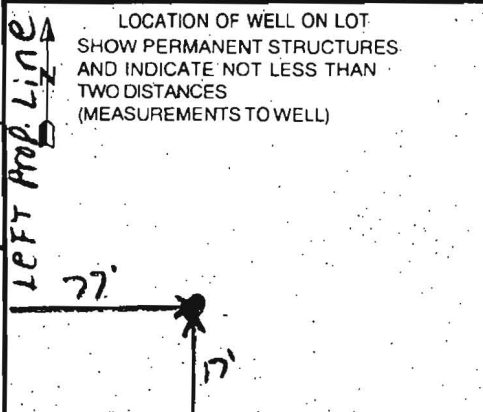
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE WATCH BUCKET, WATER LEVEL (distance from land surface) BEFORE PUMPING 25', WHEN PUMPING 28', TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 2 (nearest foot)



B 1 5142

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2097 fill in this form completely

Date Received (APA) 01 29 99

OWNER INFORMATION

Russell Development LLC, 8808 Contee Park Dr. Suite 209, Columbia MD 21045

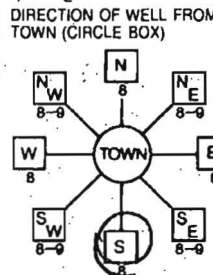
LOCATION OF WELL

Howard County, Gaither Hunt, Section 1 Lot 47, Ellicott City, 4 miles from town

DRILLER INFORMATION

Michael Barlow MW 0355, Michael Barlow Well Drilling Inc, 912 Fawn Ct Joppa MD 21085

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Open Run RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, SOUTH, EAST

DISTANCE FROM ROAD ENTER FT OR MI 38 39

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A56429 L, STATE SIGNATURE, DATE ISSUED 02 11 99, CO SIGNATURE, EXP. DATE 02 11 00

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED, AIR-ROTARY, AIR-PERCUSSION, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54, PERMIT No. HO-94-2097

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

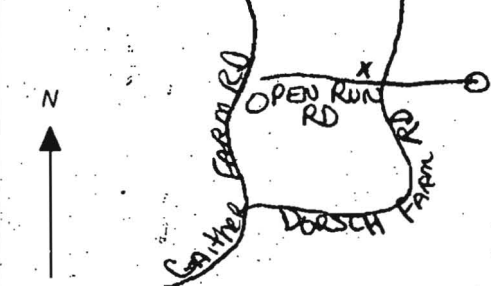
- SOURCES OF DRILLING WATER 1, 2, 3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830, N 515

location OK (SRV) Grout done days prior to Yield Test inspection (SRV) 7/8/99 (Grout scheduled 6/25)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Ellicott City, MD 21043  
 461-8933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
 Replacement

Receipt #             
 Date 4/16/00

Name of Installer LEHSAS CORP.

Telephone 442-342-6888

License Number 3344  
 Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner

Telephone

Subdivision Gaithers Hunt Lot # 47

Well Tag # 40-88-2087

Site address 1100 Dorsch Farm Rd

Pump

1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible

Motor

1. Horsepower 3/4
2. RPM
3. Voltage
  - a. 110
  - b. 220

Pitless Adapter

1. Make WILKINS
2. Model #
3. Depth 42"

2. Make Jacuzzi
3. Model # 77543-14-52
4. Capacity 5 GPM

5. Pump exceeds well capacity Yes  No
6. If Yes, is low pressure cutoff switch installed? Yes  No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Tank

1. Capacity 56 GAL
2. Pressure relief valve? YES

Piping

1. Type 1/2" P.V.C.
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"

Well data

1. Depth 23' 8"
2. Yield 6 GPM
3. Static water level 25 ft.
4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

3/9/00-WP/OK-SRK

Signature of Applicant: [Signature]

Date: 4/16/00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

