C 1 | 14167 | SEQUENCE NO. (MDE USE ONLY)

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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 512673

ST/CO USE ONLY DATE Received MM 04 DD 29 YY 03 (8–13)

DATE WELL COMPLETED MM 08 DD 05 YY 03 (15–20)

Depth of Well 22 300 26 (TO NEAREST FOOT)

DK 6/25/04 SL

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3680 (28–37)

OWNER Dale Thompson (last name / first name)

STREET OR RFD Green Hollow Way TOWN Highland

SUBDIVISION Owings Prop. SECTION _____ LOT 14

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 FROM	FEET TO	check if water bearing
Top Soil	0	2	
Sandy	2	12	
Sand Stone	12	20	
MICKA &	20	35	
Sand Stone	35	40	✓
MICKA &	40	95	
Sand Stone	95	100	✓
MICKA &	100	300	
500 AT 1 GPM well			
ABANDON & Seal			

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED yes Y / no N (44)

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M S D 47 1

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. _ _ D _ _ _ 1

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M (45 46) BENTONITE CLAY B C (45 46)

NO. OF BAGS 8 NO. OF POUNDS 500 GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 20 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

S T STEEL | C O CONCRETE | P L PLASTIC | O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	22
(60 61)	(63 64)	(66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

S T STEEL | B R BRASS BRONZE | H O OPEN HOLE | P L PLASTIC | O T OTHER

C 2 (1 2)

DEPTH (nearest ft.) — EACH SCREEN

		from (8 9)	to (11 15)	(17 21)
1		40	20	300
2	(23 24)	(26 30)	(32 36)	
3	(38 39)	(41 45)	(47 51)	

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56 60) (NEAREST INCH)

GRAVEL PACK — from _____ to _____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 4.5 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 (17 20) ft.

WHEN PUMPING 120 (22 25) ft.

TYPE OF PUMP USED (for test)

A air (27) | P piston (27) | T turbine (27)

C centrifugal (27) | R rotary (27) | O other (describe below) (27)

J jet (27) | S submersible (27)

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

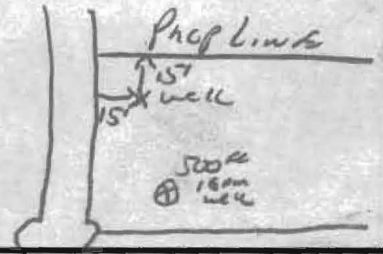
PUMP COLUMN LENGTH (nearest ft.) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above (49) / – below (49) LAND SURFACE

2 (nearest foot) (50 51)

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)



DENV-CR00

COUNTY

prop Line

EMERGENCY/TEMP NO. IF ANY

B 1 | 8973 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO - 94 - 3680

fill in this form completely

Date Received (APA): 04 11 03 (MM DD YY)

OWNER INFORMATION

Thompson (Last Name) | DALE (Owner) | Inc (First Name)

6300 WOODSIDE Ct. (Street or RFD)

Columbia (Town) | MD (State) | 21043 (Zip)

DRILLER INFORMATION

Ralph E. Mayne (Driller's Name) | MSD 117 (License No.)

Ralph E. Mayne well Drilling (Firm Name)

D024 Handy Rd. Mt Airy MD. 21771 (Address)

Ralph E. Mayne (Signature) | 6-4-02 (Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 150 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

REPLACEMENT OR DEEPENED 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
- [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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER: H 0 2 0 0 2 G 0 0 3

PERMIT No. HO - 94 - 3680

B 3 LOCATION OF WELL

Howard (COUNTY)

Owings Prop (SUBDIVISION)

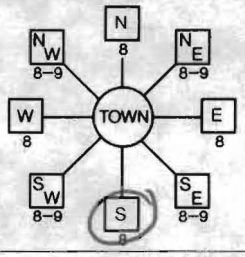
SECTION | LOT: 14

HIGHLAND (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HIGHLAND (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 1500 | ENTER FT OR MI: FT

TAX MAP: 40 | BLK: 4 | PARCEL: 44

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) | 512673 | 13 (COUNTY NO.)

STATE SIGNATURE | INSERT S

DATE ISSUED: 04 21 03 | CO SIGNATURE | EXP. DATE: 04/21/04

NORTH GRID: 491 000 | EAST GRID: 810 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

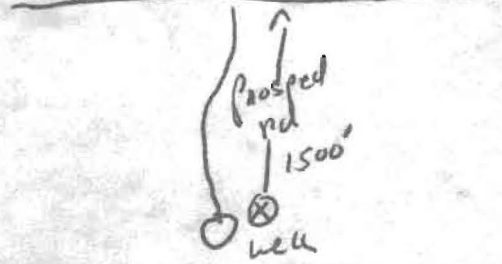
WRITE THE BOX NUMBER FROM THE MAP HERE

E 810

N 491

000
000

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.

DENV-Permit 97

② COUNTY

Page ____ of ____ Review ____

Date Aug 5 2003

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3680
Location of property (road) Green Hollow Way (off of Highland Rd)
Subdivision Owens Prop Lot 14 Block ____ Plat ____ Sec. ____
Well Driller R. Mayer Owner P. Thompson Bldrs

Depth of well 300 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 120 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	35 ft.	6 Sec		10 GPM
			Test Started	
8:45	120 ft	13 Sec		4.5 GPM
9:00	120 ft	13 Sec		4.5 GPM
9:15	120 ft	13 Sec		4.5 GPM
9:30	120 "	13 "		4.5 "
9:45	120 "	13 "		4.5 "
10:00	120 "	13 "		4.5 "
10:15	120 ft	13 Sec		4.5 GPM
10:30	120 ft	13 Sec		4.5 GPM
10:45	120 ft	13 Sec		4.5 GPM
11:00	120 "	13 "		4.5 "
11:15	120 "	13 "		4.5 "
11:30	120 ft	13 Sec		4.5 GPM
11:45	120 ft.	13 Sec		4.5 GPM

HD-224

Page _____ of _____ Review _____

Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3680
Location of property (road) Green Hollow Way (Off of Highland Rd)
Subdivision Quings Prop Lot 14 Block ____ Plat ____ Sec. ____
Well Driller R. Mayne Owner D. Thompson Bldrs

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

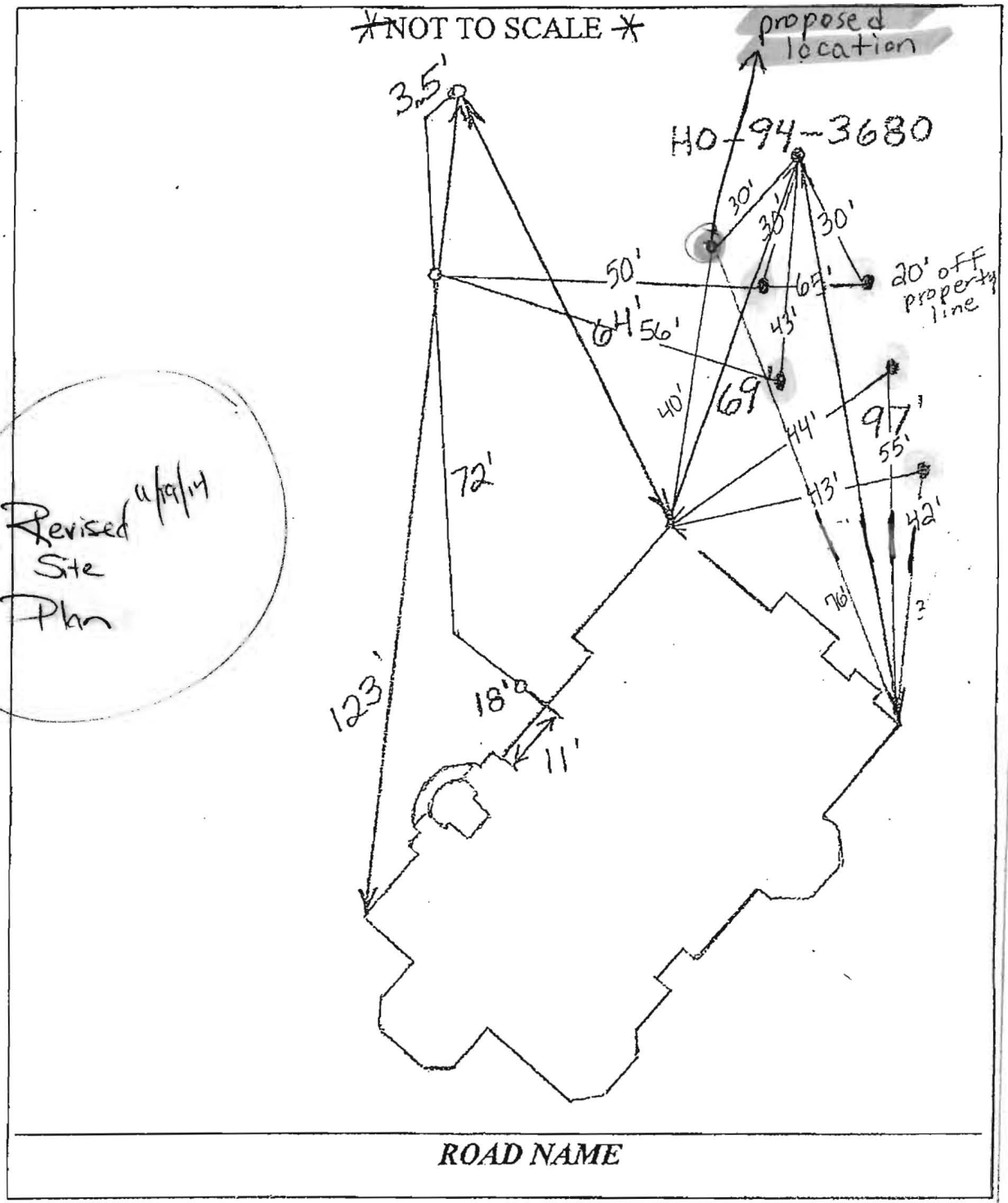
TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224

Geothermal Well Site Plan

6 bores

6831 Green Hollow Way



Revised 4/19/14 Site Plan

PRE-CONSTRUCTION:

EMERGENCY/TEMP NO. IF ANY

B 1 | 06137 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

546277 - 15

STATE PERMIT NUMBER: HO - 14 - 0125

fill in this form completely

Date Received (APA): 03/31/14

OWNER INFORMATION

Patel | Bhupendra

Last Name | Owner | First Name

4819 Naples Avenue

Street or RFD

Beltsville | MD | 20705

Town | State | Zip

DRILLER INFORMATION

Daniel Patton | M SD 163

Driller's Name | License No.

Patton Well Drilling

Firm Name

6810 Cornell Road Middle River, MD 21220

Address

Daniel Patton | 1/18/14

Signature | Date

B 3 LOCATION OF WELL

Howard

COUNTY

SUBDIVISION

SECTION | LOT 14

Highland

NEAREST TOWN

B 4

SOURCES OF DRILLING WATER

1.

2.

3.

6831 Green Hollow Way

STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, WEST W, 32 E, EAST, S SOUTH

DISTANCE FROM ROAD 45 FT

ENTER FT OR MI

TAX MAP: 0040 BLK: 0004 PARCEL 0044

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): N/A

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL — 6 wells (geobores)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard | 13

COUNTY NAME | COUNTY NO.

STATE SIGNATURE | INSERT S

DATE ISSUED 10/21/2014 | CO SIGNATURE | EXP. DATE 10/24/15

APPROXIMATE DEPTH OF WELL: 320 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

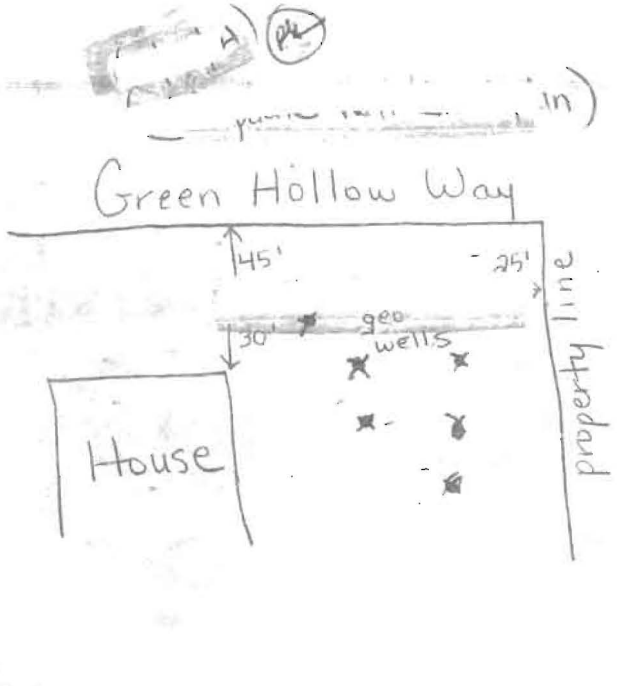
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

PROPOSED LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



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

APPROP. PERMIT NUMBER ------G---

PERMIT No. HO 14 - 0125

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

* maintain 30' setback from potable well * And

② COUNTY all wells must be grouted from bottom to top.

MDE/WMA/PER.071

C 1 | 07274 | SEQUENCE NO. (MDE USE ONLY)

(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 TYPE

OK RP 5/16/16

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY: 11-28-14

Depth of Well: 335 (TO NEAREST FOOT)

4-335'
2-300'
geo wells

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-14-0125

OWNER Patel (last name) Bhupendra (first name)

WELL SITE ADDRESS 5831 Green Hollow Way TOWN Highland

SUBDIVISION SECTION LOT 14

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 FROM	FEET TO	check if water bearing
sandy soil	0	15	
sand stone	15	45	
gray rock	45	335	

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED: yes [Y] no [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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MD 163

Daniel Fox
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __ D ____

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 19 NO. OF POUNDS 950

GALLONS OF WATER 475

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 335 ft. (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 DEPTH (nearest ft.)

EACH SCREEN

1		
2		
3		

SLOT SIZE 1

DIAMETER OF SCREEN (NEAREST INCH) from to

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

RECEIVED
MAY 16 2016
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

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
HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING ft.

WHEN PUMPING ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO) 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

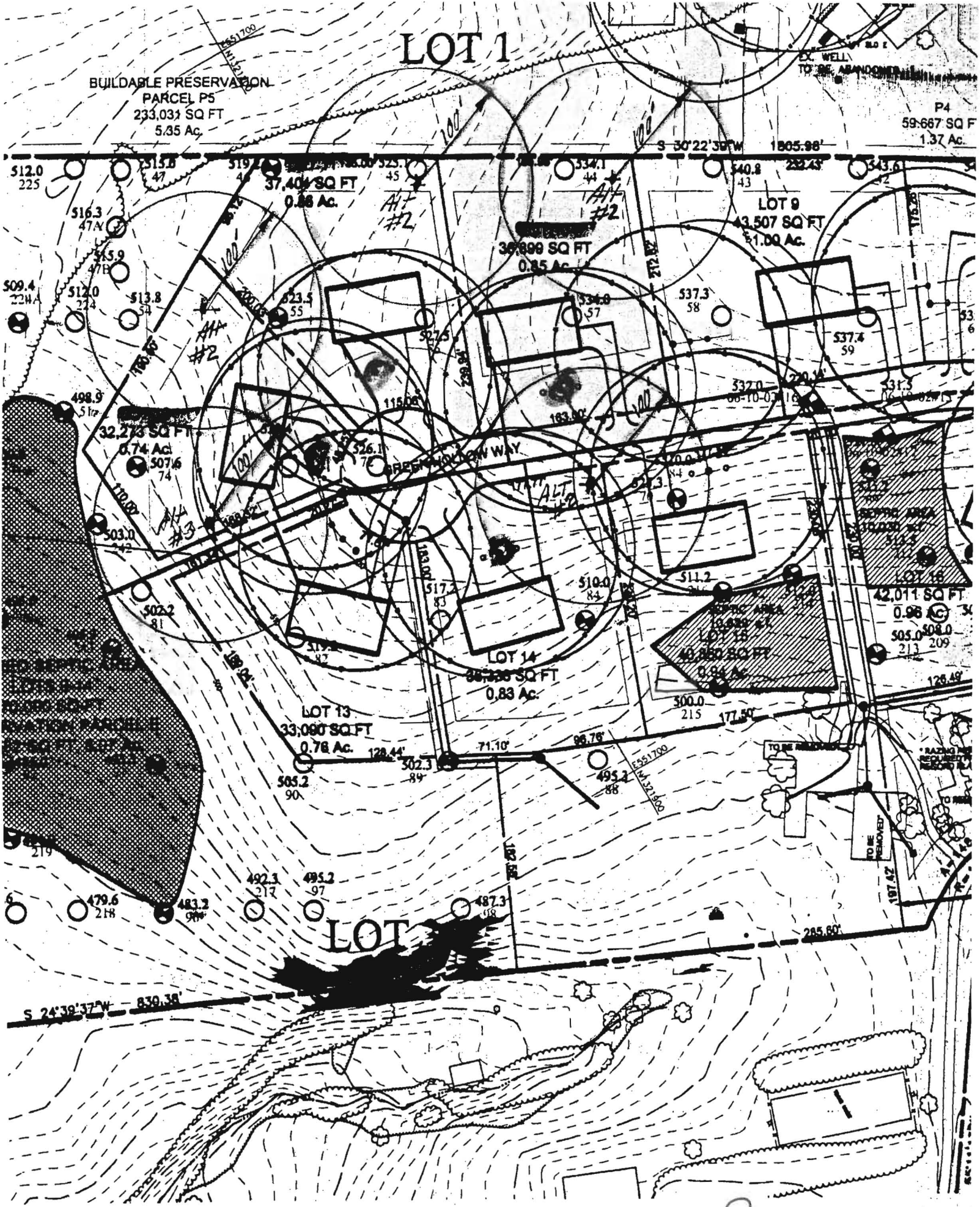
[+] above [−] below LAND SURFACE (nearest foot)

LATITUDE 39.181690
LONGITUDE 76.966910
(DEFAULT COORD. WGS 84)

NOTES: 39.181740
76.966960
39.181670
76.966780
39.181610
76.967050
39.181650
76.967000
39.181650
76.966690

MDE/WMA/PER.071

~~DRILLER~~ COUNTY



Alternative well sites due to dry holes

Wolf, Kevin

From: Wolf, Kevin
Sent: Monday, October 06, 2014 12:24 PM
To: 'pattonwelldrilling@comcast.net'
Cc: 'lydia@pattonwelldrilling.com'; 'ffvbp@yahoo.com'
Subject: 6831 Green Hollow Way geothermal well permit
Attachments: 6831_green_hollow_septic_asbuilt.pdf; closed_loop_mde_memo2007.pdf

Lydia,
Please revise the well site plan that accompanies the requested geothermal well application. Please remember, the plan should be to scale, show nominal distances from the bores to all existing wells within 100', all ex septic components within 100', bores to the house, and to the right of ways.
As always, please remember the following setback distances for geothermal bores:

- 15' to right-of-ways
- 30' to wells
- 50' to all septic components (includes septic grinder pits)
- 100' to septic components if bores are directly down-gradient

I have attached a copy of the septic permit as-built that shows the location of the 4" gravity sewer line from the house to the grinder pit. This may help you in selecting the proposed bore locations on the plan. Also attached is a memo from MDE in 2007 representing some important information relating to geothermal well construction including grouting procedures and permit/plan submittal to the approving authorities. To elaborate, please include with your site plan, a cross sectional diagram of the intended bore's showing the loop size, depth, length, u-bend, and a memo in detail explaining the intended grout mix. Let me know if you have any other questions regarding this process.

Also, please inform me when the bores are staked in the field once you finalize the process approach and submit your well permit plans.

Thanks,

Kevin M. Wolf, R.E.H.S./R.S./L.E.H.S.
Environmental Health Specialist Supervisor
Bureau of Environmental Health
Well & Septic Program
Groundwater Mgmt. Sec.
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648

Howard County
Health Department

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

Good Copy

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: _____ Telephone #: _____
Address: _____
_____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License#_____
***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:_____ Telephone #: _____
Subdivision: Owings Property Lot #: 14 Well Tag # : HO-94-3680
Site Address: 6839 Green Hollow Way

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
Make: _____	Make: _____	Two piece watertight cap:_____
Model #: _____	Model#:_____	Screened, vented well cap:_____
Pump Capacity _____ GPM	Depth:____ (36" min)	Cap secured to casing:_____
Well Yield:_____GPM	NSF approved:____	Conduit min 18" B.G.:_____
Depth of well encountered at time of pump installation:_____(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 arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ____

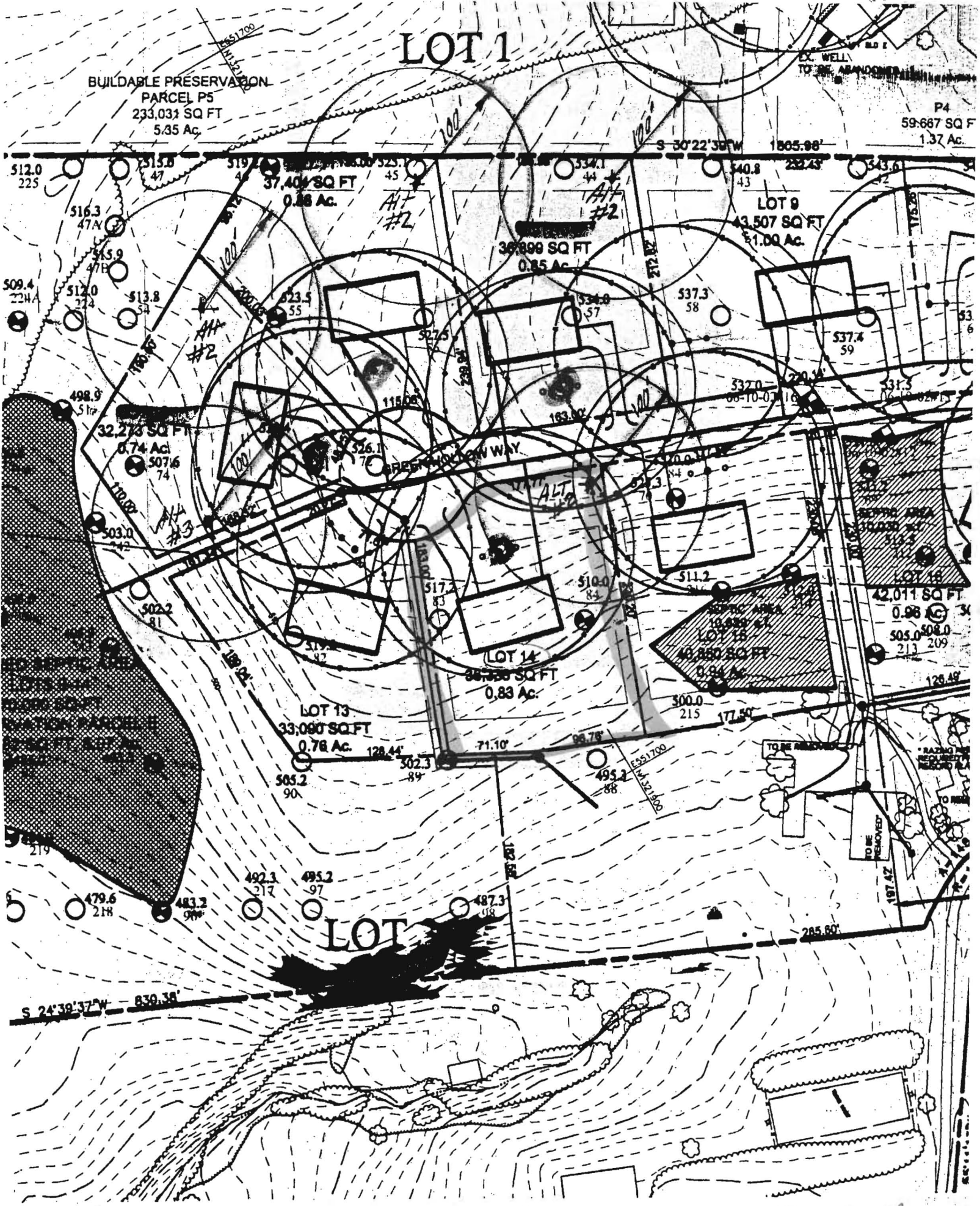
Piping to house	**House Connection**
Type: _____	PVC sleeved to undisturbed soil at wall penetration:_____
PSI: _____(160 psi min)	Approximate length of sleeve (5 foot minimum):_____
Depth of supply line: ___(36" min)	Sleeve caulked and sealed properly:_____

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.

_____ _____
Signature of company representative responsible for installation date

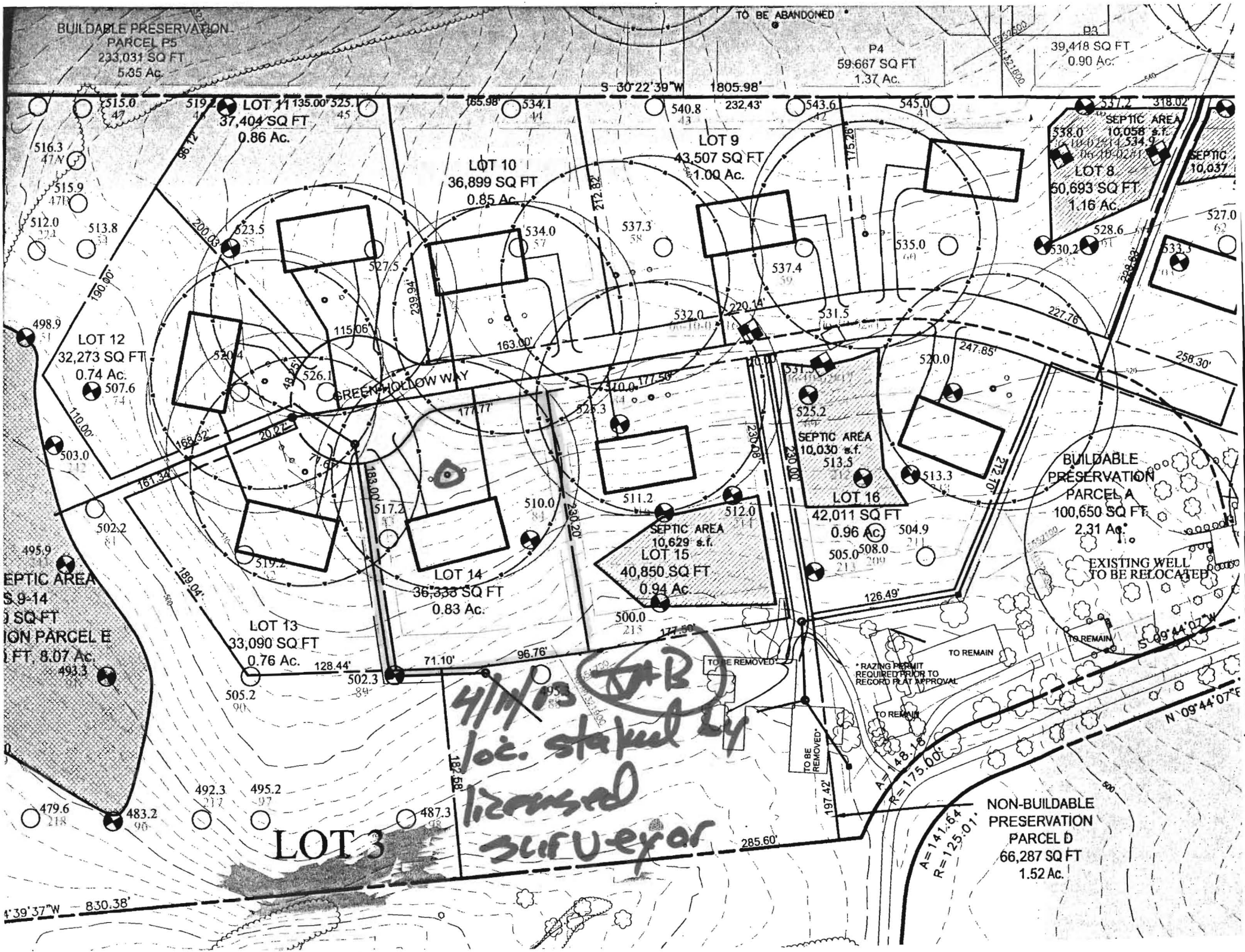
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 8/15/2014
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 No Tag
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓



Alternate well sites due to dry holes

Orange Prop.


BUILDABLE PRESERVATION
PARCEL P5
233,031 SQ FT
5.35 Ac.
TO BE ABANDONED
P4
59,667 SQ FT
1.37 Ac.
P3
39,418 SQ FT
0.90 Ac.
S 30°22'39"W 1805.98'
LOT 11
37,404 SQ FT
0.86 Ac.
LOT 10
36,899 SQ FT
0.85 Ac.
LOT 9
43,507 SQ FT
1.00 Ac.
LOT 8
50,693 SQ FT
1.16 Ac.
SEPTIC AREA
10,056 s.f.
SEPTIC
10,037
LOT 12
32,273 SQ FT
0.74 Ac.
GREEN HOLLOW WAY
SEPTIC AREA
10,030 s.f.
LOT 16
42,011 SQ FT
0.96 Ac.
BUILDABLE
PRESERVATION
PARCEL A
100,650 SQ FT
2.31 Ac.
EXISTING WELL
TO BE RELOCATED
LOT 14
36,333 SQ FT
0.83 Ac.
SEPTIC AREA
10,629 s.f.
LOT 15
40,850 SQ FT
0.94 Ac.
LOT 13
33,090 SQ FT
0.76 Ac.
TO BE REMOVED
TO REMAIN
* RAZING PERMIT
REQUIRED PRIOR TO
RECORD PLAT APPROVAL
TO REMAIN
TO REMAIN
TO BE REMOVED
LOT 3
NON-BUILDABLE
PRESERVATION
PARCEL D
66,287 SQ FT
1.52 Ac.
S 09°44'07"W
N 09°44'07"E
4'39'37"W 830.38'
4/11/03 J+B
loc. staked by
licensed
surveyor

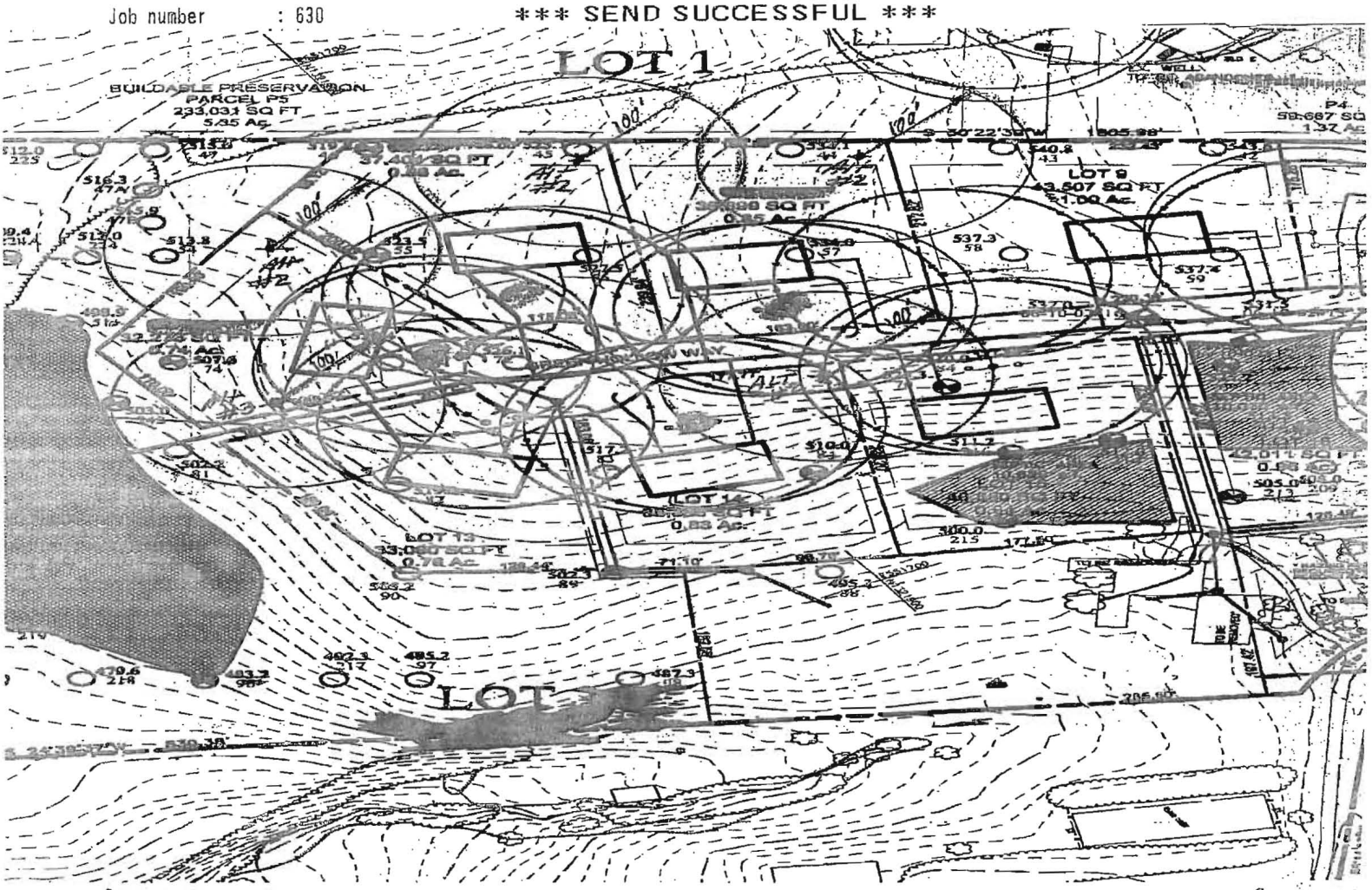
Confirmation Report – Memory Send

Page : 001
Date & Time: 20-01-2009 02:57pm
Line 1 :
Machine ID :

Job number	:	630
Date	:	20-01 02:56pm
To	:	☎914108750326
Number of pages	:	001
Start time	:	20-01 02:56pm
End time	:	20-01 02:57pm
Pages sent	:	001
Status	:	OK

— Ken Shissler
12/9/09 Telephoned to ask for drawing (specs) Lot 14
Faxed this 12/9/09

Job number : 630 *** SEND SUCCESSFUL ***



Alternate well sites due to clay holes @ Drawings Prop