

C1 0579		SEQUENCE NO (MDE USE ONLY)		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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 1 10 02		Depth of Well 220' 26 (TO NEAREST FOOT)		COUNTY NUMBER (13) A44833 PERMIT NO. FROM "PERMIT TO DRILL WELL" 11/6/02 OK (B) HO-94-3303	
ST/CO USE ONLY DATE Received MM DD YY 8 13		OWNER Jones Philip		STREET OR RFD 1485 Underwood Road		TOWN Sykesville	
		SUBDIVISION Bowling Green Farm		SECTION		LOT	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 1598 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft. (enter 0 if from surface)		C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 93 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST STEEL CO CONCRETE PL PLASTIC OT OTHER Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 48 EACH CASING diameter inch depth (feet) from to		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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Brown Shale 0 44 Blue Rock 44 220		C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 H 46 220		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) See Attached location	
NUMBER OF UNSUCCESSFUL WELLS 0		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		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA	
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. 1 M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1 7265		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL		STATE PERMIT NUMBER HO-94-3303	
Date Received (APA)		OWNER INFORMATION		B 3 LOCATION OF WELL		fill in this form completely	
8 MM DD YY 13		Bowling Green Farm		8 COUNTY Howard		21	
15 Last Name		Owner First Name		23 SUBDIVISION Jones Tract		42	
36 1485 Underwood Rd		Street or RFD		SECTION 44 46		LOT 48 50	
57 Sykesville Md. 21784		Town State Zip		52 NEAREST TOWN Sykesville		71	
DRILLER INFORMATION		MS D 24		B 4		1485 Underwood Road	
Driller's Name Joseph L. Mayne		License No. 81		1 2		11 NEAR WHAT ROAD	
Firm Name Joseph L. Mayne Well Drilling		Address 5512 Ridge Rd. Mt Airy Md. 21771		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		30	
Signature Joseph L. Mayne		Date 11/21/2001		N W N E E S S W S		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
B 2 WELL INFORMATION		APPROX. PUMPING RATE (GAL. PER MIN.)		TOWN		34 200 37	
1 2		8 12		S W S E S		DISTANCE FROM ROAD	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		800 20		N W N E E S S W S		ENTER FT OR MI 38 39	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		Howard		13 A44833	
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME		COUNTY NO.		STATE SIGNATURE	
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		DATE ISSUED		DATE		EXP. DATE	
I INDUSTRIAL, COMMERCIAL, DEWATERING		1/7/2002		Brian Baker		1/7/2003	
P PUBLIC WATER SUPPLY WELL		43 MM DD YY 48		CO SIGNATURE		EAST GRID	
T TEST, OBSERVATION, MONITORING		546 000		808		000	
G GEO-THERMAL		50 55		57 63		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
APPROXIMATE DEPTH OF WELL 300 FEET		APPROXIMATE DIAMETER OF WELL 6 INCH		SOURCES OF DRILLING WATER		1. well	
METHOD OF DRILLING (circle one)		BORED (or Augered) JETTED Jetted & DRIVEN		WRITE THE BOX NUMBER FROM THE MAP HERE		E 8008	
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		CABLE REVERSE-ROTARY Drive-POINT		N 5466		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		THIS WELL WILL NOT REPLACE AN EXISTING WELL		Sykesville		Frederick Rd	
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		PERMIT NUMBER		GAP	
THIS WELL WILL DEEPEN 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		63	
PERMIT No. HO-94-3303		70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS		NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	

4/2/02
10:00

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: _____ 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): JOHN WILLIAMS 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: BOWLING GREEN FARM Lot #: _____ Well Tag #: HO - 90 - 3033
Site Address: 1785 Underwood Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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: 4/2/02 SC
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 into barn
Adequate grout observed below pitless adapter _____

SITE INSPECTION SHEET

OWNER: Philip Jones

DATE REQUESTED: 1/4/02

PHONE #: _____

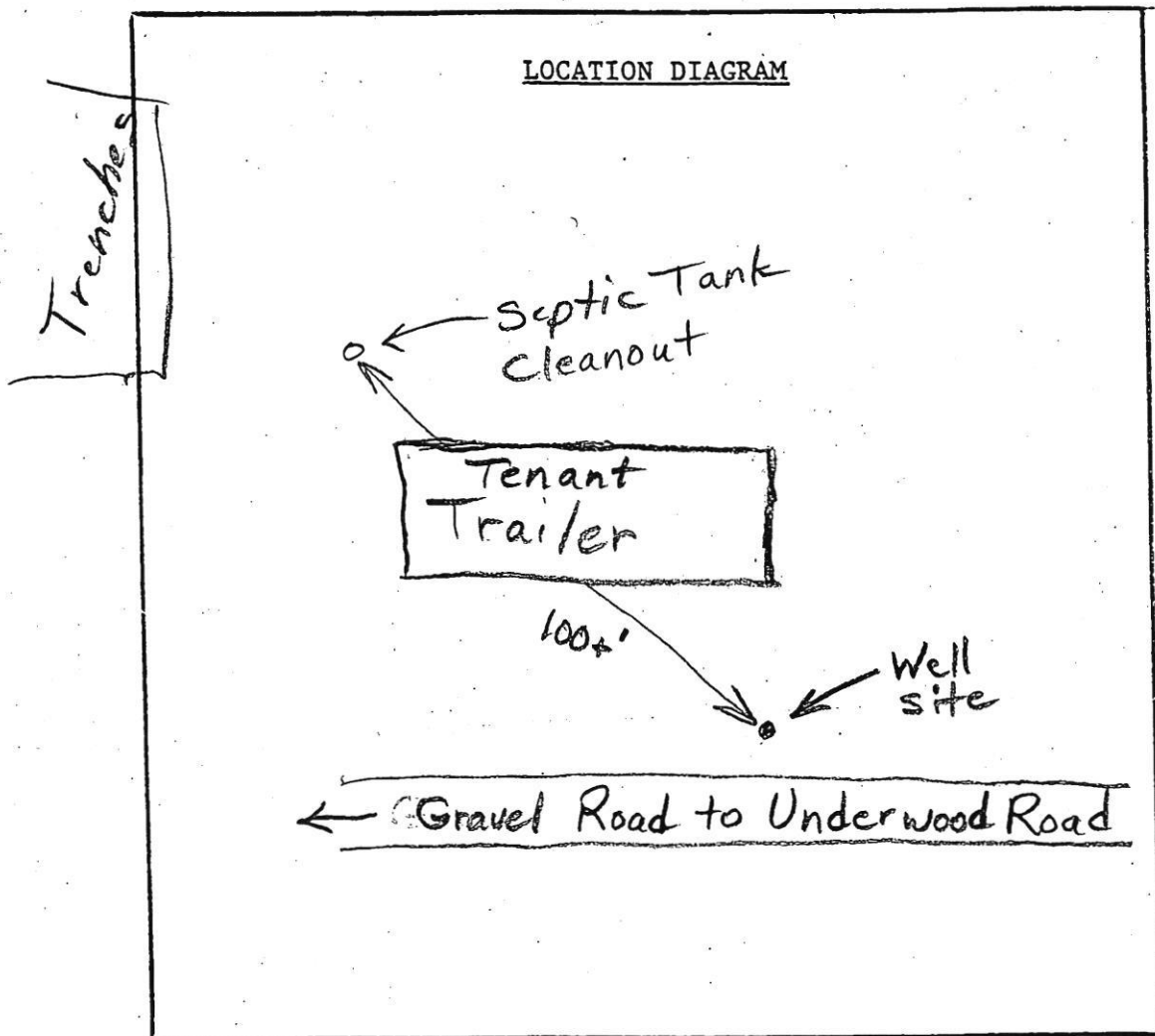
CONTRACTOR: J. Mayne

ADDRESS: 1485 Underwood Road

WELL TAG #: HO-94-3303

COUNTY #: _____

PROPOSAL: Drill Well to Water Cattle



COMMENTS: Well Site O.K. as Staked

DATE: 1/4/02

INSPECTOR: B. Baker