C 1 6673 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL GARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY NUMBER A - 38570

DATE Received 03 08 89

DATE WELL COMPLETED 01 30 89

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0375

OWNER (last name) FLTOGETHER LIMITED (first name)

STREET OR RFD TWELVE TREES COURT TOWN DAYTON

SUBDIVISION TWELVE HILLS SECTION 2 LOT 12

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	35	
Sand Stone	35	45	✓
MICKA	45	110	
Sand Stone	110	115	✓
MICKA	115	305	

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 10.17.13 "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 IDENT. NO. 223

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ruth Wayne

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

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 40 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)
PL	4	47

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

		from	to
1	HO	45	305
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 ☐ 68

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

T ☐ 70 TELESCOPE CASING

(E.R.O.S.) ☐ 72 LOG INDICATOR

WQ 74 75 76 OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45

WHEN PUMPING 115

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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: ☐ 29

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

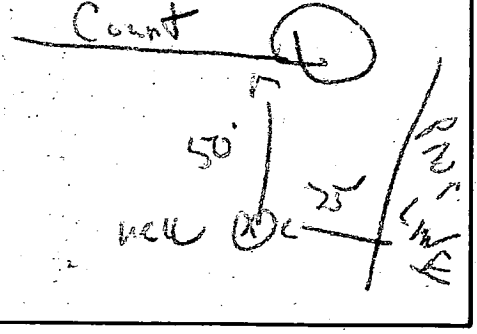
PUMP HORSE POWER ☐ 37–41

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

CASING HEIGHT (circle appropriate box and enter casing height)
- (+) above
- (−) below

LAND SURFACE ☐ 50–51 (nearest foot)

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)



COUNTY

Page ____ of ____
Date JAN 30 1989

Review OK 4/11/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0375
Location of property (road) TWELVE TREES COURT
Subdivision TWELVE HILLS Lot 12 Block — Plat — Sec. 2
Well Driller R. MAYNE Owner ALTOGETHER LIMITED

Depth of well 305'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 45'

I. *High rate pumping -- reservoir drawdown*

Time pump started 8:30 Pumping rate 15 G.P.M.
Total time 15 min to reach pumping water level 115 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)
8:45	115 Ft	20 Sec	N/A	3 G.P.M.
9:00	115 "	20 Sec		3 GPM
9:15	115 "	20 Sec		3 GPM
9:30	115 "	20 "		3 "
9:45	115 "	20 "		3 "
10:00	115 "	20 "		3 "
10:15	115 "	20 Sec		3 GPM
10:30	115 "	20 Sec		3 GPM
10:45	115 "	20 Sec		3 GPM
11:00	115 "	20 "		3 "
11:15	115 "	20 "		3 "
11:30	115 "	20 "		3 "
11:45	115 "	20 Sec		3 GPM
12:00	115 "	20 Sec		3 GPM
12:15	115 "	20 Sec		3 GPM
12:30	115 "	20 "		3 "
12:45	115 "	20 "		3 "
1:00	115 "	20 "		3 "
1:15	115 "	20 Sec		3 GPM
1:30	115 "	20 Sec		3 GPM
1:45	115 "	20 Sec		3 GPM
2:00	115 "	20 "		3 "
2:15	115 "	20 "		3 "
2:30	115 "	20 "		3 "
HD-224 2:45	115 (45" 40 open)	8 BAGS 20 Sec		3 GPM

8/18/95

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
8328-A Ellicott Mills Drive
Ellicott City, MD 21043
461-9933 (410 313 2640)

1410 313 2648 - Craig Williams

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # -0-
Date 8/16/95

Name of Installer Ben Lewis Jr

Telephone 3014283900

License Number 11202
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Jacobsen Debra
Telephone 3019532083
Subdivision Twelve Oaks Lot # 12 Well Tag # HO-88-0375
Site Address 13008 Twelve Trees Ct, Marbsville, Md

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Grundfos SQE 5-42
3. Model # SQE 5-42
4. Capacity ____ GPM
5. Pump exceeds well capacity Yes Y No ____
6. If Yes, is low pressure cutoff switch installed? Yes Y No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Y Cable guards Y Other ____

Motor
1. Horsepower 1/3
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth 42"

Tank
1. Capacity V-80
2. Pressure relief valve? Yes

Piping
1. Type Bek 160*
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line ____

Well data
1. Depth 240 ft.
2. Yield .... GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? yes

P.A./Well Line OK
3½ - 4' B.G. MR 8/18/95

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.

Signature of Applicant: Mike Lewis

Date: 8/17/95

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

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