

C1 6562

SEQUENCE NO. (MDE USE ONLY)

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 A56429 W

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED 5/5/98

DATE WELL COMPLETED MM 02 DD 26 YY 98

Depth of Well 22 350' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 99-1420

OWNER Woodlot Enterprises last name Manor Lane first name TOWN Wilde Lake SUBDIVISION Gather Overlook SECTION LOT 23

WELL LOG

Not required for driven wells

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 6 NO. OF POUNDS 564 GALLONS OF WATER 36 GAL DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 21 ft

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.2 METHOD USED TO MEASURE PUMPING RATE Wrench & Bucket WATER LEVEL: (distance from land surface) BEFORE PUMPING 24 ft WHEN PUMPING 134 ft TYPE OF PUMP USED (for test) S submersible

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Orange silt soil 0' 12', Tan silt soil 12' 15', weathered tan grass rock 15' 18', med & hard gray & green rock 18' 350', water 50' 340'.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 1" Total depth of main casing (nearest foot) 21'

OTHER CASING (if used)

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

C2 DEPTH (nearest ft.)

DEPTH (nearest ft.) 21' 350'

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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)

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

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.

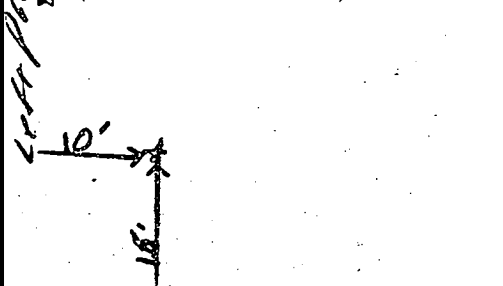
DRILLERS LIC. NO. MWD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 546 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

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

Front Prop Line

B 1 2018 SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER
HO-94-1420
fill in this form completely

Date Received (APA) 2-5-98
OWNER INFORMATION
WOODLOT ENTERPRISES
5026 DORSEY HALL DR. SITE 204
ELICOTT CITY MD 21042

LOCATION OF WELL
HOWARD COUNTY
GAITHER OVERLOOK
SECTION 44 46 LOT 23
WILD LAKE
MILES FROM TOWN (enter 0 if in town) 4

DRILLER INFORMATION
MICHAEL BARLOW M WD 355
MICHAEL BARLOW WELL DRILLING, INC.
912 FAWN CT JOPPA MD 2085
2-3-98

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N
NEAR WHAT ROAD MANOR LANE
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST
DISTANCE FROM ROAD 1500
ENTER FT OR MI 38 39
TAX MAP: BLK. 4 PARCEL

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard AS6429-W
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 2-10-98 Kim Maisto 2-10-99
NORTH GRID 830 000 EAST GRID 514 000

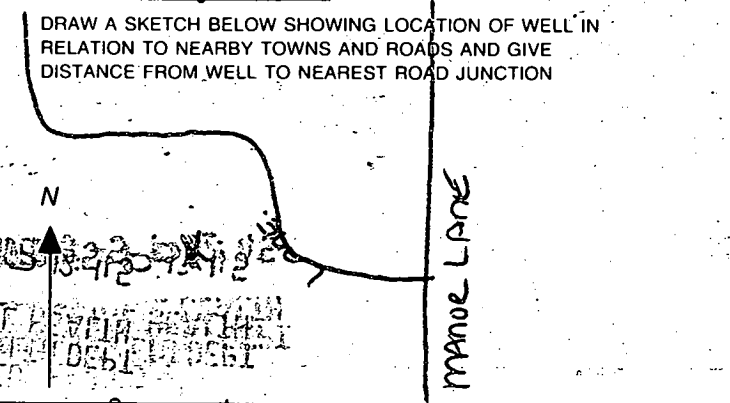
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. 2/23/98
2. Grout
3. 10:30
WRITE THE BOX NUMBER FROM THE MAP HERE
E 520
N 830
000 000

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 DEEPEMED 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER KM
WRITE INITIALS IN BOX PERMIT No. HO-94-1420
SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

5/18/99
6/21/99

Rec'd 5/11/99
AP

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer CEBAC CORP

Telephone 410-242-6858

License Number 3344

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Ryan Homes

Telephone 410-684-0501

Subdivision Carver Hunt Lot # 23

Well Tag # HO-99-1420

Site Address 11049 Dorsch Farm Rd

Pump

- 1. Type
 - a. Deep well jet ✓
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make SALUZZI
- 3. Model # T754518B-S2
- 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 _____

Motor

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

Pitless Adapter

- 1. Make Wilkins
- 2. Model # _____
- 3. Depth 42"

Tank

- 1. Capacity 80
- 2. Pressure relief valve? _____

Piping

- 1. Type Poly
- 2. Size 1"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line 42"

Well data

- 1. Depth 350 ft.
- 2. Yield 4.2 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? NO

2 Piece Cap -
O.K.
to Cover
6/21/99
BB

Pitless Adapter 5' from grade - casing 20" above grade

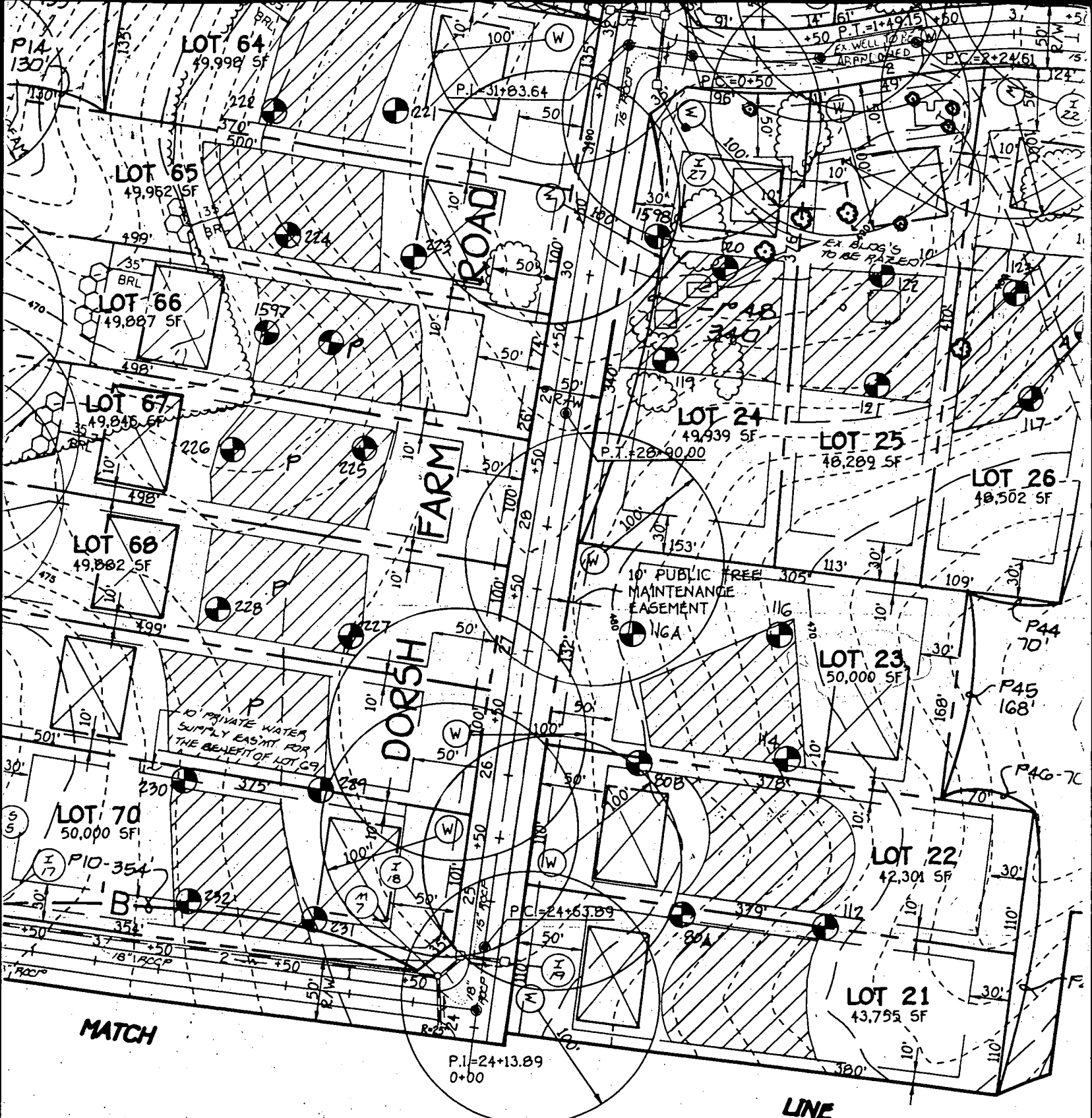
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [Signature]

Date: 5/5/99

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



P.97.08

EXISTING WELLS FIELD

LOCATED BY
CLARK, FINEROCK
& SACKETT

GAITHER HUNT
10-98

