

C1 1822 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 50617B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10/19/96

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0922

OWNER Powell Group Joint Venture STREET OR RFD Barley Field way TOWN Marriottsville SUBDIVISION woodford's/giant SECTION LOT 2

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 TO check if water bearing BROWN SHALE 0 28 BLUE ROCK 28 300 80'

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 12 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 1/2 Total depth of main casing (nearest foot) 43

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

SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO PL OT STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 1 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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 043 Wayne Harley

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

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

DEPTH (nearest ft.) HO 43 300

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 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 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.3 METHOD USED TO MEASURE PUMPING RATE SUB WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 180 ft. TYPE OF PUMP USED (for test) S submersible

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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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) BARLEY FIELD WAY MARRIOTTVILLE

B 1 **03513** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **110-74-0922**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA)
091296
OWNER INFORMATION
 15 Last Name **POWER** 13 Owner **BOB** 34 First Name **WALTER**
 36 Street or RFD **10805 HICKORY RIDGE** 55
 57 Town **COLUMBIA** 70 State **72** Zip **21044** 76

B 3 **LOCATION OF WELL**
 1 **HOWARD** 2
 8 COUNTY **WOODFORD** 21
 23 SUBDIVISION **GRANT** 42
 SECTION **7** 44 46 LOT **2** 48 50
 52 NEAREST TOWN **MARRIOTTSVILLE** 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 **M I** 76 77 78

DRILLER INFORMATION
 Driller's Name **Wayne E Harley** 77 License No. **043** 80
 Firm Name **Harley Drilling & Pump Systems**
 Address **Box 160 Warrington, VA**
 Signature **Wayne Harley** Date **9-11-96**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 11 **Barley Field Way** 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **500** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **3** 8
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 12
 14 20

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 HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard 50617B
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **091796** 41
 NORTH GRID **548000** 55 EAST GRID **0828000** 63
 43 48 CO SIGNATURE **Ann M Miller** 9/16/97 EXP. DATE

APPROXIMATE DEPTH OF WELL **200** 24 FEET 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTARY DRIVE-POINT
 other _____

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 **828**
 N **548**
 000 000
 10/4/96 9:00 grot
 10/15/96
 NO INSPECTION
 HOLIDAY
 [Signature]

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
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 [Sketch showing well location relative to Barley Field Way and a north-south road, with a north arrow pointing up.]
 LOT # 2

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 G A P _____ 63
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **110-74-0922** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

6/20/01
11-12

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 Replacement Receipt # _____ Date _____

Name of Installer Cornwell Plumbing & Heating Telephone 410-988-9221

License Number _____ Certified Well Pump Installer _____ Well Driller _____ Registered Plumber Ferguson MPO6318

Name of Property Owner Bill Floyd Telephone 410-442-5133

Subdivision Woodford's Grant Lot # 35 Well Tag # NO-94-0922

Site Address 11376 Barley Field Way
Mary 10775 U.W.C., Md

Pump Motor Pitless Adapter

1. Type 1. Horsepower 1/2 1. Make BII

a. Deep well jet 2. RPM _____ 2. Model # _____

b. Shallow well jet 3. Voltage _____ 3. Depth 38"

c. Submersible a. 110 _____

2. Make Spluzzi b. 220

3. Model # _____

4. Capacity 7 GPM 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 Piping Well data

1. Capacity 20 Gal 1. Type Plastic 1. Depth 250 ft.

2. Pressure relief valve? yes 2. Size 1 1/2" 2. Yield 123 GPM

3. NSF and/or BOCA Code approved 3. Static water level _____ ft.

4. Depth of supply line 38" 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.

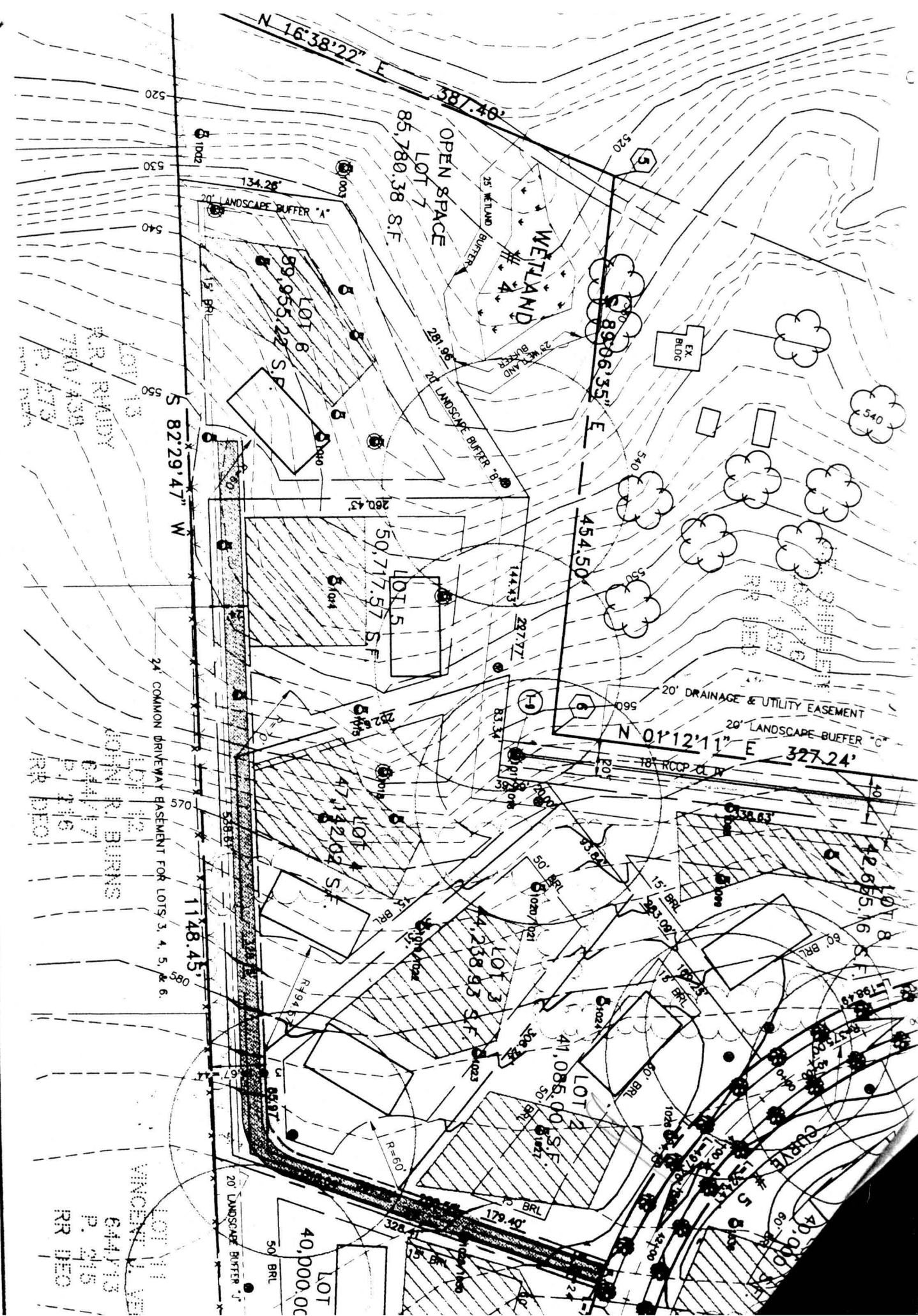
WPI 11-12am
6/20/01 WPI OK (SRK)

Signature of Applicant: [Signature]

Date: 6/20/01

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

Copy of signed
Prelim. Plan



LOT 13
RR, RUDY
750/434
P. 173
RR DEC

LOT 12
JOHN R. BURNS
P. 116
RR DEC

LOT 11
VINCENT J. YEN
644713
P. 215
RR DEC