

C1 9451
 1 2 3 6
 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER
 WELL IS COMPLETED.
 COUNTY NUMBER A49416

ST/CO USE ONLY
 DATE Received 10/31/2008
 DATE WELL COMPLETED 10/10/08
 Depth of Well 300 Lot 16
 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2865

OWNER SCHIEDT, SUSAN
 STREET OR RFD PATERNAL GIFT DR
 SUBDIVISION PATERNAL GIFT SECTION _____ TOWN HIGHLAND
 LOT 16

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		check if water bearing
	FROM	TO	
Topsoil	0	1	
Sandy shale	1	35	
Sandy shale	35	64	
Tan mica	64	90	
Gray mica	90	140	
Tan mica	140	148	
Gray mica	148	210	
Brown & white mica	210	220	
Gray & white mica	220	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 35 NO. OF POUNDS 3300
 GALLONS OF WATER 210
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 50 ft.
 (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)
ST 6 89

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

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

C 2 DEPTH (nearest ft.)
 1 87 300
 2 _____
 3 _____
 4 _____
 5 _____
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 76 _____

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 8.5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 42 ft.
 WHEN PUMPING 803 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 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 } LAND SURFACE
 - below } 2 (nearest foot)

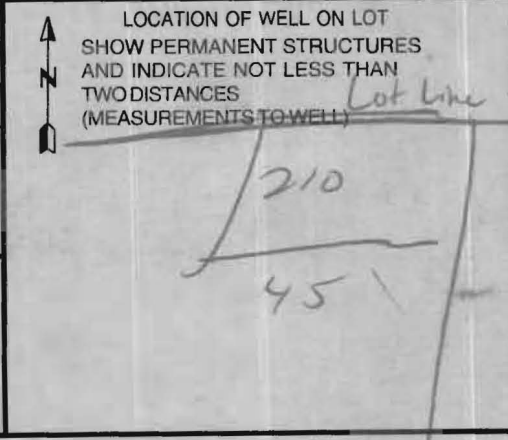
NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y N
 CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

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 040
Beatrice J. Easterday
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. JW D 328

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
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 01486

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

710-94-2865 fill in this form completely

Date Received (APA) 7/29/00

OWNER INFORMATION 8402

8 MM DD YY 13 Scheidt Susan 15 Last Name Owner First Name 34 12730 Hall Shop 36 Street or RFD 55 Highland, Md. 20777 57 Town 70 State 72 Zip 76

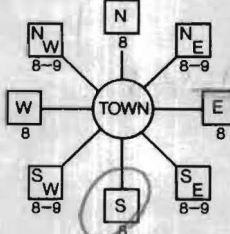
B 3 LOCATION OF WELL

Howard COUNTY 21 Paternal Gift Farm 23 SUBDIVISION 42 16 SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

George F. Easterday MW D 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday 9/28/2000 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paternal Gift Drive or Biter Lane

11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N EAST E WEST W SOUTH S 34 200 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: 40 BLK: PARCEL 90

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

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 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A494/6 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/13/00 CO SIGNATURE EXP. DATE 10/13/01 43 MM DD YY 48 NORTH GRID 488 0 0 0 EAST GRID 0811 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 52

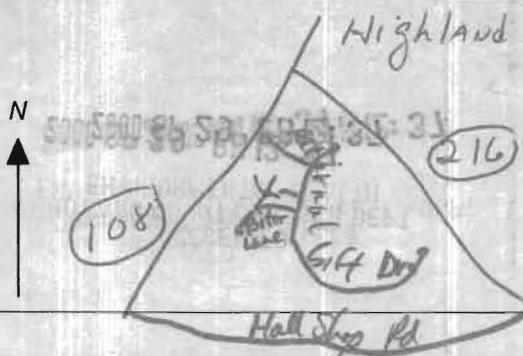
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810/1 000 000 N 480/8

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 18 C 1



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

APPROP. PERMIT NUMBER 54 H096 GAP 007 63 PERMIT No. H0-94-2865 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 (MDB Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Master Mechanical Telephone #: 410-2796-8583
Address: 5941 Heat Exchanger Rd
131 Kudge MD 21075

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Gary Birkensell License# 3260

*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: Tradition Homes Telephone #: 410-531-9203
Subdivision: National Golf Lot #: 16 Well Tag #: HO-492865
Site Address: 7104 Bitter Lane Highland MD 20777

Submersible Pump Data Pitless Adapter Well Casing and Electric Conduit
Make: Grundfos Make: Hayward Two piece watertight cap: Y
Model #: 7607 Model #: 280 Screened, vested well cap: Y
Pump Capacity 7 GPM Depth: 52' (16" min) Cap secured to casing: Y
Well Yield: 8 GPM NSF approved: Y Conduit min 1 1/2" E.O.: Y
Depth of well encountered at time of pump installation: 30' (feet) Conduit secured to well cap: Y

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

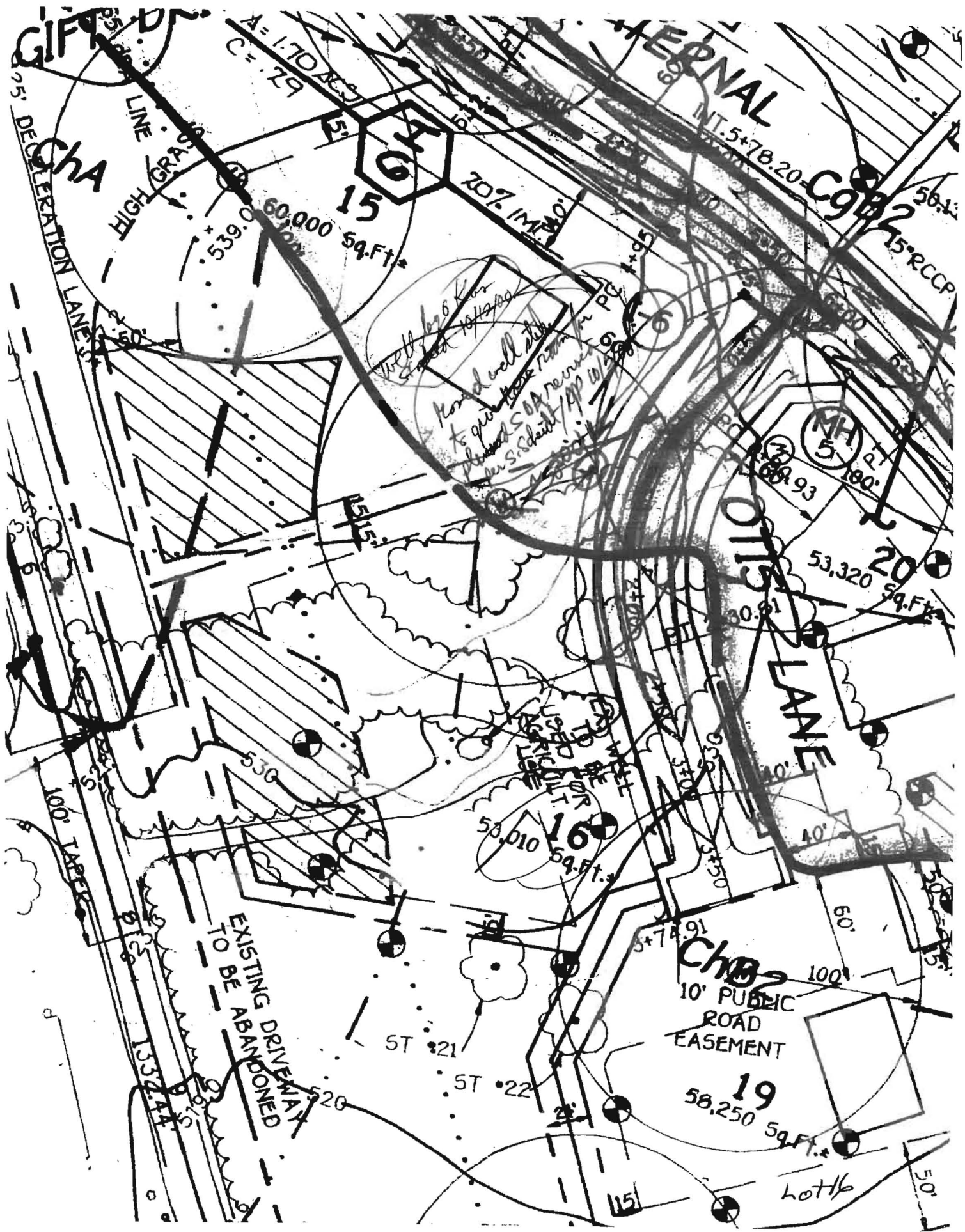
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration: Y
PSI: 160 (160 psi min) Approximate length of sleeve: 48"
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: Y

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: [Signature] date: 10-20-2001

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

Date Insp. Requested: Date Insp. Approved: 7/11/01 SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade [check] BB
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope installed inside of well casing [check]
Correct well tag attached property and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection [check]
Adequate grout observed below pitless adapter [check]



GIFTS

DECLARATION LANE

HIGH GRASS

A=170 ACST
C=179

15
60,000 Sq.Ft.

70% IMP.

INTERNAL

INT. 5+78.20

C98

*Well for 600 Kwh
to out 10/12/80
Road well still
planned S/OA rework
per S. Schaub / App 10/12/80*

MH
5
100'

OLIVE LANE

20
53,320 Sq.Ft.

16
58,010
64.Ft.

10' PUBLIC
ROAD
EASEMENT

19
58,250 Sq.Ft.

EXISTING DRIVEWAY
TO BE ABANDONED

ST #21

ST #22

Lot 1/6

