

C1 8903

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A514220

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10 10 06

Depth of Well 22 230 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-75-0457

OWNER Frock/Warfield STREET OR RD Candlelight Drive TOWN Dayton SUBDIVISION Castleberry at Ten Oaks SECTION LOT 29

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone MICKA, Sand Stone MICKA, Sand Stone MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 15 NO. OF POUNDS 3500

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing 6 Total depth of main casing 46

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H) (O) (S) (T) (B) (R) (P) (L) (O) (T)

C2 DEPTH (nearest ft.)

Table for depth measurements with columns 1-3 and rows E, A, C, H, S, R, E, N.

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

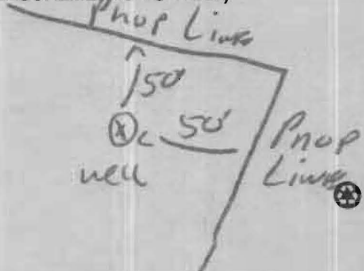
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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

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)



B 1 8429

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HO-95-0457

525121

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Castleberry at ten Oaks LLC, 3675 Park Ave, Suite 301, Ellicott City MD 21043

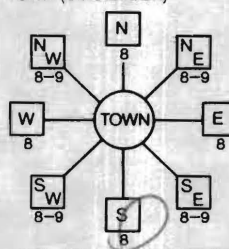
B 3 HOWARD LOCATION OF WELL

Howard, Castleberry at ten oak's, Glenelg

DRILLER INFORMATION

Ralph E. Mayne M S D LLC, Ralph E. Mayne INC, 17024 Hardy Rd Mt. Airy, MD 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHOLE Light

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

40, 44, 38, 39

WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

TAX MAP: 22 BLK: 19+20 PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (3) A514220

COUNTY NAME HOWARD COUNTY NO. STATE SIGNATURE DATE ISSUED 7/15/2006 CO SIGNATURE Brian Baker 7/15/2007 EXP. DATE NORTH GRID 518 000 EAST GRID 803 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well, 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, This well will deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER HO2003G001, PERMIT No. HO-95-0457

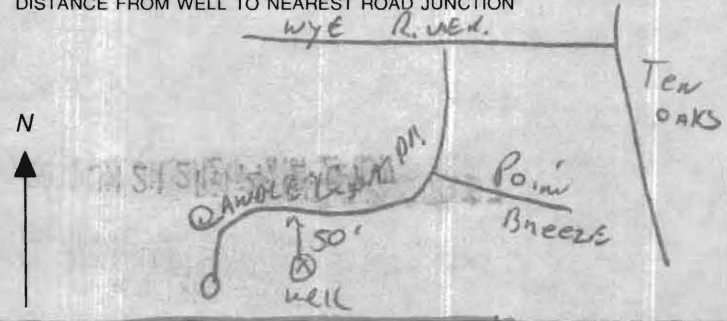
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

520 803, 810 518

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE APPROPRIATE SIZES AND...

Existing Well Must Be Sealed

**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): _____ 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: _____ Lot #: 29 Well Tag #: HO-95-0457
Site Address: 4260 Ten Oaks Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 _____

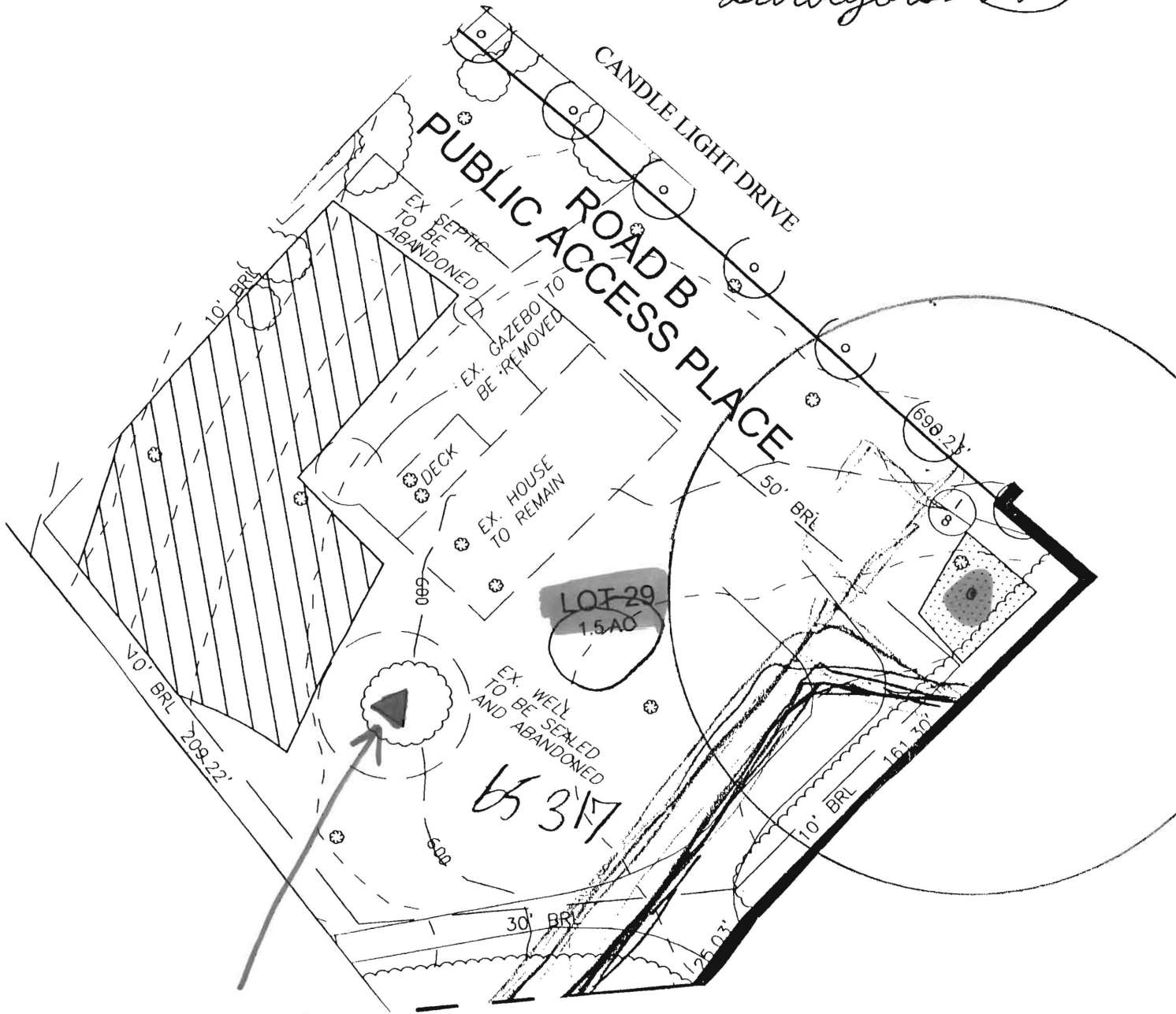
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 11/16/06 BB
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 ✓
Adequate grout observed below pitless adapter ✓

Old Well Needs to Be Sealed

CASTLEBERRY AT TEN OAKS

7/15/06
Well site to be
staked by Vogel
surveyors. (BB)



Well Must
Be Sealed

WELL LOCATION SURVEY

SCALE 1" = 50

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Dec 21 2006 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 81 - 0930

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 0457

* PERSON ABANDONING WELL: RALPH E. WAYNE

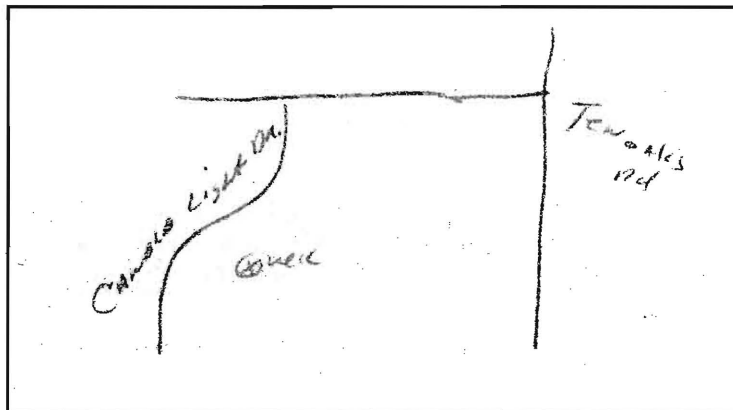
WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Castle Berry at Tew Oaks LLC

SITE LOCATION MAP

* WELL LOCATION: 4260 Tew Oaks Rd
 COUNTY: Howard
 NEAREST TOWN: GLENWELLS
 TAX MAP 22 BLOCK 15-20 PARCEL
 SUBDIVISION: CASTLE BERRY AT TEW OAKS
 SECTION: _____ LOT: 25
 NEAREST ROAD: CANDLE LIGHT DR.



* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- _____ BORED/AUGERED _____ HAND DUG
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- _____ STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

* DEPTH OF WELL: 220 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 2 ft

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Old Cement Tinted 140-1590</u>	<u>220</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>21 BAGS ?</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Ralph Wayne LICENSE # 117 CIRCLE ONE MWD/MSD/MGD DATE 12-22-06