

C 1 06120 (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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 511427A

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 15 10 99

Depth of Well
 22 340 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO - 94 - 2219
 28 29 30 31 32 33 34 35 36 37

OWNER Zielski Warren
 STREET OR RFD Cedar Lane TOWN Near Columbia
 SUBDIVISION Bray Property SECTION _____ LOT 1

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	
Sand	0	103	
Gray Mica Rock	103	340	✓

GROUTING RECORD (yes no)
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y) (N)**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS 33 NO. OF POUNDS 3102
 GALLONS OF WATER 198
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 85 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
(S) (T) (C) (O)
 STEEL CONCRETE
(P) (L) (O) (T)
 PLASTIC OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
(S)	<u>6</u>	<u>110</u>
	60 61 63 64 66 70	

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
(S) (B) (H) (P) (L) (O) (T)
 STEEL BRASS OPEN HOLE BRONZE PLASTIC OTHER

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.: MSD024
 DRILLERS SIGNATURE Joseph C. Mays
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO.: MSD027
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

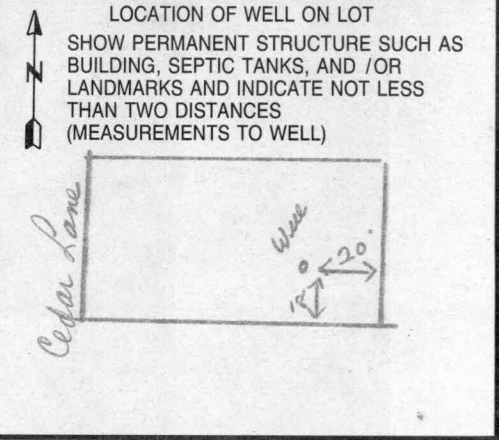
C 2 DEPTH (nearest ft.)
 1 2
 HO 107 340
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

C 3 PUMPING TEST
 1 2
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 4
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 36 ft.
 17 20
 WHEN PUMPING 210 ft.
 22 25
 TYPE OF PUMP USED (for test)
(A) (P) (T) (C) (R) (O) (J) (S)
 air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **(NO)**
 (CIRCLE) (YES or 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. _____ 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 } 3 (nearest foot)
 49 51



B 1 7498

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2219 fill in this form completely

Date Received (APA) 04 13 99

OWNER INFORMATION

Zieliski Warren Last Name Owner First Name Box 436 Street or RFD Stevenson Md. 21153 Town State Zip

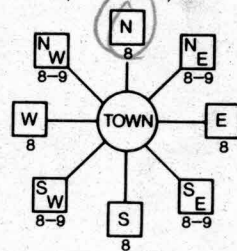
LOCATION OF WELL

Howard COUNTY Bray Property SUBDIVISION SECTION 44 46 LOT 48 50 Simpsonville NEAREST TOWN MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Mayne M 5 D 0 2 4 Driller's Name License No. Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy 21111 Address Joseph L. Mayne 4/10/99 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cedar Lane NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST DISTANCE FROM ROAD 285 FT ENTER FT OR MI TAX MAP: 35 BLK: 23 PARCEL 261

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 511427A COUNTY NO. State Signature Steven R. Kueg INSERT S DATE ISSUED 04 15 99 CO SIGNATURE EXP. DATE 04 15 00 NORTH GRID 495 EAST GRID 831

- 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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) JETTED Jetted & DRIVEN 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED

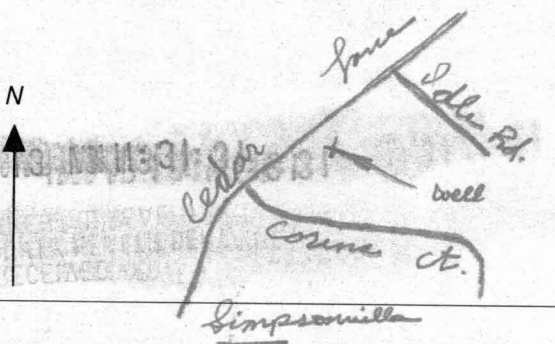
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8301 N 4905

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



33 Bags of grout 85ft open hole (SRU) 5/10/99 Arrived after grout X complete

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

APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO - 94 - 2219

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

FORM: HOLD BROKHEALTH

FORM NO. 4100132940
410-313-2648

JUN 18 2001 10:49:11 AM

**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: ARCAWELL PLUMBING Telephone #: 410-715-9565
Address: PO BOX 823
SAWAEE, MD 20763

Must circle one: Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation.
Name (Print): ROBERT CROWH License: 8980

*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: HDZ Homes/Whispering Pines Telephone #: 410-253-9500
Subdivision: Whispering Pines Lot #: 1 Well Tag #: HO-94-2219
Site Address: 6585 Cedar Run
COLLEGE, MD

Submersible Pump Data
Make: NCS Pitless Adapter Make: Arcawell Well Cap and Electric Conduit
Model #: ASCP20 Model #: PT800 Two piece watertight cap: Yes
Pump Capacity: 9 GPM Depth: 4 (36" min) Screened, vented well cap: Yes
Well Yield: 20 GPM NSF approved: Yes Cap secured to casing: Yes
Conduit min 1 1/2" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 2 (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: Yes

American
Granby
(Harvard)

Pipes to House Type: PVC
PSI: 20 (160 psi min)
Depth of supply line: 12 (36" min)
House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 3'
Sleeve caulked and sealed properly: Yes

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: 6-14-01

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

Date Insp. Requested: 4/30/01 Date Insp. Approved: 4/30/01 (SRK)
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 5" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓