

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE COUNTY NUMBER **A50211 J**

ST/CO USE ONLY DATE Received **07/14/95** DATE WELL COMPLETED **981503** Depth of Well **275** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-94-0630**

OWNER **49M Inc.** STREET OR RFD **Chapel Estates Drive** TOWN **Clarksville** SUBDIVISION **Chapel Woods** SECTION **III** LOT **35**

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 | |
| Overburden | 0 | 15 | |
| Soft Shale | 15 | 37 | |
| Granite | 37 | 275 | x |

water was encountered at 260'

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.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. **300**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Robert Pine
LIC. NO. **MSD017**

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

GROUTING RECORD YES **Y** NO **N**

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **9** NO. OF POUNDS **900**
GALLONS OF WATER **54**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **36** ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **40**

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 BRONZE **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 2

DEPTH (nearest ft.)

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

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) (E.R.O.S.)

T _____ W Q _____
70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **115.0**

METHOD USED TO MEASURE PUMPING RATE **Submersible**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **73** ft.

WHEN PUMPING **95** 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 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)

+ above } LAND SURFACE (nearest foot) **1**
- below }

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)

NA

B 1 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 -17710
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 70 71 72 73 74 75 76 77 78 79
 40-94-0630
 70 fill in this form completely 79

Date Received (APA)
 07/14/95
OWNER INFORMATION
 8 13
 15 Last Name 34 First Name
 TJM INC
 36 55
 5570-205 Street or RFD
 57 70 72 78
 COLUMBIA MD 21044
 Town State Zip

B 3 LOCATION OF WELL
 1 2
 8 COUNTY 21
 HOWARD
 23 SUBDIVISION 42
 CHAPEL WOODS
 SECTION 44 46 LOT 48 50
 35
 52 NEAREST TOWN 71
 CLARKSVILLE
 MILES FROM TOWN (enter 0 if in town) 73 76 77 78
 2 MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 Driller's Name Paul M. Fabiszak 77 License No. 80
 399
 Firm Name G. Edgar Harr Sons' Corp.
 12047 Falls Road, Cockeysville 21030
 Address
 Signature Date 7/15/95

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2
 8 8 8 8 8 8
 N W N E
 8-9 8-9
 W TOWN E
 8 8
 S W S E
 8-9 8-9
 S 8
 NEAR WHAT ROAD 30
 CHAPEL ESTATES DR.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 37
 200
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
 750

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
 COUNTY NAME Howard County COUNTY NO. A 50211-4
 STATE SIGNATURE DATE ISSUED
 Amy M. Miller 7-25-96
 NORTH GRID 50 55 9000 EAST GRID 57 63 0829000
 43 48 CO SIGNATURE 49 EXP. DATE 51

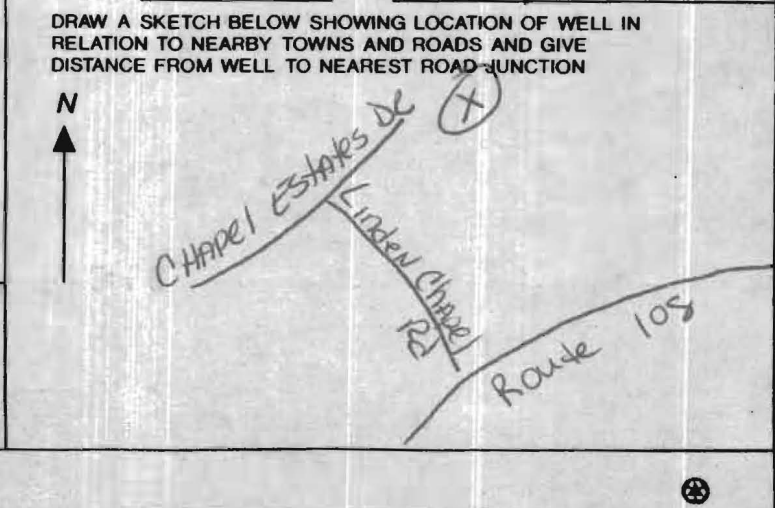
APPROXIMATE DEPTH OF WELL 24 28 FEET
 200

APPROXIMATE DIAMETER OF WELL NEAREST INCH
 6

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. 8-10-95
 2. 9:30 grout
 3. NO insp-grout complete at time of inspection
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 820
 N 50009
 000 000

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 (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 63
 GAP
 CE AN WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79
 40-94-0630

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

Company Name: CHARLES A. KLEIN & SON, INC Telephone #: (410) 542-6960
Address: 5220 KLEIN MILL ROAD
SPRINGVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation
Name (Print) CHARLES A. KLEIN, JR. License# 6521

*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: WILLIAMS BURNS GROUP Telephone #: (410) 997-8800
Subdivision: CHAPEL WOODS Lot #: 35 Well Tag #: HO-74-0630
Site Address: 11754 CHAPEL ESTATES DRIVE
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: HOWARD Two piece watertight cap: [checked]
Model #: 5S45-13P-52 Model #: PT-800 Screened, vented well cap: [checked]
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: [checked]
Well Yield: 15 GPM NSF approved: Conduit min 1 1/2" R.G.: [checked]
Depth of well encountered at time of pump installation: 275 (feet) Conduit secured to well cap: [checked]

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

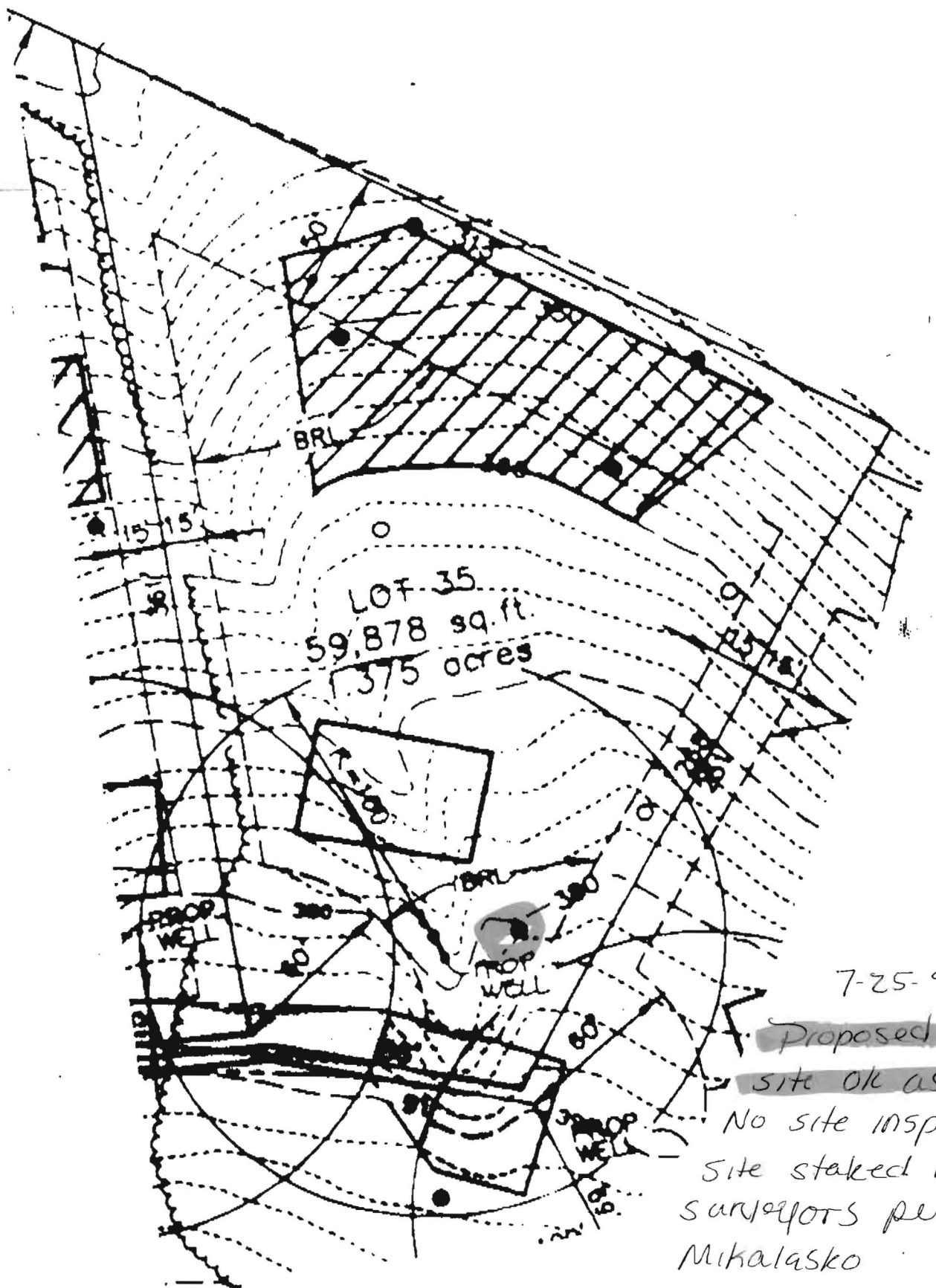
Piping to house House Connection
Type: POLYETHYLENE TEREPHTHALATE FVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 100 (160 psi min) Approximate length of sleeve:
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: [checked]

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: Charles A. Klein, Jr. date: 6/6/01

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

Date Insp. Requested: 10/9/01 Date Insp. Approved: 10/9/01 (BB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]



7-25-95

Proposed well site OK as shown

No site inspection. Site staked by surveyors per Eric Mikalasko

AM