

C1 1686

(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

A37508

ST/CO USE ONLY

DATE RECEIVED MM DD YY

DATE WELL COMPLETED

MM DD YY 1 18 2005

DEPTH OF WELL

22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO - 88 - 1297

OWNER ISM, Inc. last name first name John Laputka

STREET OR RFD Chapel East TOWN Clarksville

SUBDIVISION Chapel Woods II SECTION LOT 11

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

Sand

0 26

Gray mica Rock

26 500

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 752

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 28 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 31

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 PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

Table with columns for casing height (A, C, H, S, C, R, E, N) and depth (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51). Includes slot size and diameter of screen (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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2.4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29 ft.

WHEN PUMPING 327 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) 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 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See attached location

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER 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 L. Mayne

LIC. NO. D

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

C1 1429 SEQUENCE NO. (DENV USE ONLY)
 (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

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A37508

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
06/30/90

Depth of Well
500
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
46-88-1297

OWNER J J MINS first name
CHARLESWOODS DR STREET OR RFD
CHARLESWOODS II SUBDIVISION
CEARSVILLE TOWN
 SECTION _____ LOT 11

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 Stone	0	26	
Gray Mich Rock	26	500	

Dry Well 400'
 Filled in with cement
 1 Drilling materials

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS _____ NO. OF POUNDS 752
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from _____ ft. to 78 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE
ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 31
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
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 HO 39 500
 2 _____
 3 _____
 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

OEP 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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) _____
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 30
 WHEN PUMPING 283
 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
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 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 } _____ (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)
 See Attached
 Well Locations

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 IDENT. NO. 238
 DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **3729** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

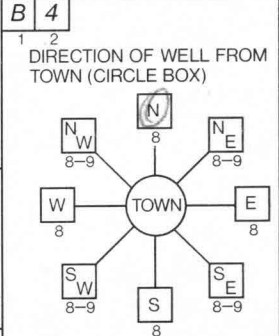
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-1297
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **032890**
 Owner First Name **J M INC**
 Street or RFD **5570 STERRETT PLACE**
 Town **COLUMBIA** State **MD** Zip **21044**

LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **CHAPEL WOODS II**
 SECTION **44** LOT **11**
 NEAREST TOWN **CLARKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **3 MI**

DRILLER INFORMATION
 Driller's Name **Joseph R. Mayne** License No. **238**
 Firm Name **Joseph R. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature **Joseph R. Mayne** Date **3/28/90**



NEAR WHAT ROAD **Chapel Woods Dr.**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
DISTANCE FROM ROAD **30** FT
 ENTER FT or MI **FT**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A37508**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **042390** **Craig Wilton** 10/23/90
 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID **509000** EAST GRID **082000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

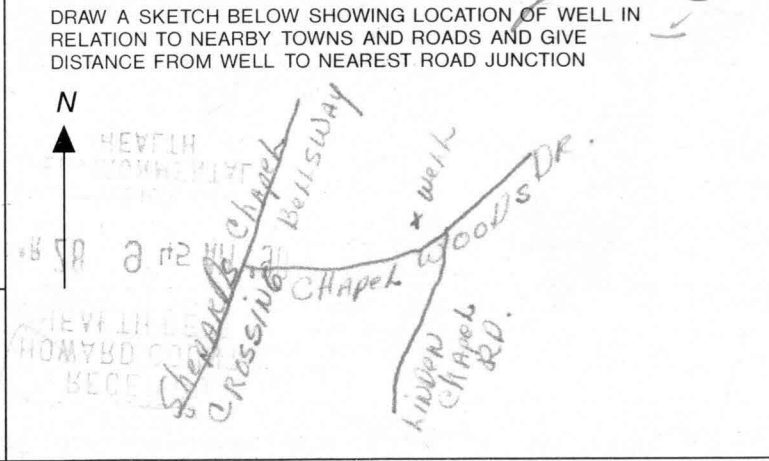
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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 **820**
 N **512 09**

Handwritten notes:
 4/11/90 10:30 walk in trench blocky
 8 bags of cement
 31' casing
 28' open - gravel
 1/2' casing above gravel. No gravel
 4/13 Tag on site at 6/11/90

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



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-88-1297**

SPECIAL CONDITIONS

COUNTY **Clarksville**

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1297
 Location of property (road) CHAPEL WOODS DR
 Subdivision CHAPEL WOODS II Lot 11 Block Plat Sec.
 Well Driller JIM AYNE Owner J.J.M., INC

Depth of well 500'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 gpm.
 Total time 30 min. to reach pumping water level 282 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	148'	4 min.		15
8:45	282	5		12
9:00	282	80		3/4
9:15	282	80		3/4
9:30	282	80		3/4
9:45	283	80		3/4
10:00	283	80		3/4
10:15	283	80		3/4
10:30	283	80		3/4
10:45	283	80		3/4
11:00	283	80		3/4
11:15	283	80		3/4
11:30	283	80		3/4
11:45	283	80		3/4
12:00	283	80		3/4
12:15	283	80		3/4
12:30	283	80		3/4
12:45	283	80		3/4
1:00	283	80		3/4
1:15	283	80		3/4
1:30	283	80		3/4
1:45	283	80		3/4
2:00	283	80		3/4
2:15	283	80		3/4
2:30	283	80		3/4
2:45	283	80		3/4

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1297
 Location of property (road) Chapel Est Dr.
 Subdivision Chapel Woods II Lot 11 Block Plat Sec.
 Well Driller Joseph Mays Owner JSM + John Laputka

Depth of well 500'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 29'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm
 Total time 45 min to reach pumping water level 327 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	173'	4 sec.		15 gpm.
7:30	256	5		120
7:45	327	6		10
8:00	320	35		1.7
8:15	319	25		2.4
8:30	318	25		2.4
8:45	318	25		2.4
9:00	318	25		2.4
9:15	318	25		2.4
9:30	318	25		2.4
9:45	317	25		2.4
10:00	317	25		2.4
10:15	317	25		2.4
10:30	317	25		2.4
10:45	317	25		2.4
11:00	317	25		2.4
11:15	317	25		2.4
11:30	316	25		2.4
11:45	316	25		2.4
12:00	316	25		2.4
12:15	316	25		2.4
12:30	316	25		2.4
12:45	316	25		2.4
1:00	316	25		2.4
HD-224 1:15	316	25		2.4
1:30	316	25		2.4
1:45	316	25		2.4

Age _____ of _____
 Date 6/11/90

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1297
 Location of property (road) CHAPEL WOODS DR
 Subdivision CHAPEL WOODS II Lot 11 Block _____ Plat _____ Sec. _____
 Well Driller J. MAYNE Owner J.J.M. INC

Depth of well 500'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 30'

High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 gpm
 Total time 30 min to reach pumping water level 282 ft. below M.P.

f. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 51 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	148'	4 sec.		15
8:45	282	5		12
9:00	282	80		3/4
9:15	282	80		3/4
9:30	282	80		3/4
9:45	283	80		3/4
10:00	283	80		3/4
10:15	283	80		3/4
10:30	283	80		3/4
10:45	283	80		3/4
11:00	283	80		3/4
11:15	283	80		3/4
11:30	283	80		3/4
11:45	283	80		3/4
12:00	283	80		3/4
12:15	283	80		3/4
12:30	283	80		3/4
10:45	283	80		3/4
1:00	283	80		3/4
1:15	283	80		3/4
1:30	283	80		3/4
1:45	283	80		3/4
2:00	283	80		3/4
2:15	283	80		3/4
2:30	283	80		3/4
2:45	283	80		3/4

HD-224
 2:30
 283

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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 6203 PATRICK DR.
SPESVILLE A.D.

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License # 6992
*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: ROSEMARY DEGENER Telephone #: 301-953-3110
Subdivision: CHAPEL WOODS Lot #: 11 Well Tag #: BO-88-1297
Site Address: 11828 CHAPEL ESTATES DR.

Submersible Pump Data
Make: SACUZZI Pitless Adapter Make: HARVEY Well Cap and Electric Conduit
Model #: _____ Model #: _____ Two piece watertight cap:
Pump Capacity _____ GPM Depth: 43 (36" min) Screened, vented well cap:
Well Yield: 1 GPM NSF approved: _____ Cap secured to casing:
Depth of well encountered at time of pump installation: 365 (feet) Conduit min 1 1/2" E.C.:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

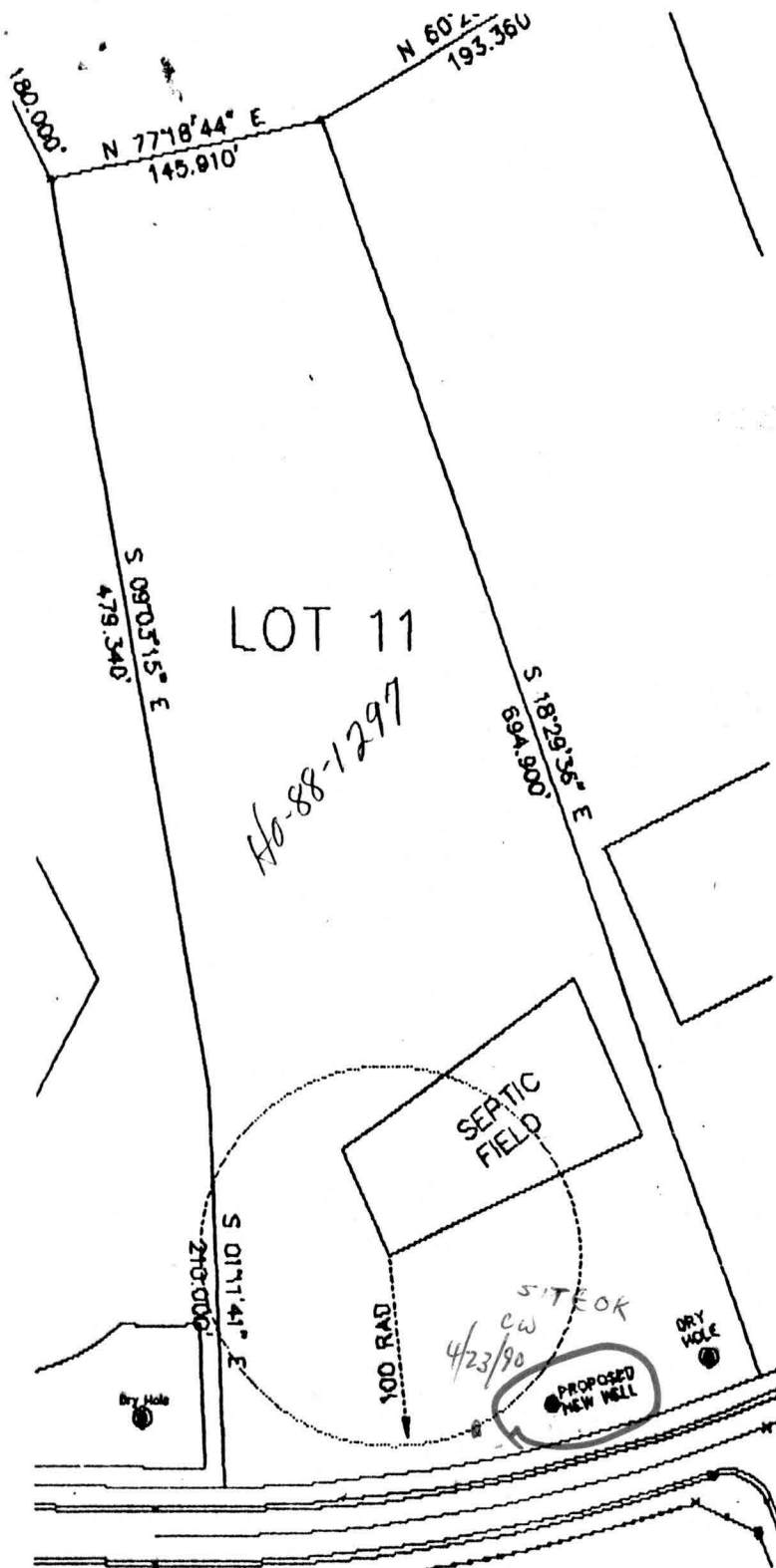
Piping to house
Type: CRESTLINE **House Connection**
PSI: 1" (160 psi min) PVC sleeved to undisturbed soil at well penetration:
Depth of supply line: √ (36" min) Approximate length of sleeve: 6'
Sleeve caulked and sealed properly:

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: Chris Wiloughby date: 3/19/01

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

Date Insp. Requested: 6/6/01 Date Insp. Approved: 6/5/01 (RJP) 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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate ground observed below pitless adapter



CHAPEL WOODS II

Area: Tax Map No. 29 Parcels 26, 86, 282
 Fifth Election District
 Howard County, Maryland