

C 1 06247

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830C

7/30/99 ORAU

ST/CO USE ONLY DATE Received 07/12/99

DATE WELL COMPLETED MM 6 DD 7 YY 99

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 1916

OWNER Brantwood, L.L.C. STREET OR RFD Route 144 TOWN Ellicott City, MD SUBDIVISION Brantwood SECTION I LOT 3

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: Brown Shale (0-70), Blue Slate (70-400). Includes handwritten note: Water @ 140-315.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL 80 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 81

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST) BRASS (BR) OPEN HOLE (HO) BRONZE (PL) OTHER (OT) PLASTIC

DEPTH (nearest ft.)

Table for depth with columns for casing height and slot size. Includes handwritten values: HO 80 400.

C 3

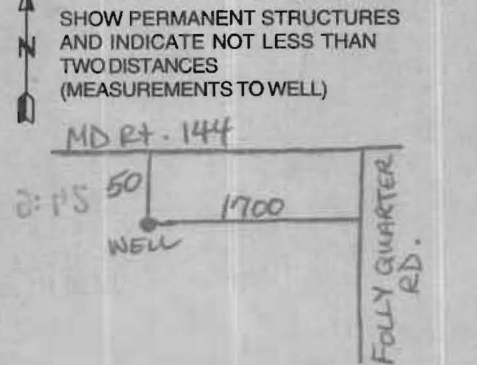
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3.15 METHOD USED TO MEASURE PUMPING RATE Time WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 140 ft. TYPE OF PUMP USED (for test) 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 (nearest) foot

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

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. MW D 139

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 168

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 1 4347 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830C

ST/CO USE ONLY DATE RECEIVED 02 25 99

DATE WELL COMPLETED 2 16 99

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1916

OWNER Brantwood LLC STREET OR RFD Rt. 144 TOWN ELLENDALE CITY MD. SUBDIVISION Brantwood SECTION I LOT 3

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries: BROWN SHALE 0-70, BLUE SLATE 70-400, WATER AT 140-315.

GROUTING RECORD form with fields for WELLS GROUDED, TYPE OF MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth of main casing.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, PL, HO, OT) and diameter of screen.

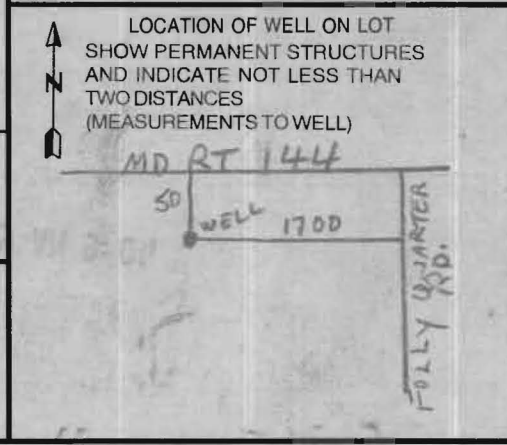
DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-36, 38-51) and slot size.

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

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (BEFORE/WHEN PUMPING), TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A - A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. MW D 139 Robert Clune

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MW D 168 Rick Fogle

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

B 1 8602 SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(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 40-94-1916 79
fill in this form completely

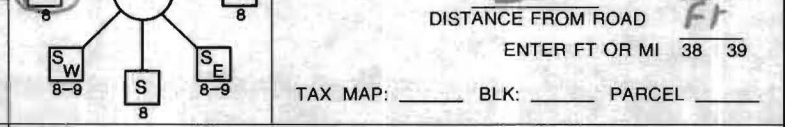
Date Received (APA) 10/13/98
OWNER INFORMATION
8 Brantwood LLC
15 Last Name Owner First Name
8835 - P Columbia 100 Parkway
36 Columbia, MO 21045
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Feaga Property
23 SUBDIVISION 42
SECTION 44 46 LOT 3 48 50
Pine Orchard meadows
52 NEAREST TOWN 71

DRILLER INFORMATION
Hartman, David W 517
Driller's Name 76 License No. 81
A.C. Scholtes of MO, Inc.
Firm Name
24 South River Road
Address Edgewater, MO 21037
Signature Date 10/16/98

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
NORTH EAST
EAST
SOUTH EAST
SOUTH
SOUTH WEST
WEST
WEST NORTH WEST
TOWN
MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78
md. Rt. 144
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
34 50 37
DISTANCE FROM ROAD FT 50
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 8 800 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20



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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co A50830C
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/26/98
43 MM DD YY 48 CO SIGNATURE EXP. DATE 10/26/99
NORTH GRID 520 000 EAST GRID 820 000
50 55 57 63

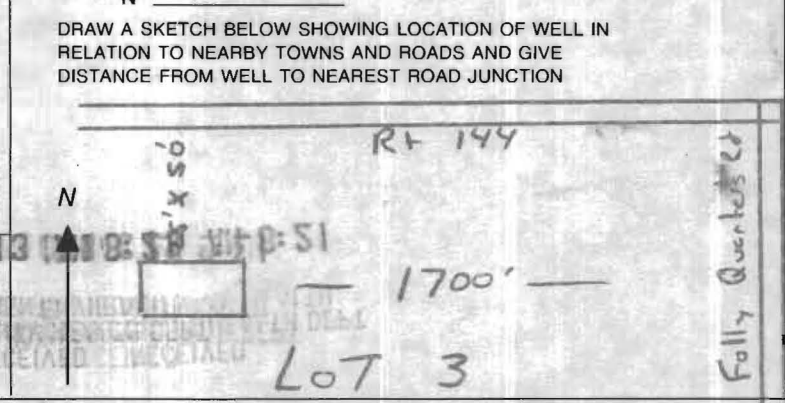
APPROXIMATE DEPTH OF WELL 200 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
2/17/99
NO INSP
Folly Quarters Rd 144
SOURCES OF DRILLING WATER
1. Tanker
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 820
N 520
000 000

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

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
39 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 DEEPEM 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 GAP 63
WRITE INITIALS IN BOX FORCE AM PERMIT No. 40-94-1916
67 68 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
COUNTY

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1916
 Location of property (road) Rt. 144
 Subdivision Brantwood Lot Block Plat Sec. 7
 Well Driller David Hartman Owner Brantwood LLC

Depth of well 400
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 15

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10
 Total time 30 MIN to reach pumping water level 160 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	15	30 SECONDS		10
8:45	105	" "		10
8:59	158	" "		10
9:00	160	2 MIN. 30 SEC.		2
9:15	160	2 MIN. 30 SEC.		2
9:30	160	2 MIN. 30 SEC.		2
9:45	160	2 MIN. 30 SEC.		2
10:00	160	2 MIN. 30 SEC.		2
10:15	160	2 MIN. 30 SEC.		2
10:30	160	2 MIN. 30 SEC.		2
10:45	160	2 MIN. 30 SEC.		2
11:00	160	2 MIN. 30 SEC.		2
11:15	160	2 MIN. 30 SEC.		2
11:30	160	2 MIN. 30 SEC.		2
11:45	160	2 MIN. 30 SEC.		2
12:00	160	2 MIN. 30 SEC.		2
12:15	160	2 MIN. 30 SEC.		2
12:30	160	2 MIN. 30 SEC.		2
12:45	160	2 MIN. 30 SEC.		2
1:00	160	2 MIN. 30 SEC.		2
1:15	160	2 MIN. 30 SEC.		2
1:30	161	2 MIN. 30 SEC.		2
1:45	161	2 MIN. 30 SEC.		2
2:00	161	2 MIN. 30 SEC.		2

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1916 YIELD TEST AFTER HYDRO FRACTURING
 Location of property (road) RT 144
 Subdivision BRANTWOOD Lot 3 Block Plat Sec. 1
 Well Driller CLINE & DWALL Owner BRANTWOOD LLC

Depth of well 400
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 10

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10
 Total time 30 MIN to reach pumping water level 140 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	10	30 SECOND		10
8:45	90	30 "		10
8:59	138	30 "		10
9:00	140	1 MIN 35 SEC		3.15
9:15	140	1 MIN 35 SEC		3.15
9:30	140	1 MIN 35 SEC		3.15
9:45	140	1 MIN 35 SEC		3.15
10:00	140	1 MIN 35 SEC		3.15
10:15	140	1 MIN 35 SEC		3.15
10:30	140	1 MIN 35 SEC		3.15
10:45	140	1 MIN 35 SEC		3.15
11:00	140	1 MIN 35 SEC		3.15
11:15	140	1 MIN 35 SEC		3.15
11:30	140	1 MIN 35 SEC		3.15
11:45	140	1 MIN 35 SEC		3.15
12:00	140	1 MIN 35 SEC		3.15
12:15	140	1 MIN 35 SEC		3.15
12:30	140	1 MIN 35 SEC		3.15
12:45	140	1 MIN 35 SEC		3.15
1:00	140	1 MIN 35 SEC		3.15
1:15	140	1 MIN 35 SEC		3.15
1:30	140	1 MIN 35 SEC		3.15
1:45	140	1 MIN 35 SEC		3.15
2:00	140	1 MIN 35 SEC		3.15

B 1 6387

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Brantly Dev. Inc. Liparini John 15 Last Name Owner First Name 34 %8835 P Columbia 100 Parkway 36 Street or RFD 55 Columbia Md. 21045 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

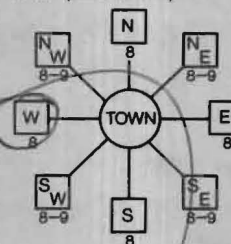
8 COUNTY Howard 21 Brantwood 23 SUBDIVISION SECTION I LOT 3 Well-2 44 46 48 50 52 NEAREST TOWN Ellicott City 71

MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

DRILLER INFORMATION

Robert L. Cline MWD 139 76 Driller's Name License No. 81 Cline + Duvall, Inc 8093 Hillmark Ct, Frederick 21704 21704 Address Robert L. Cline 4-1-98 41 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD. Route 144, Folly Quarter 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 75 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5000 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- 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) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 000 EAST GRID 57 000

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

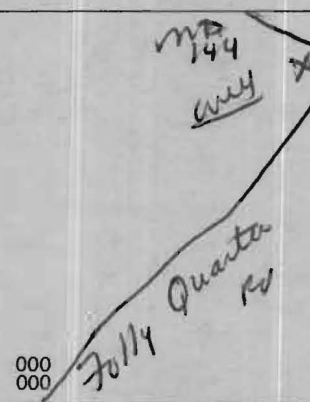
BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

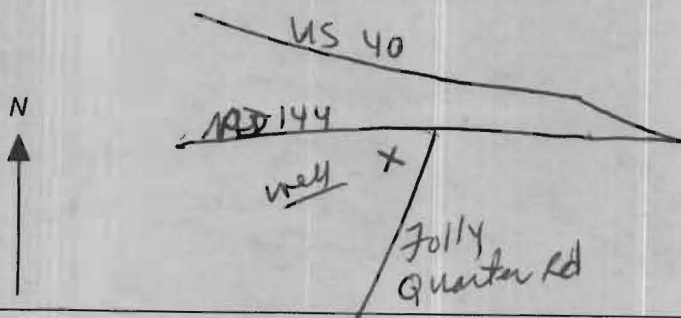
SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 520



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



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

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

APPROP. PERMIT NUMBER 54 G A P 63 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 8602 SEQUENCE NO. (MDE USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1916 III in this form completely

DATE RECEIVED (APA) 10/13/98 OWNER INFORMATION Brian Wood LLC Last Name First Name Street or RFD Columbia, MD 21045

DRILLER INFORMATION Driller's Name: Paul Nixon, David MWD 517 License No. Firm Name: 24 South River Road Address: Signature: Date: 10/10/98

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 800 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

- 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 APPROVAL) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 FORCE INITIALS IN BOX PERMIT No. HO-94-1916

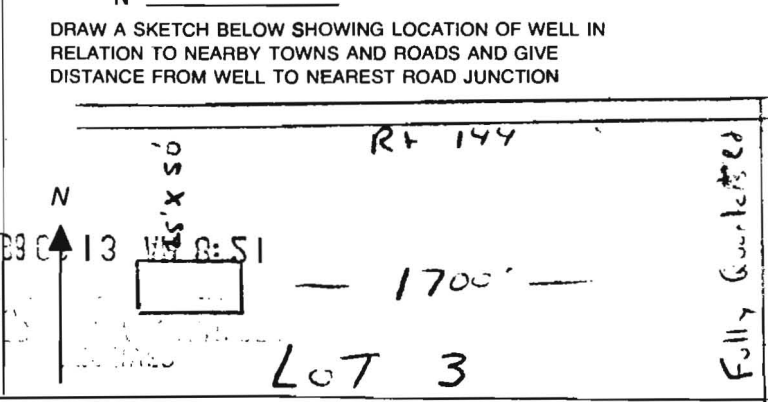
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - DRILLER

LOCATION OF WELL COUNTY: Howard SUBDIVISION: Heaga Property SECTION: 44 LOT: 3 PINE ORCHARD MEADOWS NEAREST TOWN: MILES FROM TOWN (enter 0 if in town) 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) TAX MAP: MD. LT. 144 NEAR WHAT ROAD: DISTANCE FROM ROAD: 50 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard Co COUNTY NO. A508300 STATE SIGNATURE: DATE ISSUED: 10/26/98 CO SIGNATURE: EXP. DATE: 10/26/99 NORTH GRID: 520000 EAST GRID: 820000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER: 1. Tanker WRITE THE BOX NUMBER FROM THE MAP HERE E 520 N 520

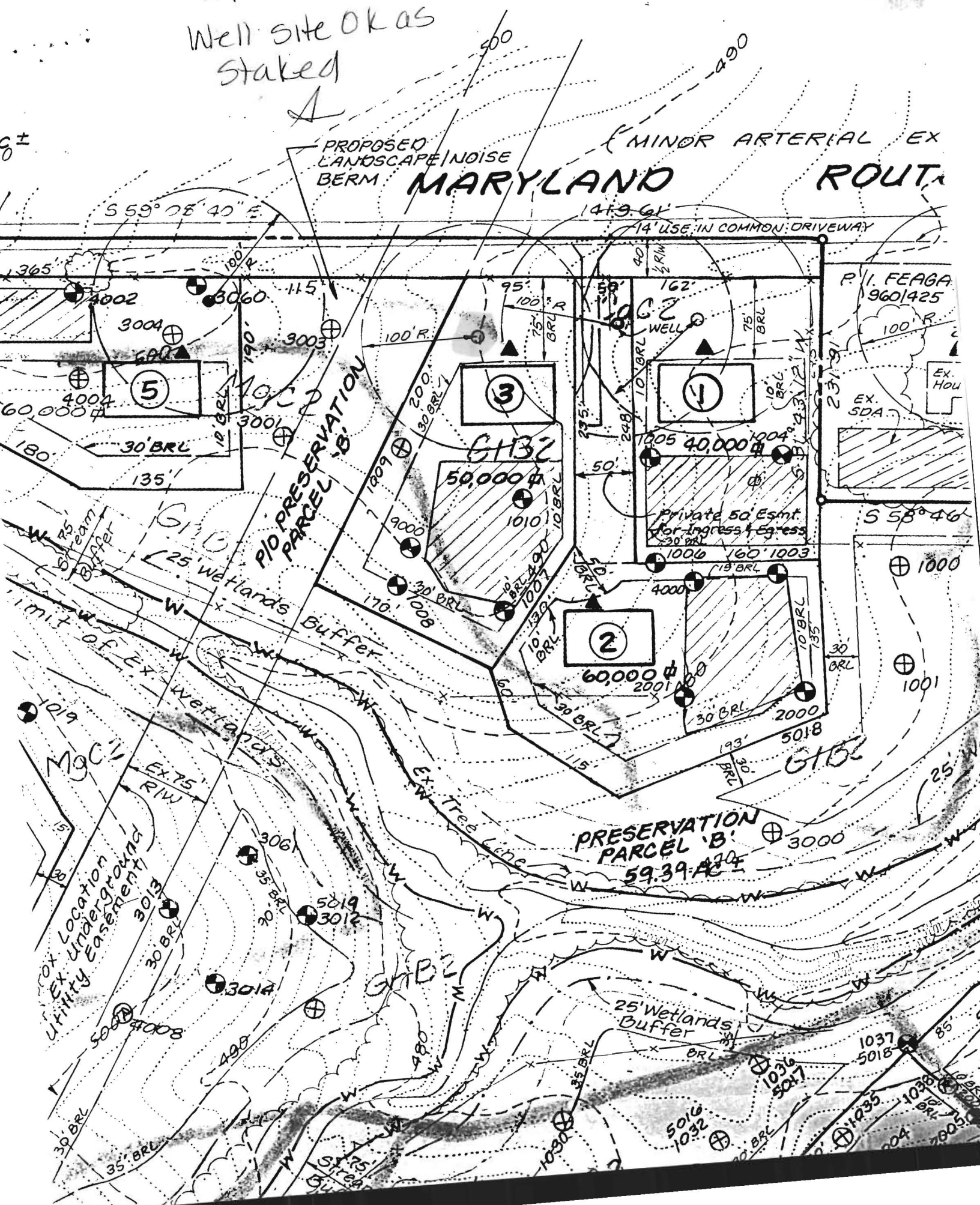


DRILLER

10/22/98

Well site OK as
staked

S ±



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: ROBERT L. FEEZER CO INC Telephone #: 410-781-4655
Address: 6321 BARNWELL AVE
SUNNYSIDE, 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): ROBERT L. FEEZER License# 7122

*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: NV HOMES Telephone #: 410-721-4703
Subdivision: BLANTWOOD Lot #: 3 Well Tag #: HO-94-1916
Site Address: 11201 FREDRICK ROAD
SUNNYSIDE CITY 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: RODACKET Make: R11 Two piece watertight cap: ✓
Model #: RS16 Model#: Screened, vented well cap: ✓
Pump Capacity 8 GPM Depth: 42 (36" min) Cap secured to casing: ✓
Well Yield: 3.15 GPM NSF approved: ✓ Conduit min 1 1/2" B.G.: ✓
Depth of well encountered at time of pump installation: 400(feet) Conduit secured to well cap: ✓
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: POLY PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) 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: Robert L. Fezer date: 9/27/01

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

Date Insp. Requested: 9/19/01 Date Insp. Approved: 9/19/01 (22)
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 ✓



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

September 17, 1998

MEMORANDUM

TO: Patricia Dennis
Administration

FROM: Craig Williams, Program Director (CW)
Water and Sewerage Program

Re: Request For Refund of Well Permit Application Fees
In The Amount of \$240.00; Check No. 13949; Receipt A59913.

This is in support of a request for a \$240.00 refund for well permit application fees be processed.

Cline & Duvall, Inc. provided appropriate notice of cancellation prior to the initiation of any well site inspections. Since the company drills only a few wells per year in Howard County, it is the recommendation of this office that the fees be refunded.

Please advise this program when this transaction has been completed. Thank you for your prompt attention and consideration in this matter.

CW:jr

Attachments

cc: Cline & Duvall, Inc.
File



Staple Supporting Documents to Back

Mail Attachment

HEALTH DEPARTMENT
REFUND PAYMENT CLAIM
(CHARGES AGAINST REVENUE ACCOUNT)
HOWARD COUNTY, MARYLAND

DOC ID PV 003 RPC HD **732** Data Entered By _____ Document Accepted By System _____

PV DATE _____ ACCT PRD _____ BFY 99 ACTION E PV TYPE 1 SCHEDULED PV DATE _____

Single Check Flag

VENDOR NUMBER _____

Payee Name & Address (30)	
1	Cline & Duvall, Inc.
2	8093 Hillmark Court
3	Frederick, MD 21704
4	

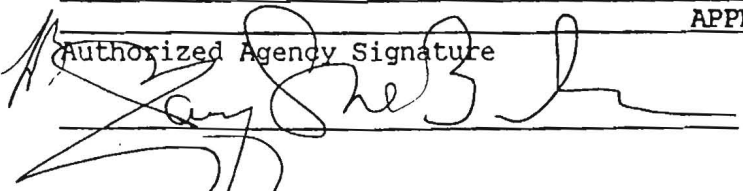
LN	REFUND REASON	FUND	AGY	ORGN	ACTV	REV/SRS	B/S AC	DESCRIPTION	AMOUNT
01	refund	035	361	0100	3765	1933		EH refund	240.00
02									
03									
04									
05									
06									
DOCUMENT TOTAL									240.00

Agency Name: Health Department DATE: 10/2/98

REASON FOR REFUND: Refund for well inspection permits.

Special Instructions for Checks:

APPROVALS

Authorized Agency Signature


Finance

Required if over \$150.00

DISTRIBUTION OF COPIES: White/Yellow - Accounts Payable, Pink - Agency