

C1 9859 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A43093

ST/CO USE ONLY DATE RECEIVED 0309 09

DATE WELL COMPLETED 1 29 99

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2053

OWNER Washington Homes STREET OR RFD Highland Road TOWN Clarksville SUBDIVISION BRIERLY SECTION LOT 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown soil, medium HARD, Brown sandstone, GRAY mica Rock, and Dry hole 550' ABANDONED & SEALED WITH cement & DRILL CUTTINGS.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (140), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0 to 58 ft).

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (06), Total depth (58).

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

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and slot size (1, 2, 3).

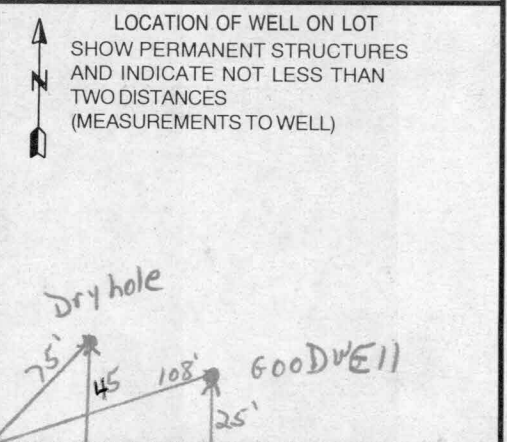
DEPTH (nearest ft.) table with columns for casing depth (1-21, 23-26, 30-32, 36-38, 39-41, 45-47, 51) and slot size (1, 2, 3).

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED (6), PUMPING RATE (1.8), METHOD USED TO MEASURE PUMPING RATE (WATCH & BUCKET), WATER LEVEL (34 before, 206 when), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2).



Administrative fields including NUMBER OF UNSUCCESSFUL WELLS (1), WELL HYDROFRACTURED (N), DRILLERS LIC. NO. (MJD 355), DRILLERS SIGNATURE (Max D. Jones), LIC. NO. (JWD 341), and SITE SUPERVISOR information.

OWNER INFORMATION
 Date Received (APA) 12 09 98
8 MM DD YY 13
Washington Homes, Inc
15 Last Name Owner First Name 34
1802 BRIGHTSEAT Rd. 6th Floor
36 Street or RFD 55
Landover MD 20785
57 Town 70 State 72 Zip 76

LOCATION OF WELL
 B 3 HOWARD
8 COUNTY 21
BRIERLY
23 SUBDIVISION 42
 SECTION I LOT 19
44 46 48 50
CLARKSVILLE
52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) _____
73 M 76 77 78

DRILLER INFORMATION
MICHAEL BARLOW MWD 355
76 Driller's Name License No. 81
MICHAEL BARLOW Well Drilling Sup Inc
Firm Name
912 FAWN COURT Joppa, MD 21085
Address
[Signature] 12-8-98
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 B 4

 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
HIGHLAND ROAD
11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 50 37
 DISTANCE FROM ROAD ENTER FT OR MI 50
38 39
 TAX MAP: 34 BLK: 3 PARCEL 7

WELL INFORMATION
 B 2
 APPROX. PUMPING RATE 5
1 2 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

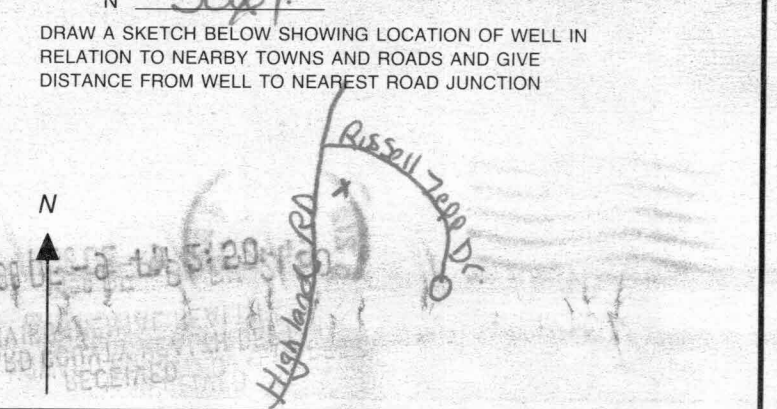
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A43093
COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 5
41
 DATE ISSUED 01 20 99 Mark E. Rellin 1/20/2000
43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 501 000 EAST GRID 0806 000
50 55 57 63

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
1/29/99 NO USE
 SOURCES OF DRILLING WATER
 1.
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8006
 N 5001
000 000

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 _____

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 DEEPEAN 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)
 APPROX. PERMIT NUMBER _____ G A P _____
54 63
 PERMIT No. HO-94-2053
70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2053
 Location of property (road) Highland Road
 Subdivision Brierley Lot 19 Block Plat Sec. I
 Well Driller Michael Barlow Well Drilling Owner Washington Homes

Depth of well 400
 Distance of measuring point (M.P.) above ground
 Static water level (S.W.L.) below M.P. 34 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 1.8
 Total time to reach pumping water level 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. feet	PUMPING RATE time to fill \$ / gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	34	5		12
10:15	160	5		12
10:30	206	33		1.8
10:45	206	33		1.8
11:00	206	33		1.8
11:15	206	33		1.8
11:30	206	33		1.8
11:45	206	33		1.8
12:00	206	33		1.8
12:15	206	33		1.8
12:30	206	33		1.8
12:45	206	33		1.8
1:00	206	33		1.8
1:15	206	33		1.8
1:30	206	33		1.8
1:45	206	33		1.8
2:00	206	33		1.8
2:15	206	33		1.8
2:30	206	33		1.8
2:45	206	33		1.8
3:00	206	33		1.8
3:15	206	33		1.8
3:30	206	33		1.8
3:45	206	33		1.8

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: C. MAYES P&H Telephone #: 410 923 0510
Address: 638 CECIL AVE
MILBESVILLE, MD 21108

(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 MAYES License# 3276

*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: GREG + KATHY WATNEY Telephone #: 301 421 1700
Subdivision: BRIERLY Lot #: 19 Well Tag #: HO-94-2033
Site Address: 13730 HIGHLAND RD
CHARLESVILLE, MD 20717

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: MYER Make: AMTROL Two piece watertight cap: YES
Model #: 25147 Model#: B10X Screened, vented well cap: YES
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing: YES
Well Yield: 5 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 320 (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Causes arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: YES

Piping to house **House Connection**
Type: POLY PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 1/2 (160 psi min) Approximate length of sleeve: 5 FT.
Depth of supply line: 1/2 (36" min) 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.

Charles Mayes 6-12-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 5/2/01 Date Insp. Approved: 6/19/01 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 } Needs Reinspection
Safety rope installed inside of well casing OK 6/19/01
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

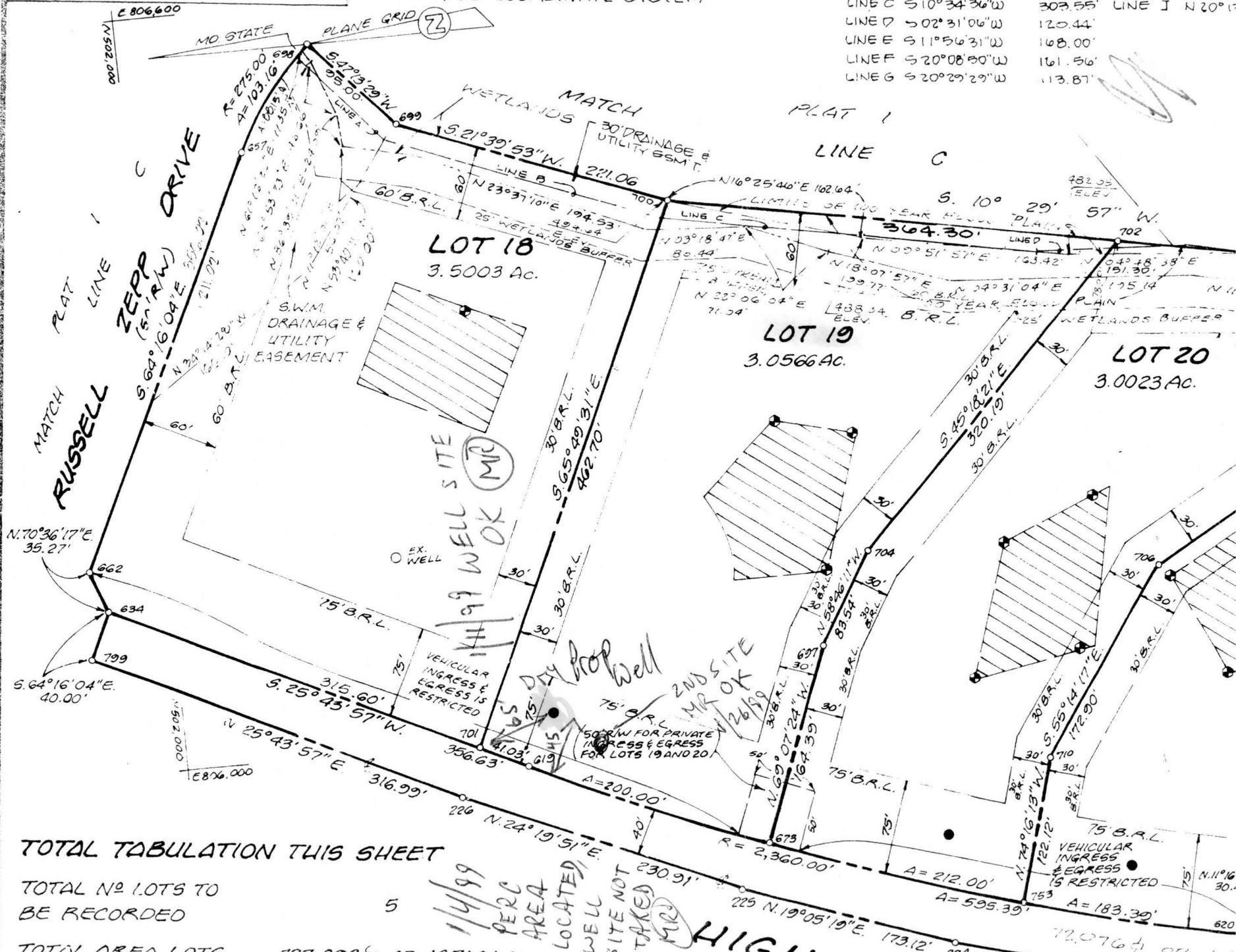
6/19/01
New Cap
Installed
O.K.
RR

6/18/01 Two bolts
missing. Gasket
between cap halves
missing. BB

674 500712.0000 806267.0000
 698 501845.9567 806567.3395
 699 501781.4398 806497.6074

COORDINATES ARE BASED ON MARYLAND STATE GRID COORDINATE SYSTEM

LINE A S 47°15'29" W 97.39'
 LINE B S 21°39'53" W 223.80'
 LINE C S 10°34'36" W 303.55'
 LINE D S 02°31'06" W 120.44'
 LINE E S 11°56'31" W 168.00'
 LINE F S 20°08'30" W 161.56'
 LINE G S 20°29'29" W 113.87'
 LINE H S 46°4'
 LINE I S 49°1'
 LINE J N 20°1'



TOTAL TABULATION THIS SHEET

TOTAL NO LOTS TO BE RECORDED

TOTAL AREA LOTS

5

1/4/99
 PERC AREA LOCATED
 WELL SITE NOT STAKED

HIGH

72,076 ft