

C 1 9617
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

**STATE OF MARYLAND
 WELL COMPLETION REPORT**
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AT THE TIME THE WELL IS COMPLETED.
 COUNTY NUMBER A5 7679-B

ST/CO. USE ONLY
 DATE Received MM DD YY
 DATE WELL COMPLETED MM DD YY
 Depth of Well
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
3 31 99 22 400' 26 HO - 94 - 2123
 8 13 15 20 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER Patuxent Builders first name
 STREET OR RFD Hobbs Road TOWN Glenwood
 SUBDIVISION Rosebar SECTION _____ LOT 15

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	76	
Gray mica Rock	76	400	✓

400-40 Drilling materials
 40-0 Cement

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED Y N
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 20 NO. OF POUNDS 1880
 GALLONS OF WATER 120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 73 ft.
 (enter 0 if from surface)
 48 TOP 52 54 BOTTOM 58

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST 6 80
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
 E A C H I N G

SCREEN RECORD
 screen type or open hole
 insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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. 1 MSD024
 DRILLERS SIGNATURE Frank L. Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6
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)
56 60
 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

HOURS PUMPED (nearest hour) 6
 8 9
 PUMPING RATE (gal. per min.) 1
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 23 ft.
 17 20
 WHEN PUMPING 376 ft.
 22 25
 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 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)
 49 50 51

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

B 1 4041

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2123 fill in this form completely

Date Received (APA) 02 09 99

OWNER INFORMATION

Patuxent Builders Inc. P.O. Box 906 Savage Md. 20763

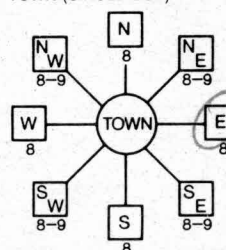
LOCATION OF WELL

Howard County Rosbar Subdivision Section 44 46 Lot 15 Glenwood Nearest Town Miles from town 1 1/2

DRILLER INFORMATION

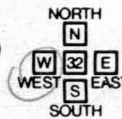
Joseph L. Mayne MSD 024 Driller's Name License No. Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd, Mt. Airy Md. 21771 Address Signature Date 2/9/99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hobbs Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



600 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: BLK: PARCEL

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 CO A57679B COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 02/17/99 A. McMill 02/17/00 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary (circled) JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3.

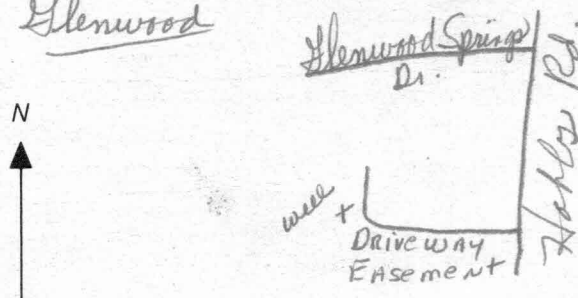
3/3/99 10:30 x corrd 80' open 93' grad 29/99 AP 3/3/99

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 N 520

000 000

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



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

APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2123

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2123
 Location of property (road) Hobbs Rd
 Subdivision Rosebar Lot 15 Block _____ Plat _____ Sec. _____
 Well Driller Joseph L Maype Owner Patuxent Builders

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 gpm.
 Total time 45 min to reach pumping water level 375 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)
7:45	124'	3 sec.	N/A	20 gpm.
8:00	248	4		150
8:15	375	5		12
8:30	373	60		1
8:45	373	60		1
9:00	373	60		1
9:15	373	60		1
9:30	373	60		1
9:45	373	60		1
10:00	373	60		1
10:15	373	60		1
10:30	373	60		1
10:45	373	60		1
11:00	373	60		1
11:15	373	60		1
11:30	373	60		1
11:45	373	60		1
12:00	373	60		1
12:15	373	60		1
12:30	373	60		1
12:45	373	60		1
1:00	373	60		1
1:15	373	60		1
1:30	373	60		1

HD-224
 1:45 372 60
 2:00 372 60

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2123
 Location of property (road) Hobbs Road
 Subdivision Rosebar Lot 15 Block Plat Sec.
 Well Driller Joseph Mayne Owner Patuxent Builders

Depth of well 400
 Distance of measuring point (M.P.) above ground 2
 Static water level (S.W.L.) below M.P. 23

I. High rate pumping -- reservoir drawdown

Time pump started 6:00 Pumping rate 200gpm
 Total time 45 min to reach pumping water level 376 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)
6:15	130'	3 sec	N/A	200gpm
6:30	252	4		15
6:45	376	4		15
7:00	375	60		1
7:15	375	60		1
7:30	375	60		1
7:45	374	60		1
8:00	374	60		1
8:15	374	60		1
8:45	374	60		1
9:00	374	60		1
9:15	374	60		1
9:30	374	60		1
9:45	374	60		1
10:00	374	60		1
10:15	374	60		1
10:30	374	60		1
10:45	374	60		1
11:00	374	60		1
11:15	374	60		1
11:30	374	60		1
11:45	374	60		1
12:00	374	60		1
12:15	374	60		1

HD-224/2:30 374
 12:45 374

8/26/99 Simultaneous well pump
lots 14, 15 & 16

LOT 15	{	7:45	124	39L	209pm
		12:45	373	56	1+

Ar

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
1999 MY 14 PM 2:29

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2123
 Location of property (road) Wolke Rd.
 Subdivision Rosebar Lot 15 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Patuxent Builders

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 gpm.
 Total time 45 min to reach pumping water level 377 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)
7:45	124'	3 sec.	N/A	20 gpm.
8:00	259	4		15
8:15	377	5		12
8:30	375	60		1
8:45	374	60		1
9:00	373	60		1
9:15	374	60		1
9:30	373	60		1
9:45	374	60		1
10:00	374	60		1
10:15	373	60		1
10:30	373	60		1
10:45	372	60		1
11:00	372	60		1
11:15	373	58		1+
11:30	373	58		1+
11:45	373	58		1+
12:00	373	58		1+
12:15	374	56		1+
12:30	373	56		1+
12:45	373	56		1+
1:00	373	54		1.1
1:15	373	54		1.1
1:30	373	54		1.1

**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: Gaske P+H Inc Telephone #: 410-521-8139
Address: P.O. Box 1244
Sykesville 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): JOHN GASKE License# 3189

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Moore Telephone #: 461-4610
Subdivision: Rose Bar Lot #: 24 Well Tag #: HO-94-2123
Site Address: 3054 Hobbs Rd
Blennwood

Submersible Pump Data

Make: Goolds
Model #: SGS10412
Pump Capacity 5 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: Campbell?
Model #: B20X
Depth: 42" (36" min)
NSF/WSC approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 500 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 160 PSI
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: yes

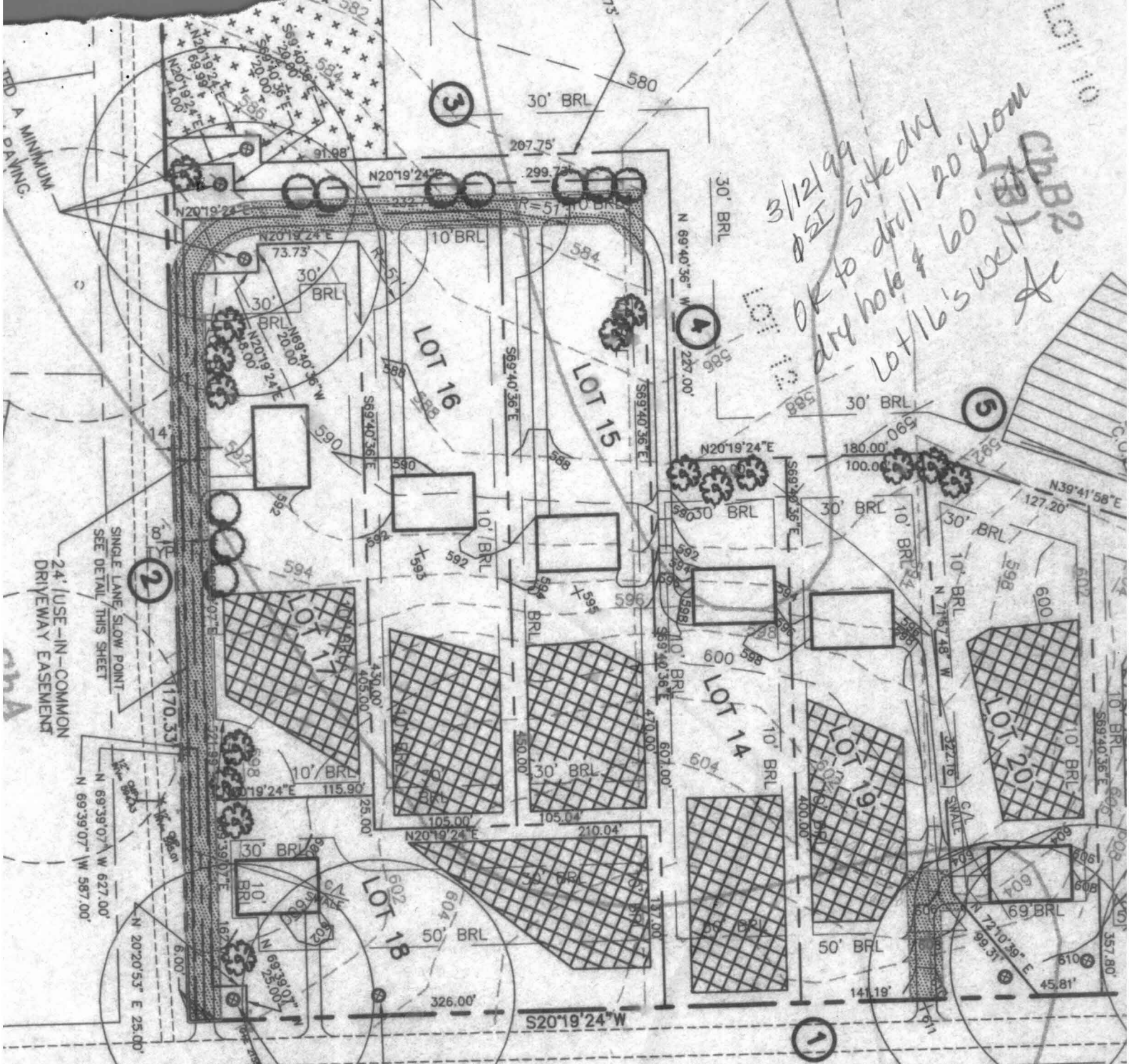
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

John Gaske
Signature of company representative responsible for installation

5/03/01
date

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

Date Insp. Requested: 6/11/01 Date Insp. Approved: 6/11/01 Inspector: SRK
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



3/12/99
 OK to drill 20' from
 dry hole & 60' from
 Lot 16's well
 CBB2
 CBB1
 Ac

24' USE-IN-COMMON
 DRIVEWAY EASEMENT
 SINGLE LANE SLOW POINT
 SEE DETAIL THIS SHEET

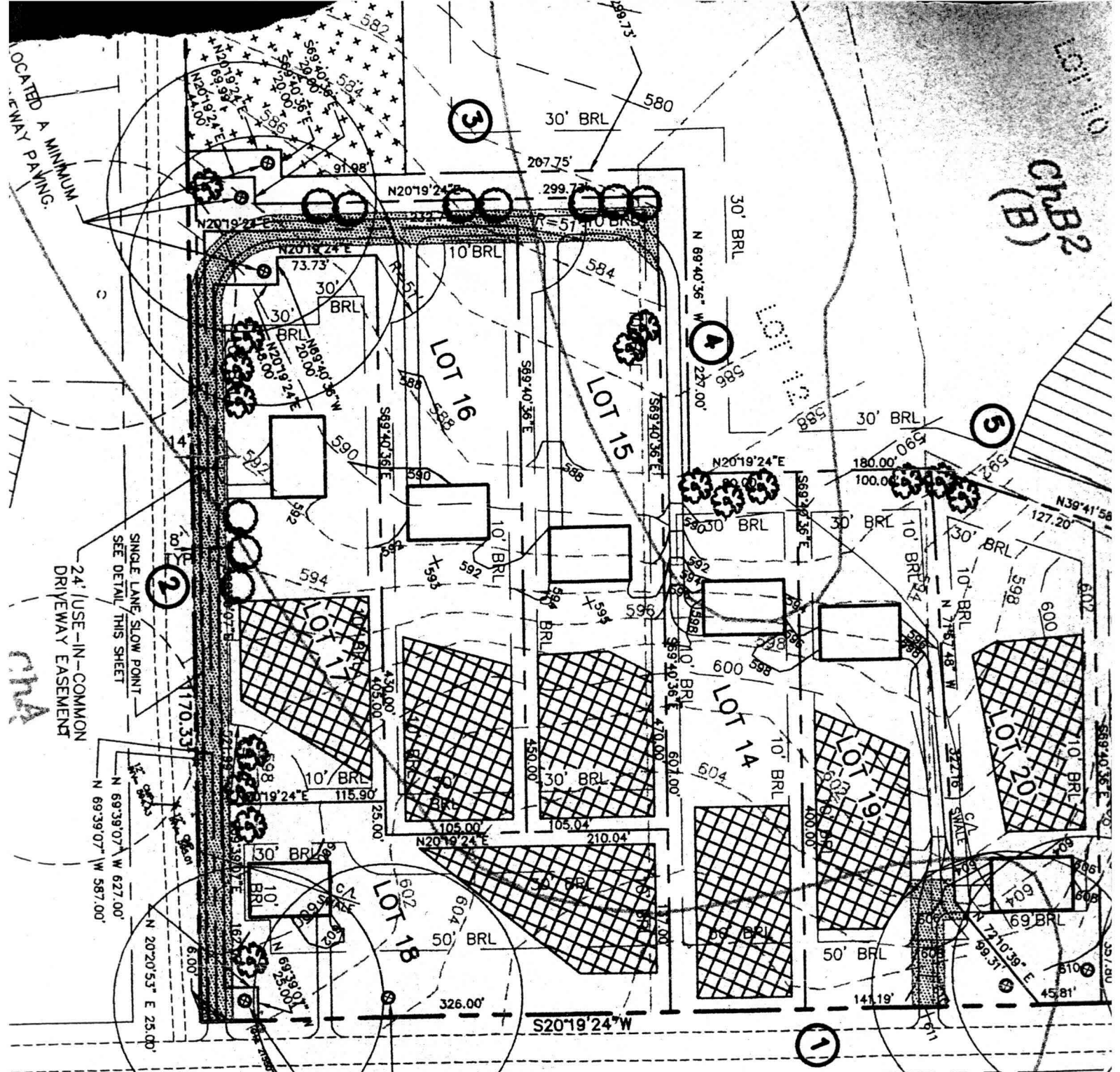
DOUGLAS P. &
 EVELYN J. CONNELL
 1619/629
 WINDSOR FARM ESTATES,
 LOT 5

NOTE: WELL IS TO BE
 15' FROM THE ROAD
 AND/OR EDGE OF DR

HOBBS ROAD
 LOCAL ROAD -- 50' PUBLIC ROW

2/17/99
 well site staked
 by surveyor as shown
 No site insp
 Ac

FRANCIS & PHYLLIS J. DON
 1356/555
 WINDSOR FARM ESTATES,



LOCATED A MINIMUM
DRIVEWAY PAVING.

24' USE-IN-COMMON
DRIVEWAY EASEMENT
SEE DETAIL THIS SHEET

DOUGLAS P. &
EVELYN J. CONNELL
1619/629
WINDSOR FARM ESTATES,
LOT 5

NOTE: WELL IS TO BE
OF 15' FROM THE RO
AND/OR EDGE OF DR

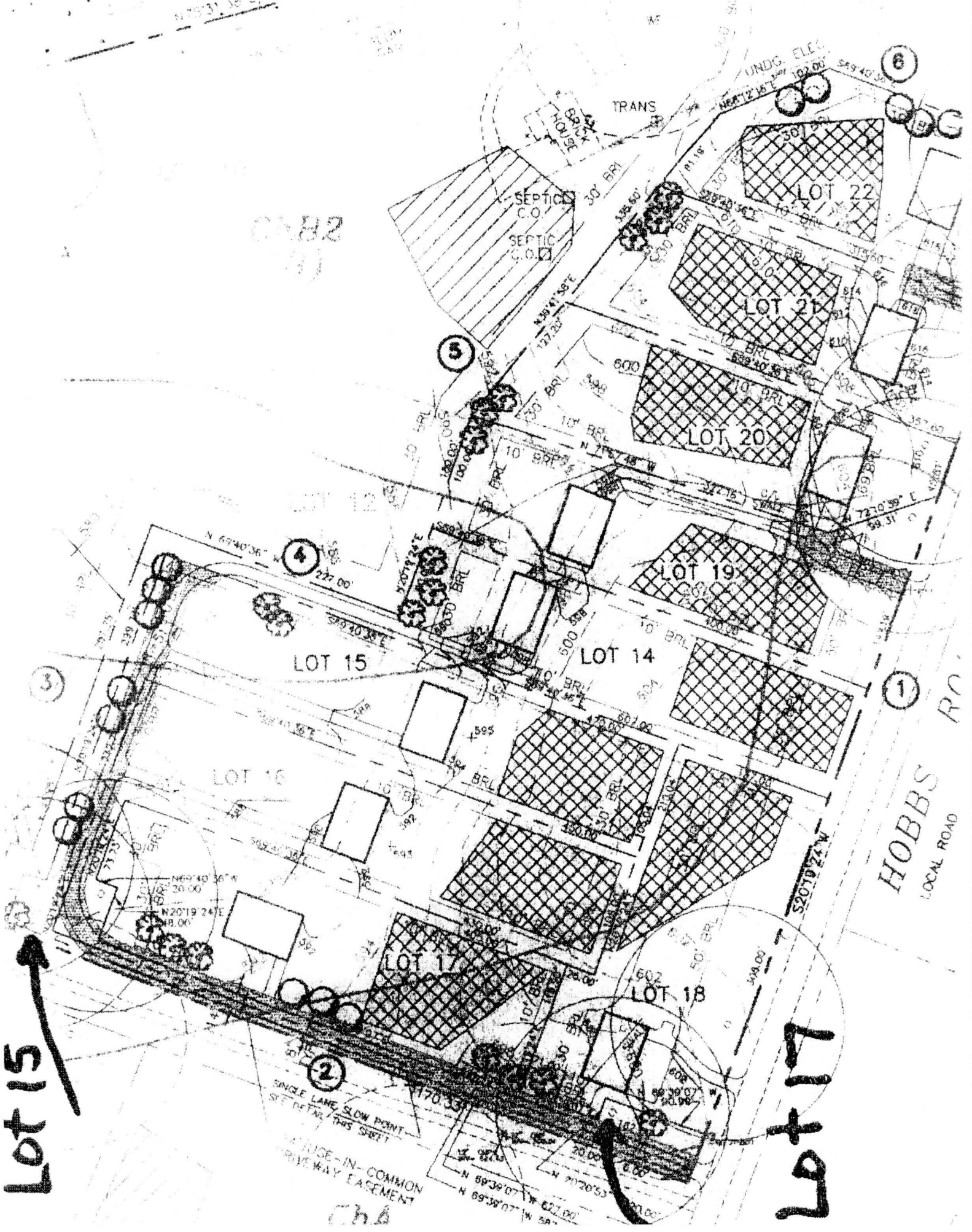
HOBBS ROAD

LOCAL ROAD -- 50' PUBLIC ROW

2/17/99
well site staked
by surveyor as shown
NO SITE INSP
AK

FRANCIS & PHYLLIS J. DC
1356/555
WINDSOR FARM ESTATES

CHB2
(B)



Lot 15

Lot 17

CHB2
(1)

CH4

C303967 2-1 99

Do not write above this line.

WATER ANALYSIS

Bottle Number 85-6 H9/H0 928172 Name Patuxent Builders County Howard County Code 13
 Source Hobbs Road Data Category Code 4F
 Collected: Date 3/31/99 Time 11:00 AM Collector & Phone R.J. Pinkley 410-313-2646 Submitter Code
 CHECK (one per box)
 Drinking Water Community Source (raw water) Emergency
 Landfill Non-community Distribution (treated) Routine
 Stream Private MCL Recheck
 Other Other Special Federal Project 45

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H2SO4
 pH Chlorine: Free Total Specific Conductance
 Notes to Lab/Remarks: H0-94-2123 Rosebar lot 15 *J.L.H.*

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST'S INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, Spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrite, N	00630			1.4	4-02-99	BK
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01
DHMH 90-A 7/97

Section Chief **D. MILLER-TUCK**

Date Reported **APR 5 1999**