

SEQUENCE NO. **4245**  
 (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. ON 5/11/89  
 COUNTY NUMBER **45652**

DATE RECEIVED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **082889**  
 DEPTH OF WELL **205** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **170-99-2363**

OWNER **Baran and Brothers Inc**  
 STREET OR RFD **OLD FRED RD.** TOWN **WOODSME MD**  
 SUBDIVISION **PARCEL B** SECTION **LIBER 0666** LOT **FOLIO 625**

**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	
Top Soil	0	2	
Brown Shale	2	28	
Brown Slate	28	30	
Blue Slate	30	33	
Brown Slate	33	35	✓
Blue Slate	35	150	
Flint Rock	150	155	✓
Blue Slate	155	205	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **10** NO. OF POUNDS **1000**  
 GALLONS OF WATER **60**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **36** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

**MAIN CASING**  
 Nominal diameter of main casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **38**

**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  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

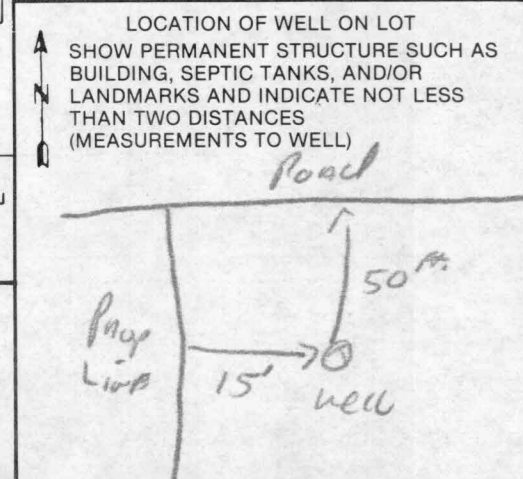
**DEPTH (nearest ft.)**  
 EACH SCREEN  
 1 **10** **36** **205**  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ]  
 SLOT SIZE 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN [ ] (NEAREST INCH)

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.) [ ] WQ [ ] [ ] [ ]  
 TELESCOPE CASING [ ] LOG INDICATOR [ ] OTHER DATA [ ] [ ] [ ]

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **12**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **34**  
 WHEN PUMPING **46**  
 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 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 } **2** (nearest foot)



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 10.17.13 "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. **MSD 116**  
**Mark Wayne**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**MSD 117** **Mark Wayne**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 1986

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho-94-2363

Date Received (APA) 7/26/99

OWNER INFORMATION

8 MM DD YY 13 BARWARD brothers 15 Last Name Owner First Name 34 1612 BRITTLE Branch way 36 Street or RFD 55 Wood Side MD. 21287 57 Town 70 State 72 Zip 76

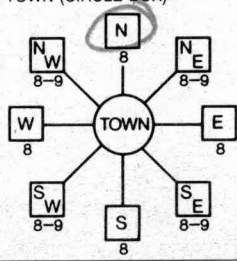
LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Sutton Prop 42 Parcel-B SECTION 44 46 LOT 48 50 52 NEAREST TOWN Lisbon 71 MILES FROM TOWN (enter 0 if in town) I MI 73 76 77 78

DRILLER INFORMATION

Driller's Name Ralph MAYNE M S D 116 76 License No. 81 Firm Name Ralph MAYNE well Drilling Address 9120 Brown Church Rd. Mt Airy Signature Date 7-22-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Old Fred Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH 34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 1 PARCEL 309

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. A 45653 STATE SIGNATURE DATE ISSUED 08/18/99 CO SIGNATURE EXP. DATE 08/17/00 NORTH GRID 55 00 55 EAST GRID 0782 00 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) JETTED Jetted & DRIVEN CABLE REVerse-ROTary DRive-POINT other

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 GAP 63 PERMIT No. HO-94-2363 70 71 72 73 74 75 76 77 78 79

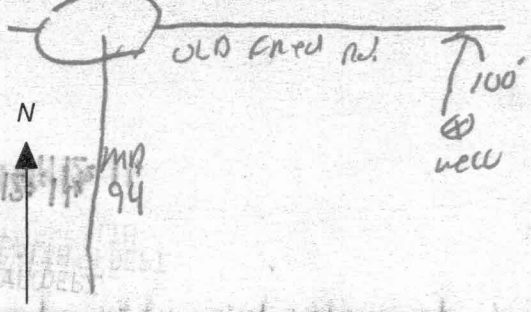
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 250 2 N 550 1

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



SPECIAL CONDITIONS

APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Date Aug 28 1999

WELL YIELD TEST DATA SHEET - HOWARD County

Reviewed By SKN BK 9/8/99

Maryland Well Permit No. HO-94-2363 Owner or Applicant Burward Brothers Inc

Location of Property (Road) OFF OLD FREDERICK RD.

Subdivision Parcel B Liber 0666 Lot 625 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Depth of Well 205 ft Height of Measuring Point Above Ground 2 ft

Static Water Level Below Measuring Point 34 ft

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRONOLOGICAL)	WATER LEVEL Below M.P.	PUMPING RATE Time to Fill Gal. Bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	34 ft	5 Sec		12 GPM
7:45	46 ft	5 Sec		12 GPM
8:00	46 ft	5 Sec		12 GPM
8:15	46 "	5 "		12 "
8:30	46 "	5 "		12 "
8:45	46 "	5 "		12 "
9:00	46 ft	5 Sec		12 GPM
9:15	46 ft	5 Sec		12 GPM
9:30	46 ft	5 Sec		12 GPM
9:45	46 "	5 "		12 "
10:00	46 "	5 "		12 "
10:15	46 "	5 "		12 "
10:30	46 ft	5 Sec		12 GPM
10:45	46 ft	5 Sec		12 GPM
11:00				

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.

[Signature]  
Signature of Well Driller

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: X.H. Plumbing Telephone #: 410-857-0255  
Address: 470 Watsie Dr  
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation: License # 8300  
Name (Print): Keith Hundelmark

\*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: David Harrison Telephone #: 301-829-1713  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-2363  
Site Address: 15745 Old Frederick Rd  
Woodbine

Subscribable Pump Data Pitless Adapter Well Casing and Electric Conduit  
Make: Valco 221 Make: American Gandy Two piece watertight cap:   
Model #: 7-75410/1B52 Model #: PT 600 Screened, vented well cap: \_\_\_\_\_  
Pump Capacity: 10 GPM Depth: 42 (36" min) Cap secured to casing:   
Well Yield: 12 GPM NSF approved: Yes Conduit min 1 1/2" B.G.:   
Depth of well encountered at time of pump installation: 205 (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 on 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 1" IPS-PE 3408 PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: 6  
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: Keith Hundelmark date: 8-23-01

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

Date Insp. Requested: 7/9/01 Date Insp. Approved: 7/9/01 **(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 grout observed below pitless adapter   
**BB**

COUNTY LINE SURVEY

N 39° 24' 29" E

S 34° 54' 18" W


109° 11' E

443.42

N 64° 08' W

1502.85

MATCH LINE

 This area designates a private sewage easement of 10,000 square feet as required by the Md. State Dept. of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

P. 309  
5.73 Acres ±

Ex. House

Ex. Well

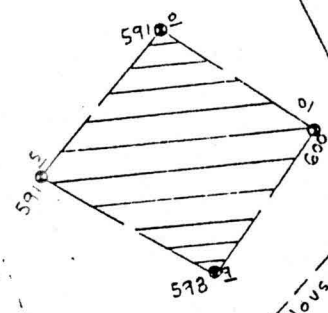
P. 254

⊕ Percolation Test Hole, field located.

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Md. State Dept. of Health and Mental Hygiene.

P. 229

Percolation areas and water wells for the adjoining lots have been shown where pertinent.



8/10/99  
Well site as staked  


Ex. House

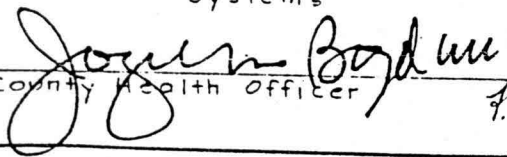
Elect.

Ex. Well

FF 604.0 House Proposed

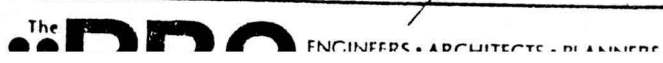
6050 Proposed Well

APPROVED: For Private Water and Private Sewage Systems

 5-24-90  
County Health Officer Date

PERCOLATION TEST PLAT  
P. 309  
Old Frederick Rd.  
TAX MAP 8  
DEED REF.: L.666 F.675

Owner:  
Robert M. Sutton  
15 Robinson Rd.  
Severna Park, Md.  
21146

The 

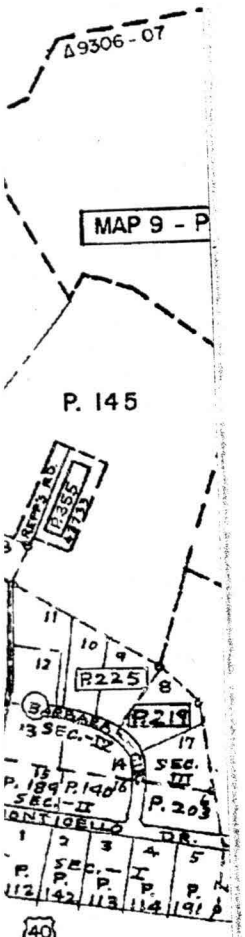
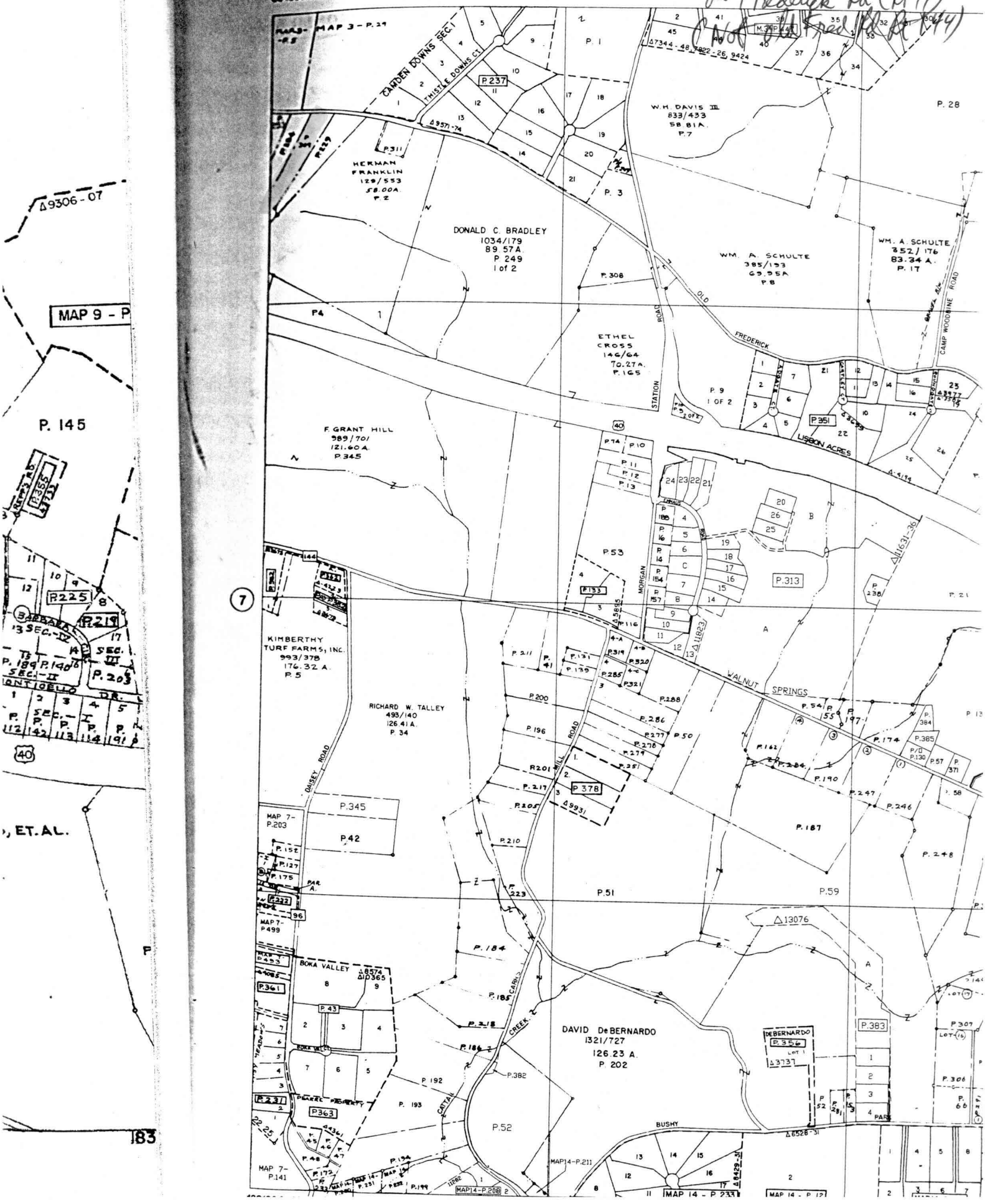
ON THIS PLAT THIS CORNER COINCIDES WITH THE IRON STAKE NOT THE CENTER OF THE ROAD

249.20  
N 79° 47' 34" W  
OLD FREDERICK ROAD



well known app for  
Sutton Property Parcel B  
on Frederick Rd (B799)  
C.A. [unclear] [unclear] [unclear] [unclear]

185786.2mN  
304538.4mE



, ET. AL.  
183

7

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P. 21

P. 13

P. 13

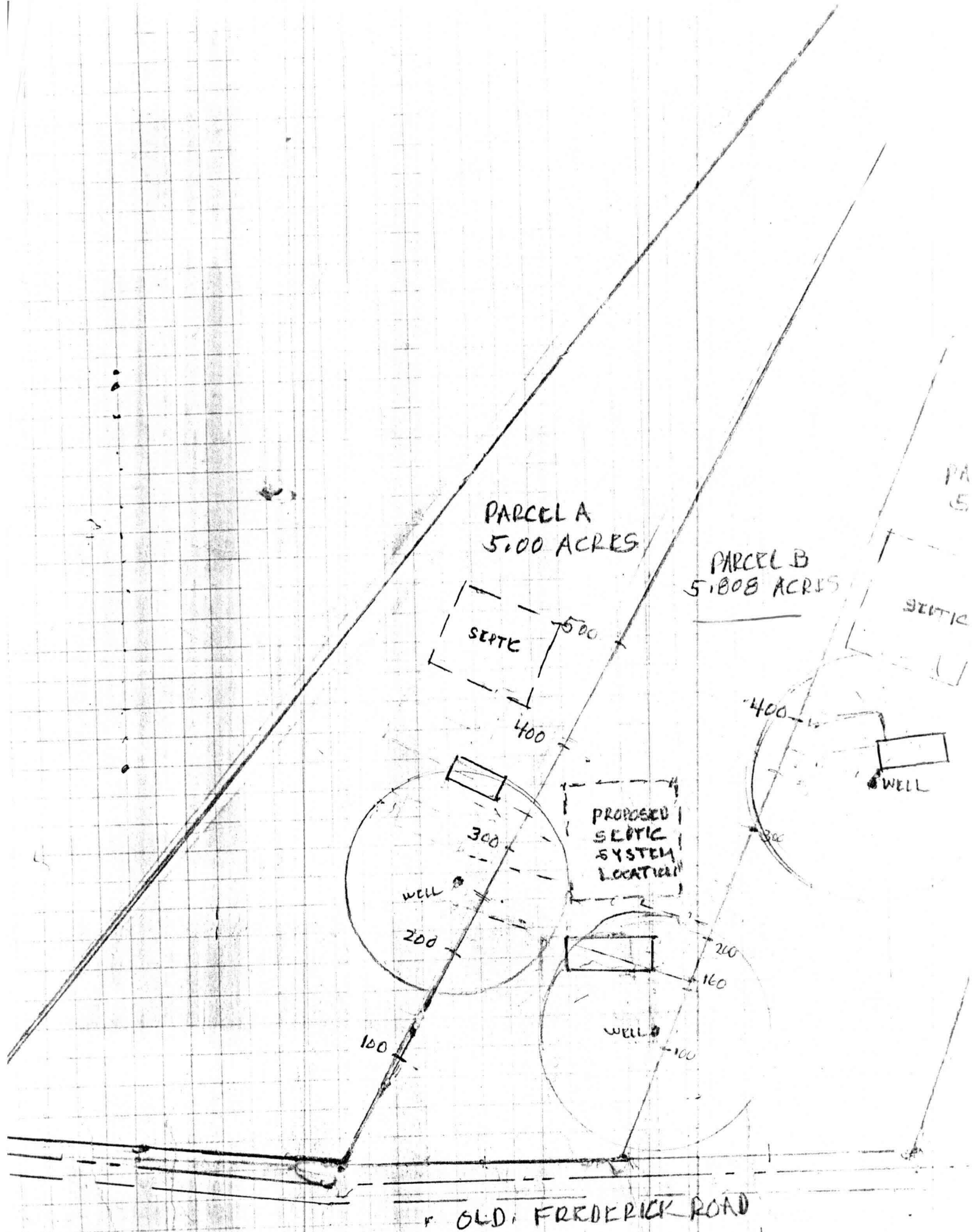
P. 307

P. 306

P. 66

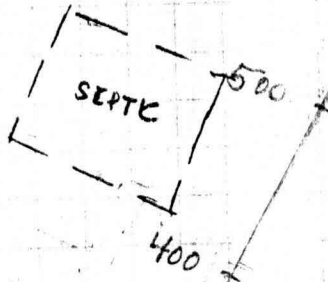
P. 17

P. 17

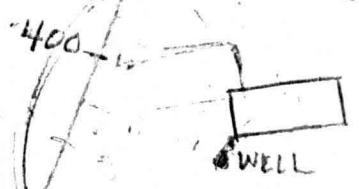
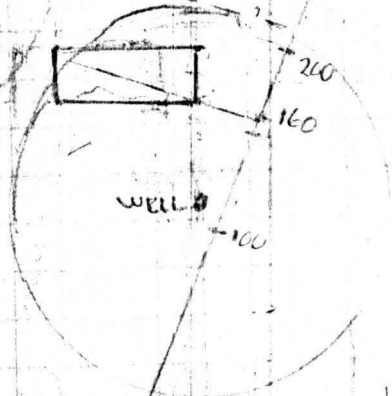
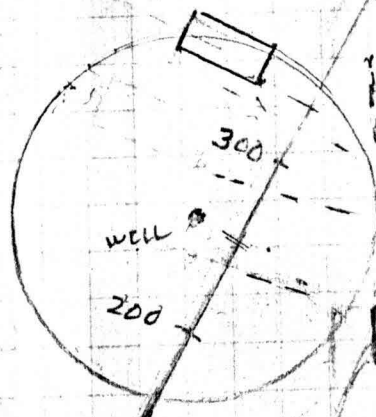


PARCEL A  
5,000 ACRES

PARCEL B  
5,808 ACRES



PROPOSED  
SEPTIC  
SYSTEM  
LOCATION



SEPTIC

PA  
5

OLD FREDERICK ROAD