

C1 0289

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. OK SRU

COUNTY NUMBER A58128 B 6/9/07

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Barnes Michael STREET OR RFD Nichols Drive TOWN Highland SUBDIVISION Clifton Link SECTION LOT 05

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. Includes entries for Sand (0-67) and Gray Mica Rock (67-125).

GROUTING RECORD

WELL HAS BEEN GROUTED (Type of GROUTING MATERIAL) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 29 NO. OF POUNDS 2726 GALLONS OF WATER 174 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 60 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 72

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

Table with columns: DEPTH (nearest ft.), A C H S R E N. Includes depth markers at 69 and 125 ft.

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

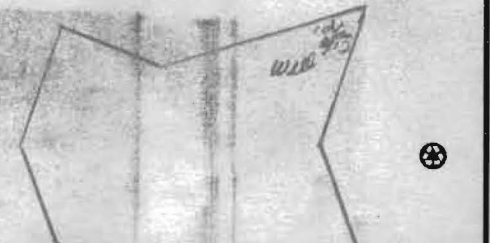
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 3 WHEN PUMPING 73 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 3 (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)



DRILLERS LIC. NO. 1 M SD 24 DRILLERS SIGNATURE M D LIC. NO. 1 M D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Nichols Drive

B 1 03728

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2964

W514910 please print or type

fill in this form completely

Date Received (APA) 1/30/01

OWNER INFORMATION

Barnes Susant Michael 7748 Patuxent Oak Ct. Elkridge Md 21227

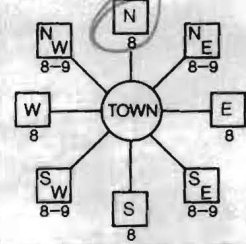
LOCATION OF WELL

Howard Clifton Link Prop. Highland 342 M I

DRILLER INFORMATION

Joseph L. Mayne MS D 24 5512 Ridge Rd. Mt. Airy Md. 21771 1/27/2001

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Nichols Drive 475 FT DISTANCE FROM ROAD

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 A58128B COUNTY NAME COUNTY NO. DATE ISSUED 2/1/01

APPROXIMATE DEPTH OF WELL 280 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary 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

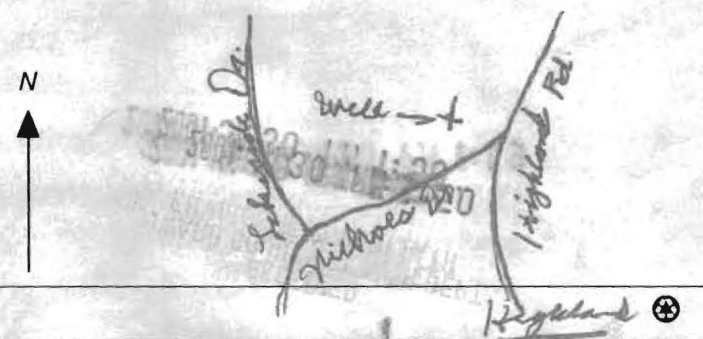
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. HO-94-2964

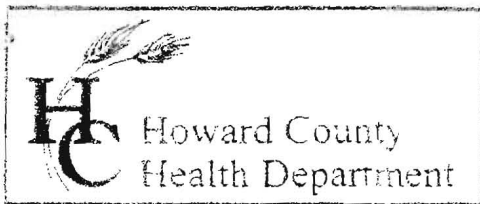
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 500

4/24/01 10:00 NO INSP OTHER INSP DEMANDS DO NOT ALLOW

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 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

October 10, 2003

Michael Barnes
7748 Patuxent Oak Court
Elkridge, MD 21075

SENT VIA FACSIMILE 443-745-1374 (cell)

RE: Clifton Link, Lot # 9
13520 Nichols Drive
BP # B00134034
Well Permit # HO-94-2964

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/9/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2964. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 9/30/2003
Date of Well Completion: 4/24/2001

Respectfully,

Steven R. Krieg
Registered Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's Office
Community Services Program
File