

C1: 4000 (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A 51899Z

ST/CO USE ONLY DATE Received MM DD YY 8 13
DATE WELL COMPLETED MM DD YY 08 21 03
Depth of Well 22 180 26 (TO NEAREST FOOT) 10/17/03 MR
PERMIT NO. FROM "PERMIT TO DRILL WELL" H 0 - 94 - 3779
28 29 30 31 32 33 34 35 36 37

OWNER Winthorpe Daniels Rd Inc
STREET OR RFD last name first name
TOWN Ellicott City Map 18 P. 179
SUBDIVISION TRIBBE/ROHN SECTION _____ LOT 4

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	
Sandy	2	15	
Sand Stone	15	25	
MICKA 3	25	40	
Sand Stone	40	45	✓
MICKA 3	45	90	
Sand Stone	90	95	✓
MICKA	95	180	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
44 44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 45 46 16 NO. OF POUNDS 45 46 1600
GALLONS OF WATER 96
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

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)
PL 6 38
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING 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.)
36 180

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
A 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. M S D 112
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

E A C H S R E E N	SLOT SIZE 1		2		3	
	8	9	11	15	17	21
1						
2						
3						

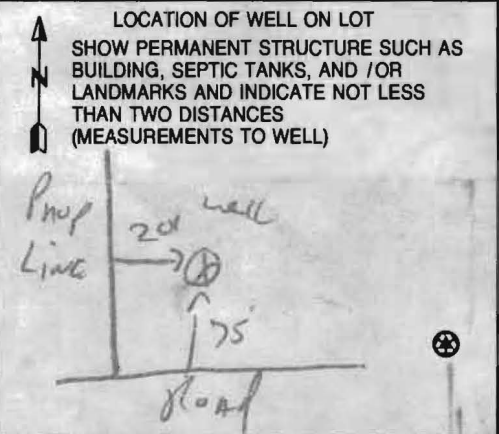
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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) 3
8 9
PUMPING RATE (gal. per min.) 10
11 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 45 ft.
17 20
WHEN PUMPING 46 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 YES NO
(CIRCLE) (YES or 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



B i 2324

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519079 please type

STATE PERMIT NUMBER

HO-94-3779 fill in this form completely

Date Received (APA) 08 08 03

OWNER INFORMATION

WINDTHORPE INC 1350 PO BOX 279 Highland MD 20707

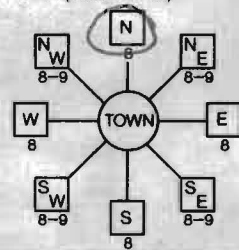
LOCATION OF WELL

Howard COUNTY TRIBBE Prop SECTION 4 LOT 4 ELlicott City NEAREST TOWN 2 MILES FROM TOWN

DRILLER INFORMATION

Ralph E. MAYNE MSD 117 Driller's Name License No. 81 Ralph E. MAYNE WELL DRILLING Firm Name 17024 Handy Rd. Mt Airy MD Address Signature Date 8/6/03

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



DANIELS Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 90 DISTANCE FROM ROAD ENTER FT OR MI 18 BLK: 1 PARCEL 179

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 COUNTY NAME A518997 COUNTY NO. STATE SIGNATURE DATE ISSUED 08 11 03 Mark E. Riffin 8/11/04 CO SIGNATURE EXP. DATE NORTH GRID 537 000 EAST GRID 0854 000

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL .64 NEAREST INCH

METHOD OF DRILLING (circle one)

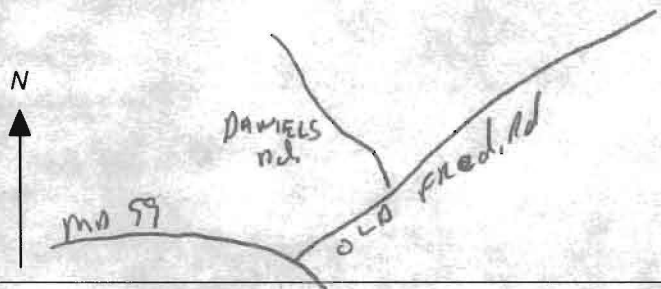
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (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 DEEPEM 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. WRITE THE BOX NUMBER FROM THE MAP HERE 854 E 537 N

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 G PERMIT No. HO-94-3779

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

NO INSPECTION

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3779
 Location of property (road) Daniels Rd
 Subdivision Tribbe/Kuhn Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller R Mayne Owner Wintorpe Inc

Depth of well 180
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 45 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 46 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 <input checked="" type="checkbox"/> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	45 ft	6 Sec		10 GPM
			TEST STARTED	
8:45	46 ft	6 Sec		10 GPM
9:00	46 ft	6 Sec		10 GPM
9:15	46 ft	6 Sec		10 GPM
9:30	46 "	6 "		10 "
9:45	46 "	6 "		10 "
10:00	46 "	6 "		10 "
10:15	46 ft	6 Sec		10 GPM
10:30	46 ft	6 Sec		10 GPM
10:45	46 ft	6 Sec		10 GPM
11:00	46 "	6 "		10 "
11:15	46 "	6 "		10 "
11:30	46 ft	6 Sec		10 GPM
11:45	46 ft	6 Sec		10 GPM

**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: Eagles Well Drilling Telephone #: 410-795-5670
Address: 530 Odrecht Rd
Sylva md 21084

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

Name (Print): Allen Compton License# MSD 009

*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: Winthorne Inc Telephone #: 301-854-1049
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3779
Site Address: 2295 Daniels Rd

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Compton</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>75805</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: _____ GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <u>yes</u>

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 NA

Piping to house	House Connection
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>12</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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.

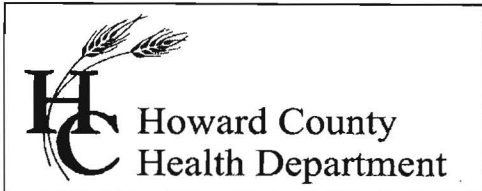
Signature of company representative responsible for installation: Allen Compton date: 5-4-04

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

Date Insp. Requested: _____ Date Insp. Approved: 1/20/04 (50)

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	_____



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

May 11, 2004

Winthorpe Development
P. O. Box 279
Highland, MD 20777

SENT VIA FACSIMILE 301-854-1091

RE: 2295 Daniels Road
John C. Kuhn Property, Lot 4
BP # B00144290
Well Permit # HO-94-3779

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 03/15/2004.**

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-94-3779. 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: 05/10/2004
Date of Well Completion: 08/21/2003

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File