

C1 05158 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 50563E

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 153 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H6-94-1439

OWNER STANER CHARLES STREET OR RFD HADY R090 TOWN LYSBON SUBDIVISION BRIDLEWOOD SECTION LOT 5

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. Rows include Dirt, Br. Shale & Clay, Soft Br. Shale, Soft Blue & Br. Shale, Hard & Soft Blue Shale, Soft & Hard Br. Shale, Hard & Soft Br. Shale, Hard & Soft Blue Shale, Hard Blue Shale.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 54 BOTTOM 58

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) PLASTIC OTHER

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 41

OTHER CASING (if used) diameter depth (feet) P L 4 inch 0 from 45 to 65 95 P L 4 105 135 145 153

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

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. MW D 256 Dana Kyker Jr II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D 334 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with rows for casing types and slot sizes. Includes slot size .010 and diameter of screen 4.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 21 153 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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 23 WHEN PUMPING 27 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 (CIRCLE) (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) 315 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE 2 (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)

Handwritten notes: Hady Pond, Well

B 1	1458	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1439 <small>fill in this form completely</small>
Date Received (ARA) 1/30/98		OWNER INFORMATION		
8 MM DD YY 13 STANCER CHARLES		15 Last Name Owner First Name 34		
36 Street or RFD 16920 HARDY ROAD		55		
57 Town 70 State 72 Zip 76 MOUNT AIRY MARYLAND 21771				
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name DANA KYKER		8 COUNTY HOWARD		
M D 256 76 License No. 81		23 SUBDIVISION BRIDLEWOOD		
Firm Name WESTMINSTER ROYARY WELL DRILL INC		SECTION 44 46 LOT 5 48 50		
Address P.O. BOX 861 WESTMINSTER MARYLAND 21158		52 NEAREST TOWN LISBON		
Signature <i>Dana Kyker</i>		MILES FROM TOWN (enter 0 if in town) 3.5 M I 73 76 77 78		
Date JAN 28 98				
WELL INFORMATION		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
APPROX. PUMPING RATE (GAL. PER MIN.) 5		1 2 TOWN		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		8 8-9 8-9 8-9 8-9 8-9 8-9 8-9		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		11 30 HARDY ROAD		
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		34 20 37 DISTANCE FROM ROAD FT		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)		ENTER FT OR MI 38 39		
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)		TAX MAP: _____ BLK: _____ PARCEL _____		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
APPROXIMATE DEPTH OF WELL 180 FEET 24 28		COUNTY NAME HOWARD COUNTY NO. A 503 53E		
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		STATE SIGNATURE _____ INSERT S →		
METHOD OF DRILLING (circle one)		DATE ISSUED 2/20/98		
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN		43 MM DD YY 48 2/20/98		
AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (Hydraulic Rotary)		CO SIGNATURE _____ EXP. DATE _____		
CABLE <input checked="" type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT		NORTH GRID 550 000 EAST GRID 772 000		
other _____		50 55 57 63		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 3-6-98-9.1011 X WELL		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		SOURCES OF DRILLING WATER 1. _____ 2. CITY 3. _____		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		WRITE THE BOX NUMBER FROM THE MAP HERE E 760 772 540 550 N _____		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL		HARDY ROAD		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 _____		N ↑		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		1458 1458 B 1:53		
APPROX. PERMIT NUMBER _____ G A P _____		MOUNTAIN STATE DEPT. OF HEALTH		
FORCE GS WRITE INITIALS IN BOX PERMIT No. HO-94-1439		COUNTY DEPT. OF HEALTH		
67 68 70 71 72 73 74 75 76 77 78 79		COUNTY DEPT. OF HEALTH		
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Permit number grid with handwritten '084' in the first three boxes.

Date Received (APA)

Handwritten date: 7/22/96

OWNER INFORMATION

Owner information fields: Last Name (STANCIER), First Name (CHARLES), Street or RFD (11920 HARDY ROAD), Town (MOUNTAIN VIEW), State (MD), Zip (21177).

B 3

LOCATION OF WELL

Location of well fields: County (HOWARD), Subdivision (BRINLEWOOD), Section (44), Lot (5), Nearest Town (LUSKON), Miles from town (3 1/2).

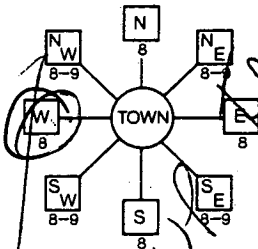
DRILLER INFORMATION

MSD/MGD/MWD

Driller information fields: Name (DAN KUYER, JR.), License No. (B550), Firm Name (Westminster Botney Well Drilling Inc.), Address (10101 8th, Westminster, MD 21158), Signature (D. Kuyer), Date (11/19/96).

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Direction of well fields: Near what road (HARDY ROAD), On which side of road (WEST), Distance from road (100 FT).

B 2

WELL INFORMATION

Well information fields: Approx. pumping rate (57 GAL. PER MIN.), Average daily quantity needed (410 GAL. PER DAY).

USE FOR WATER (CIRCLE APPROPRIATE BOX)

Use for water options: D (Home), F (Farming), I (Industrial/Commercial), P (Public/Private Water Company), T (Test/Observation). Option 'D' is circled.

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Approval fields: County Name, County No., State Signature, Date Issued, Signature, Exp. Date.

Approximate depth of well: 200 FEET

Approximate diameter of well: 6 INCH

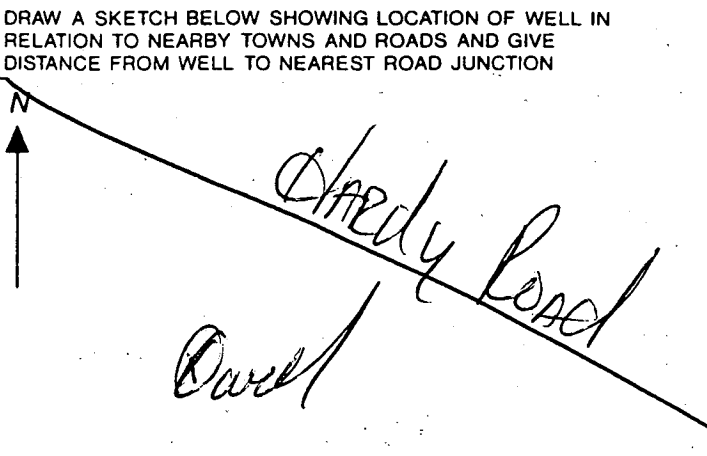
METHOD OF DRILLING (circle one)

Method of drilling options: BORED, JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, Drive-POINT. 'AIR-ROTARY' is circled.

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

Replacement options: N (Not replace), Y (Replace abandoned), S (Standby), D (Deepen). Option 'N' is circled. Field for permit number of well to be replaced (41).

Sketch area: SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER. WRITE THE BOX NUMBER FROM THE MAP HERE. Includes handwritten notes: 'NO CITY IN ONE YEAR 2/4/98' and 'Hardy Road'.



Not to be filled in by driller (OEP USE ONLY)

Not to be filled in fields: Approp. permit number (GAP), Force, Permit No.

SPECIAL CONDITIONS

11:00
5-15-98

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt \$ _____
Date 5/14/98

Name of Installer ROBERT L. FEEZER CO., INC. Telephone 410-781-4655

License Number 2022
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner DAVE RYAN - C/P HAWES Telephone 410-795-1405
Subdivision BIRDWOOD Lot # 5 Well Tag # 40-94-1439
Site Address 16832 HARVEY ROAD

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make HAWES
2. Model # PT800
3. Depth 72.4

2. Make SUNLITE
3. Model # 751402JL-2URNE
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank CAPTIVE AIR
1. Capacity 3.2 GPM
2. Pressure relief valve? YES

Piping
1. Type PVC
2. Size 1 1/2"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4'

Well data
1. Depth 153 ft.
2. Yield 12 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? YES

5/15/98
WPE 4' below grade - P.A.
well casing 1' a.g.
2 pccap installed - NO ground wires (DB)

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]
Date: 5/14/98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.