

SEQUENCE NO. **C13895** (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.

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER **519605-8**

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
02 26 84
Depth of Well
22 260 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3864
26 29 30 31 32 33 34 35 36 37

OWNER **LAND MARKETING CONSULTANTS**
STREET OR RFD **10007 FREDERICK RD** TOWN **LISBON**
SUBDIVISION _____ SECTION _____ LOT **PROJEL 70**

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	30	
Brown Slate	30	35	
Blue Slate	35	48	
Brown Slate	48	50	✓
Blue Slate	50	160	✓
Plum Rock	160	165	
Blue Slate	165	260	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED Y N
(Circle Appropriate Box)
44 44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS ^{45 46} 15 NO. OF POUNDS ^{45 46} 1500
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30+ ft.
48 TOP 52 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 44
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter depth (feet)
inch from to

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: 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. 1 **M 5 D 17**
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
John E. Morgan

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
1 10 42 260
EACH SLEEVE 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

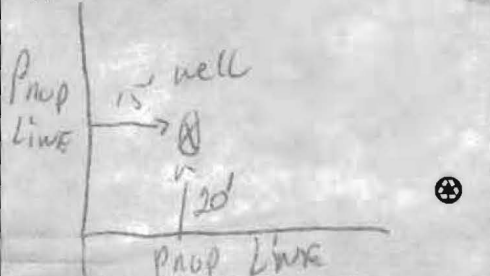
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

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
1 2
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
8 9
PUMPING RATE (gal. per min.) **7**
11 15
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **49** ft.
17 20
WHEN PUMPING **80** ft.
22 25
TYPE OF PUMP USED (for test)
A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

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 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
49 } (nearest foot)
 - below } 2
49 } 50 51

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)



B 1 9163

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110-04-3804

12/23/03

520007 please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name: LAW Marketing Consultants
34 First Name: Consultants
36 Street or RFD: 3060 Rt. 97 Suite 220
55 Town: Glenwood MO. 21738
70 State: MO. 72 Zip: 21738

LOCATION OF WELL

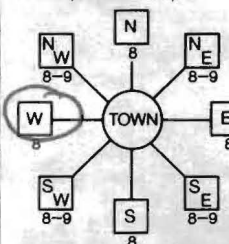
8 COUNTY: Howard
21 SUBDIVISION: Pickett Property
42 SECTION: 44-46 LOT: 48-50 Parcel 76
52 NEAREST TOWN: Lisbon

MILES FROM TOWN (enter 0 if in town) 1 M I

DRILLER INFORMATION

76 Driller's Name: Ralph E. MAYNE M S D 112
81 License No.
Firm Name: Ralph MAYNE Inc
Address: 17024 Handy Rd. Mt. Airy MO, 21771
Signature: [Signature] Date: 12-11-03

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: MD 144
30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH
34 250 37 DISTANCE FROM ROAD: 250 FT
38 39 ENTER FT OR MI: FT
TAX MAP: 7 BLK: 4 PARCEL 76

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.): 5
8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500
14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
13 COUNTY NO.
STATE SIGNATURE
DATE ISSUED: 01/07/04
CO SIGNATURE: [Signature] EXP. DATE: 1/3/05
NORTH GRID: 550 000 EAST GRID: 774 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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)

- [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
PERMIT No. 110-04-3804

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

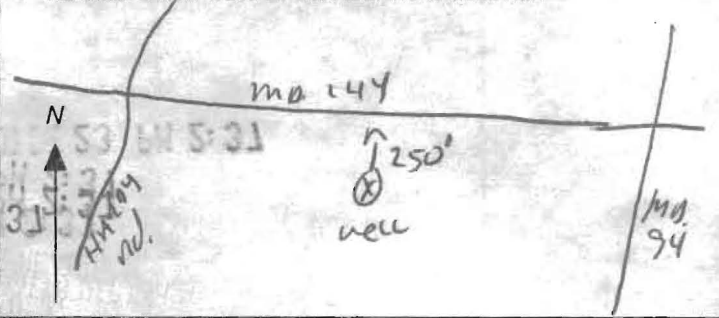
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 774
N 550

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3864
 Location of property (road) 16017 FREDERICK RD (PARCEL 70)
 Subdivision PICKETT PROPERTY Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner KATHERINE PICKETT

Depth of well 260
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 49

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 80 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	49 ft.	6 sec		10 GPM
			Test started	
8:30	80 ft	8 sec		7.5 GPM
8:45	80 ft	8 sec		7.5 GPM
9:00	80 ft	8 sec		7.5 GPM
9:15	80 "	8 "		7.5 "
9:30	80 "	8 "		7.5 "
9:45	80 "	8 "		7.5 "
10:00	80 ft	8 sec		7.5 GPM
10:15	80 ft	8 sec		7.5 GPM
10:30	80 ft	8 sec		7.5 GPM
10:45	80 "	8 "		7.5 "
11:00	80 "	8 "		7.5 "
11:15	80 ft	8 sec		7.5 GPM
11:30	80 ft	8 sec		7.5 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: Gartland Plumbing Telephone #: 410-825-5303
Address: 1620 W. Old Liberty Rd
Sylkesville, MD 21287

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joseph Gartland License# 6352

*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: Catfactin Homes Telephone #: 410 272 5804
Subdivision: Pickett Property Lot #: 1 Well Tag #: HO-94-3864
Site Address: 16609 Frederick Rd
Mt. Airy MD 21221

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: BTF Two piece watertight cap:
Model #: 26502 Model#: P 100LT Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42' (36" min) Cap secured to casing:
Well Yield: 7 GPM NSF approved: Yes Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 260 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly: Yes

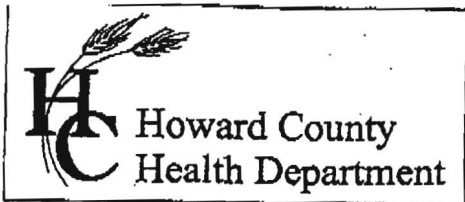
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] Signature of company representative responsible for installation 7-26-04 date

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

Date Insp. Requested: 7/27/04 ANYTIME Date Insp. Approved: 7/27/04 BB
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

Not sleeved
long enough
for septic
separation
8/6/04



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

Map 7, Parcel 76

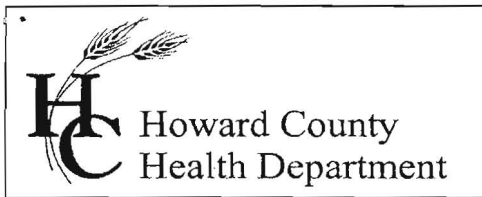
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by LDE on Nov. 26, 2003 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

March 1, 2005

Catoctin Homes, Inc.
P.O. Box 512
Ellicott City, MD 21041

SENT VIA FACSIMILE 410-772-5805

RE: Pickett Property, Lot 1
16609 Frederick Road
Mt. Airy, MD 21771
BP #: B00146535
Well Permit # HO-94-3864

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 08/06/2004. Final approval of the well line connection to the dwelling was approved on 07/27/2004.**

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-94-3864. 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(s): 02/24/2005
Date of Well Completion: 02/26/2004

Approving Authority,
Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File