

C 1 2900 SEQUENCE NO. (MDE USE ONLY)  
(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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
COUNTY NUMBER A43412

ST/CO-USE ONLY  
DATE Received

DATE WELL COMPLETED 120895

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-93-0093

OWNER Sames Lawrence  
STREET OR RFD Brighton Ct. TOWN Woodbine  
SUBDIVISION Cabin Branch Farms SECTION      LOT 33

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	
Brown Shale	0	65	
Blue Rock	65	200	

*Drill well 350' filled in with cement & drilling materials*

GROUTING RECORD  
WELL HAS BEEN GROUTED (Y) (N)  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT (CM) BENTONITE CLAY (BC)  
NO. OF BAGS 25 NO. OF POUNDS 2350  
GALLONS OF WATER 150  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 60 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) 6  
Total depth of main casing (nearest foot) 68

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 BRONZE HO OPEN HOLE  
PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 1

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.

TYPE: MWD/MSD/MGD  
DRILLERS LIC. NO. 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Joseph L. Mayne

LIC. NO. 27

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

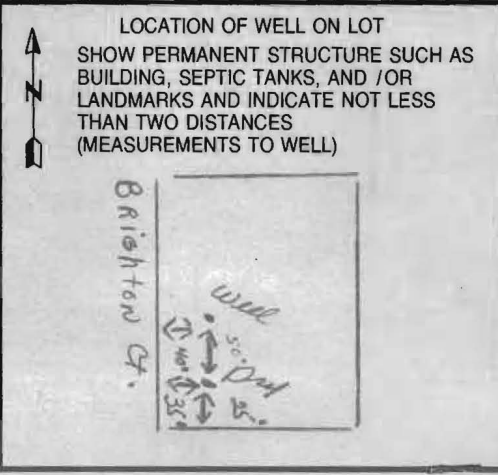
DEPTH (nearest ft.)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
A	H	0	6	7																			
C																							
S																							
E																							

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

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

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 12  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 32 ft.  
WHEN PUMPING 123 ft.  
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.  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29  
CAPACITY: GALLONS PER MINUTE (to nearest gallon)  
PUMP HORSE POWER  
PUMP COLUMN LENGTH (nearest ft.)  
CASING HEIGHT (circle appropriate box and enter casing height)  
LAND SURFACE (nearest foot)



**B 1** **8552** SEQUENCE NO. (DP USE ONLY)

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

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

STATE PERMIT NUMBER  
**40-93-0093**  
fill in this form completely

**Date Received (APA)**  
**110295**

**OWNER INFORMATION**

**8** **13**  
**SAMUEL LAWRENCE**  
15 Last Name Owner First Name 34

**3218 DANMARK DRIVE**  
36 Street or RFD 55

**WEST FRIENDSHAMMD 21794**  
57 Town 70 State 72 Zip 76

**B 3** **LOCATION OF WELL**

**1** **2**  
**HOWARD**  
8 COUNTY 21

**CABIN BRANCH FARM**  
23 SUBDIVISION 42

SECTION **44** **46** LOT **33** **48** **50**

**LISBON**  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **4** **M I**  
73 76 77 78

**DRILLER INFORMATION** MSD/MGD/MWD

**Joseph L. Mayne** **24**  
Driller's Name 77 License No. 80

**Joseph L. Mayne Well Drilling**  
Firm Name

**5512 RIDGE RD. Mt. Airy 21771**  
Address

**Joseph L. Mayne** **10/30/95**  
Signature Date

**B 4** **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**1** **2**  
**BRIGHTON CT.**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
WEST **S** EAST **E**  
NORTH **N** SOUTH **S**

34 **35** 37  
DISTANCE FROM ROAD

ENTER FT OR MI **FT**  
38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** **WELL INFORMATION**

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** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

**P** PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

**T** TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

**Howard** **A 43412**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S

DATE ISSUED **112295** **SONIA K GILL** **11/22/96**  
43 CO SIGNATURE 48 EXP. DATE

NORTH GRID **531000** EAST GRID **0767000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **230** **24** **28** 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**

other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**4607**  
**5301**

000  
000

**Ground 9' 30**  
**12-8-95**  
**128-95**  
**NO INSP**  
**AM**

**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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

**Lisbon**

**MD 94**

**Starting Gate**

**Brighton Ct.**

**Well**

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

APPROP. PERMIT NUMBER \_\_\_\_\_ **G A P** \_\_\_\_\_  
54 63

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **40-93-0093**  
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =





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 WU Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ROBERT L FEEZER CO INC Telephone #: 410-781-4655  
Address: 6321 BARNETT AVENUE  
SYLVESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): ROBERT L FEEZER CO License# 2172

\*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: LARRY SAMES Telephone #: 410-442-5788  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-93-0093  
Site Address: 3201 BRIGHTON COURT  
WOODBINE, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: STALITE Make: CAMPBELL Two piece watertight cap: ✓  
Model #: 7PUC07HL Model #: PA 800 Screened, vented well cap: ✓  
Pump Capacity: 7 GPM Depth: 42 (36" min) Cap secured to casing: ✓  
Well Yield: 12 GPM NSF approved: ✓ Conduit min 18" B.G.: ✓  
Depth of well encountered at time of pump installation: 200 (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 ✓

Piping to house House Connection  
Type: POLY PVC sleeved to undisturbed soil at wall penetration: ✓  
PSI: 200 (160 psi min) Approximate length of sleeve: 5'  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: ✓

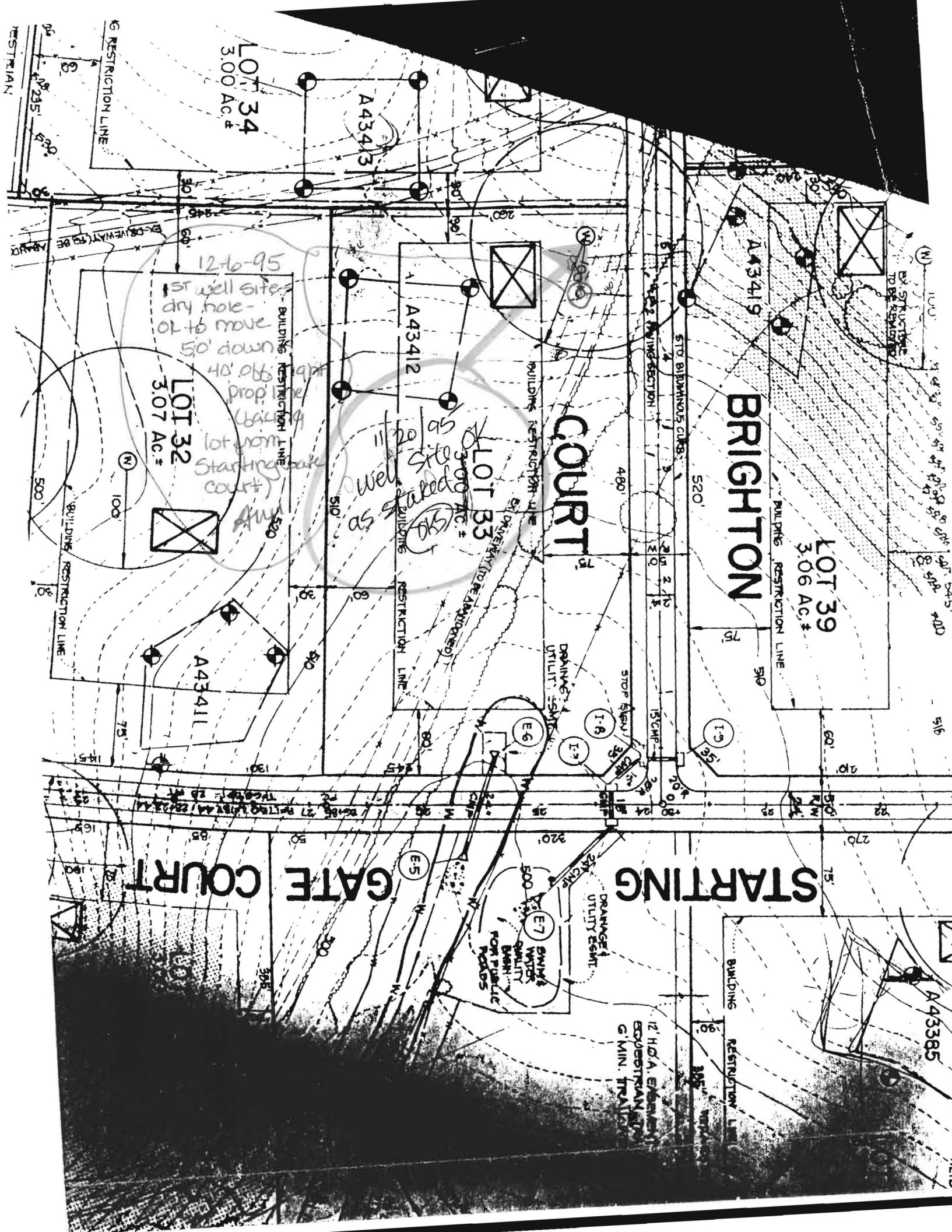
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping distribution box, drainfield, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert L. Feezer  
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 6/16/05 Date Insp. Approved: 6/17/05  
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 gout observed below pitless adapter ✓

GAC BB



LOT 34  
3.00 AC #

A43413

LOT 32  
3.07 AC #

LOT 33  
3.00 AC #

BRIGHTON COURT

LOT 39  
3.06 AC #

12-6-95  
1st well site  
dry hole -  
OK to move  
50' down  
40' off prop  
line (back of  
lot from  
Starting Gate  
court)

as well as sealed  
(OKS)

STARTING GATE COURT

12' H.O.A. Easement  
Equestrian in  
G. Min. Trail

G RESTRICTION LINE

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

PARKING RESTRICTION LINE

BUILDING RESTRICTION LINE

RESTRICTION

DRIVEWAY TO BE ABANDONED

EX STRUCTURE TO BE REMOVED

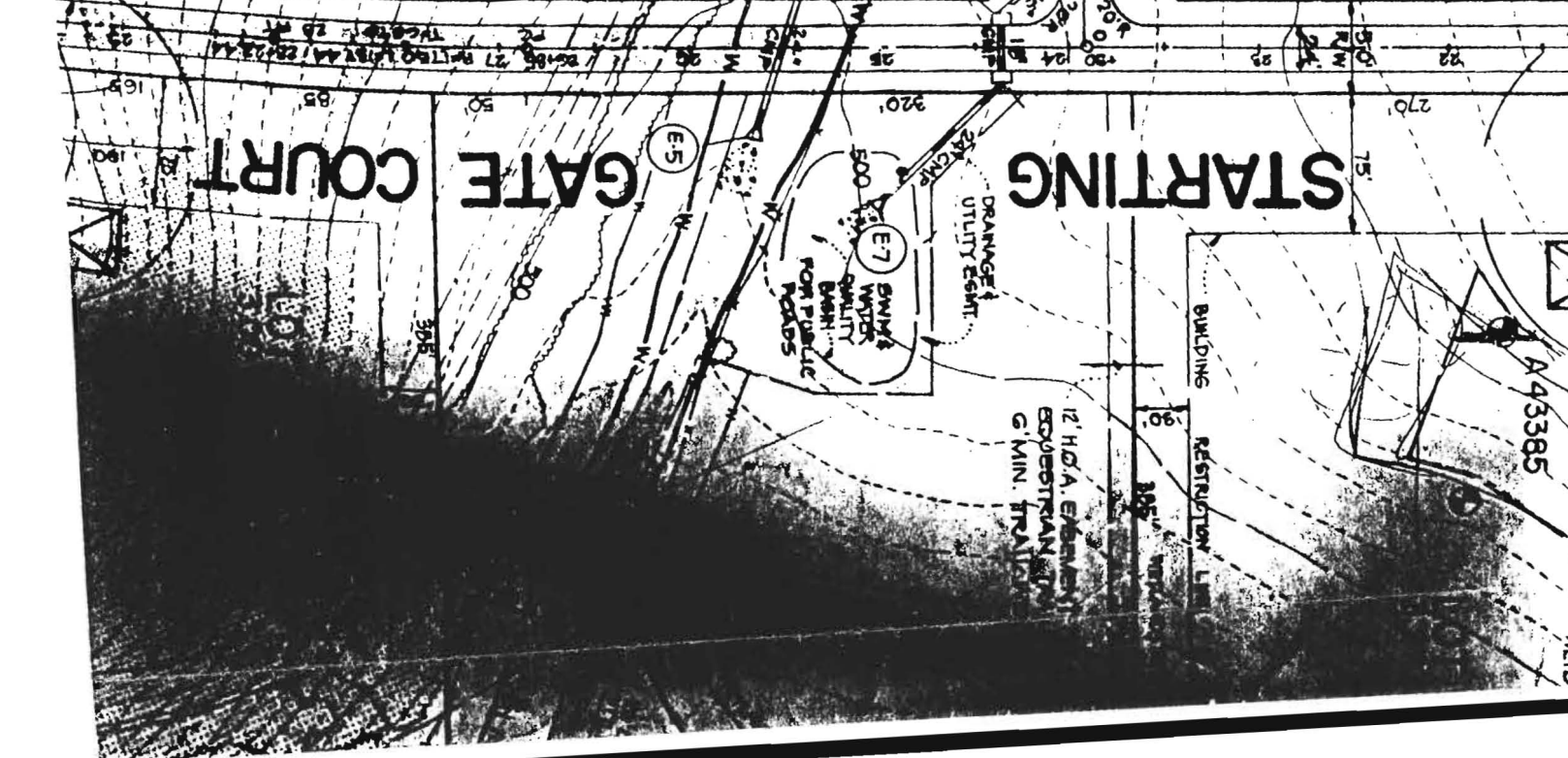
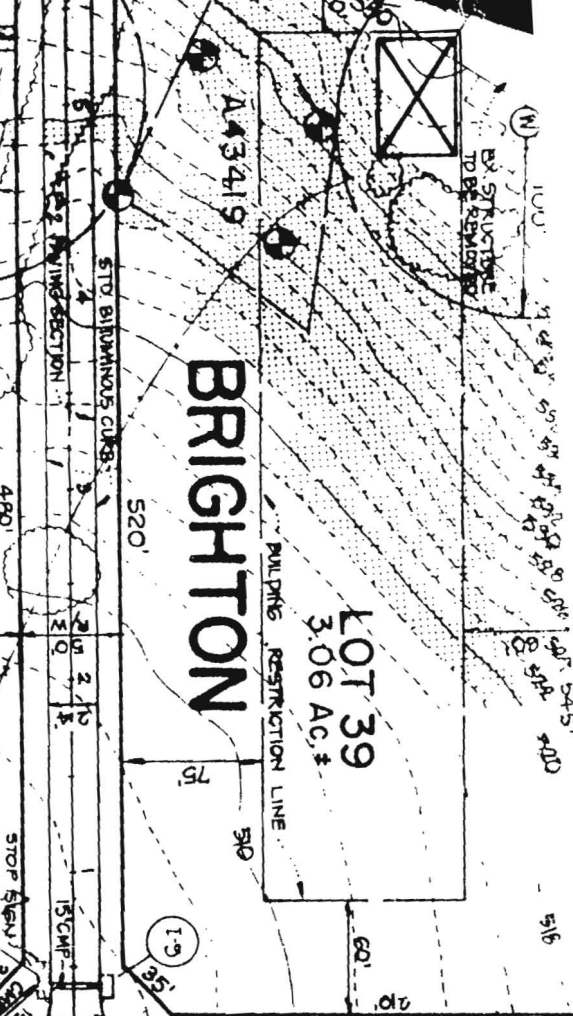
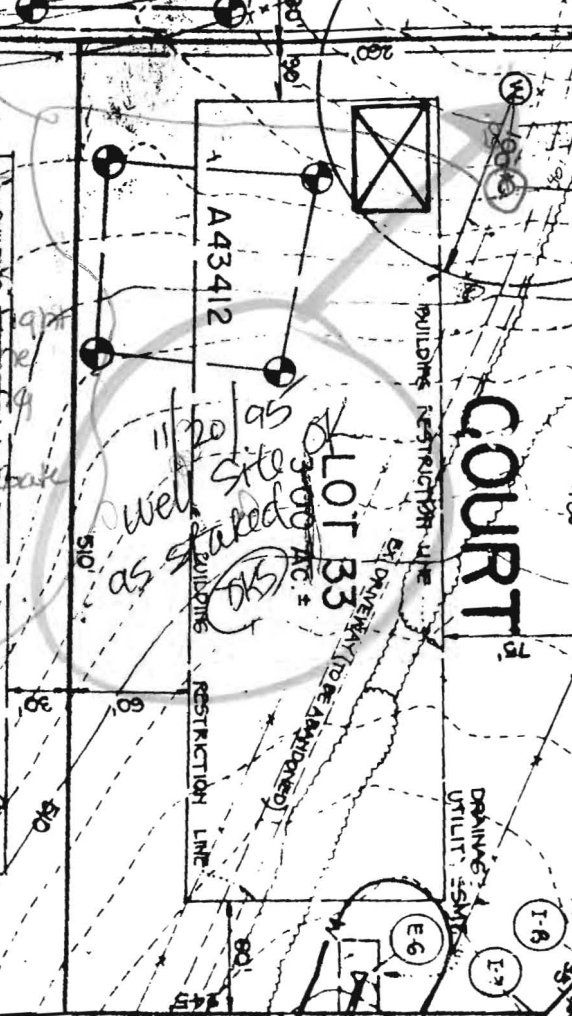
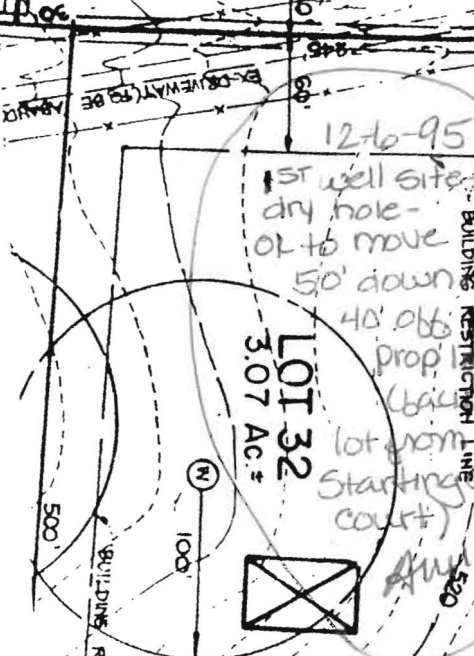
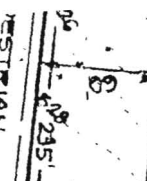
DRAINAGE UTILITY ESMT

DRAINAGE UTILITY ESMT

DRAINAGE UTILITY ESMT

DRAINAGE UTILITY ESMT

SWAMP UNDER QUALITY BANK FOR PUBLIC ROADS



B 1 03937

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER

40-92-0230 fill in this form completely

Date Received (APA)

090392

OWNER INFORMATION

FRANK DEVELOPERS, REXAS9, MAIRY, 020137

B 3

LOCATION OF WELL

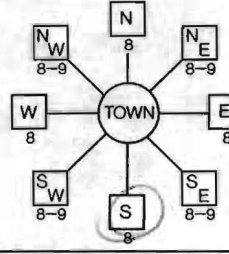
HOWARD, CARMEL BARNHARTT, SECTION 44 46, LOT 48 50, LISBON, 4 MI

DRILLER INFORMATION

Joseph L. Mayne, 77 License No. 80, Joseph L. Mayne Well Drilling, 5512 Ridge Rd, 9/2/92

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brighton Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), 20 DISTANCE FROM ROAD, ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 100

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), F FARMING, I INDUSTRIAL, P PUBLIC OR PRIVATE WATER COMPANY, T TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, A43412, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 100492, CO SIGNATURE, EXP. DATE 5/4/93, NORTH GRID 430000, EAST GRID 0767000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

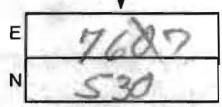
- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

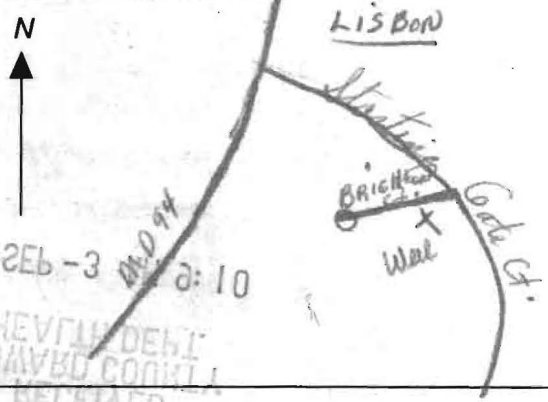
SOURCES OF DRILLING WATER

- 1. Well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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, D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER GAP

FORCE R, PERMIT No. 40-92-0230

SPECIAL CONDITIONS

COUNTY

**CASSELL TESTING, INC.**

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

REPORT DATE: Jan 9, 2006

County Howard

Lab Number 06-1821

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Ms. Freda Sames  
14016 Castlebar Drive  
Glenwood, Maryland 21738

Property Sampled: 3201 Brighton Court, 21797

Station Sampled: Kitchen tap

Tax Map #:

Date/Time Sampled: Jan 6, 2006 9:30 am

Parcel #:

Owner, Telephone No.: Sames

Sampler: 6724GP

Subdivision Name:

Lot Number:

Building Permit No.: B00152071

Well Number: HO-93-0093

Observation: 2-Piece Cap  
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.1 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	3.3 NTU	EPA 180.1	*10 NTU	Pass
pH	6.7 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: None

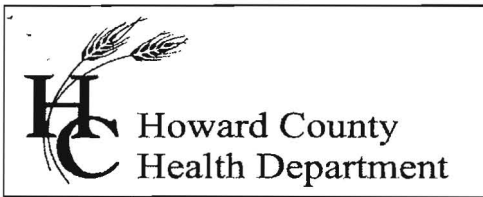
\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(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**

January 9, 2006

Larry Sames  
14016 Castlebar Drive  
Glenwood, MD 21738

RE: Cabin Branch Farm, Lot 33  
3201 Brighton Court  
Woodbine, MD 21797  
BP #: B00152071  
Well Permit # HO-93-0093

Dear Sir:

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 07/27/2005. Final approval of the well line connection to the dwelling was approved on 06/17/2005.**

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-93-0093. 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 Samples: 01/06/2006  
Date of Well Completion: 12/08/1995

Approving Authority,

*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File