

WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A 518641

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

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

DATE WELL COMPLETED
 MM DD YY
 10 20 06

Depth of Well
 22 200 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 H0-95-0380
 28 29 30 31 32 33 34 35 36 37

OWNER MATTHEWS & LYONS
 STREET OR RFD ROAD A TOWN Glenela
 SUBDIVISION Clarefield SECTION 20 LOT 20

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	
Clay	2	11	
Sandy	11	80	✓
Sand Stone	80	85	
MICKA	85	100	
Sand Stone	100	105	
MICKA	105	200	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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 [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

NO. OF BAGS 28 NO. OF POUNDS 2000
 GALLONS OF WATER 168

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 300 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 54

OTHER CASING (if used)

diameter inch from to

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL BRASS OPEN HOLE
 BRONZE PLASTIC OTHER

DEPTH (nearest ft.)

HU 92 200

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70

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

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 38 ft.
 WHEN PUMPING 26 ft.

TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

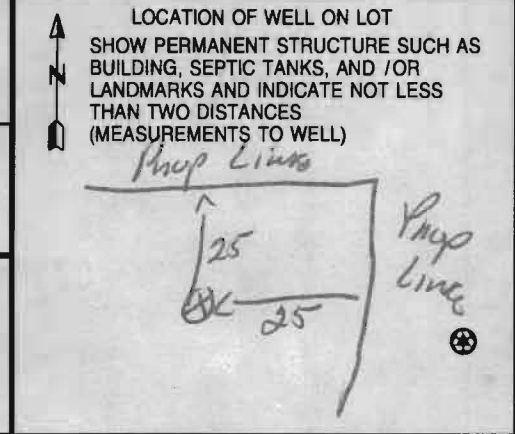
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

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)



B 1 0979
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
524386 please type

STATE PERMIT NUMBER
HD-95-0380
fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76
Cloverfield/Pepper Korn LCC
3060 RT. 97
Glenwood MD 21738

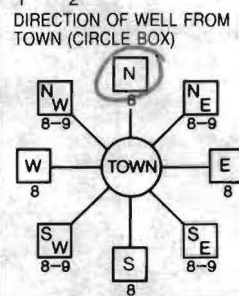
B 3 LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 20 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) I M I
73 76 77 78

DRILLER INFORMATION

76 License No. 81
Firm Name
Address
Signature Date
Ralph E. Mayne MSD 117
Ralph E. Mayne Inc
17024 Hardy Rd. Mt. Airy MD 21771
3/25/06

B 4



11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 45 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 15 BLK: PARCEL 4

B 2 WELL INFORMATION

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

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 COUNTY NO. 13
STATE SIGNATURE INSERT S → 41
DATE ISSUED 5/2/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE 5/2/08
NORTH GRID 800 0 0 0 EAST GRID 530 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 24 28 FEET
150

APPROXIMATE DIAMETER OF WELL NEAREST INCH
6

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROtary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

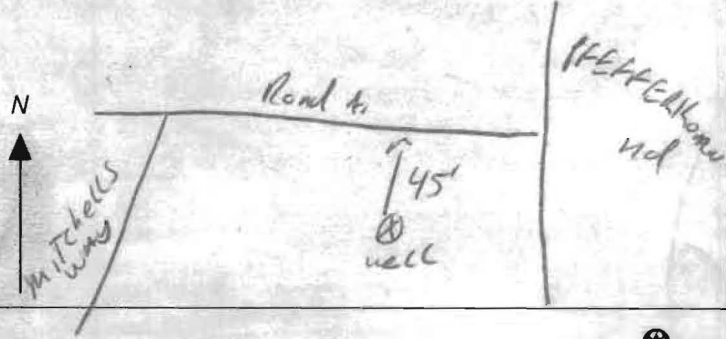
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEAN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- well
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE
E 530
N 800

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

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____

Subdivision: _____ Lot #: 20 Well Tag #: HO-95-0380

Site Address: 13511 Mitchell's Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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, 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 _____ date _____

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

Date Insp. Requested: 9/8/10 Date Insp. Approved: OK 9/8/10 KW

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 3" above finished grade	_____
Water supply line sleeved adequately at house connection	_____
Adequate grout observed below pitless adapter	_____



Howard County
Health Department

7178 Columbia Gateway Dr. • Columbia, MD 21046

(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

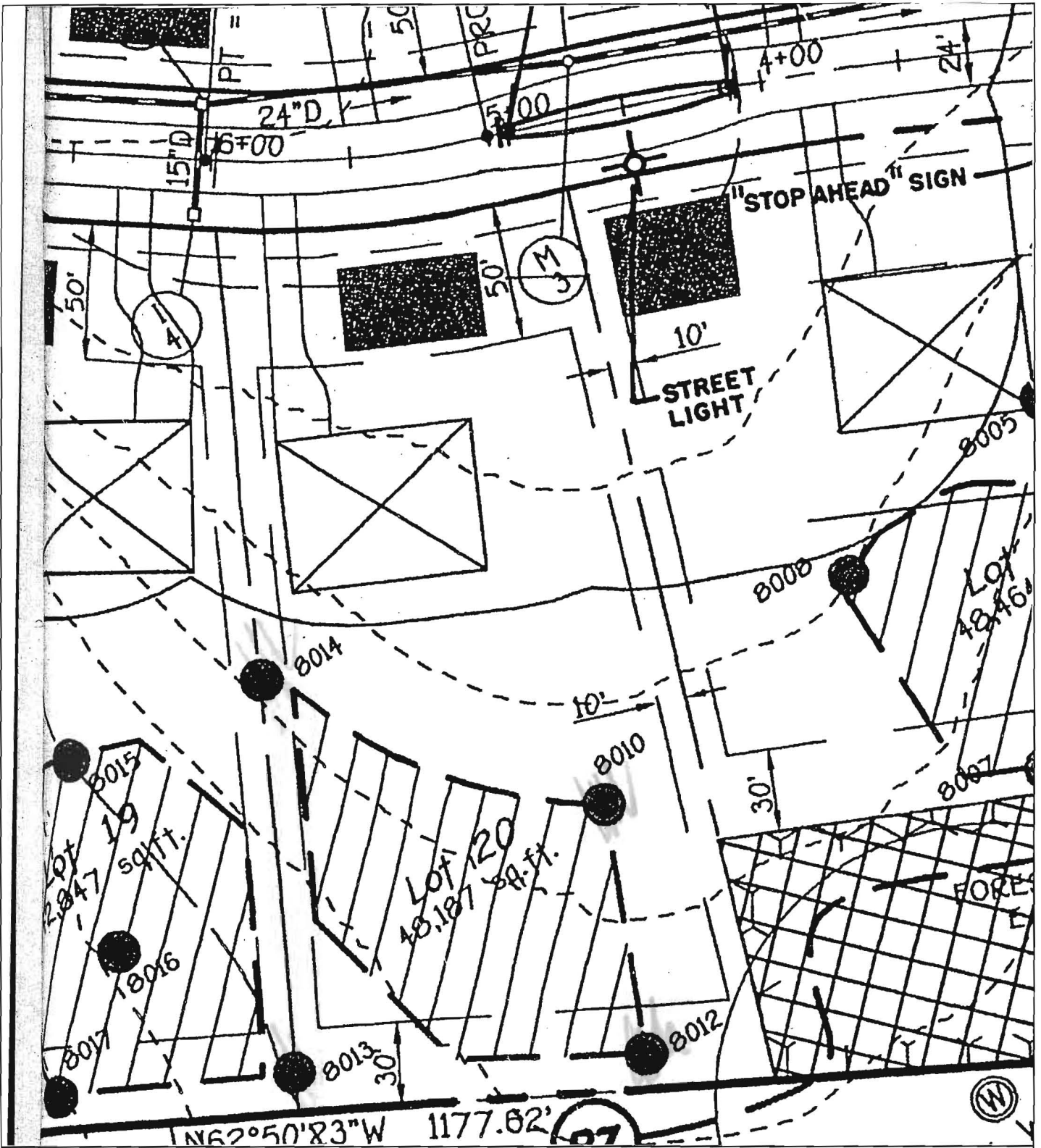
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by FCC
on 3/31/06 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



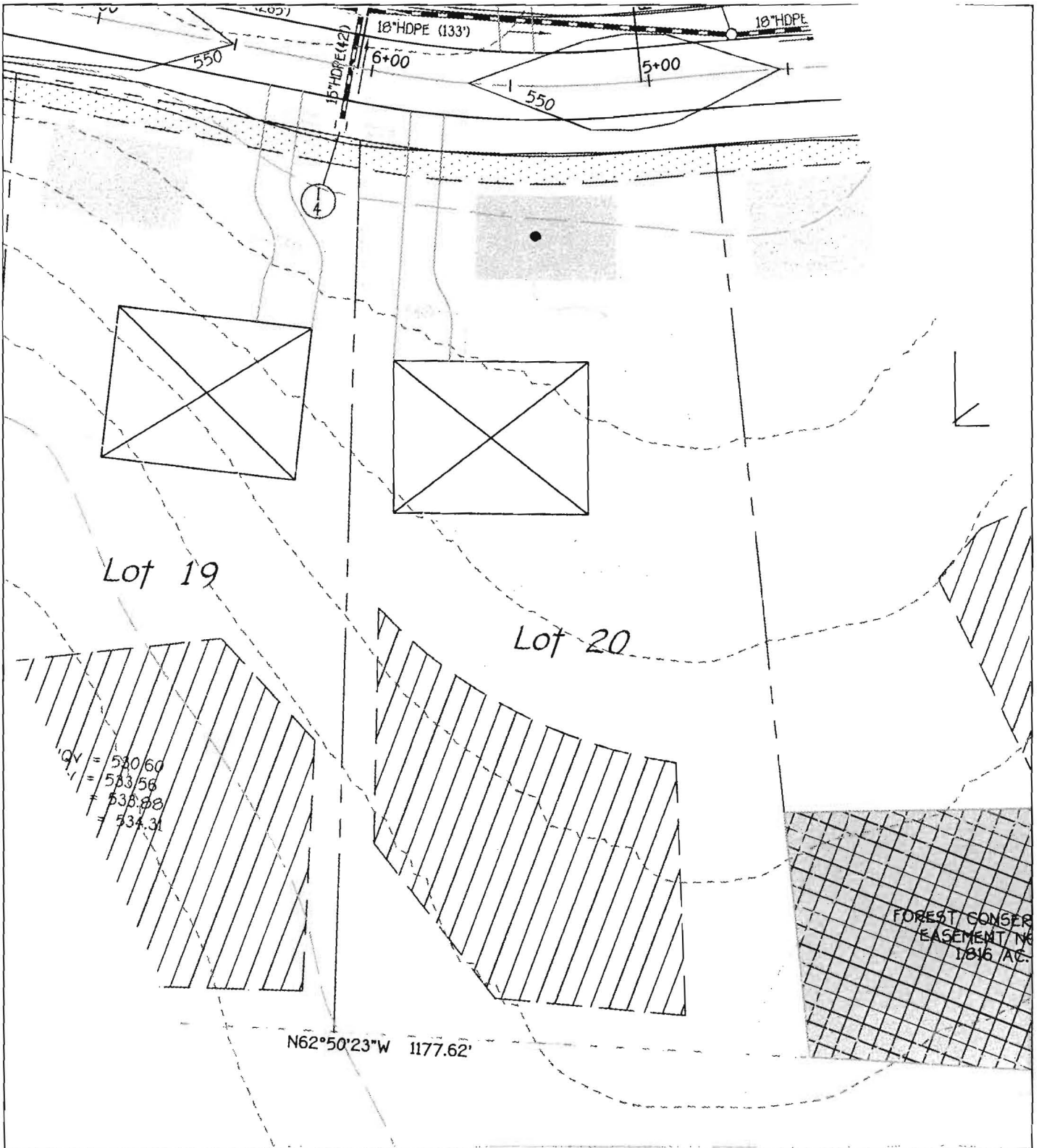
HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 20
CLOVERFIELD

TAX MAP #15 ZONED RC-DED PARCEL 4
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7900



Lot 19

Lot 20

$1/4 = 530.60$
 $1/4 = 503.58$
 $1/4 = 538.88$
 $1/4 = 534.31$

FOREST CONSERVATION
 EASEMENT NO.
 1816 AC.

$N62^{\circ}50'23''W$ 1177.62'



HERITAGE
Land Development

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CLOVERFIELD

TAX MAP #15 ZONED: RC-DED PARCEL: 4
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: MARCH 21, 2006

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