

C1 0891 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)

COUNTY NUMBER 13 6/28/01 OK BB

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 5/7/01

DEPTH OF WELL 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 3051

OWNER Kneeland Brighton Dam Rd TOWN CLARKSVILLE SUBDIVISION Kneeland Property SECTION 22 LOT 1

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. Includes entries for Top Soil, Clay, Brown Mica, Gray Mica, and Open Hg.

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. M 140 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 038

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 111 NO. OF POUNDS 18434

CASING RECORD MAIN CASING TYPE SF Nominal diameter top (main) casing 6 Total depth of main casing 100

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) (O) (T)

DEPTH (nearest ft.) 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 71 72 73 74 75 76 77 78 79 80

6/28/01 Well redrilled according to Sarah Easterday. But Possible well may become obstructed again.

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 O

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.

WHEN PUMPING 101 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED 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) 31 35

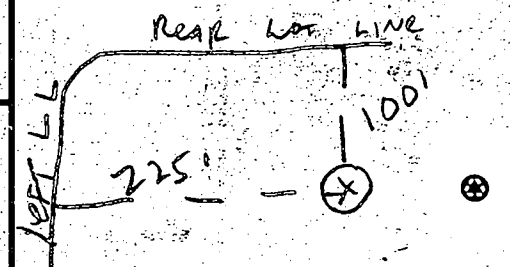
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) 4 above

LAND SURFACE below 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)



B 1	0951	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 514979 please print or type.	STATE PERMIT NUMBER HO 94 - 3051 <small>fill in this form completely</small>
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Date Received (APA) 02/14/2001 OWNER INFORMATION **8536**

8 MM DD YY 13
Paul Kneeland

15 Last Name Owner First Name 34
12990 Brighton Dam Rd

36 Street or RFD 55
Clarksville, Md 21029

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard COUNTY **CC#**

23 SUBDIVISION **42**
Kneeland Property

SECTION 44 LOT 46
Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M. 11
73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD **040**

Driller's Name 76 License No. 811

Firm Name
L. Franklin Easterday, Inc.

Address
9265 Brown Church Rd., MT. Airy, Md. 21771

Signature George F. Easterday Date: 3/12/2001

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

5500 Brighton Dam Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **735** 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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 13 COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 03/23/01 CO SIGNATURE [Signature] EXP. DATE 03/22/02

43 MM DD YY 48 NORTH GRID 500 0 0 0 EAST GRID 0809 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **wells**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 9 000
500 000
N 490

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other _____

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

13 K 8

West Meath Ln →

Brighton Dam Rd

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO - 94 - 3051
70 71 72 73 74 75 76 77 78 79

Jun 18 09 10:38a

HO CO ENV HEALTH

14103132648

p.1

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: JEFF UTZ PUB, Telephone #: 410-239-8002
Address: 8107 BACHMAN RD
MANCHESTER MD

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

License # and name of individual responsible for the field installation:
Name (Print): 30018 JEFF UTZ License# 30018

*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: PAUL KAKE Telephone #: 403-335-9038
Subdivision: HONOR CADD or #: 1 Well Tag #: HO-94-3051
Site Address: 12926 BRIGHTON DAM

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: LANCASTER Make: Lambert Bx Two piece watertight cap: YES
Model #: 35PT 30102 Model #: 610X Screened, vented well cap: YES
Pump Capacity 4 GPM Depth: 43' (36" min) Cap secured to casing: YES
Well Yield: 4 GPM NSF approved: Conduit min 18" B.G.: 60 IN.
Depth of well encountered at time of pump installation 280 (feet) Conduit secured to well cap: YES
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

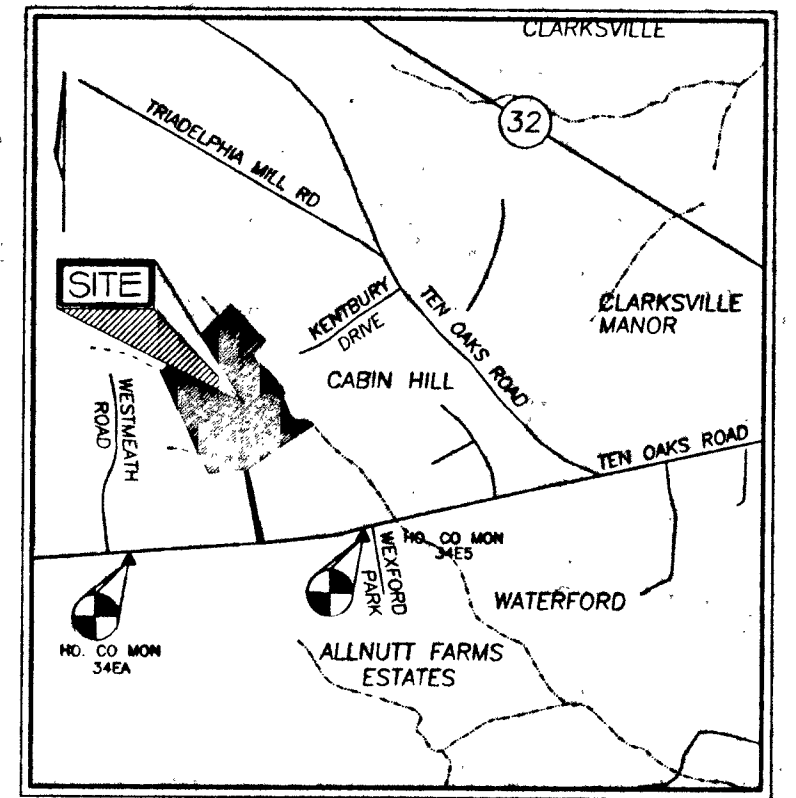
Piping to house House Connection
Type: PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 6 FT
Depth of supply line: 4' (36" min) Sleeve caulked and sealed properly: YES

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.

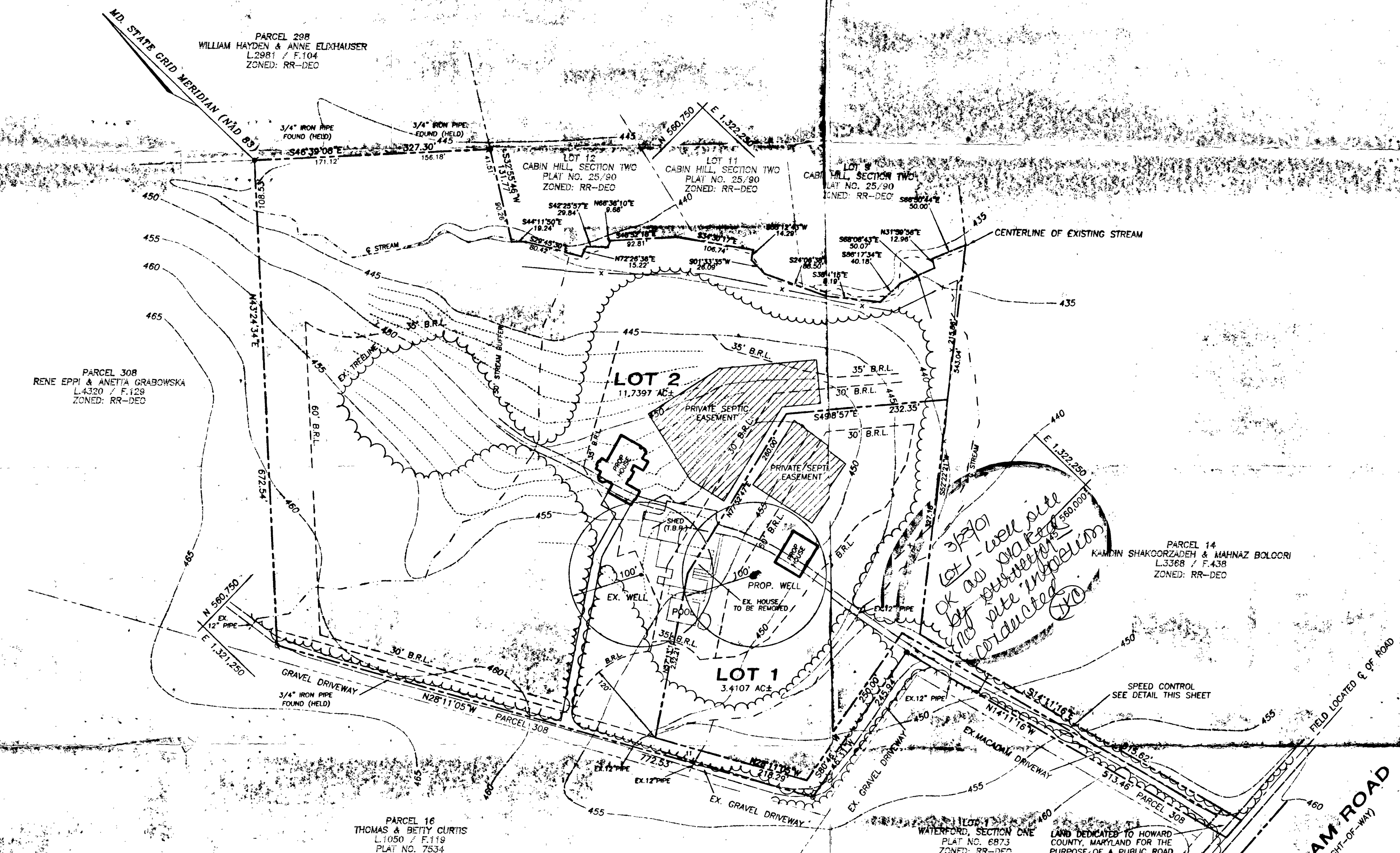
Signature of company representative responsible for installation: [Signature] date: 6-18-03

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

Date Insp. Requested: 4/15/03 Date Insp. Approved: 4/15/03 (50) SRK
Inspection Data: Pitless adapter and water supply line at least 16" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope installed inside of well casing [check]
Correct well tag attached properly and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection [check]
Adequate grout observed below pitless adapter [check]



VICINITY MAP
SCALE: 1"=2000'



*3750' well site
ex as shown
no site inspection
indicated*

OWNERS/DEVELOPERS

PAUL D. KNEELAND
SUSANNE F. KNEELAND
12990 BRIGHTON DAM ROAD
CLARKSVILLE, MD. 21029-1411

**KNEELAND PROPERTY
LOTS 1 AND 2**
LANDSCAPE PLAN, FOREST CONSERVATION
AND SUPPLEMENTAL INFORMATION SHEET

TAX MAP #34 GRID: 10 REF.: 5th ELECTION DISTRICT
PARCEL 299 DEED REF.: L 4968 F 368 HOWARD COUNTY, MARYLAND

VOGEL & ASSOCIATES, INC.

ENGINEERS - SURVEYORS - PLANNERS

3691 PARK AVENUE, SUITE 101
ELLCOTT CITY, MARYLAND 21043

TELEPHONE: (410) 461-5928
FAX: (410) 465-3966

DESIGN BY: M.D.M.
DRAWN BY: M.D.M.
CHECKED BY: R.H.V.
DATE: JAN 30, 2001
SCALE: 1"=100'
W.O. NO.: 99-153

C. V. CROBBS KNEELAND WELLS

2001 JAN 14 PM 3:26