

C1 15973

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 A 522035

ST/CO USE ONLY DATE Received MM 09 DD 01 YY 11

DATE WELL COMPLETED MM 08 DD 30 YY 11

Depth of Well 22 145 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-95-2173

OWNER Heritage Realty & Capital Investments STREET OR RFD Box 482 TOWN LEBANON MD. 21765 SUBDIVISION Heritage Land Develop OFFICES SECTION LOT 15950 W. AVE

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 Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement/Bentonite Clay) NO. OF BAGS/POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

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

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD

DEPTH (nearest ft.) 145 63 60. Includes table for screen diameter and slot size.

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 22 WHEN PUMPING 25 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (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. 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)

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)

39.337066 north 77.069540 west

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. M SD 113 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

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 Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 0957

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2173 fill in this form completely

535257 please type

Date Received (APA) 06/15/11

OWNER INFORMATION

Heritage Capital Investments PO Box 482 LISBON MD 21765

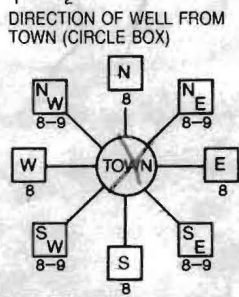
LOCATION OF WELL

Howard COUNTY Henritage Land Dev. OFFICES 15950 N. AVE LISBON NEAREST TOWN

DRILLER INFORMATION

Ralph E. MAYNE MSD 117 RALPH MAYNE Well DRILLING 17024 Handy Rd Mt. Airy MD 21777

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



(15950) NORTH AVE; ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 3030

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- INDUSTRIAL, COMMERCIAL, DEWATERING (circled)
- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A522035 COUNTY NAME COUNTY NO. Brian Baker 8/5/2012 DATE ISSUED

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary (circled) JETTED Jetted & DRIVEN CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
- 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

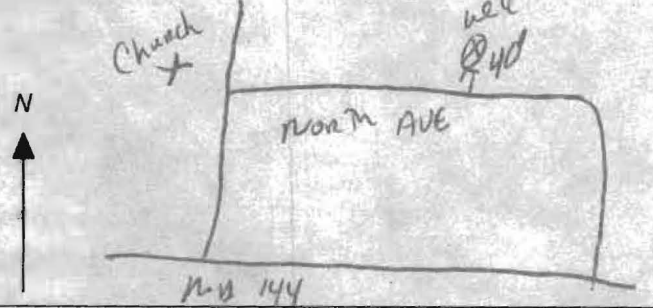
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 N 548

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) APPROP. PERMIT NUMBER G PERMIT No. HO-95-2173

SPECIAL CONDITIONS Protection Devices Need to Be Installed Between Well and Parking Area



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Ralph Mayne Well Drilling Telephone #: 443-538-1040  
Address: 17024 HANCOY ROAD  
Mt. Airy MD 21771

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): RALPH E. MAYNE License# MS0 117

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Heritage Realty Telephone #: 410-984 0408 / 410-488-7900 <sup>OFFICE</sup>  
Subdivision: N/A Lot #: 4A Well Tag #: HO-95-2173  
Site Address: 15950 W. AVE LISAOW MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOWNS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ZSB05422C</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>4 FT</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>1454</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CRESLINE</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <input checked="" type="checkbox"/> (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: <u>4 FT</u> (36" min)	Sleeve 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: SAME AS ABOVE date: Sept 2 2011

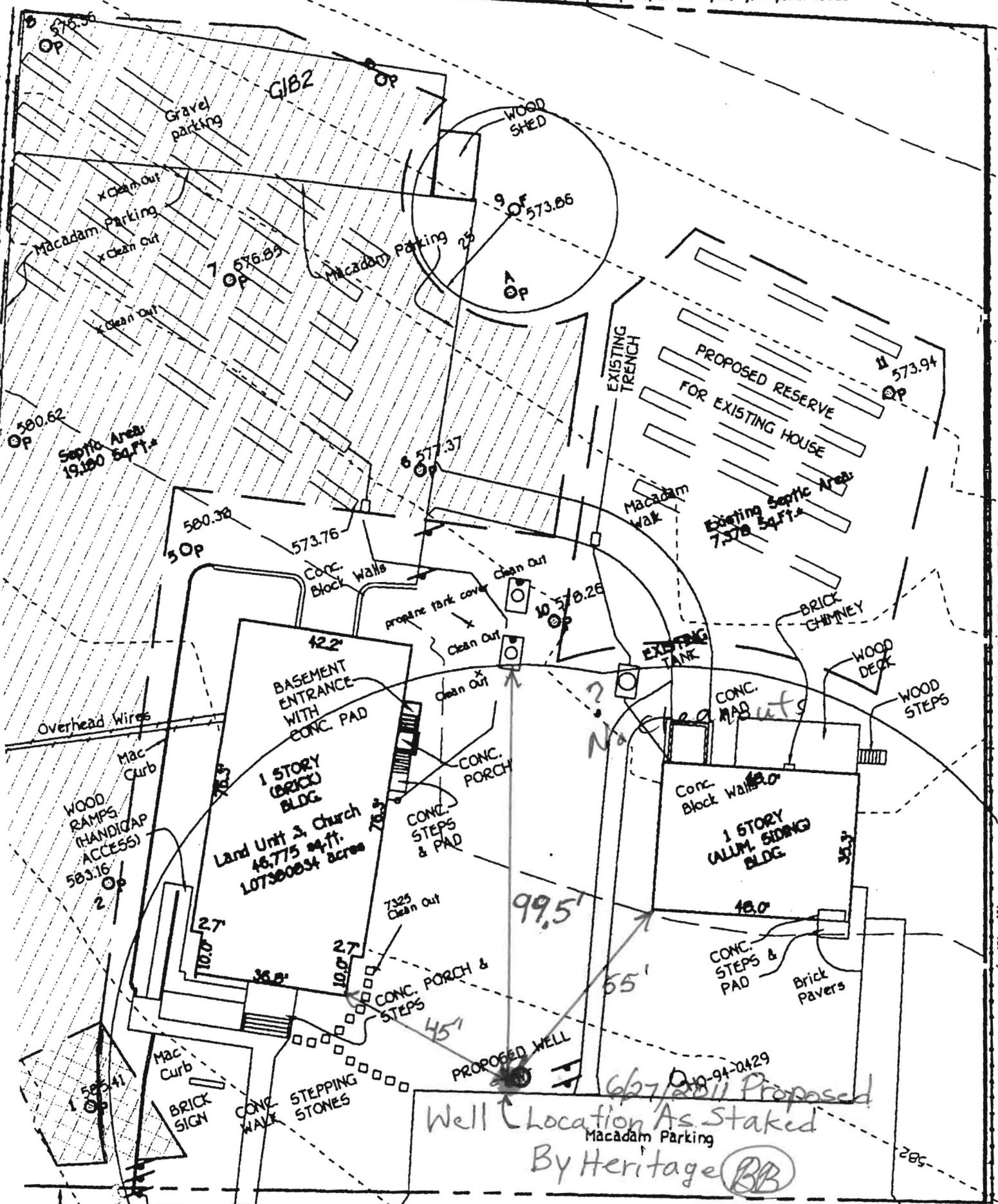
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 9/6/11 Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elcc. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope not outside of well cap/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 \_\_\_\_\_

566°47'14"E 311.97'

Hydric soils and/or contains hydric materials  
May contain hydric inclusions  
Generally only within 100-year floodplain areas



**NORTH AVENUE**  
30' PRESCRIPTIVE RIGHT OF WAY  
SHOWN AS 28' (33') WIDTH

Existing paving



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

5/22/2007

DATE WELL ABANDONED: July 23 2007 (month/day/year)

O.K. **BB**

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 73 - 0372

\* PERMIT NUMBER OF REPLACEMENT WELL

N/A - -

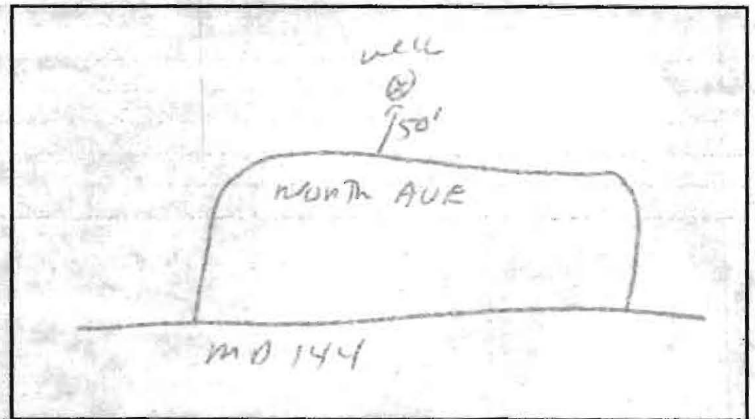
\* PERSON ABANDONING WELL: Ralph MAYNE INC

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Heritage Realty

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Lisbon  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: N/A  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 15950 NORTH AVE



\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cem. at:	101	1
Top Soil	1	0
VOLUME OF MATERIAL USED		
21.5955		

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 101 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: ONE

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

[Signature]

117

MWD/MSD/MGD July 24 2007

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # \_\_\_\_\_ CIRCLE ONE DATE