

C1 56536

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Walker Bill, WELL SITE ADDRESS 8522 Blounts Lane, TOWN Fulton, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Grey limestone, Brown Fracture, Quartz, and Grey limestone.

GROUTING RECORD form including fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

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

SCREEN RECORD form including fields for screen type or open hole, SCREEN RECORD (STEEL, BRASS, PLASTIC, OPEN HOLE, OTHER), DEPTH (nearest ft.).

PUMPING TEST form including fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form including fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

WELL HYDROFRACTURED form with YES/NO options and CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns for casing and screen depths.

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 5 D 2 2 4, DRILLERS SIGNATURE, LIC. NO. D

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

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

LATITUDE 39.135596, LONGITUDE 76.945258 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed.

B 1 SEQUENCE NO. (MDE USE ONLY) **59761** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER **H0-17-0342**

8 Date Received (APA) **09/10/18** **MM DD YY** 13
15 **Woolker Bill** **Owner** **First Name** 34
36 **8522 Blounts Lane** **Street or RFD** 55
57 **Fulton, Md 20759** **Town** **State** **Zip** 76

B 3 LOCATION OF WELL
8 **Howard** **COUNTY** 21
23 **SUBDIVISION** 42
SECTION **44** **46** **LOT** **48** **50**
52 **Fulton** **NEAREST TOWN** 71

DRILLER INFORMATION
Allen Compton **M S D 009** **Driller's Name** 76 **License No.** 81
Fogles Well Drilling, LLC **Firm Name**
P.O. Box 2024 Woodbine, Md 20797 **Address**
Allen Compton **9-10-18** **Signature** **Date**

B 4 SOURCES OF DRILLING WATER
 1. **Well water**
 2. **MCWD**
 3. **9/1/18 - Ho @ 425'**
Daily to 625'
water @ 625'

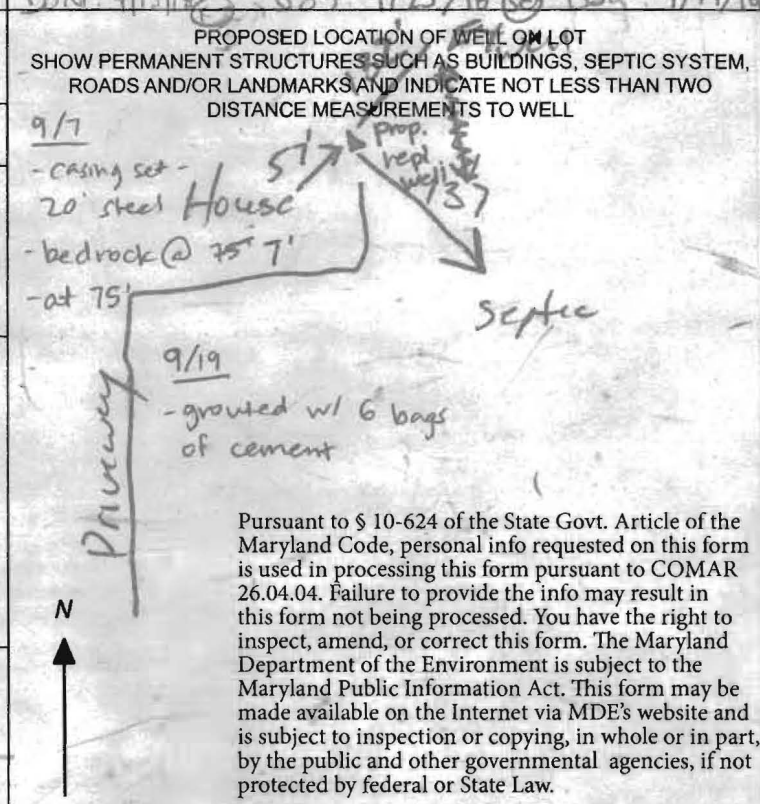
8522 Blounts Lane **STREET ADDRESS** 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
34 **400** **37** **DISTANCE FROM ROAD** **FT**
 ENTER FT OR MI **38** **39**
TAX MAP: 0045 **BLK: 0012** **PARCEL: 0053**

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)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION **9/25**
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) **-static 152', pumped**
 INDUSTRIAL, COMMERCIAL, DEWATERING **-2:20pm down to @ 380' 419'**
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING **-started -1.2 gpm, pumping @ coming up 10 am - pump @ 680'**
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **COUNTY NAME** **13** **COUNTY NO.**
STATE SIGNATURE **INSERT S** **41**
DATE ISSUED **9/7/18** **CO SIGNATURE** **Schell** **9/7/19** **EXP. DATE**
43 **MM** **DD** **YY** **48**

APPROXIMATE DEPTH OF WELL **300** **FEET** 24 28
APPROXIMATE DIAMETER OF WELL **6** **NEAREST INCH**



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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 **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 DEEPEAN 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. **H0-17-0342**
70 **71** **72** **73** **74** **75** **76** **77** **78** **79**

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

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Date: September 25, 2018

FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-17-0342Location of Property: 8522 Blounts Lane Fulton, MdWell Driller/Tech: Fogles Allen Compton MSD009 Owner: Bill WalkerDepth of Well: 700'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 152'

High rate pumping –reservoir Drawdown

Time pump started: 10:00 Pumping rate: 8.5Total time 90 mins to reach pumping water level 416 ft. below M.P.

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)
10:00	152'	7 Seconds		8.5 gpm
10:15	209'	7 Seconds		8.5 gpm
10:30	252'	8 Seconds		7.5 gpm
10:45	311'	9 Seconds		6.6 gpm
11:00	375'	10 Seconds		6 gpm
11:15	419'	10 Seconds		6 gpm
11:30	416'	50 Seconds		1.2 gpm
11:45	413'	50 Seconds		1.2 gpm
12:00	410'	50 Seconds		1.2 gpm
12:15	407'	50 Seconds		1.2 gpm
12:30	405'	50 Seconds		1.2 gpm
12:45	403'	50 Seconds		1.2 gpm
1:00	399'	50 Seconds		1.2 gpm
1:15	398'	50 Seconds		1.2 gpm
1:30	396'	50 Seconds		1.2 gpm
1:45	394'	50 Seconds		1.2 gpm
2:00	387'	50 Seconds		1.2 gpm
2:15	380'	50 Seconds		1.2 gpm
2:30	376'	50 Seconds		1.2 gpm
2:45	372'	50 Seconds		1.2 gpm
3:00	372'	50 Seconds		1.2 gpm
3:15	372'	50 Seconds		1.2 gpm
3:30	372'	50 Seconds		1.2 gpm
3:45	371'	50 Seconds		1.2 gpm
4:00	370'	50 Seconds		1.2 gpm
4:15	370'	50 Seconds		1.2 gpm
4:30	369'	50 Seconds		1.2 gpm
4:45	369'	50 Seconds		1.2 gpm
5:00	368'	50 Seconds		1.2 gpm
5:15	368'	50 Seconds		1.2 gpm
5:30	368'	50 Seconds		1.2 gpm

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 Line

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: Foote's Well Pump & Water Treatment, LLC Telephone #: 410 795 9670
 Address: 580 Obrecht Rd
Sykesville, 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): DAVID C. FOOTE License # MSD226

*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: Bill Walker Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0342
 Site Address: 9522 Blounts Lane
Elfton, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grands</u>	Make: <u>Rimpell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>56615422C</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield _____ GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>700 (feet)</u>		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4
 Torque wrench, Cable guards, or other acceptable method used - Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

<u>Frame to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration _____
PSI: <u>250 (160 psi min)</u>	Length of sleeve (minimum from foundation) _____
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>tied into existing line</u>

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: David Foote date: 9-25-18

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

Date Insp. Requested: 9/25/18 Date Insp. Approved: 9/26/18 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>OK</u> pit flooded
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety mpe not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>existing</u>
Adequate grout observed below pitless adapter	<u>OK</u> pit flooded



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

October 18, 2018

Homeowner
8522 Blounts Lane
Fulton, MD 20759

RE: **Replacement Well Sampling**
8522 Blounts Lane
#HO-17-0342

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

The existing well on the property (#HO-95-1000) must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller to the Health Department.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

OK
1/13/1950

DATE WELL ABANDONED: 12-5-18 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - 1000

* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 17 - 6342

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224
CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Bill Walker

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP 0045 BLOCK 0012 PARCEL 0053
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 8522 Blounts Lane



LATITUDE 3 9 . 135325

LONGITUDE 7 6 . 945856

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED _____
 BORED _____ HAND DUG _____
 OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
<u>stone</u>	<u>360</u>	<u>40</u>
<u>Grout</u>	<u>40</u>	<u>0</u>

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC _____
 IRRIGATION _____ INDUSTRIAL _____
 TEST/OBSERVATION _____ GEOTHERMAL _____

VOLUME OF MATERIAL USED

Stone 4 yds Cement 940 lbs

* TYPE OF CASING:
 STEEL _____ PLASTIC _____
 CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 1250 FEET DEEP well collapsed to 360'

WAS ANY CASING REMOVED? YES _____ NO
If yes, length removed, in feet: 3

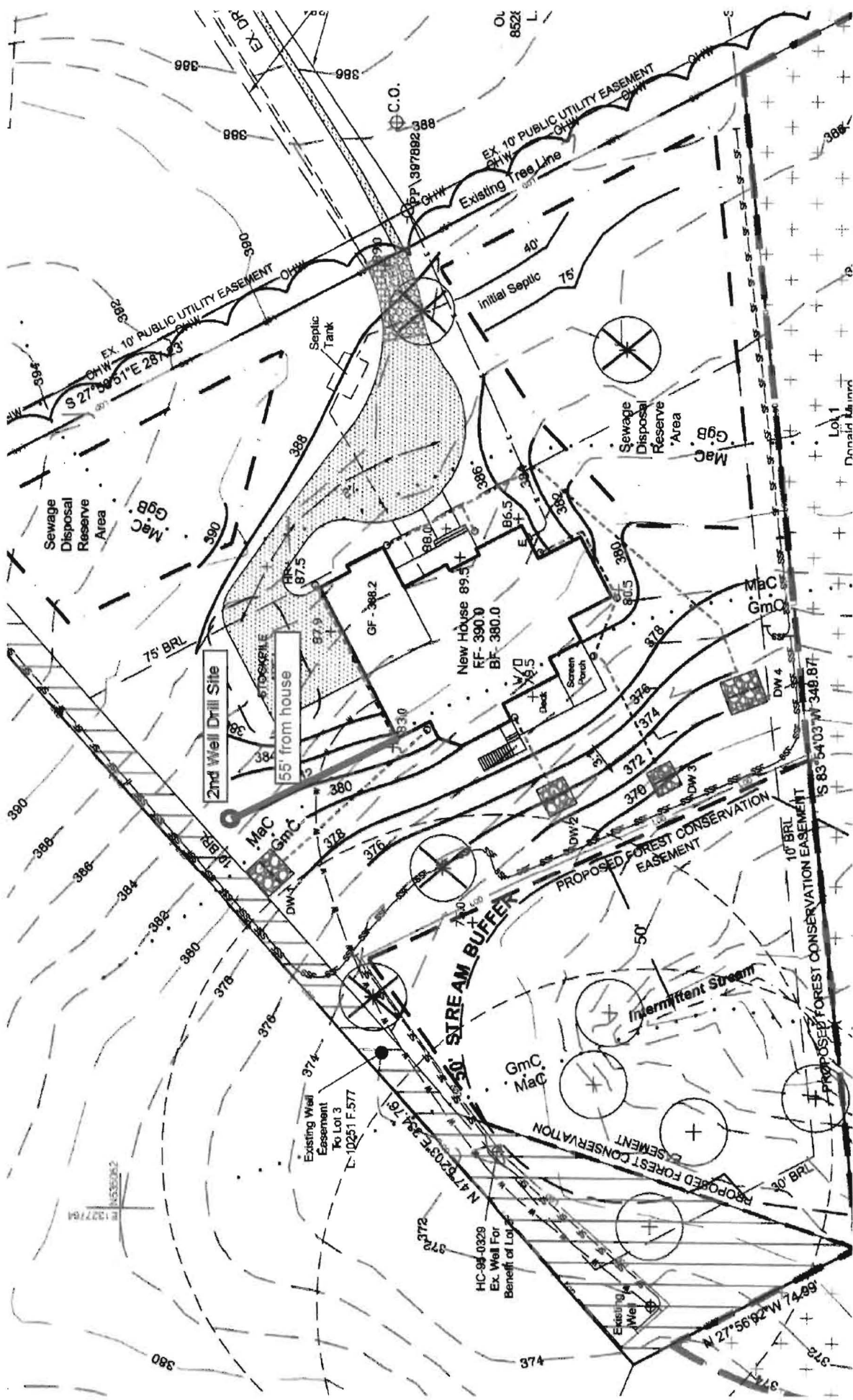
WAS CASING RIPPED OR PERFORATED? _____ YES NO

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SIGNATURE-MASTER-WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#
Andrew R. Houseman

224 MWD / MSD / MGS 12-5-18
CIRCLE ONE DATE

COUNTY



Lot 1
Donald L. Murr

Mac Ggb

Mac GmC

Mac GmC

Mac GmC

Mac GmC

Mac GmC

Mac GmC



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

_____	_____	8522 Blounts Lane
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

FOGLE'S WELL DRILLING & PUMP SERVICE'S

6003 Woodbine Rd
Woodbine, MD 21797
(410) 795-5074

7/28/08

Date: 7/28/08

Name: LEANDER GUNTER

95-1000

Address: 3333 The Old Lane Lot: 100 Tract: 95-1000

Well Test Results: Local to 4250' Deep + 14 Gallons Per Minute

TIME	WATER LEVEL	TIME TO FILL 1 GAL	GPM
7:00	33	3 seconds	20
7:15	310	15 seconds	4
7:30	310	15	4
7:45	310	15	4
8:00	310	15	4
8:15	310	15	4
8:30	310	15	4
8:45	310	15	4
9:00	310	15	4
9:15	310	15	4
9:30	310	15	4
9:45	310	15	4
10:00	310	15	4
10:15	310	15	4
10:30	310	15	4
10:45	310	15	4
11:00	310	15	4
11:15			
11:30			
11:45			
12:00			

Photo

FOGLE'S WELL DRILLING & PUMP SERVICE'S

4003 Woodbine Rd
 Woodbine, MD 21797
 (410) 795-6278

Date: 7/27/03

Name: Levittown Center

Address: 3725 Friends Lane Lot: _____ Tract No: 95-1000

Well Type: Test Results Depth: 1250' Depth to H₂O: 14' Capacity: 1000 GPM

TIME	WATER LEVEL	TIME TO FILL 1 GAL	GPM
7:00	33	3 seconds	20
7:05	310	15 seconds	4
7:10	310	15	4
7:15	310	15	4
7:20	310	15	4
7:25	310	15	4
7:30	310	15	4
7:35	310	15	4
7:40	310	15	4
7:45	310	15	4
7:50	310	15	4
7:55	310	15	4
8:00	310	15	4
8:05	310	15	4
8:10	310	15	4
8:15	310	15	4
8:20	310	15	4
8:25	310	15	4
8:30	310	15	4
8:35			
8:40			
8:45			
8:50			
8:55			
9:00			

Photo

JIGGLER'S WELL DRILLING, L.L.C.

P.O. BOX 204
 WEST WOODBRIDGE ROAD
 WOODBRIDGE, VA 22191
 703/596-1800

DRILLING SERVICE SHEET
 HOLE NO. _____
 HOLE DEPTH _____
 HOLE TYPE _____
 HOLE LOCATION _____

WELL NO. _____
 WELL DEPTH _____
 WELL TYPE _____
 WELL LOCATION _____

--- Payment schedule per contract ---

DATE	AMOUNT	PAID	BALANCE
01/01/01	1000.00	1000.00	0.00
02/01/01	1000.00	1000.00	0.00
03/01/01	1000.00	1000.00	0.00
04/01/01	1000.00	1000.00	0.00
05/01/01	1000.00	1000.00	0.00
06/01/01	1000.00	1000.00	0.00
07/01/01	1000.00	1000.00	0.00
08/01/01	1000.00	1000.00	0.00
09/01/01	1000.00	1000.00	0.00
10/01/01	1000.00	1000.00	0.00
11/01/01	1000.00	1000.00	0.00
12/01/01	1000.00	1000.00	0.00
TOTAL	12000.00	12000.00	0.00

--- Payment schedule per contract ---

For use by customer for recording of well data. This form is to be filled out by the customer and returned to Jigglers Well Drilling, L.L.C. upon completion of the well. The information provided on this form will be used for record keeping and for the purpose of providing a copy of the well log to the customer.

Customer Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Drill Date: _____
 Well No.: _____
 Well Depth: _____
 Well Type: _____
 Well Location: _____

C 1 0349

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD SUBDIVISION SECTION TOWN LOT

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

C 3 PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one)

HOURS PUMPED (nearest hour)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Overburden, Gray Rock, Water at 435'.

CEMENT NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE

CASING RECORD casing types insert appropriate code below

WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

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

NUMBER OF UNSUCCESSFUL WELLS:

SCREEN RECORD screen type or open hole insert appropriate code below

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

WELL HYDROFRACTURED YES NO

DEPTH (nearest ft.)

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

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

Table with columns: E A C H S C 3 R E E N, rows for depth measurements.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

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...

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

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

DRILLERS LIC. NO. 1 M SD 1162 DRILLERS SIGNATURE

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

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LIC. NO. 1 MSD 193

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

To be provided by Edenton Court, LLC

8527 (53)

Parcel
0.34 gpm

Wm. Blounts Lane
95-1000-8522 Well
85-372712

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE Received DATE WELL COMPLETED DATE OF WELL PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK 7/20/07** **50** **HO-915-0329**

OWNER **Bates** **Bruce** STREET OR RFD **Clarkson DR.** TOWN **Fulton** SUBDIVISION **Beaufort Park** SECTION **45/12/53** LOT **3**

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	
<i>Deepened</i> <i>Gray shale 640-1,125</i>			

GROUTING RECORD YES NO **Y N**

WELL HAS BEEN GROUTED (Circle Appropriate Box) **44 44**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **45 46** NO. OF POUNDS **45 46**

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (to nearest foot)
from **48** TOP **52** ft. to **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)

60 61 63 64 66 70

OTHER CASING (if used)
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

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 **11** ft.
WHEN PUMPING **100** 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

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. **MSD011**
DRILLERS SIGNATURE *James Whitehead*
LIC. NO. **ISD100**

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

C 2 DEPTH (nearest ft.)

1	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)
58 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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES NO **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 (nearest foot)
- below }

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)

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

EB Well Permit No. HO-95-1000 *EB* well located on Parcel 53 (8522 Blounts Lane)

Location of Property: 8520 Blounts Lane Fulton, Maryland 20759

Subdivision: Beaufort Park Lot #: 3

Well Driller/Tech: Fogles Andy Houseman Owner: Bill & Dana Walker

Depth of Well: 1250'

Distance of measuring point (M.P.) above ground: 1'

Static water level (S.W.L.) below M.P.: 172'

High rate pumping -reservoir Drawdown

Time pump started: 9:00 Pumping rate: 12 GPM

Total time 150 mins to reach pumping water level 438.7 ft. below M.P.

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)
9:00	172'	5 Seconds		12 gpm
9:15	256'	6 Seconds		10 gpm
9:30	323'	7 Seconds		8.5 gpm
9:45	368'	8 Seconds		7.5 gpm
10:00	404'	9 Seconds		6.6 gpm
10:15	433'	10 Seconds		6 gpm
10:30	438.7'	21 Seconds		2.8 gpm
10:45	438.7'	21 Seconds		2.8 gpm
11:00	439.1'	21 Seconds		2.8 gpm
11:15	439.5'	30 Seconds		2 gpm
11:30	436.6'	28 Seconds		2.1 gpm
11:45	436.1'	29 Seconds		2.0 gpm
12:00	436.6'	29 Seconds		2.0 gpm
12:15	436.7'	29 Seconds		2.0 gpm
12:30	437.1'	38 Seconds		1.6 gpm
12:45	435.7'	38 Seconds		1.6 gpm
1:00	435'	38 Seconds		1.6 gpm
1:15	435.9	50 Seconds		1.1 gpm
1:30	435.4	50 Seconds		1.1 gpm
1:45	435'	50 Seconds		1.1 gpm
2:00	434'	50 Seconds		1.1 gpm
2:15	433.7'	50 Seconds		1.1 gpm
2:30	433.7'	50 Seconds		1.1 gpm
2:45	433.7'	50 Seconds		1.1 gpm
3:00	433.5'	50 Seconds		1.1 gpm
3:15	433.5'	50 Seconds		1.1 gpm
3:30	433.5'	50 Seconds		1.1 gpm
3:45	433.2'	50 Seconds		1.1 gpm
4:00	433.2'	50 Seconds		1.1 gpm
4:15	433.1'	50 Seconds		1.1 gpm
4:30	433.1'	50 Seconds		1.1 gpm

Date: May 4, 2017

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-95-0329Serves 8520 Blounts LaneLocation of Property: 8520 Blounts Lane Fulton, Maryland 20759Well Driller/Tech: Fogles Andy Houseman Owner: Bill & Dana WalkerDepth of Well: 1125'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 174'

High rate pumping –reservoir Drawdown

Time pump started: 8:40 Pumping rate: 7 GPMTotal time 95 mins to reach pumping water level 431.7 ft. below M.P.

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)
8:40	174'	8 Seconds		7 gpm
9:00	230'	8 Seconds		7 gpm
9:15	287'	8 Seconds		6.5 gpm
9:30	320'	8 Seconds		6 gpm
9:45	356'	8 Seconds		6 gpm
10:00	395'	8 Seconds		6 gpm
10:15	426'	8 Seconds		6 gpm
10:30	431.7	60 Seconds		1 gpm
10:45	427.5	60 Seconds		1 gpm
11:00	427.5	60 Seconds		1 gpm
11:15	428.4	60 Seconds		1 gpm
11:30	428.0	60 Seconds		1 gpm
11:45	431.7	51 Seconds		1.1 gpm
12:00	431.4	51 Seconds		1.1 gpm
12:15	431.4	60 Seconds		1 gpm
12:30	432'	60 Seconds		1 gpm
12:45	432'	60 Seconds		1 gpm
1:00	432'	60 Seconds		1 gpm
1:15	432'	53 Seconds		1.1 gpm
1:30	434.8'	1:10		.8 gpm
1:45	432'	1:10		.8 gpm
2:00	432	1:10		.8 gpm
2:15	432	60 Seconds		1 gpm
2:30	432'	60 Seconds		1 gpm
2:45	432'	60 Seconds		1 gpm
3:00	432'	60 Seconds		1 gpm
3:15	432'	60 Seconds		1 gpm
3:30	432'	60 Seconds		1 gpm
3:45	432'	60 Seconds		1 gpm
4:00	432'	60 Seconds		1 gpm
4:15	432'	60 Seconds		1 gpm

B 1 6444 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** please type **STATE PERMIT NUMBER** HO-95-0329
1 2 3 6 70 fill in this form completely 79

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 15 Bates Bruce
 Last Name Owner First Name 34
 36 13060 Wainwright Rd
 Street or RFD 55
 57 Highland MD 20777
 Town State Zip 76

B 3 Howard **LOCATION OF WELL**
 8 COUNTY 21
Beaufort Park
 23 SUBDIVISION 42
 SECTION 44 46 LOT 3 48 50
Fulton
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M 11
 73 76 77 78

DRILLER INFORMATION
Michael Isom MSD162
 Driller's Name License No. 76 81
G Edgar Harr Sons Corp
 Firm Name
12047 Falls Rd Cockeysville
 Address
MIA 2/8/06
 Signature Date

B 4 Clarkson Drive
 1 2 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 11 NEAR WHAT ROAD 36
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 500 37 WEST EAST SOUTH
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 12 BLK: 12 PARCEL 53

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.)
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 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 1524107
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 3/24/06 3/24/07
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 474 0 0 0 EAST GRID 816 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 8106
 N 4704
 000
 000

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)
 A 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. HO-95-0329
 70 71 72 73 74 75 76 77 78 79

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Reservoir Rd
Clarkson Drive
Blounts Lane
 N
 X
 O
 X

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE DEEPENING WHEN NEEDED
Need to meet COMAR construction standards

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95 - 0329
 Location of property (road) Clarkson Drive
 Subdivision Beafort Park Lot _____ Block 12 Plat 45 Sec. 53
 Well Driller G Edgar Sons Corp Owner Bruce Bates

Depth of well 640'
 Distance of measuring point (M.P.) above ground 1' 8"
 Static water level (S.W.L.) below M.P. 10'

I. High rate pumping -- reservoir drawdown

Time pump started 1100 Pumping rate 7 gpm
 Total time 70 min to reach pumping water level 215 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 # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1215	216' 3"	45 Sec		1.33
1230	216	46		1.30
1245	217' 9"	45		1.33
1300	219' 2"	47		1.27
1315	219	47		1.27
1330	219' 4"	49		1.22
1345	218' 9"	48		1.25
1400	218' 8"	47		1.27
1415	218' 9"	47		1.27
1430	219'	48		1.25
1445	219' 1"	48		1.25
1500	219' 3"	49		1.22
1515	219' 3"	49		1.22
1530	219' 4"	49		1.22
1545	219' 4"	49		1.22
1600	219' 3"	48		1.25
1615	219' 6"	46		1.30
1630	220' 5"	45		1.33
1645	220	45		1.33
1700	219' 8"	45		1.33
1715	219' 7"	45		1.33
1730	219' 8"	45		1.33
1745	219' 7"	46		1.30
1800	219' 6"	46		1.30

HD-224
 1815 219' 6" 46 1.30



Fredericktowne

ENVIRONMENTAL TESTING

Labs Inc.

3020 Ventrice Court • P.O. BOX 246 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2365
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 1529 - 2-4

Field Record

Site visit performed on: Thursday, November 29, 2007 9:30 AM
by: John Straits State ID No. 4729JS
Affiliation: Fredericktowne Labs, Inc.
Property Owner: Bruce Bates
Property Address: 2520 Blounts Lane
Fulton, MD 20759
Sample Source: Bathroom Sink
Treatment Devices Noted: No Treatment Devices Present
Sample taken after treatment: No
Well No.: MD-95-0329
Field pH: 8.5
Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 11/29/07 1:30 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Date/Time Analysis Started	Method	Analyst
<1	<1	11/29/07 2:10 PM	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption.
Analysis was performed according to the 20th edition of Standard Methods

Verified by: M. L. Miller / JSP 11/30/07
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 118 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M
MDOT WBE Cert. No.: 91-158

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-95-0329 Serves 8520 Blounts Lane
 Location of Property: 8520 Blounts Lane Fulton, Maryland 20759
 Well Driller/Tech: Fogles/Andy Houseman Owner: Bill & Dana Walker

Depth of Well: 1125'
 Distance of measuring point (M.P.) above ground: 2'
 Static water level (S.W.L.) below M.P.: 174'

High rate pumping –reservoir Drawdown

Time pump started: 8:40 Pumping rate: 7 GPM
 Total time 95 mins to reach pumping water level 431.7 ft. below M.P.

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)
8:40	174'	8 Seconds		7 gpm
9:00	230'	8 Seconds		7 gpm
9:15	287'	8 Seconds		6.5 gpm
9:30	320'	8 Seconds		6 gpm
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3:00	432'	60 Seconds		1 gpm
3:15	432'	60 Seconds		1 gpm
3:30	432'	60 Seconds		1 gpm
3:45	432'	60 Seconds		1 gpm
4:00	432'	60 Seconds		1 gpm
4:15	432'	60 Seconds		1 gpm

4/28/17

8522 Blounts Lane

Pumping wells HO-95-0329 (connected to house) and HO-95-1000 (not connected, no pump installed, located at 8522 Blounts Lane)

Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P. Hour	Lot	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	160	159			645 gpm
30	208	165			645
45	244	172			645
9:00	276	180			6
15	300	188	85 gal		6
30	328	196			6
45	350	204			6
10:00	373	208			6
15	394	212			6
30	320	216	-6 gal		
45	353	220			
11:00	338	223	-5 gal		
15	314	225			

Recovery

2719

2719

THIS EASEMENT

(For Well)

Made this 11th day of September, 2006, by and between Bruce E. Bates and Madelene S. Bates of the County of Howard, in the State of Maryland, hereinafter referred to as "GRANTOR"; and ~~Bruce E Bates and Madelene S Bates~~ hereinafter referred to as "GRANTEE".

WITNESSETH:

20
20
TR

That in the consideration of the sum of Ten Dollars (\$10.00) to the Grantor in hand paid by the Grantee, the receipt of which is hereby acknowledged, the said Grantor does hereby grant and convey unto the Grantee, its heirs and assigns, the easement and right-of-way hereinafter described for the installation, construction, maintenance, repair, operation, and inspection of a well and water line house connection within said easement and right-of-way, over, across and through property known as 1.350 Acres on Clarkson Drive, Fulton, MD 20759, Tax ID # 05-372712 as more particularly described as Parcel Two and recorded among the Land Records of Howard County, Maryland in Liber 10222 and Folio 316 by Deed in Trust, dated 24th day of August, 2006, by and between Edward B. Winston and Bruce E. Bates and his wife, Madelene S. Bates to serve improvements on property known as 8520 Blounts Lane, Fulton, MD 20759, as more particularly described as lot 3, in block G, Beaufort Park Subdivision Plat One, and recorded among the Land Records of Howard County, Maryland in Plat Book 10, Folio 08, together with the right of ingress and egress along and over the said easement and right-of-way, for any and all such purposes; the said right-of-way and easement being described as follows and further described in exhibit "A":

TO HAVE AND TO HOLD said easement and right-of-way for a well and water line house connection, above described or mentioned and hereby intended to be granted and conveyed, together with the rights, privileges, appurtenances, and advantages thereto belonging or appertaining, unto and to the only proper use, benefit and behoof forever of the said Grantee, its heirs and assigns; AND the Grantor, for its heirs and assigns, covenants and agrees with the Grantee, its heir and assigns, as follows:

FIRST: That the Grantor will never erect nor permit to be erected any building or structure of any nature whatsoever within the above described easement and right-of-way, nor fill or excavate within the said right-of-way without the consent of the Grantee except such grading, excavating or structure as necessary to maintain the Grantor's own well and water line and except such grading, excavating or structure the Grantor may require to drill alternate wells within said easement and right-of-way in the event the Grantor's well should become inadequate, also excepting such grading, excavating or structure as required to install and maintain utility connections, the driveway and landscaping. Any damage to the Grantees well and water line within the easement and right-of-way caused by Grantor while performing work as described in the above exceptions will be remedied by the Grantor in a professional manner as soon as practical.

SECOND: That the Grantee, its heirs and assigns, shall at all times have the right of ingress and egress over said easement and right-of-way for purpose of installing, constructing, maintaining, repairing, operating, and inspecting a well and alternate wells and water line house connection as may be required within the said easement and right-of-way, said ingress and egress to be along the line herein designated and along such other lines as the Grantor may designate. Any damage to the Grantor's well and water line, utility connections, driveway and lawn caused by Grantee while performing work described in the above easement-in-gross and right-of-way purpose, will be remedied by the Grantee in a professional manner as soon as practical including regrading, seeding, and pavement repair. However; the Grantee shall not be required to replace damaged trees and shrubs, Furthermore the Grantee will not be responsible for any maintenance in the easement and right-of-way except for maintenance of the Grantee's own well and 'water line house connection.

THIRD: That the Grantor w not hold the Grantee responsible for the level or condition of ground water and the Grantor will not be responsible to the Grantee for the level or condition of the ground water.

FORTH: That the Grantor will warrant specially said easement and right-of-way and will execute such further assurances thereof as may be requisite.

IN WITNESS WHEREOF, the Grantor has hereunto affixed its hand and seal the day and year first herein above written.

[Signature]

Witness

(Seal)

By [Signature] (Grantor)
✓ BRUCE E. BATES

[Signature]

Witness

(Seal)

By [Signature] (Grantor)
✓ MADEIRA S. BATES

State of Maryland
County of Harri

IMP FD SURE \$ 20.00
RECORDING FEE 20.00
TOTAL 40.00
Res# H002 Rcpt # 20001
HDR ILR Blk # 2445
Sep 19, 2006 12:10 PM

I HEREBY CERTIFY that on this 18 day of Sept, 2006, before me, the subscriber, a Notary Public of jurisdiction aforesaid, personally appeared [Signature] known to me (or satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument and acknowledged that executed the same for the purposes therein contained.

WITNESS my hand and Notaries Seal [Signature]

Notary Public

My Commission Expires: 2/19/08



NOTARIES SEAL:

IN-K HONG
Notary Public State of Maryland
My Commission Expires February 18, 2008