1 4130 (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

WELL IS COMPLETED.

COUNTY NUMBER A50830M

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED MM 12 DD 8 YY 98

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1928

OWNER Brantwood LLC (last name) (first name)
STREET OR RFD Stardust Ln TOWN Ellicott City MD
SUBDIVISION Brantwood SECTION I LOT 16

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 FROM	FEET TO	check if water bearing
BROWN SHALE	0	61	
BLUE SLATE	61	250	✓
WATER AT 102-144			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y [✓ no 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. MWD 139

Robert Cline
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WD 168

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) [✓ yes Y] no N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT [✓ CM] BENTONITE CLAY BC
NO. OF BAGS 15 NO. OF POUNDS 1410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 69 ft. (BOTTOM)
(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)
ST	6	70

EACH CASING — OTHER CASING (if used)

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

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
HO	69	250

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

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

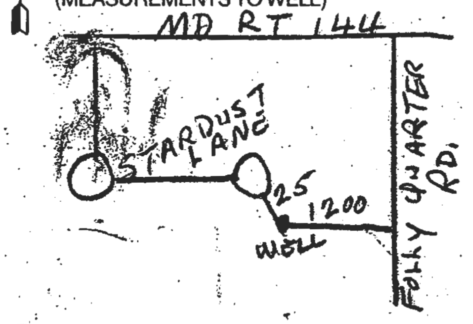
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 10
METHOD USED TO MEASURE PUMPING RATE TIME
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31 ft.
WHEN PUMPING 85 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 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. ____
CAPACITY: GALLONS PER MINUTE (to nearest gallon) ____
PUMP HORSE POWER ____
PUMP COLUMN LENGTH (nearest ft.) ____
CASING HEIGHT (circle appropriate box and enter casing height) [✓ + above] − below LAND SURFACE 1 (nearest) foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



EMERGENCY/TEMP NO. IF ANY

3	1	8615	SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER: HO-94-1928
70 79
fill in this form completely

Date Received (APA): 10 13 98
8 MM DD YY 13

OWNER INFORMATION

Brantwood LLC
15 Last Name Owner First Name 34

8835-P Columbia 100 Parkway
36 Street or RFD 55

Columbia, MD 21045
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Hartman, David — MWD 517
Driller's Name 76 License No. 81

A. C. Schultes of MD Inc.
Firm Name

24 South River Road
Address
Edgewater, MD 21037

Signature — Date: 11/6/98

B 2 WELL INFORMATION

1 2

APPROX. PUMPING RATE (GAL. PER MIN.): 10
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 800
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

15
- [✓ D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- 22 [✓ N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER: GAP
54 63

FORCE: AML
67 68
WRITE INITIALS IN BOX
PERMIT No.: HO-94-1928
70 71 72 73 74 75 76 77 78 79

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

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Feaga Property
23 SUBDIVISION 42

SECTION: ___ 44 46 — LOT: 16 48 50

Pine Orchard Meadows
52 NEAREST TOWN 71

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

B 4

1 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N 8 — NE 8-9 — E 8 — SE 8-9 — S 8 — ~~SW 8-9~~ — [✓ W 8] — NW 8-9 — TOWN

MD Rt. 144
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N — WEST W — 32 — EAST E — [✓ SOUTH S]

34 850 37
DISTANCE FROM ROAD: Ft
ENTER FT OR MI 38 39

TAX MAP: ___ BLK: ___ PARCEL ___

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

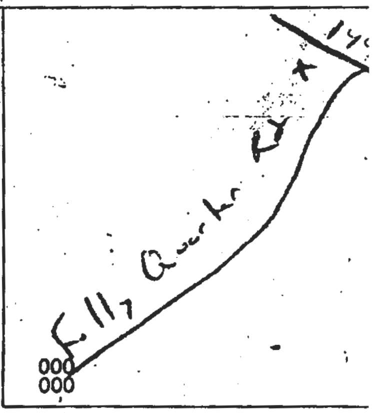
Howard Co — 11508301
COUNTY NAME — COUNTY NO.

STATE SIGNATURE ___ INSERT S → ___ 41

DATE ISSUED: 10 26 98 — A. McMillan — 10 26 99
43 MM DD YY 48 — CO SIGNATURE — EXP. DATE

NORTH GRID: 520 000 50 55 — EAST GRID: 820 000 57 63

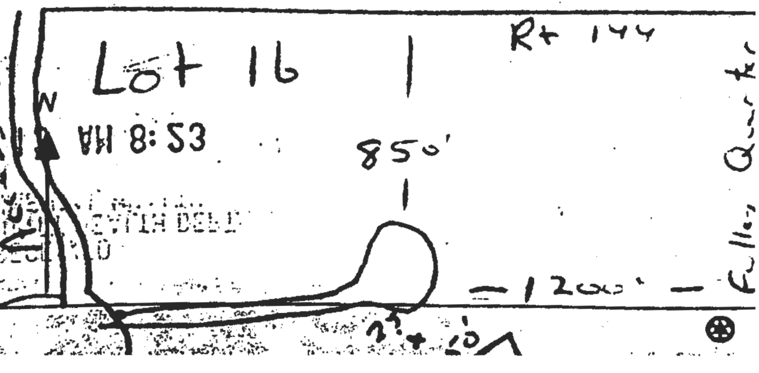
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →



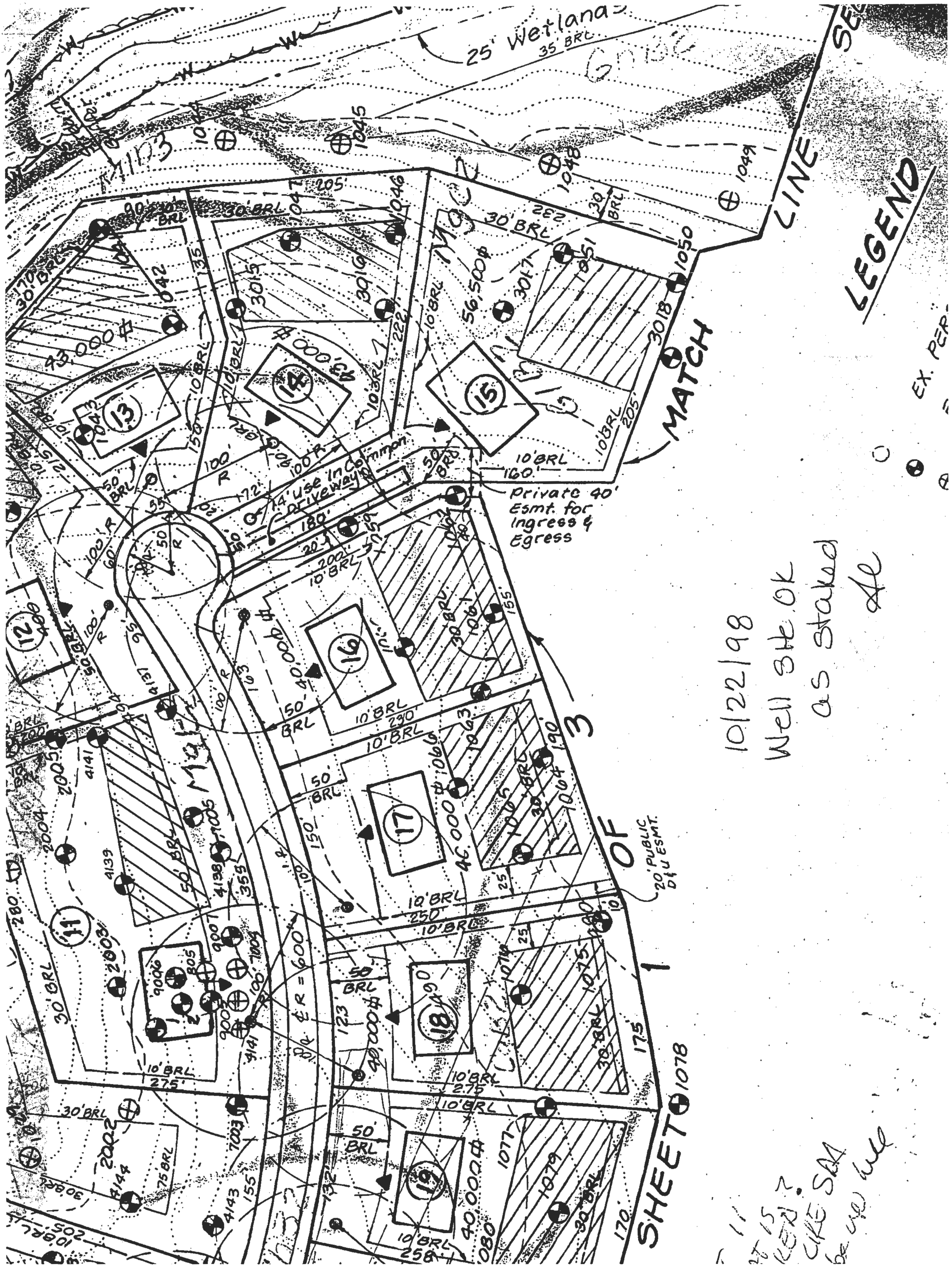
SOURCES OF DRILLING WATER
1. Tankar
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 820
N 520

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



Transferred to Anne [illegible] 11/13/98


25' Wetlands
35' BRL
30' BRL
10' BRL
50' BRL
75' BRL
43,000 #
40,000 #
56,500 #
46,000 #
11
12
13
14
15
16
17
18
19
Use In Common 14' Driveway
Private 40' Esmt. for Ingress & Egress
20' PUBLIC D & U ESMT.
100' R
50 R
ER = 600
MATCH LINE OF SHEET 3
LEGEND
EX. PER

10/22/98
Well Site OK
as staked

Lot 15 Kept like SAA be new well

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____
Receipt # ____
Date ____

Name of Installer Van Sant Plbg + Htg
Telephone 301-829-0444

License Number 1467
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner NV Homes
Telephone 301-858-0522
Subdivision Brantwood
Lot # 16
Well Tag # ___-___-___
Site Address 11505 Star Dust Lane

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 7GS05422
4. Capacity ____ GPM
5. Pump exceeds well capacity Yes ____ No ✓
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ✓ Other ____

Motor
1. Horsepower 1/2
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Campbell
2. Model # B10X
3. Depth 48"

Tank
1. Capacity V-100
2. Pressure relief valve? yes

Piping
1. Type PE
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 48"

Well data
1. Depth 250 ft.
2. Yield 10 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

1/1/99
1 4.0' below
lect cap
o PVC conduit
above-casing
A

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

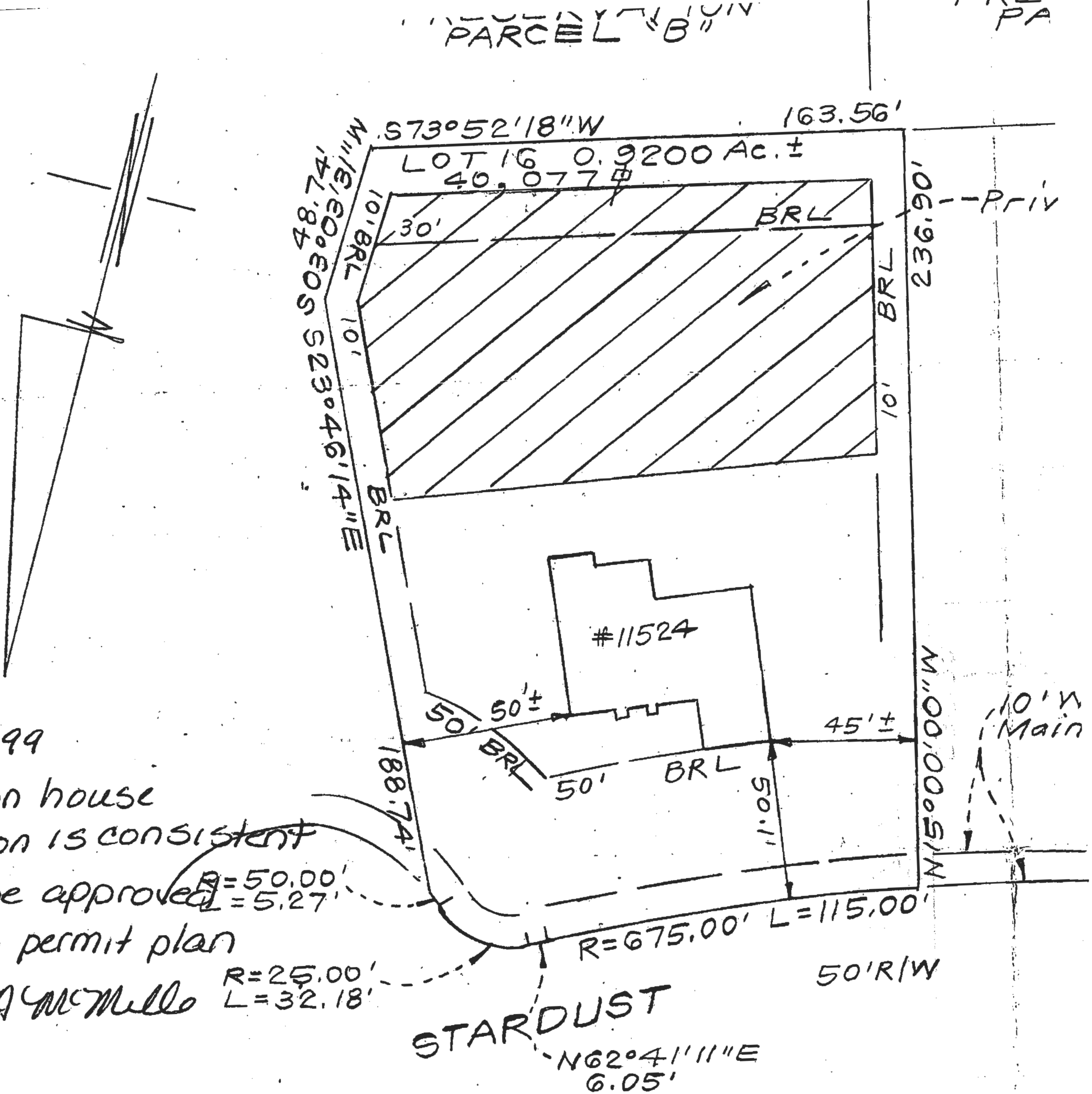
Signature of Applicant: Hanford A VanSant

Date: 8/31/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

&

199


PARCEL "B"
S73°52'18"W
163.56'
LOT 16 0.9200 Ac.±
40,077□'
48.74'
S03°03'31"W
S23°46'14"E
10' BRL
30'
BRL
236.90'
Priv
10'
BRL
10'
BRL
#11524
50'±
50'
BRL
50'
BRL
45'±
188.74'
50.1'
N15°00'00"W
10'W
Main
R=50.00'
L=5.27'
R=25.00'
L=32.18'
R=675.00' L=115.00'
50'R/W
STARDUST
N62°41'11"E
6.05'

11/15/99

Shown house location is consistent with the approved building permit plan

A McMillo

1"=50'

insofar as
ce company
d transfer,

stablishment
other existing

identification
cation may
for securing

LOCATION DRAWING
11524 STARDUST LANE
LOT 16
BRANTWOOD

CFS CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS