

1 **8614** 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-94-1927
70 fill in this form completely 79

Date Received (APA) 12/15/13
OWNER INFORMATION
8 MM DD YY 13
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

LOCATION OF WELL
B 3 Howard
8 COUNTY 21
Feaga Property
23 SUBDIVISION 42
SECTION LOT 15
44 46 48 50
Pine Orchard meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION
Harlan Dada MWD 517
Driller's Name 76 License No. 81
A.C. Schuler & Co. Inc.
Firm Name
24 Southview Road
Address
Frederick, MD 21737
Signature [Signature] Date 10/6/13

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
N W N E
8-9 8-9
W TOWN E
8 8
S W S E
8-9 8-9
S 8
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
N
WEST EAST
W S E
SOUTH
34 800 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: ___ BLK: ___ PARCEL ___

B 2 **WELL INFORMATION**
APPROX. PUMPING RATE 10
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 800
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

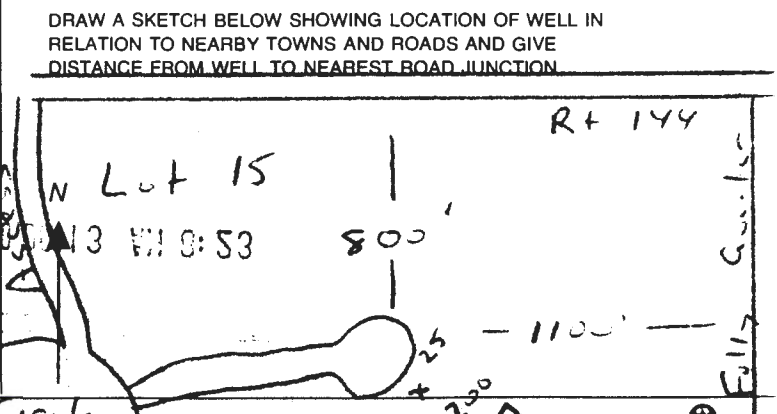
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 150330L
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 102695 / 17th JUL 13 102699
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 520 000 EAST GRID 820 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Tanker
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

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
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
 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 54 _____ 63
WRITE INITIALS IN BOX FORCE [Initials]
PERMIT No. 11-14-1927
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
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: CHARLES A. KLEIN & SONS, Inc. Telephone #: (410) 549-6960
Address: 5220 KLEES MILL ROAD
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): CHARLES A. KLEIN, JR. License# 6521

*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: Williams Group LLC Telephone #: (410) 997-8800
Subdivision: BRANTWOOD Lot #: 39 Well Tag #: HO-94-1922A
Site Address: 115 37 STARBUCK LANE
ELLICOTT CITY, MD 21042

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: TACUZZI Make: HARVARD Two piece watertight cap:
Model #: 5545 13P-52 Model#: PT-800 Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 125 (feet) Conduit secured to well cap:
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 _____

Well is hooked up to Lot 33's house but is drilled on Lot 34 owned by same owner of Lot 33.

Piping to house
Type: POLYETHYLENE
PSI: 1" (160 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
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: Charles A. Klein Jr. date: 11/20/01
CHARLES A. KLEIN JR.

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

Date Insp. Requested: 1/4/02 Date Insp. Approved: 1/4/02 (50) SRH
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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

Well May need protective barrier

B 1 **8614** SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

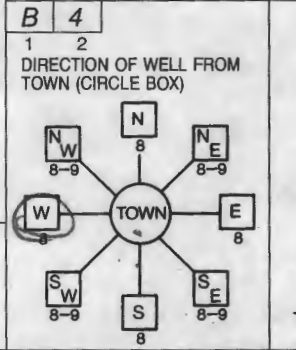
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1927
70 fill in this form completely 79

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

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Feaga Property
23 SUBDIVISION 42
SECTION LOT **15**
44 46 48 50
Pine Orchard meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I
73 76 77 78

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 **David Hartman** Date **10/6/98**



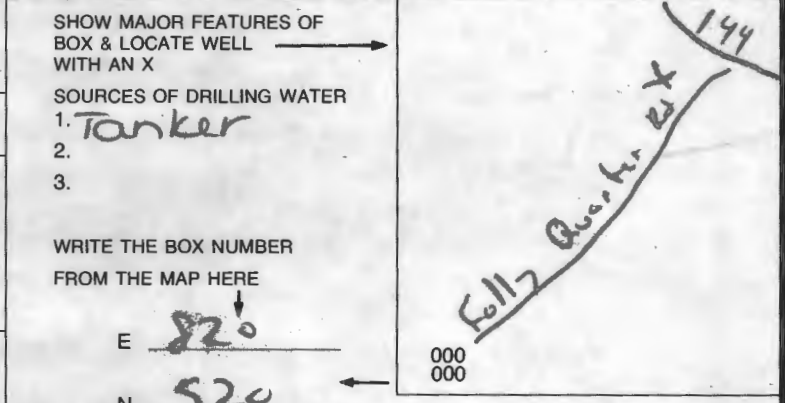
MD Rt. 144
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
N
WEST WEST EAST EAST
W W E E
S S S S
SOUTH SOUTH
S S
34 **800** 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE **10**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **800**
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard CO **A50830L**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **102698** **ATM Mille** **102699**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **520 000** EAST GRID **820 000**
50 55 57 63

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 - PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 - 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
36 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REverse-ROTary DRive-POINT
other _____

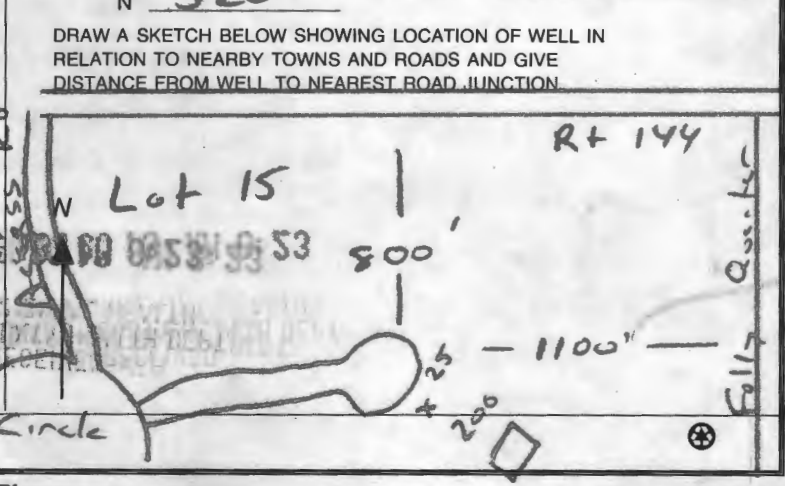
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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- THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____

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

APPROP. PERMIT NUMBER _____ G A P
54 63
FORCE **Am** WRITE INITIALS IN BOX PERMIT No. **HO-94-1927**
67 68 70 71 72 73 74 75 76 77 78 79



C1 6164

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A50830L

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" H6-94-1927

OWNER BRANTWOOD LLC STREET OR RFD STARDUST LANE TOWN ELLICOTT CITY MD SUBDIVISION BRANTWOOD SECTION F LOT 34

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

C 3 PUMPING TEST

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE.

CASING RECORD MAIN CASING TYPE, Nominal diameter, Total depth.

WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

OTHER CASING (if used) diameter, depth.

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES/NO)

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

SCREEN RECORD screen type or open hole, diameter of screen.

TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH.

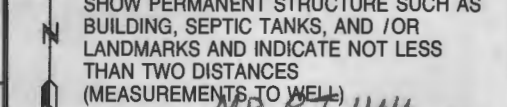
CIRCLE APPROPRIATE LETTER A, E, P

Table with columns: E, A, C, H, S, R, E, E, N. Includes slot size and diameter of screen.

CASING HEIGHT, LAND SURFACE, LOCATION OF WELL ON LOT.

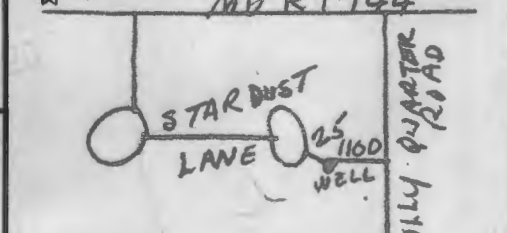
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66



DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR

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



TELESCOPE CASING, LOG INDICATOR, OTHER DATA

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

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Company Name: CHARLES A. KLEIN & SONS, Inc Telephone #: (410) 549-6960
Address: 5220 Klara Mill Rd
Lafayette, 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): CHARLES A. KLEIN JR License# 6521

*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: WILLIAMS BUCK GROUP Telephone #: (410) 997-8800
Subdivision: BRANTWOOD Lot #: 33 Well Tag #: HO-44-1926
Site Address: 11529 STAR DUST LANE
ELLICOTT CITY, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: HARVARD Two piece watertight cap: [checked]
Model #: 5345-13P-52 Model#: 17-800 Screened, vented well cap: [checked]
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: [checked]
Well Yield 7 GPM NSF approved: Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 375 (feet) Conduit secured to well cap: [checked]
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 House Connection
Type: POLYETHYLENE PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 1" (160 psi min) Approximate length of sleeve:
Depth of supply line: [checked] (36" min) Sleeve caulked and sealed properly: [checked]

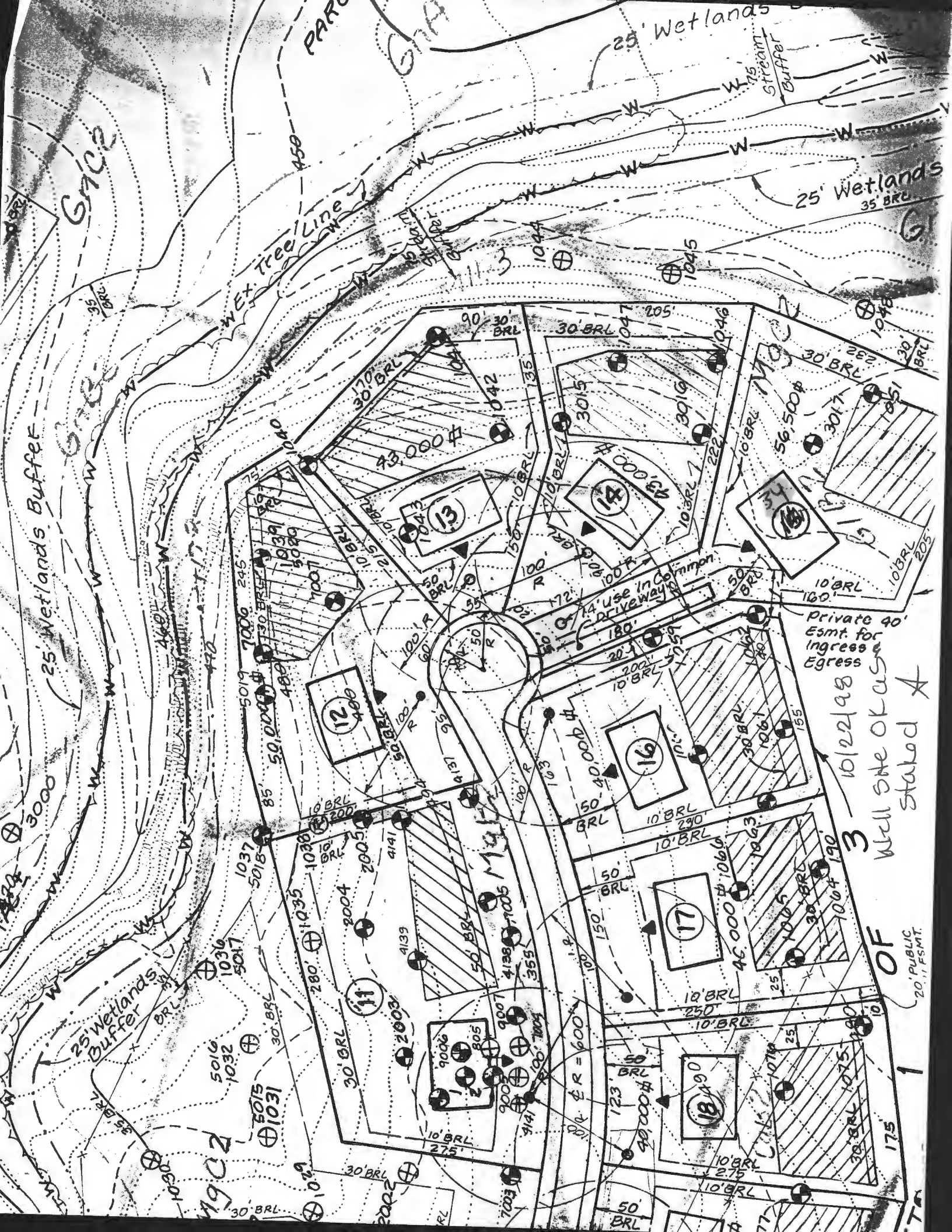
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Charles A. Klein Jr date: 11/16/01

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

Date Insp. Requested: 1/4/02 Date Insp. Approved: 1/4/02 (50) SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

May need protection post per 50



Private 40' Esmt. for Ingress & Egress

10/22/98
Well site OK as stated *

OF PUBLIC 20' FSMT.