

C1 79176 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED 11/25/25 DATE WELL COMPLETED 10/22/25 Depth of Well 400 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-25-0057

OWNER Konstanzer Gerry WELL SITE ADDRESS 17434 Bailey RD TOWN Clarksville SUBDIVISION Plat Wesley hills SECTION LOT 17

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	
TOP soil	0	1	
Brown silt	1	45	✓
grey silt	45	400	

* install 1.25X 400 HDPE WOP

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 20 NO. OF POUNDS 1000
GALLONS OF WATER 380
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 400 ft.

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO PLASTIC PL OTHER OT
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL ST BRASS BR BRONZE BR PLASTIC PL OPEN HOLE HO OTHER OT

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES NO
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

C 2 DEPTH (nearest ft.)
HO 80 400
EACH CASING diameter inch depth (feet) from to
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60
from to

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) N/A
PUMPING RATE (gal. per min.) N/A
METHOD USED TO MEASURE PUMPING RATE N/A
WATER LEVEL (distance from land surface) BEFORE PUMPING N/A ft. WHEN PUMPING N/A 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 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. CA 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) N/A
PUMP HORSE POWER N/A
PUMP COLUMN LENGTH (nearest ft.) N/A
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 0 (nearest foot)

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 587
DRILLERS SIGNATURE
LIC. NO. AWD 083
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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.170720
LONGITUDE 76.909539
(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. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 400 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 25 - 0057

OWNER Konstanzer Gentry last name first name
WELL SITE ADDRESS 11434 Kowles RD TOWN Charlesville
SUBDIVISION Plat Wesley Hills SECTION _____ LOT 17

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	
Topsoil	0	1	
Brown S.H	1	145	
grey shist	415	400	
* install 400 HDPE Geo turf			

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS 20 NO. OF POUNDS 1200
GALLONS OF WATER 380
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 PL Nominal diameter top (main) casing (nearest inch)! 60 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

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. 1 M 587
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 D 085

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

C 2 DEPTH (nearest ft.)
1 60 2 400
EACH SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
56 from 60 to _____

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 _____
70 _____ 72 _____ 74 75 76 _____
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) N/A
PUMPING RATE (gal. per min.) N/A
METHOD USED TO MEASURE PUMPING RATE N/A
WATER LEVEL (distance from land surface)
BEFORE PUMPING 17 ft. 20 ft.
WHEN PUMPING 22 ft. 25 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 YES NO
(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. 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 } 0

LATITUDE 39.170859
LONGITUDE 76.909425
(DEFAULT COORD. WGS 84)

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B 1	93781	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 590229-1 please type	STATE PERMIT NUMBER HO - 25 - 0057 70 fill in this form completely 79
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OWNER INFORMATION

Date Received (APA) 10/07/25
8 MM DD YY 13

15 Last Name: Konstanzer Owner: Gerry First Name: 34

36 Street or RFD: 11434 Rowley Rd. 55

57 Town: Clarksville 70 State: MD 72 Zip: 21029 76

B 3 LOCATION OF WELL

8 COUNTY: Howard 21

23 SUBDIVISION: 2002 / Plat Wesley Hills 42

SECTION 44 46 LOT 17 48 50

52 NEAREST TOWN: Clarksville 71

DRILLER INFORMATION

Driller's Name: Stephen Delosh M W D 587 76 License No. 81

Firm Name: Connolly & Associates INC.

Address: 1513 Tiko Drive Frederick MD 21704

Signature: Stephen Delosh Date: 10-2-25

B 4 SOURCES OF DRILLING WATER

1. private

2. 22/25 - grout insp ok who ben so 16 bags

3. 22 bags used in both bores.

11 STREET ADDRESS: 11434 Rowley Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 118 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0041 BLK: - PARCEL 0417

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 N/A 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 N/A 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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

22 (2 qoo bores)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO. 13

STATE SIGNATURE: _____ INSERT S → 41

DATE ISSUED: 10/17/25 43 MM DD YY 48

CO SIGNATURE: _____ EXP. DATE: 10/17/26

DON'T NOTIFIED DOCS: 10/22/25

APPROXIMATE DEPTH OF WELL 24 400' 28 FEET

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

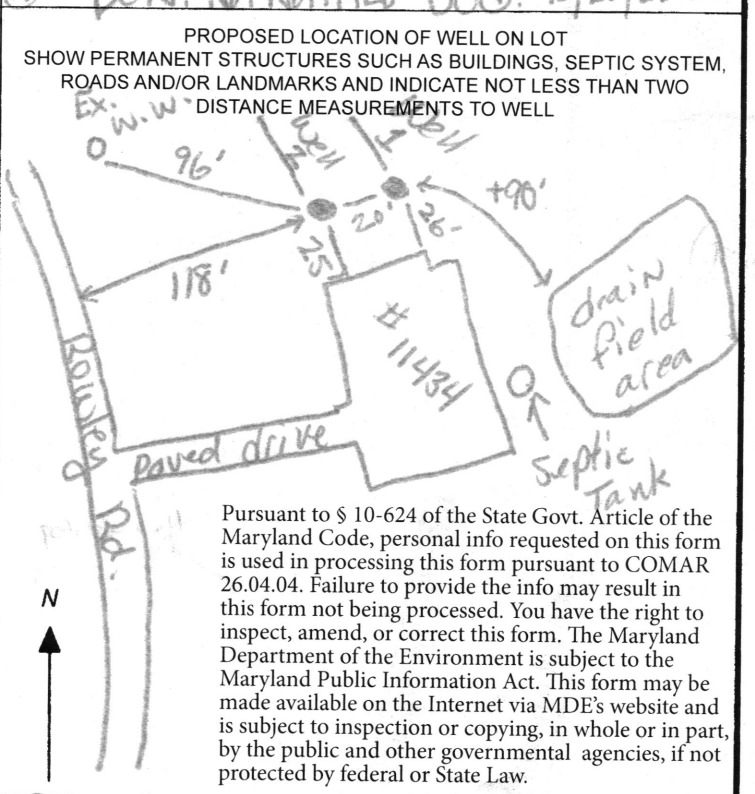
THIS WELL WILL DEEPEM AN EXISTING WELL

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 _____

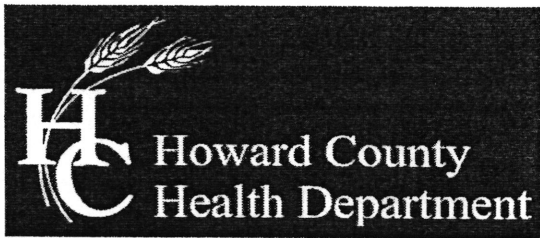
PERMIT No. HO - 25 - 0057
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

grout bores from bottom to top



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:

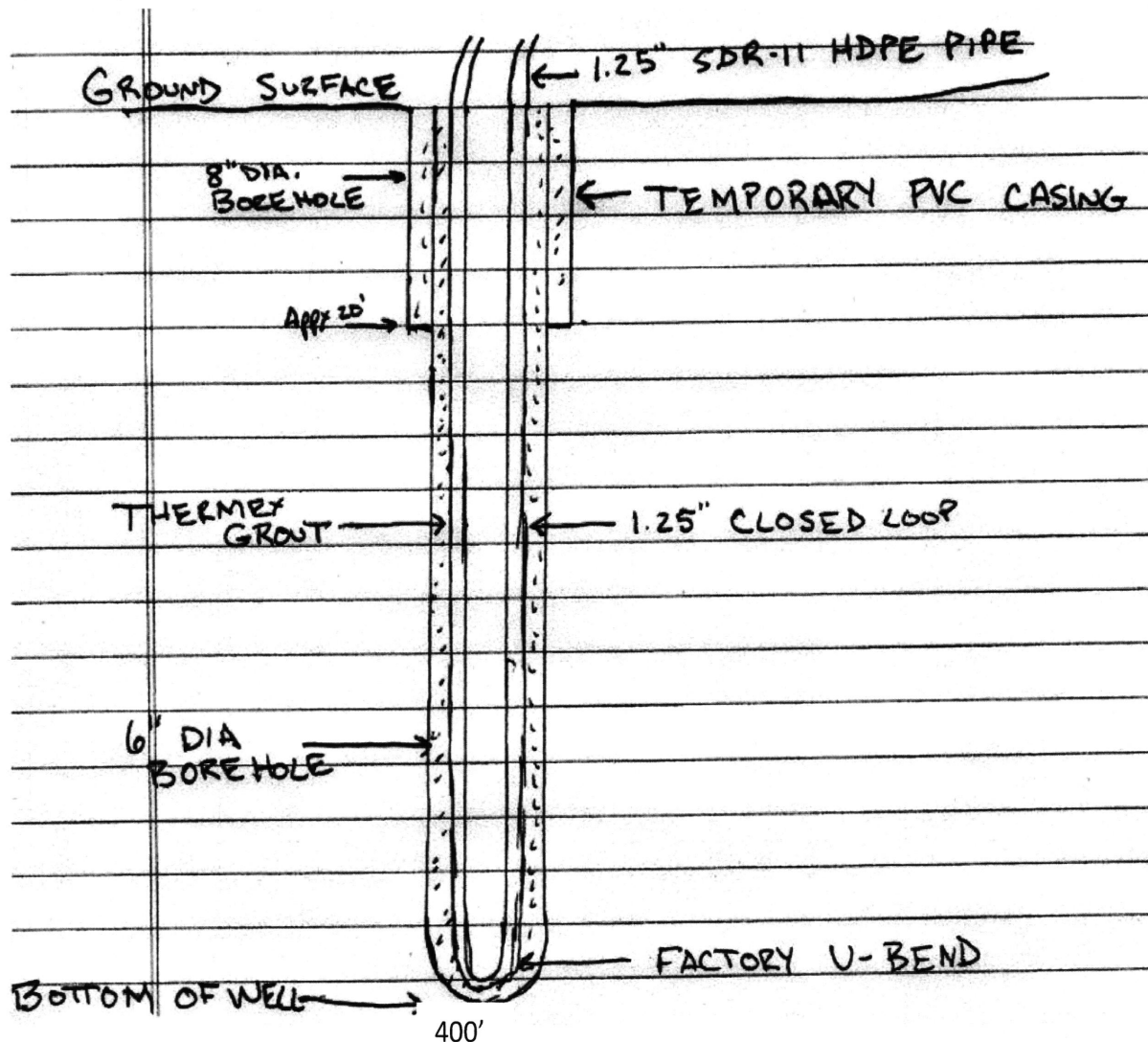
2002 / Plat Wesley Hills 17 Rowley Rd.
Subdivision/Property Name Lot # Road Name

The well site has been staked by Connelly Geothermal / Stephen Delosh
(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.

Konstanzer Res. 11434 Rowley Rd. Clarksville, Md. 21029 Geothermal Closed Loop



Grout information for this property is as follows:

Well Grout DF grout mixture of 50 lb. grout to 19 gallons water, placed in the well using the tremie method, from bottom to top.

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-25-03089
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 11434 Rowley RD, Clarksville, MD 21029

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
13762		\$160.00	10/07/2025	ATAYLOR		

Owner Info.: Gerry Konstanzer
11434 Rowley Rd.
Clarksville, MD 21029

Work Description:

4/25/79

05-382076

Approved
GLK
25 Apr 79

PERMIT

P 29726
A 24886

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 4/18/79

Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS 9401 - 5th Street, Laurel, Md. 20810 PHONE 725-4969

SUBDIVISION Wesley Hills ROAD 11434 Rowley Road LOT 17

PROPERTY OWNER F. G. Marker Co., Inc.

ADDRESS 5900 Princess Garden Parkway, Lahham, Md. 20801 Phone: 459-5586

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 13 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 175 FT. FROM front LOT LINE AND 25 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM Rowley Road.

PLANS APPROVED BY Raymond Hodges DATE 10/21/79

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

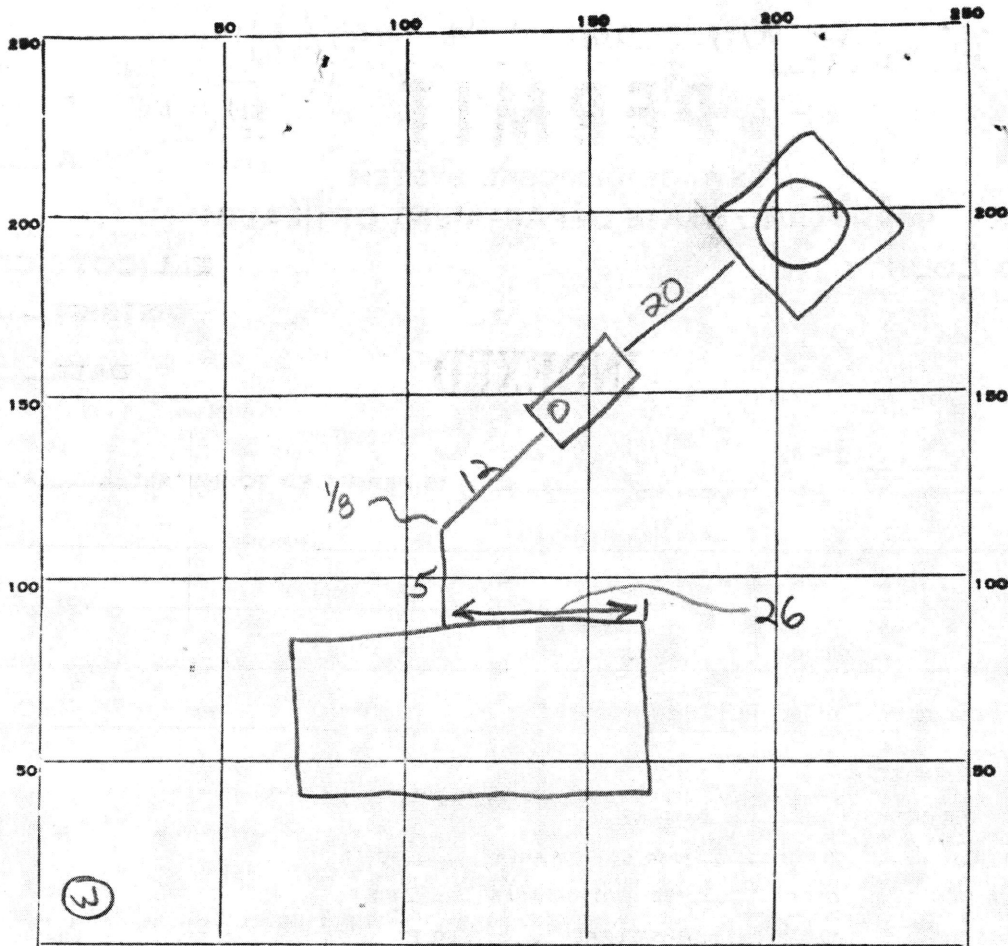
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

BLDG. PERMIT SIGNED
AND RETURNED 4/9/79
Serial # 26932
enclose system's plan

A 24886

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BLDG. PERMIT SIGNED
AND RETURNED 7/6/81
Serial # 46113
sun deck



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ROWLEY ROAD

PERMIT CARD _____

SEPTIC TANK, LEVEL 1250 tapered

CLEANOUTS

ST	DW
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

terracotta

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH NA FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER +60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA +480 SQ. FT.

REMARKS 25 Apr 79 Inlet at 5' FINAL OK. (GLK)

DATE SYSTEM APPROVED 25 Apr 79

INSPECTOR George Keller

APPLICATION

A 24886

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 12/2/76

*Part of 25 and Lot 26
new new 17 see separate sheet for spec*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER CAPITAL DISTRICT WESLEYAN CHURCH

ADDRESS 10929 PLEASANT ACRES DRIVE, HYATTSVILLE 20783 PHONE 559-2626

PROPERTY LOCATION:

SUBDIVISION WESLEY HILLS LOT NO. 26
*Lot New 17
consists of part of old 25 & old 26*

ROAD AND DESCRIPTION KRAUS ROAD

SIZE OF LOT 40,000 sq. feet TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ James W. Kraus, President

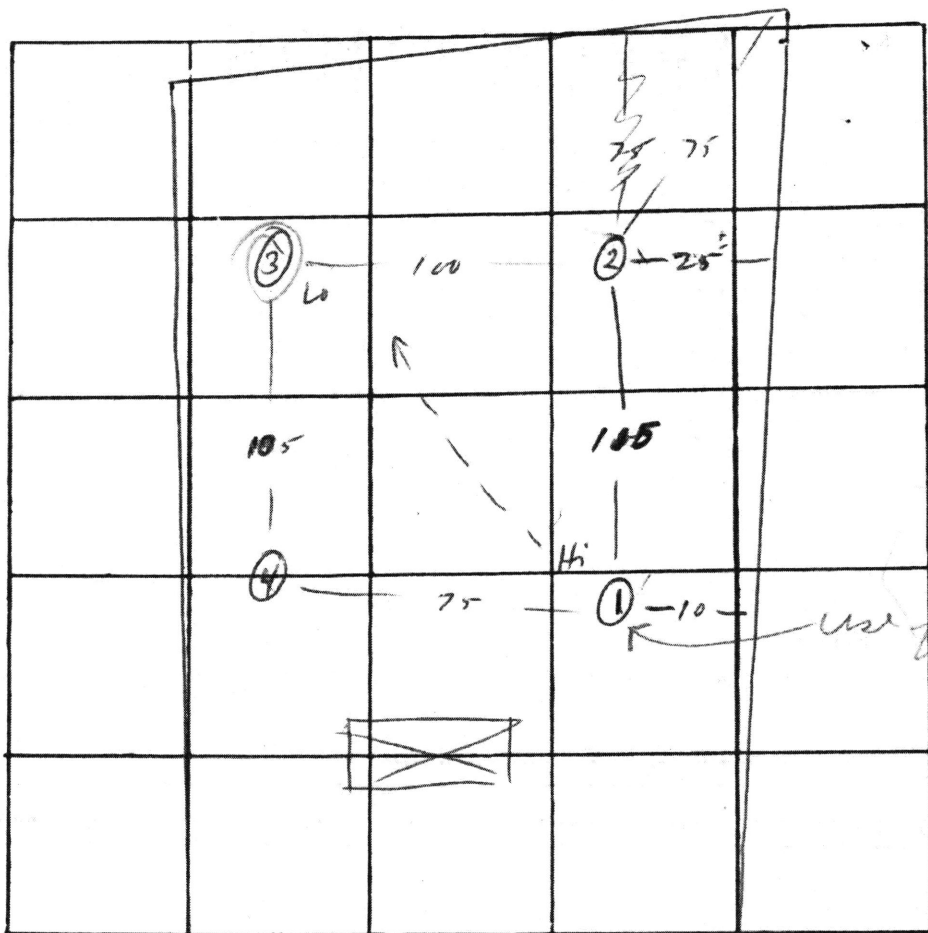
APPROVED BY Raymond Hodges FOR Drywell DATE 10/21/77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Paul Dr.

①
 0 ———
 1 clay + sand
 1-2 yellow/orange
 1 sandy loam
 15 ———

②
 0 ———
 1 sandy loam
 brown
 13 ———

③
 0 ———
 1 some clay
 mixed w/ sand
 3-4 ———
 1 sandy
 13 ———

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/15/26	1	4	10 ¹²	10 ²⁴	10 ²⁴	10 ³⁸	14
	1A	13	10 ¹²	10 ¹⁶	10 ¹⁶	10 ²⁴	8
	2	4	10 ¹³	10 ¹⁵	10 ¹⁵	10 ²¹	6
	2A	13	10 ¹³	10 ¹⁵	12 ¹⁵	10 ³⁷	17
	③	4	10 ¹²	10 ⁴⁰	10 ⁴⁰	pulled @ 10 ⁴² & topped	
	3A	13	10 ¹²	10 ²⁰	10 ²⁰	10 ²⁸	8
	3B	4 1/2	10 ²⁵	10 ⁵⁸	10 ⁵⁸	10 ¹⁴	16
							59

REMARKS _____

TYPE OF SOIL _____

TESTED BY R M / R 12 ALSO PRESENT: Fyork

at time 10 max depth 4

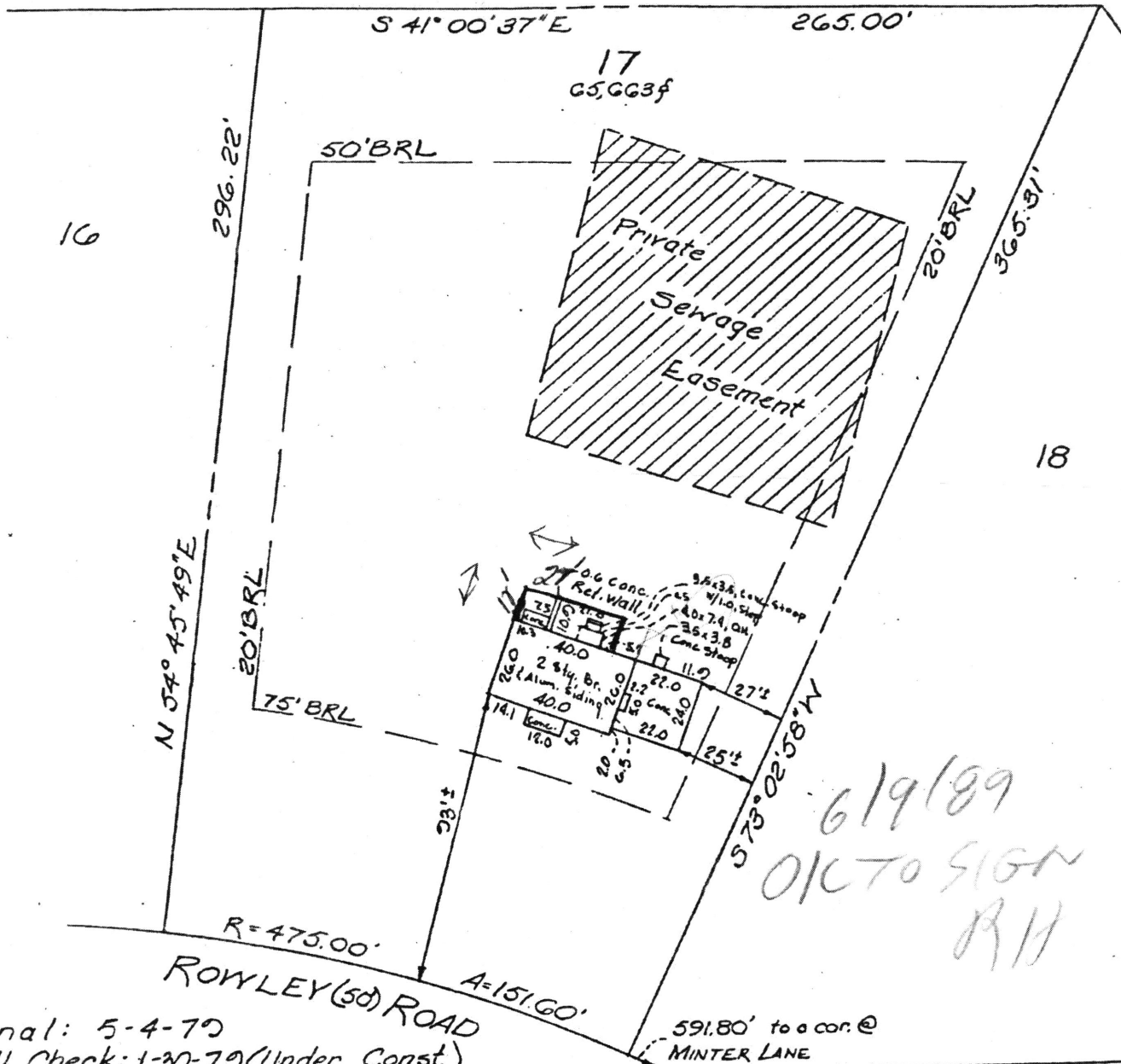
DONALD L. BETTY
 HOUSE LOCATION SURVEY
 11434 ROWLEY ROAD 21029

LOT 17

WESLEY HILLS
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

MARY M.
 L. 264

SIMONS
 F. 324



6/19/89
 O.K. TO SIGN
 RH

Final: 5-4-79
 Wall Check: 1-30-79 (Under Const.)

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property has been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

Peter P. Kelly #10319

JOHNSON, MCCORDIC & THOMPSON, P.A.

1620 ELTON ROAD, SILVER SPRING, MD. 20903 434-7000

ENGINEERS · PLANNERS · SURVEYORS

REFERENCE	Drawn by DBS	Checked by SCS
Plat Book No. 3821	Date 1-31-79	Record No. 8-111-88.17 H
	Scale 1" = 50'	

HOUSE LOCATION SURVEY
11434 ROWLEY ROAD

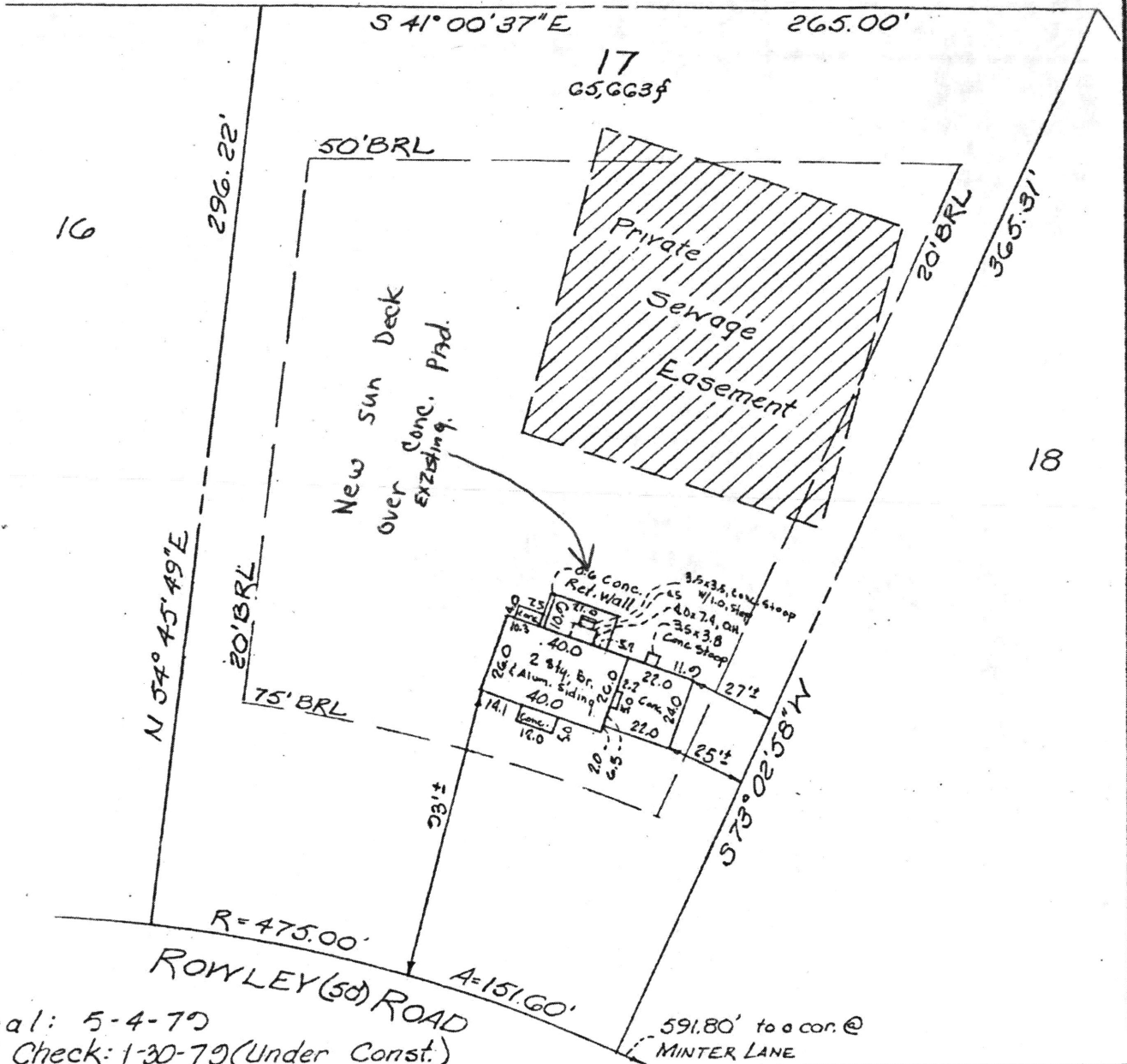
LOT 17

WESLEY HILLS

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

MARY M.
L. 264

SIMONS
F. 324



Final: 5-4-79
Wall Check: 1-30-79 (Under Const.)

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property has been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

Peter P. Katz #10319

JOHNSON, MCCORDIC & THOMPSON, P.A.

1620 ELTON ROAD, SILVER SPRING, MD. 20903 434-7000

ENGINEERS • PLANNERS • SURVEYORS

REFERENCE	Drawn by DBS	Checked by SCS
Plat Book No. 3821	Date 1-31-79	Record No. 8-111-88.17 H
	Scale 1"=50'	

C 1 0858 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED _____ DEPTH OF WELL 205
 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" H-0-79-3080
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER _____ LAST NAME _____ FIRST NAME _____
 STREET OR RFD _____ POST OFFICE _____

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Sand	0	60	
gray sand with rock	60	90	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY
 45 46 45 46

NO. OF BAGS 18 NO. OF POUNDS 1692
 GALLONS OF WATER 108

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 64 FT.
 (ENTER 0 IF FROM SURFACE)

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2
 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6
 11 15

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 17 (NEAREST FOOT) 20
 WHEN PUMPING 22 (NEAREST FOOT) 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR PISTON TURBINE
 27 27 27
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 27 27 27
 JET SUBMERSIBLE
 27 27

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST
 60 61

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
 63 64

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 67
 65 66 67 70

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } 49 50 51

OTHER CASING (IF USED)

DIA	DEPTH
(INCH)	(FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOTSIZE 1, _____ 2, _____ 3, _____

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME _____

(PLEASE PRINT) _____

SIGNATURE _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE