

C1 1908
 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A49283**

ST/CO USE ONLY
 DATE RECEIVED
 DATE WELL COMPLETED **051394**

Depth of Well **205**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-94-0056

OWNER **Buck Haven Farm**
 STREET OR RFD last name **Buck Haven Ln.** first name _____ TOWN **Highland**
 SUBDIVISION **Buck Haven Manor** SECTION _____ LOT **2**

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	2	
Sandy	2	30	
Sandstone	30	35	✓
MICKA	35	55	
Sandstone	55	60	✓
MICKA	60	205	

*Cops 5/3/95
 Every 1/2 in
 until I can
 find original
 Copy
 Mark's
 Ralph*

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL:
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1400**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **46**

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED **Y** **N**

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	H-O 44	205
2		
3		

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

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 IDENT. NO. **116**
Ralph Mayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

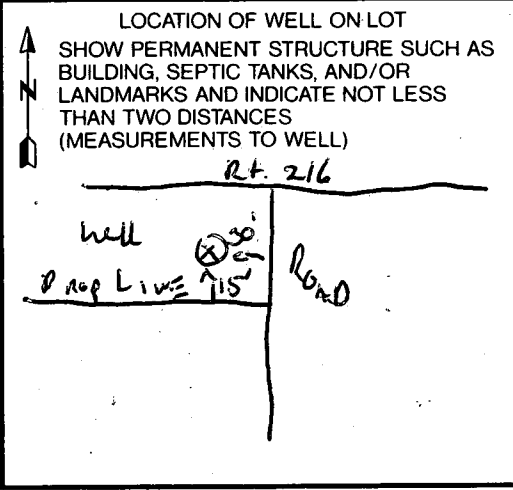
GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **33**
 WHEN PUMPING **38**
 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 WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 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 } LAND SURFACE **2** (nearest foot)
- below }



EMERGENCY/TEMP NO. IF ANY

B 1 **1210**
SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0056
fill in this form completely

Date Received (APA) **032194**
OWNER INFORMATION
BUCKS HAVEN FARM
15 Last Name Owner First Name 34
12459 RT 216
36 Street or RFD 55
HIGHLAND MD 20795
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 HOWARD
8 COUNTY 21
CLEVENGER PROP
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
HIGHLAND
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

DRILLER INFORMATION
Ralph Mayne
MSD/IGD/MWD
176
77 License No. 80
Ralph Mayne (well drilling)
Firm Name
9120 Brown Ranch Rd. Mt. Airy
Address
Ralph Mayne 315194
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
N
NE 8-9
E 8-9
E
S 8-9
SE 8-9
S
SW 8-9
W 8-9
TOWN
11 MD RT. 216 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
34 350 37
DISTANCE FROM ROAD
ENTER FT OR MI 77
38 39
TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION
1 2
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)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard W49933B
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 040594 JAMES J. SOE 04/05/95
48 SIGNATURE EXP. DATE
NORTH GRID 480000 EAST GRID 0814000
55 57 63

APPROXIMATE DEPTH OF WELL 750 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. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 810
N 4806
000
000
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
5/3/94 9130 Missed inspection
HILLS SHOP RD
well
Brown BRIDGE RD

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)
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 DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
54 63
FORCE CS WRITE INITIALS IN BOX PERMIT No. 40-94-0056
67 68 70 71 72 73 74 75 76 77 78 79

8/2/95
anytime

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 5/26/95

Name of Installer Charles A. Klein - Senior, Telephone (410) 39-6960

License Number 6521
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner Constance Hayes Telephone (410) 379-0157
Subdivision Crocks Lane Market # 2 Well Tag # _____
Site Address 2408 Crocks Lane

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make _____
- 3. Model # _____
- 4. Capacity _____ GPM

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

- 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 _____

Tank

- 1. Capacity _____
- 2. Pressure relief valve? _____

Piping

- 1. Type _____
- 2. Size _____
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? _____

8/2/95

Pitless Adapter OK
well line covered
6 1/4" casing used to repair (DKS)

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.

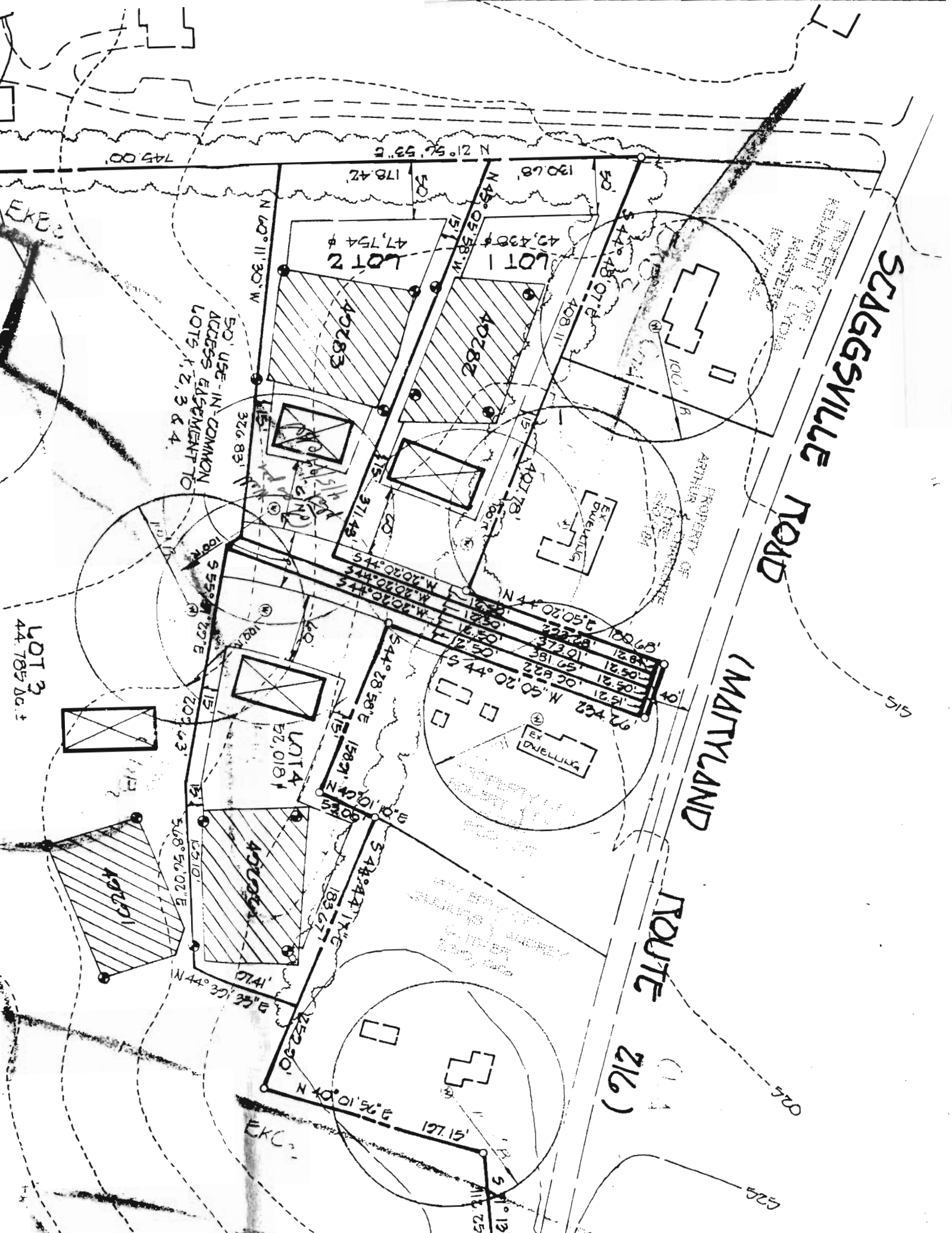
Signature of Applicant: Charles A. Klein Jr

Date: 5/26/95

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

SCAGGSVILLE ROAD

MARYLAND ROUTE 216



745.00'

N 21° 56' 53" E

178.42'

130.68'

LOT 1

42,438.8'

47,754.8'

LOT 2

40283

40282

326.83'

371.43'

50' USE-IN-COMMON ACCESS EASEMENT TO LOTS 1, 2, 3 & 4

N 60° 11' 30" W

151.1'

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LOT 3

44,785.00'

544° 28' 58" E

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HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 2, 1995

Cornerstone Homes, Inc.
6571 Huntshire Drive
Elkridge, Maryland 21227

RE: Bucks Haven Manor, Lot #2
7408 Bucks Haven Lane
Well Permit #HO-94-0056

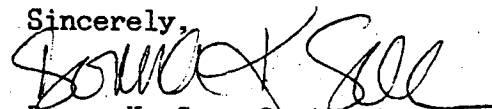
Dear Sirs:

During inspections of the septic system installation and the pitless adapter installation at the above referenced property, it was noted that the well tag was not affixed to the well casing. This identification tag should be permanently attached to the well casing.

If this well tag has been lost or damaged, please contact your well driller, Mr. Ralph Mayne, and inform him of the situation so that he may request a replacement tag from this office.

Thank you in advance for your cooperation in this matter. If you have any questions regarding this matter, please call this office at (410) 313-2640.

Sincerely,


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Ralph Mayne Well Drilling

Howard County Health Department

7/31
Fixed
Mr. Conrad

To: TO: FILE

CASING CRACKED,
SEPARATED @ GRADE!

TAG LOST

LETTER NEEDED
TO CORNERSTONE
HOMES

MR

From: _____

Date: 7/2/95