

C1 07575 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER 1511343A PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2529

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 2/1/00 15 20 Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2529 28 29 30 31 32 33 34 35 36 37

OWNER James Lawrence last name first name STREET OR RFD Castlebar DR TOWN Glenelg SUBDIVISION BURNT WOODS SECTION 3 LOT # 15

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2500 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 44 WHEN PUMPING 68 TYPE OF PUMP USED (for test) 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 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 - below 2 (nearest foot)

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.

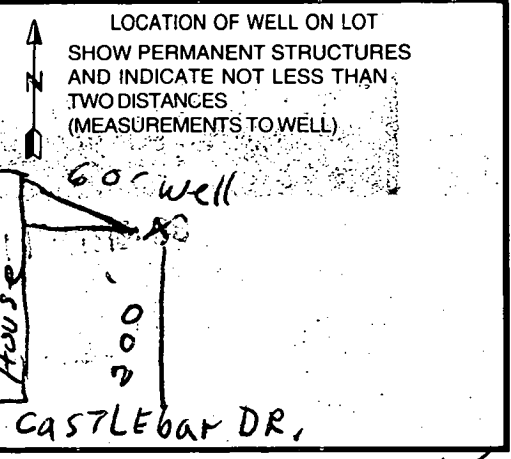
DRILLERS LIC. NO. 1 MW D 090 George F. Kustelung DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 501 Charles R. Fuller

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

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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. TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 8617 SEQUENCE NO. (MDE USE ONLY)

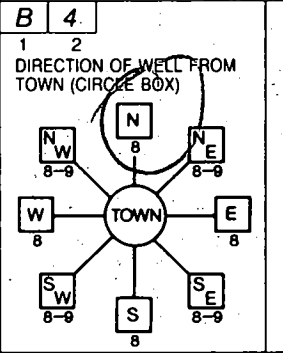
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2529
 fill in this form completely

Date Received (APA) 08 05 99
 OWNER INFORMATION RN 7969
 8 MM DD YY 13
 15 Last Name Sam & S Lawrence Owner First Name
 36 Street or RFD 3218 Danmark Dr
 57 Town W. Friendship, Md 21794 70 State 72 Zip 76

B 3 LOCATION OF WELL CCN
 8 COUNTY Howard 21
 23 SUBDIVISION Burntwoods Block B 42
 SECTION 3 LOT 15
 44 46 48 50
Glenelg
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1.3 M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name George F. Easterday M VD License No. 040
 Firm Name L. Franklin Easterday, Inc.
 Address 9265 Brown Church Rd., MT. Airv. Md. 21771
 Signature George F. Easterday Date 8/3/1999



Castlebar Dr
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 200 37
 DISTANCE FROM ROAD Ft.
 ENTER FT OR MI 38 39
 TAX MAP: 21 BLK: 6 PARCEL 110

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)
 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

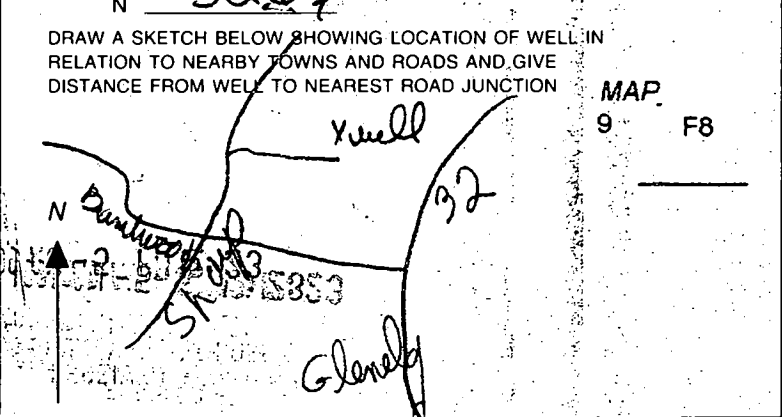
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME A511343A COUNTY NO.
 STATE INSERT S →
 DATE ISSUED 01 24 00 Mark E. Ralston 1/4/01
 43 MM. DD YY 48 CO SIGNATURE / EXP. DATE
 NORTH GRID 527 0 0 0 EAST GRID 0800 0 0 0
 50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 520800 000
 N 5207 000

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)
 N 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 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 54 _____ 63
 G A P
 PERMIT No. HO-94-2529
 70 71 72 73 74 75 76 77 78 79

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 BURRITT AVE.
SYKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 3122

*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: McLainy James Telephone # 410 984 5297
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-2529
Site Address: 14516 Castlebar Dr.
Arundel MD 21012

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SFA-RITE Make: Cumputer Two piece watertight cap:
Model #: SP4C02HL Model #: PT 300 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 200 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

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 48 (36" min) 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: Robert L. Feezer date: 8/13/02

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

Date Insp. Requested: ? Date Insp. Approved: 11/6/02
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 _____

Covered
Before
Final Insp.
Will Accept,
Was Job
Called In?
(BB)

THIS JOB WAS CALLED FOR INSPECTION 8/12/02 AT 9:05 A.M. (BB)

80°09'00" E

3&4

230'

282.00'

30' BRL

LO 15

Well Site OK
MR 12/14/99

52'

10' BRL

PROPOSED WELL

509.51'00" W 90.46'

S82°37'32"E 136.66'

EXISTING WELL
TO BE ABANDONED

3&4

EX. CONC. WALK
EXISTING 1 STORY BRICK WITH BASEMENT

CONC. CAR PORT

EXIST. MACADAM DRIVE

Well Site OK
MR 12/14/99
PROPOSED WELL

Well Site OK
MR 12/14/99
WELL DRIVE

S 07°52'05" W 188.76'

10' BRL

EXIST. DRIVEWAY

LOT 5
40,363 SQ. FT.

3&4

C SYSTEM

EXISTING WELL THIS LOT

1&2

15 BRL

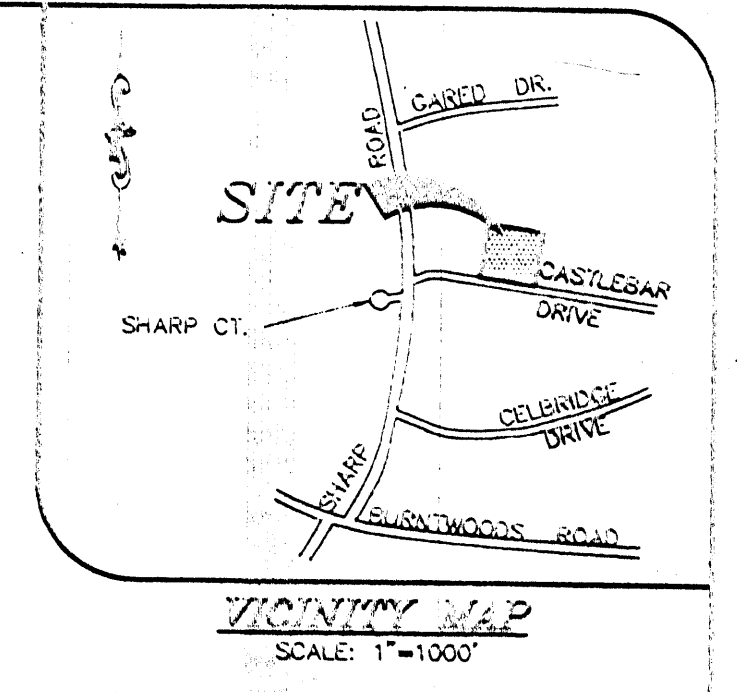
S 09°51'00" W 100.15'605

595

182.00'

282.00'

1&2

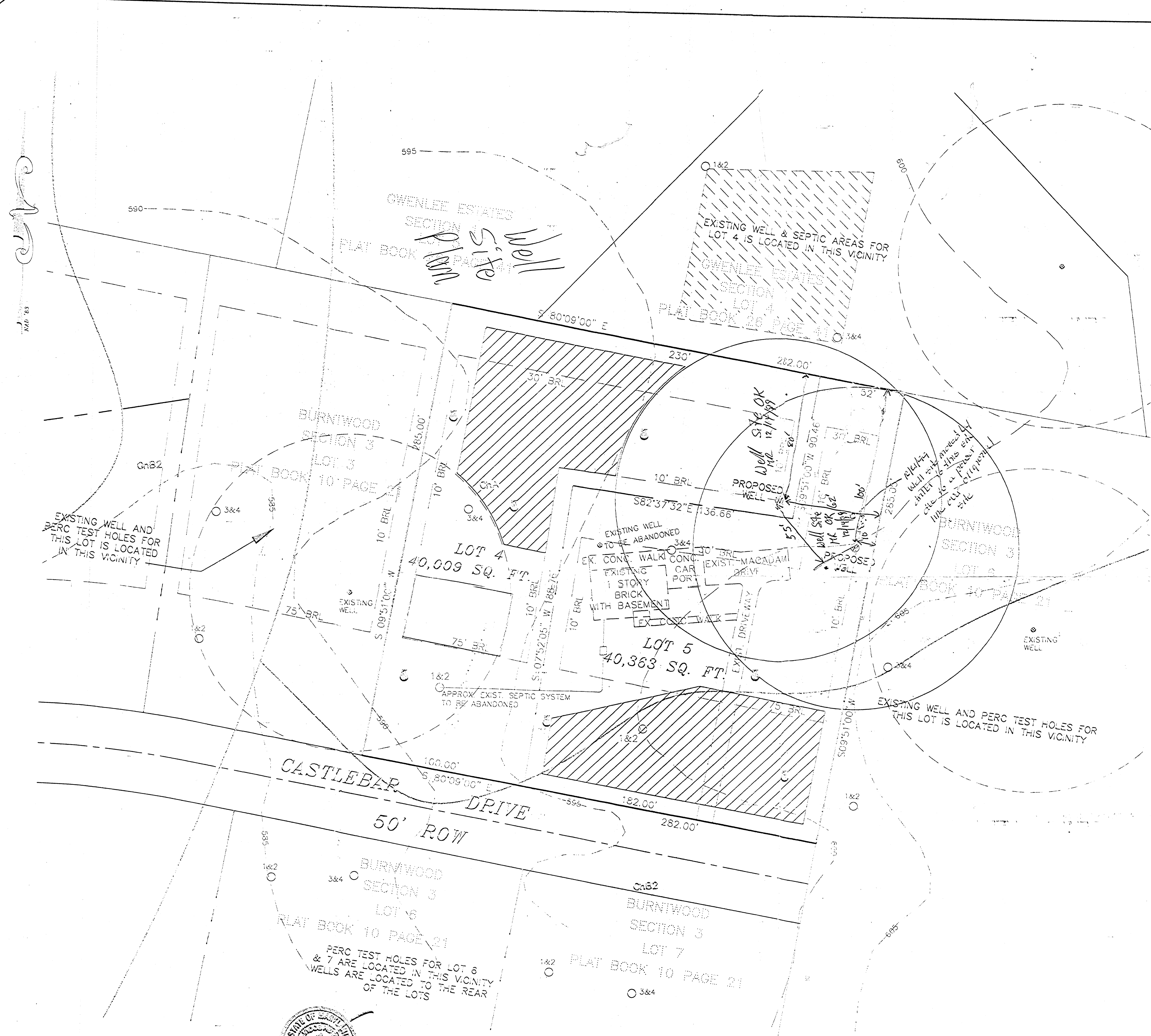


Project: 880086
 Date: MARCH 89
 Illustration: SA
 Engineer: SA
 Appraiser: SA

Project: 880086
 Date: MARCH 89
 Illustration: SA
 Engineer: SA
 Appraiser: SA

BURNTWOODS
 LOTS 4 & 5
 TAX MAP 21 - SECTION 3 - PART 2 - BLOCK B
 HOWARD COUNTY, MARYLAND
 THIRD ELECTION DISTRICT
 PERCOLATION CERTIFICATION PLAT

MILLENBERG, BOENDER & ASSOC., INC.
 Engineers, Planners, Surveyors
 6002 Lees Ferry Road, Suite 202, Bethesda, Maryland 20815
 (301) 657-0800 (F) (301) 657-6601 (T) (301) 657-0955 (F)



LEGEND

- PASSED PERC TEST HOLES (1999)
- PASSED EXISTING PERC TEST HOLES (1964)
- EXISTING WELL
- ⊕ PROPOSED WELL
- ▨ EXISTING SEPTIC EASEMENT

GENERAL NOTES:

1. SITE DATA:
 TAX MAP 21 - PART 2 - BLOCK B
 DEED REFERENCE: 437/182
 GROSS AREA: 1.845 ACRES ±
 ZONE: RC-DEO (ZONING MAP DATED OCTOBER 16, 1993)
 AREA OF STEEP SLOPES: 0 ACRES
 AREA OF WETLANDS: 0 ACRES
 AREA IN ROW AND ROAD: 0 ACRES
 NET AREA OF SITE: 1.845 ACRES ±
2. TOPOGRAPHIC DATA BASED ON HOWARD COUNTY'S 200 SCALE MAPS. BOUNDARY BASED ON DEED DESCRIPTION.
3. BASED ON AVAILABLE COUNTY DATA. NO HISTORIC STRUCTURES OR BURIAL GROUNDS EXIST ON SITE.
4. SOILS DATA BASED ON HOWARD COUNTY SOIL SURVEY DATED JULY 1968. SHEET 13.
5. EXISTING WELL AND SEPTIC AREAS/SYSTEMS FOR GWENLEE PROPERTY SECTION ONE LOT 5 ARE LOCATED MORE THAN 100' FROM THE PROPERTY LINE.
6. PRIVATE WATER AND PRIVATE SEWERAGE WILL BE UTILIZED.
7. THE LOCATION OF THE EXISTING HOUSE, DRIVEWAY, AND WELL ON THE LOT IS APPROXIMATE.
8. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.
9. ALL NEW WELLS ARE TO BE DRILLED AND EXISTING WELL AND SEPTIC ON LOT 5 PROPERLY ABANDONED PRIOR TO SIGNATURE OF ORIGINAL SUBMISSION OF RECORD PLAT.
10. ALL EXISTING WELLS AND SEPTIC EASEMENTS WITHIN 100 FEET OF PROPERTY BOUNDARIES ARE SHOWN.
11. ADJOINING WELLS ARE FIELD LOCATED BY MILLENBERG, BOENDER & ASSOCIATES, ON MARCH, 1999.

SOILS DESCRIPTION

SYMBOL	DESCRIPTION
ChA	CHESTER SILT LOAM, 0% TO 3% SLOPES
ChB2	CHESTER SILT LOAM, 3% TO 8% SLOPES, MODERATELY ERODED
GnB2	GLENEG LOAM, 3% TO 8% SLOPES, MODERATELY ERODED

OWNER

LARRY SAMES
 3216 DANMARK DRIVE
 WEST FRIENDSHIP, MD 21794
 (410) 442-5788

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

