

C1 14486

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A514209B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3386

OWNER Knudsen & Sons, Inc. STREET OR RFD 1497 TOWN Cooksville SUBDIVISION Quartz Hill SECTION parcel 3 LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, Total depth, and OTHER CASING details.

SCREEN RECORD form with fields for screen type or open hole, and screen details like diameter and slot size.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES.

CIRCLE APPROPRIATE LETTER: A (Abandoned), E (Electric Log), P (Test Well Converted).

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...

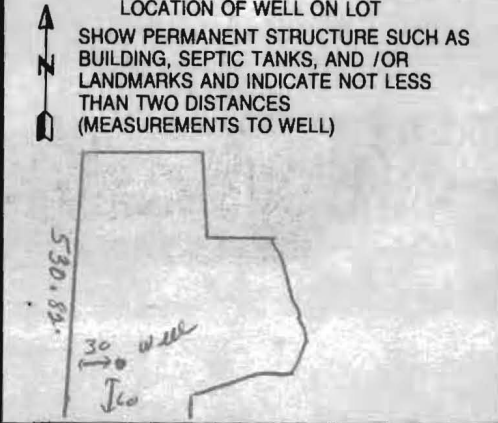
DRILLERS LIC. NO. MSD 024. DRILLERS SIGNATURE: Keith L. Mayne. LIC. NO. D.

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

DEPTH (nearest ft.) table with columns 1-21 and 23-36. Includes GRAVEL PACK and MDE USE ONLY fields.

TELESCOPE CASING, LOG INDICATOR, and OTHER DATA fields.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 7755 SEQUENCE NO. (MDE USE ONLY)

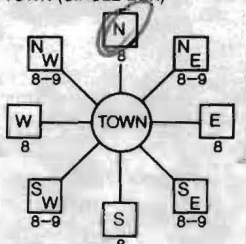

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-94-3386 fill in this form completely

Date Received (APA) 03.05.02 OWNER INFORMATION
8 MM DD YY 13
15 Knudsen + Sons Inc. C. Last Name Owner First Name 34
36 8455 Baltimore National Pike Street or RFD 55
57 Ellicott City Md 21043 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Quartz Hill LLC 42
SECTION 44 46 LOT Parcel 3 48 50
52 NEAREST TOWN Cooksville 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION
76 Joseph L. Mayne M S D 24 License No. 81
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd. Mt. Airy Md. 21771
Signature Joseph L. Mayne Date 3/4/2002

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 Old Fredrick Road NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 350 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 8 BLK: 5 PARCEL 3

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 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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 AS14209B COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 04/09/02 Kacie Gaedel 04/09/03 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 551 000 EAST GRID 0785 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

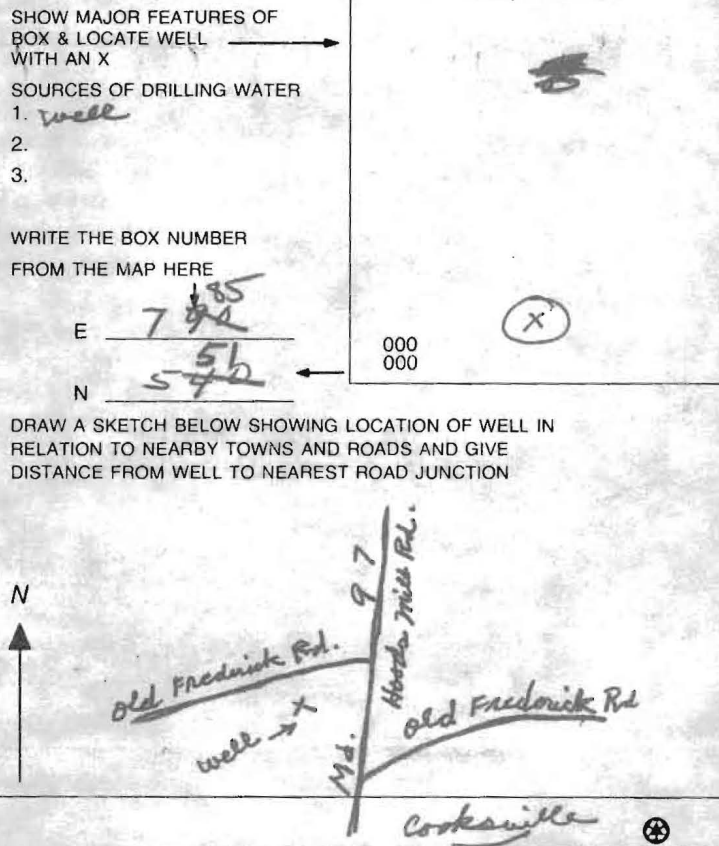
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____ G _____
PERMIT No. H0-94-3386
70 71 72 73 74 75 76 77 78 79

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

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 785
N 570
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION


**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: GASKE PLUMBING & Heating Telephone #: 410-549-4761
Address: P.O. Box 1247
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): John Gaske License# 3189
***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: MR & MRS OWNES Telephone #: 301-388-0844
Subdivision: QUARTZ Hill Lot #: 3 Well Tag #: HO-94-3386
Site Address: 1210 Rt 97

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>AMERICAN GRABBY INC.</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>25T5-10</u>	Model#: <u>PT 800</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>60"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>6.5</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>265</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<u>Torque arrestors</u> <u>Cable guards</u> or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Weld</u>	PVC sleeve to undisturbed soil at wall penetration: <u>went under footer</u>
PSI: <u>1"</u> (160 psi min)	Approximate length of sleeve: <u>5'</u> under footer
Depth of supply line: <u>60"</u> (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: John Gaske date: 4-20-04

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

Date Insp. Requested: 4/22/04 Date Insp. Approved: 4/22/04 Inspector: BB
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

STA. 176+00.00

STA. 179+67.75

BASE LINE OF RIGHT OF WAY - RELOCATED
MD. RTE. 97 S.H.A. PLAT NO. 42994

STA. 177+18.56

RIGHT OF WAY FOR REL

STA. 7+59.76

STA. 7+20.00

PARCEL FOUR
QUARTZ HILL, LLC.
L.5899 F.0409

43,557 Sq.Ft.
OR
1.000 AC±

PARCEL THREE
QUARTZ HILL, LLC.
L.5899 F.0409

130,680 Sq.Ft.
3.000 AC±

4/9/02

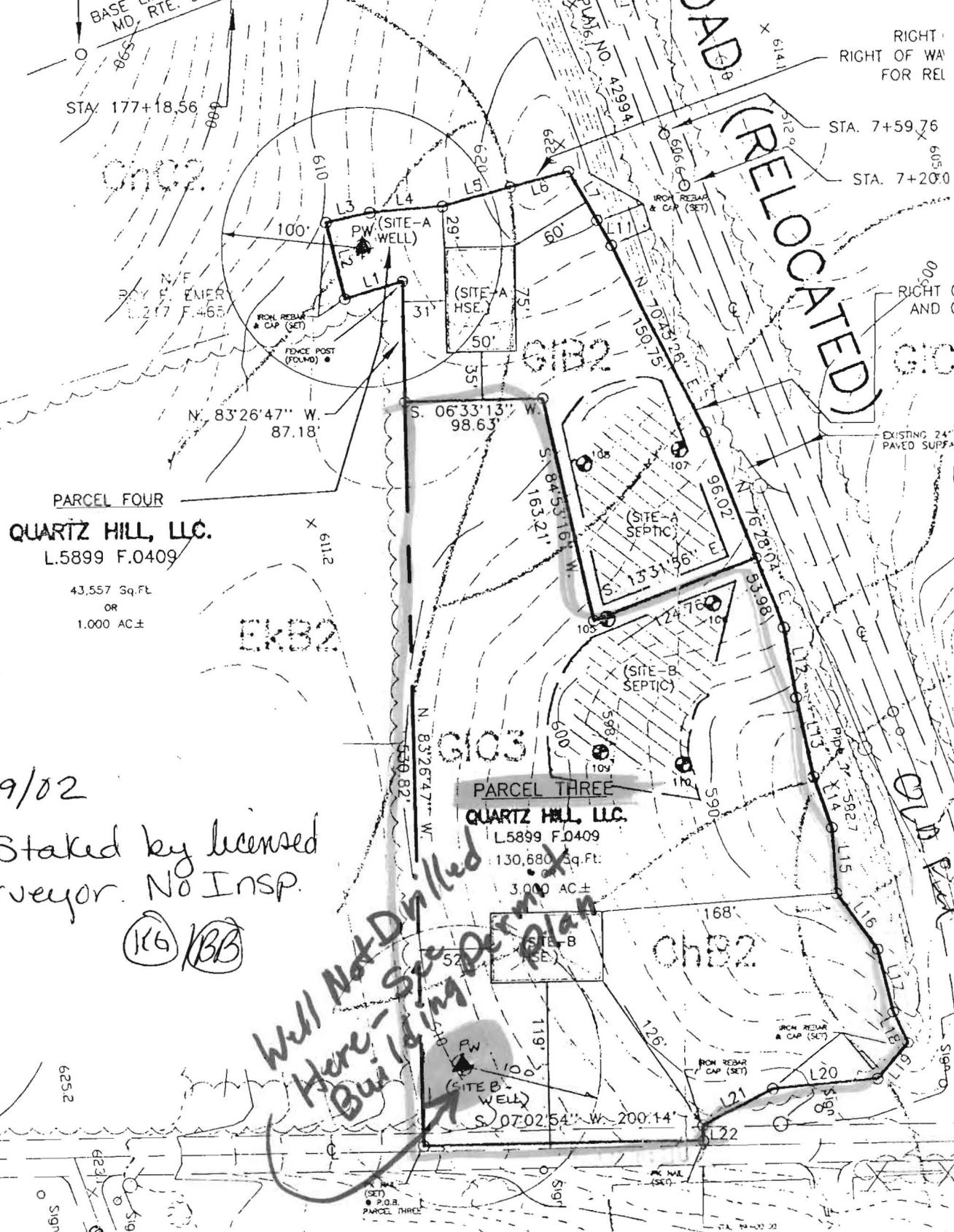
Staked by licensed
Surveyor. No Insp.

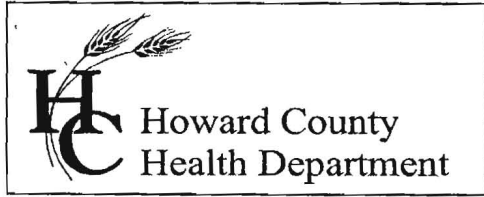
(116) (133)

*Well Not Drilled
Here - See Perm. Building Plan*

HOODS MILL ROAD - MARYLAND ROUTE NO. 97

ROAD (RELOCATED)





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

July 28, 2004

John M. Gaske
7508 Ridge Road
Marriottsville, MD 21104

SENT VIA FACSIMILE 410-549-4761

RE: Quartz Hill, Parcel 3
1210 Hoods Mill Road
Cooksville, MD 21723
BP #: B00145474
Well Permit # HO-94-3386

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/23/2004. Final approval of the well line connection to the dwelling was approved on 04/22/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3386. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 07/01/2004 & 07/08/2004
Date of Well Completion: 04/23/2002

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File