

C1 5184

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 10 15 2007

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1281

OWNER Brantly Development last name first name TOWN Fulton STREET OR RFD Lime Kiln Road SUBDIVISION Lime Kiln Valley SECTION LOT 32

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Soil, Brown shale, Soft shale, Gray Rock), FEET (FROM, TO), and check if water bearing. Includes handwritten note 'Water at 100 + 370''.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 55 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 61 Total depth of main casing (nearest foot) 55 66 70

OTHER CASING (if used)

Table for other casing with columns for diameter (inch) and depth (feet).

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below (ST, BR, PL, HO, OT)

Table for screen depth (nearest ft.) with columns for depth intervals (1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53) and slot size.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

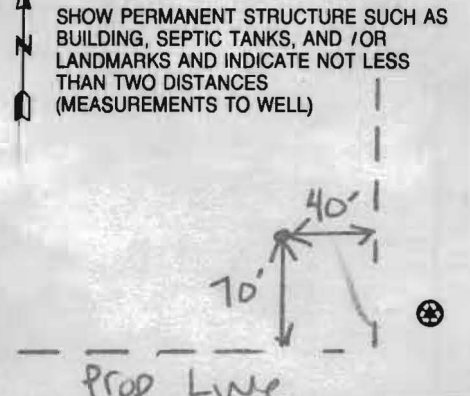
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.00 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 282 ft. 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 -40 below LAND SURFACE (nearest foot) 1 50 51

LOCATION OF WELL ON LOT



B 1 9856

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HD-95-1281 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13 Brantly Development 15 Last Name Owner First Name 34 8835 No. Columbia 100 Pkwy 36 Street or RFD 55 Columbia MD 21045 57 Town 70 State 72 Zip 76

LOCATION OF WELL: Howard 8 COUNTY 21 Lime Kiln Valley 23 SUBDIVISION 42 SECTION 44 46 LOT 32 48 50 Fulton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION: Michael D. Isom M S D 162 Driller's Name 76 License No. 81 G. Edgar Harr Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 21030 Address 6/11/07 Date Signature

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): Lime Kiln Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH 34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 40 BLK: 22 PARCEL 114

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 AS/4584 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/2/07 CO SIGNATURE EXP. DATE 10/2/08 NORTH GRID 482 000 EAST GRID 811 000

APPROXIMATE DEPTH OF WELL 250 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

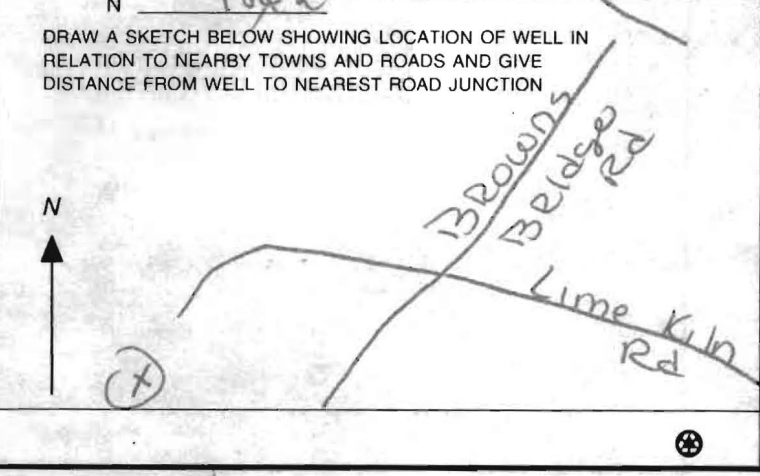
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 811 N 482

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 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): APPROP. PERMIT NUMBER HD 2004 G 013/02 PERMIT No. HD-95-1281

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



Handwritten initials: HLL

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Tri-County Pump Service Inc Telephone #: 301-432-0330
Address: 6711 Old Wabasco Rd
Baltimore, Md 21113

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William Griffith License #: 20135

*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: Craftmark Homes Telephone #: 703-932-0593
Subdivision: Madawaski Lot #: 32 Well Tag #: HO-95-1281
Site Address: 12896 Lime Kiln Rd
Highland, Md 20717

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: AVM Board Make: American Gravity Two piece watertight cap: Y
Model #: 23100V2SH Model #: PTW0 Screened, vented well cap: Y
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: Y
Well Yield: 10 GPM NSF/WSC approved: Y Conduit min 18" B.G.: Y
Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: Y
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

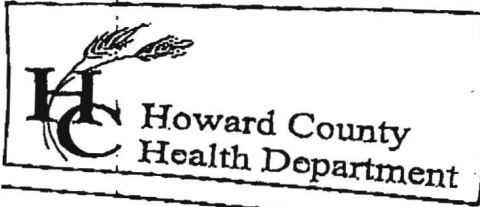
Piping to house House Connection
Type: Poly FVC sleeve to undisturbed soil at wall penetration: Y
PSI: 160 (160 psi min) Length of sleeve(3' minimum from foundation): 20'
Depth of supply line: 36 (36" min) Sleeve sealed properly: Y

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: [Signature] date: 2-21-2012

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

Date Insp. Requested: Date Insp. Approved: 4/25/2012 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line/at least 36" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope not outside of well cap/casing [check]
Correct well tag attached properly and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection [check]
Adequate grout observed below pitless adapter [check]



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2640
 TDD (410) 313-2323 Toll Free 1-866-313-2640
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

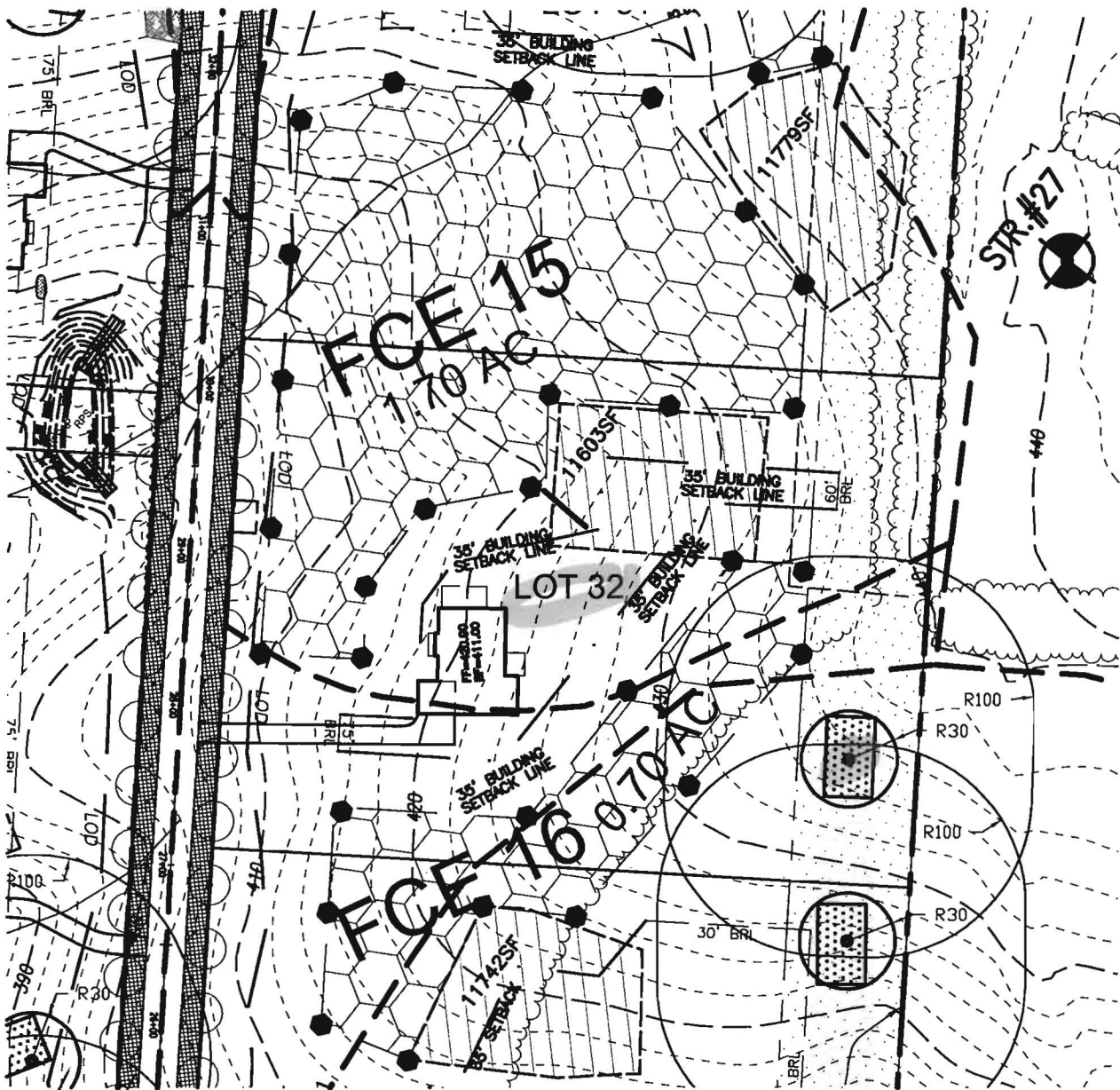
Subdivision/Property Name	Lot#	Road Name
Lime Kiln Valley	1-39	Lime Kiln Valley

The well ^{sites} site has been staked by Robert Vogel Inc
 (professional land surveyor or company employing professional land surveyors)
 on 7/24/07 (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.

Revised 3/11/05



SCALE: 1"=100'

VA **ROBERT H. VOGEL**
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

WELL PLAT LEGEND	
	SEPTIC EASEMENT
	PROPOSED WELL AREA

SCALE: AS SHOWN
 DRAWN BY: JCO
 CHECKED BY: RHV
 DATE: JUNE 2007
 PROJECT NO.: 04-21
 SHEET NO. 1 OF 1

**LIME KILN VALLEY II
 PHASE 1 & 2 (LOT 32)**

PROPOSED WELL LOCATION EXHIBIT

TAX MAP 40 & 45
 5TH ELECTION DISTRICT

PARCEL 114 & 12
 HOWARD COUNTY, MARYLAND