

C 1 06630

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 510157-C

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 405 SRK from Driller

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2321

OWNER BRS Developers STREET OR RFD Long Corner Rd. near New Cut Rd. TOWN Long Corner SUBDIVISION Willets Property SECTION LOT 3

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 14 NO. OF POUNDS 1400

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 42

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.)

Table showing depth measurements at various intervals (1-2, 8-9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51).

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

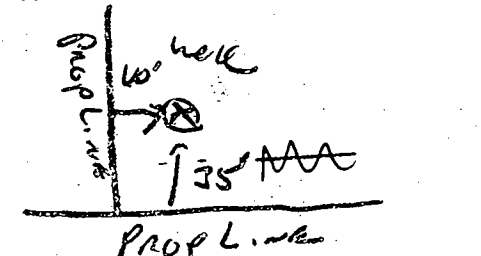
HOURS PUMPED 6 PUMPING RATE 2! METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL 55 ft. BEFORE PUMPING 225 ft. WHEN PUMPING

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (NO) 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 () below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 SD 116

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

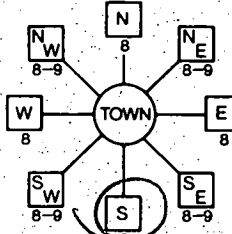
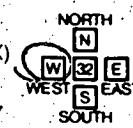
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 7842 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-94-2321
70 fill in this form completely 79

Date Received (APA) 6/19/99 OWNER INFORMATION
 8 MM DD YY 13
BRS DEVELOPERS LLC
 15 Last Name Owner First Name 34
8808 Center Park Drive Suite 209
 36 Street or RFD 55
Columbia MD 21045
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY HOWARD 21
The Willets Property
 23 SUBDIVISION 42
 SECTION 3 LOT 3
 44 46 48 50
Long Corner
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M 1
 73 76 77 78

DRILLER INFORMATION trans to R. Mayne
MICHAEL BARLOW MW D 355 5/2/99
 Driller's Name 76 License No. 81
MICHAEL BARLOW WELL DRILLING SERVICE
 Firm Name
912 Fawn Court Joppa MD 21085
 Address
[Signature] 5/19/99
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11. Long Corner Rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 35 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP 6 BLK: 21 PARCEL 55

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)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL-COMMERCIAL DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A510157-E
 COUNTY NAME COUNTY NO
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 7/13/99 Mark E. Riffin 7/13/00
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 542 0 0 0 EAST GRID 755 0 0 0
 50 55 57 63

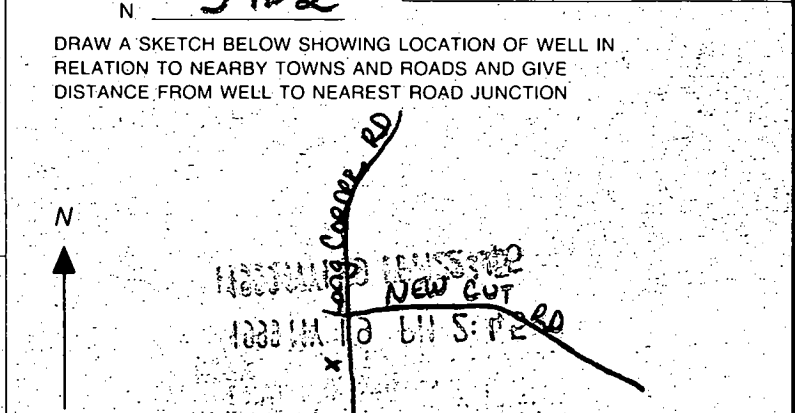
APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PE 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)
 APPROP. PERMIT NUMBER 54 _____ 63
 PERMIT NO. HO-94-2321
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. _____
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 7505 000
 N 540.2 000



8/28/00

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 X Replacement _____ Receipt # _____ Date 8-23-00
Name of Installer WEW Plumbing & Htg. Contr. Telephone 410-239-8390
License Number 3314
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner John Lakatos Telephone _____
Subdivision Wilets Property Lot # 3 Well Tag # HO-94-2321
Site Address 1950 Long Corner Road

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make Goulds
3. Model # 5G707-422
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No X
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 X Cable guards X Other _____

Tank 26.7 GAL. Drawdown Piping
1. Capacity 220 GAL 1. Type Plastic
2. Pressure relief valve? Yes 3/4" 2. Size 1"
3. NSF and/or BOCA Code approved NSF
4. Depth of supply line 48"
Well data
1. Depth 405 ft.
2. Yield 2 GPM
3. Static water level 55 ft.
4. Will water supply be disinfected by installer? Yes

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.

8/28/00-WPI OK Signature of Applicant: Thomas B. Wallenauer
MR SRM Date: 8-23-00

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