

C1 -7959

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

5/22/06

305 (TO NEAREST FOOT)

10/26/07 O.K. [Signature]

OWNER: Basham, Dave; STREET OR RFD: 10205 Mc Gill Ave; TOWN: Columbia; SUBDIVISION: SECTION LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CM, BC); NO. OF BAGS 14; NO. OF POUNDS 708; GALLONS OF WATER 354; DEPTH OF GROUT SEAL 305

C 3

PUMPING TEST

HOURS PUMPED 8.9; PUMPING RATE 11-15; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL (distance from land surface) BEFORE PUMPING 17-20; WHEN PUMPING 22-25; TYPE OF PUMP USED (for test) C centrifugal, S submersible

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Dirt (0-40), Hard Gray (40-240), Med Gray (240-245), Hard Gray (245-305)

CASING RECORD

MAIN CASING TYPE: 60-61, 63-64, 66-70; Nominal diameter top (main) casing; Total depth of main casing

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/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...

DRILLERS LIC. NO. 1 M D

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 553

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, E, N; Rows: 1-21, 23-26, 30-32, 38-41, 45-47, 51

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

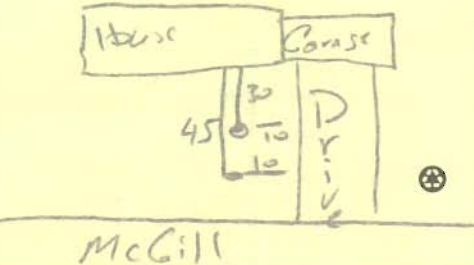
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

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/below LAND SURFACE (nearest foot) 49-51

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)



443-865-4784

EMERGENCY/TEMP NO. IF ANY

B 1 2143

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type W524430

STATE PERMIT NUMBER HO-95-0362 fill in this form completely

OWNER INFORMATION Date Received (APA) 04/25/06 8 MM DD YY 13 BASHAM Dave 15 Last Name Owner First Name 34 10205 MacGill Avenue 36 Street or RFD 55 Columbia MD 57 Town 70 State 72 Zip 76

DRILLER INFORMATION Michael Barlow 76 M D License No. 81 Michael Barlow Well Drilling Svc. Inc. 522 Underwood Lane Bel Air MD 21014 4/18/06 Signature Date

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 0 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 000 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 2 @ 300' each

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

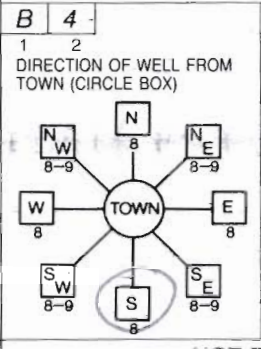
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 30 37 CABLE REVERSE-ROTary Drive-POINT other

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 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 G PERMIT No. HO-95-0362 70 71 72 73 74 75 76 77 78 79

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

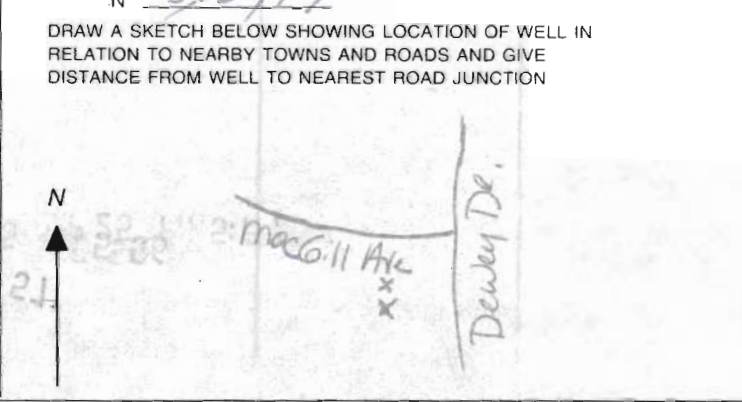
LOCATION OF WELL B 3 HOWARD COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 COLUMBIA 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78



DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 1 2 10205 MacGill Ave. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 49 37 DISTANCE FROM ROAD 57 ENTER FT OR MI 38 39 TAX MAP: 36 BLK: 13 PARCEL 478

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 4/20/06 CO SIGNATURE EXP. DATE 4/20/07 43 MM DD YY 48 NORTH GRID 497 0 0 0 EAST GRID 838 0 0 0 50 55 57 63

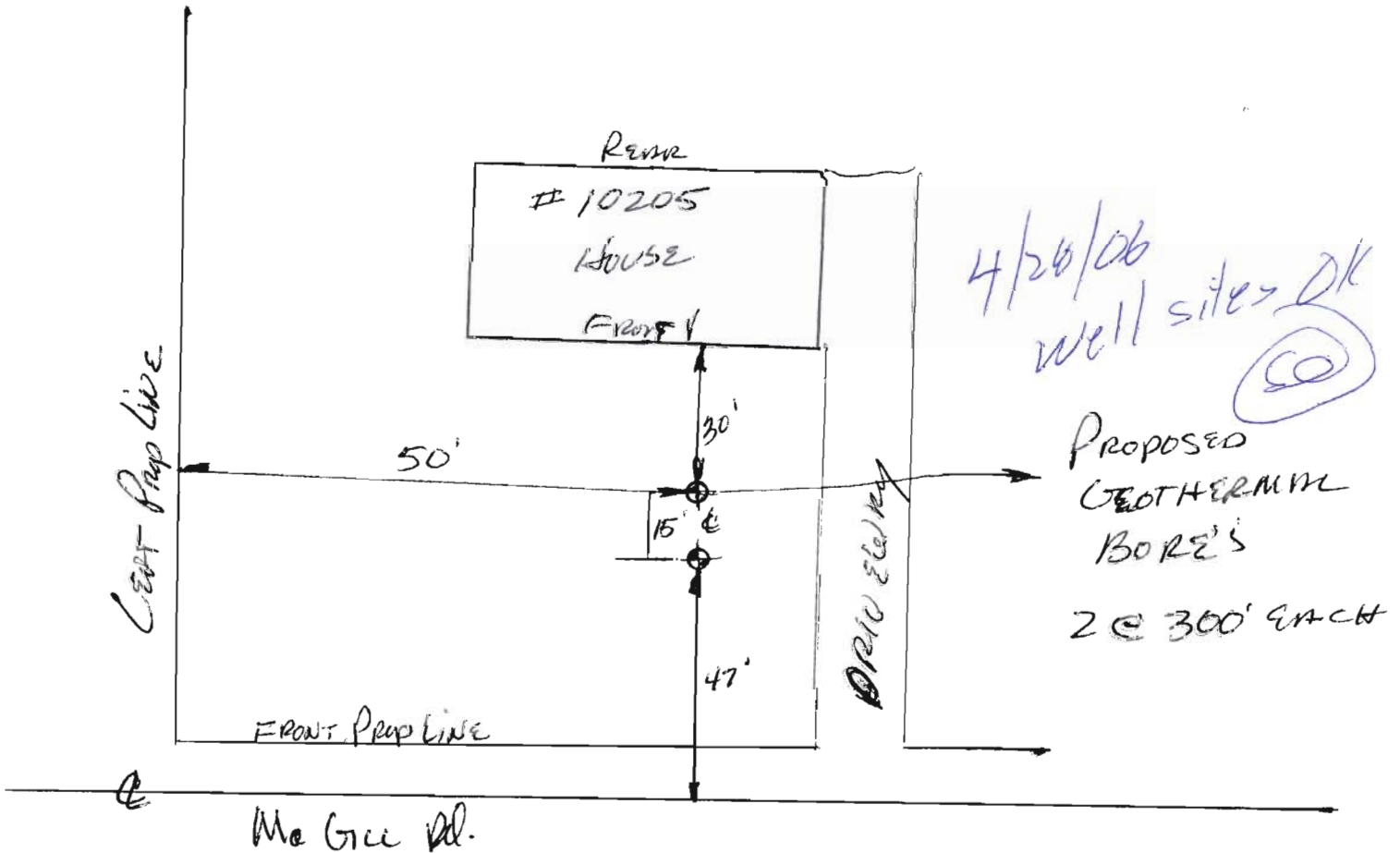
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 840 38 000 000 N 500 497





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Mr. Dave Borsini
10205 McGill Rd.
Columbia MD.



PUBLIC WATER + SEWER

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Maryland Department of Assessments and Taxation
 HOWARD COUNTY
 Real Property Data Search

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Account Identifier: District - 05 Account Number - 392616

Owner Information

Owner Name: BASHAM DAVID L Use: RESIDENTIAL
 BASHAM CHRISTINE J T/E
 Mailing Address: 10205 MACGILL AVE Principal Residence: YES
 COLUMBIA MD 21044-3914 Deed Reference: 1) / 8487/ 52
 2)

Location & Structure Information

Premises Address: 10205 S MACGILL AVE Legal Description: LOT 2 BLK C .592A
 COLUMBIA 21044 10205 MACGILL AVE
 ATHOLTON MANOR

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No: Plat Ref:
36	13	478					2	2	

Special Tax Areas: Town Ad Valorem Tax Class: A/V, METRO FIRE TAX

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1982	1,884 SF	25,787.00 SF	
Stories	Basement	Type	Exterior
1 1/2	YES	STANDARD UNIT	FRAME

Value Information

	Base Value	Phase-in Assessments		
		Value As Of	As Of	As Of
Land:	98,430	241,090	07/01/2005	07/01/2006
Improvements:	151,430	167,810		
Total:	249,860	408,900	302,873	355,886
Preferential Land:	0	0	0	0

Transfer Information

Seller: PAPPAS WILLIAM M Date: 07/15/2004 Price: \$420,000
 Type: IMPROVED ARMS-LENGTH Deed1: / 8487/ 52 Deed2:
 Seller: FAWCETT THOMAS F Date: 11/24/1993 Price: \$195,000
 Type: IMPROVED ARMS-LENGTH Deed1: / 3086/ 335 Deed2:
 Seller: STROMBERG RUSSELL ERNFRID IN TRUST Date: 09/28/1992 Price: \$0
 Type: IMPROVED ARMS-LENGTH Deed1: / 2644/ 138 Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2005	07/01/2006
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO
 Exempt Class:

Special Tax Recapture:
 * NONE *

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____
APPROVAL DATE: _____

PERMIT

INDEXED
TAX ID # 05-392616

W 524430
A _____

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 10205 MacGill Avenue PROPERTY OWNER: Dave Basham

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
NOTES:	<u>PUBLIC WATER AND SEWER</u>

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

W 524430