

C 1 4447 SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 10 07 2004

DATE WELL COMPLETED MM DD YY 10 07 2004 Depth of Well 22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 4029

OWNER Land Design & Development STREET OR RFD 5540 Landing Road TOWN Elkridge SUBDIVISION SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entry for Overburden Blue Slate and water at 120', 465' & 480'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 2 NO. OF POUNDS 800 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 32 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 61 Total depth of main casing (nearest foot) 40 66 70

OTHER CASING (if used)

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

SCREEN RECORD

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

Table for SCREEN RECORD with columns: DEPTH (nearest ft.), A, C, H, S, R, E, N. Includes handwritten values 140, 40, 500.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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

C 3

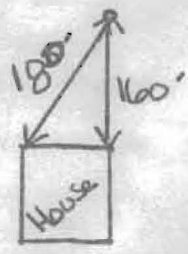
PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 7.69 11 15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 49 17 20 ft. WHEN PUMPING 248 22 25 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 49 LAND SURFACE - below 1 (nearest foot) 50 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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 MSD 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JD 048

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

B 1 3754

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 521 5 23 please type

STATE PERMIT NUMBER

40-94-4029 fill in this form completely

Date Received (APA) 10/1/2004

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

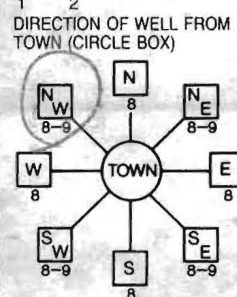
B 3 LOCATION OF WELL

8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 521 5 23 please type

DRILLER INFORMATION

Driller's Name Michael D Tsom M S D 162 License No. 81 Firm Name G Edgar Harr Sons Corp Address 12047 Falls Rd Cockeysville 21039 Signature Date 10-1-04

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



5540 Landing Road NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 31 BLK: 24 PARCEL 555

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 10/1/2004 Brian Baker 10/1/2005 CO SIGNATURE EXP. DATE NORTH GRID 505 000 EAST GRID 869 000

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 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 40-81-0817 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

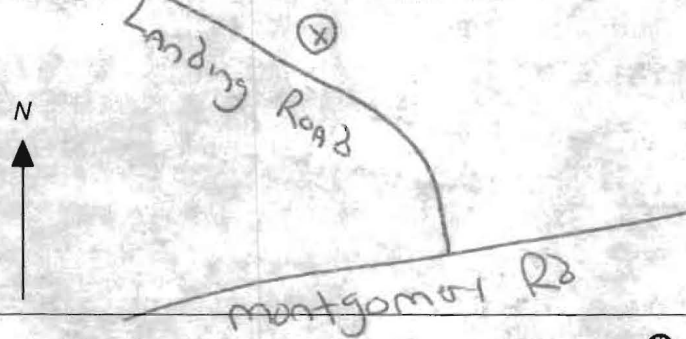
APPROX. PERMIT NUMBER G PERMIT No. 40-94-4029

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 86x9 N 50x5

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

# HARR WELL DRILLING

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 10-06-04      Permit Number: HO- 94-4029  
Address: 5540 Landing Road      Subdivision:  
Owners: Land Design & Develop.      Election District:  
Well Depth: 500 Ft      Static Water Level: 49 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 gallon bucket	Calculated Flow-Gallons Per Minute
1245	49 ft		18 sec	16.66
1300	127		24	12.50
1315	179		32	9.37
1330	246		38	7.89
1345	247		38	7.89
1400	248		39	7.69
1415	248		39	7.69
1430	248		39	7.69
1445	248		39	7.69
1500	248		39	7.69
1515	248		39	7.69
1530	248		39	7.69
1545	248		39	7.69
1600	248		39	7.69
1615	248		39	7.69
1630	248		39	7.69

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1445	248		39	7.69
1500	248		39	7.69
1515	248		39	7.69
1530	248		39	7.69
1545	248		39	7.69
1600	248		39	7.69
1615	248		39	7.69
1630	248		39	7.69

**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: G. Edgar Harr Sons' Corp Telephone #: 410-252-4588  
 Address: 12047 Falls Rd  
Cockeysville, MD 21030

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
 License # and name of individual responsible for the field installation:  
 Name (Print): Michael Isom License# MSD162

\*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: Land Design & Develop Telephone #: 410-480-9105  
 Subdivision: 5596 Lot #: Well Tag #: HO - 94 - 4029  
 Site Address: 5540 Landing Road

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Goulds</u>	Make: <u>Cambell</u>	Two piece watertight cap: <u>x</u>
Model #: <u>5GS10422</u>	Model#: <u>B-10X</u>	Screened, vented well cap: _____
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>x</u>
Well Yield: <u>8</u> GPM	NSF approved: <u>y</u>	Conduit min 18" B.G.: <u>x</u>
Depth of well encountered at time of pump installation: <u>500</u> (feet)		Conduit secured to well cap: <u>x</u>

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 NA

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>	Existing Line being tied into
Type: <u>1" Poly</u>	PVC sleeved to undisturbed soil at wall penetration: _____	
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: _____	
Depth of supply line: <u>42</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: \_\_\_\_\_ date: 10/7/04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/8/04 **BR**

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

*Connected to Existing Line at old Well*

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/12/04 (month/day/year)

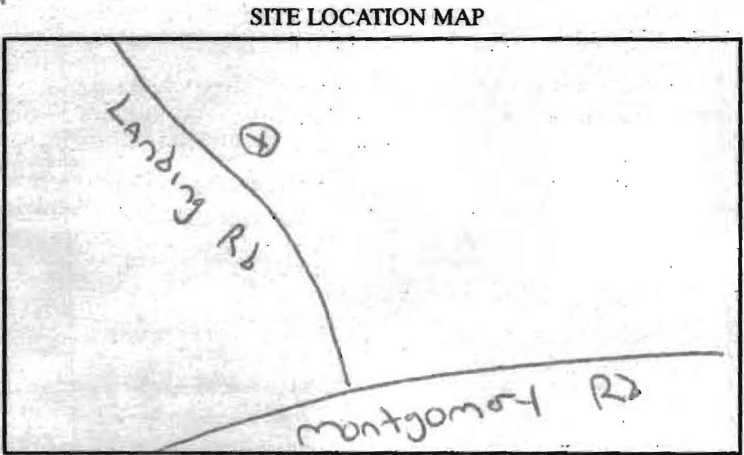
\* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 81 - 0817

\* PERMIT NUMBER OF REPLACEMENT WELL HO - 94 - 4029

\* PERSON ABANDONING WELL: Michael Isom WELL DRILLERS LICENSE NUMBER: 162

\* OWNER'S NAME: Land Design + Development CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: \_\_\_\_\_  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 5540 Landing Rd



\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 200 FEET DEEP

\* WAS ANY CASING REMOVED? \_\_\_\_\_ YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Drill Cuttings	200	40
Portland Cement	40	0
VOLUME OF MATERIAL USED		

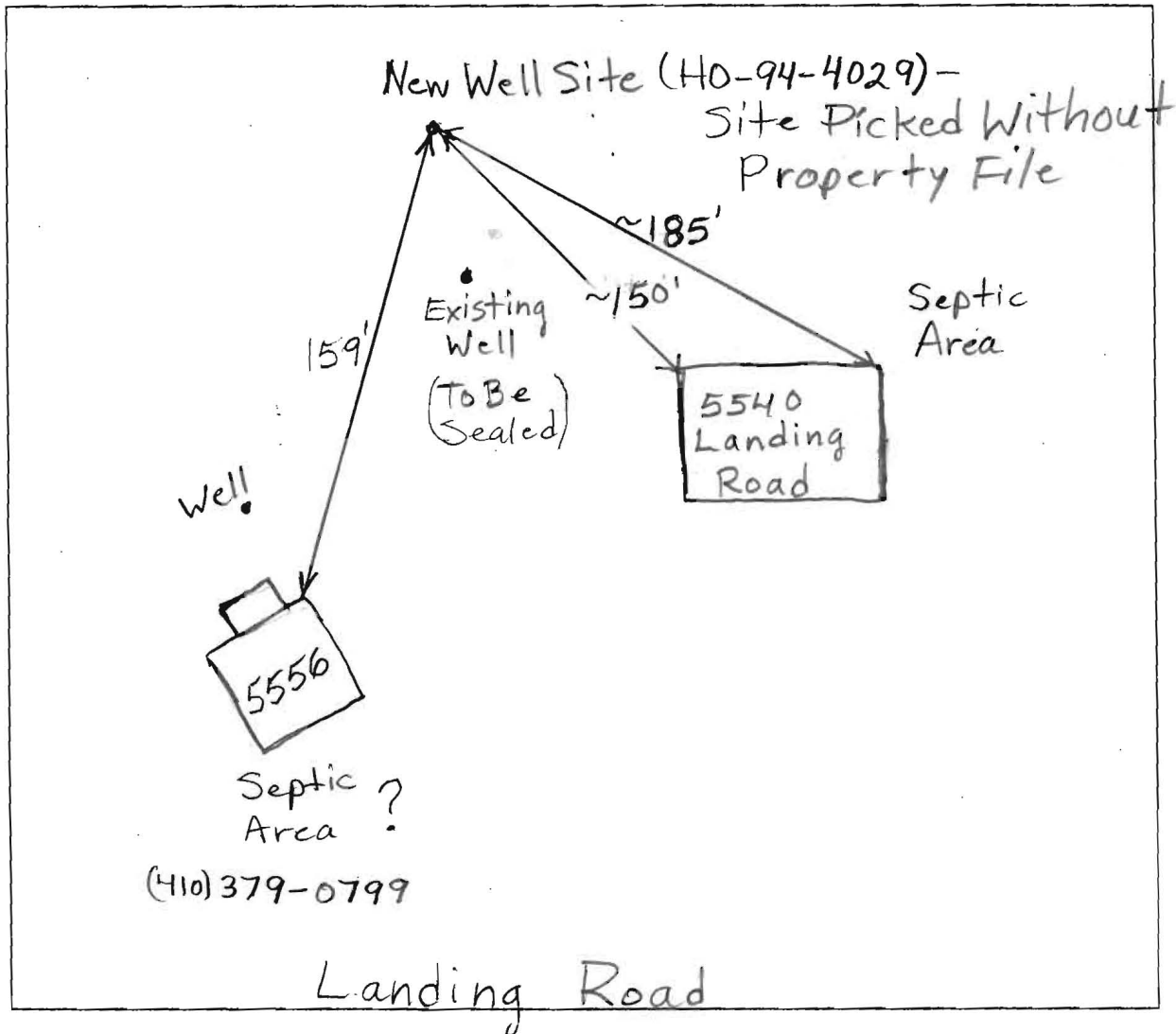
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE # 162 CIRCLE ONE MWD/MSD/MGD DATE 10/12/04

2 PM 10/1/04

SITE INSPECTION SHEET

OWNER: Land Design & Dev. PHONE #: 410-480-9105 x 291 Kim  
 ADDRESS: 5540 Landing Rd CONTRACTOR: Naz  
 WELL TAG #: \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
 PROPOSAL: Well is out of water

LOCATION DIAGRAM



COMMENTS: Cannot Find Septic System at 5556 Landing Rd.  
No One Home. Tried Phoning Them and Got No Answer.  
New Well Drilled for 5540 Landing Rd. at or Near  
Location Shown. Old Well to Be Sealed - High Turbidity and  
 DATE: 10/1/04 INSPECTOR: B. Baker Low Yield