ICI1 1946 (MDE USE ONLY)	STATE OF RYLAND	WELL IS COMPLETED.
1 2 3 6	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY OF GROOM
	PLEASE TYPE	NUMBER 45 8 99367
ST/CO USE ONLY DATE Received DATE WELL COMP		FROM "PERMIT TO DRILL WELL"
MM DD YY 09 27	22 240 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
8 13 15	20 (TO NEAREST FOOT)	20 25 66 61 62 66 61
OWNER last name	A HILLS AR first name TOWN_C	Stepmond
STREET OR RFD ROUND SUBDIVISION RIGHT	SECTION	LOT 2
WELL LOG	GROUTING RECORD yes no	C 3
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	CEMENT C M BENTONITE CLAY B C 45 46	8 9
, , , , , , , , , , , , , , , , , , ,	NO. OF BAGS 4622 NO. OF POUNDS 45 46 OF GALLONS OF WATER 3	PUMPING RATE (gal. per min.)
Top Soil 02	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Study 2 20 U	from ft. to ft. to ft. to ft. to ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
SAND Stowe DO 25	casing CASING RECORD	BEFORE PUMPING 17 20 ft.
	types insert appropriate STEEL CONCRETE	WHEN PUMPING $\frac{90}{22}$ ft.
MICKA >5 110	code below PL OT	TYPE OF PUMP USED (for test)
SAND Stone 110 115	PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine
MICKA 115 240	CASING top (main) casing of main casing (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe below)
	60 61 63 64 66 70	J jet S submersible
	E OTHER CASING (if used) A diameter depth (feet)	27 27
	H inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)
	N	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type or open hole SCREEN RECORD	TYPE OF PUMP INSTALLED
	insert appropriate ST BRASS BRONZE HOLE	IN BOX 29. CAPACITY:
	code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) 35
		PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFUL WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED YES NO N	E 1 8 9 11 15 17 21 C 2	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	H 23 24 26 30 32 36 S	LAND SURFACE (nearest)
WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	49 below (notified foot)
P TEST WELL CONVERTED TO PRODUCTION WELL	E	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES
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	DIAMETER (NEAREST OF SCREEN INCH)	AND INDICATE NOT LESS THAN TWO DISTANCES
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	56 60 from to	(MEASUREMENTS TO WELL)
DRILLERS LIC. NO.1 M S D 116	GRAVEL PACK	Road
DRILLERS SIGNATURE	WAS FLOWING WELL INSERT F IN BOX 68 68	ROAD / Tis' and Proper
(MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	DWG. Be 20 Line
LIC. NO. 1 D D		SUCHTIVE TO
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76	LINACCIONAL MARIETARA
responsible for sitework if different from permittee)	TELESCOPE LOG INDICATOR OTHER DATA	INACCURATE- (BELIEVE)

B-1 1938 SEQUENCE NO.	STATE OF	MARYI AND	STATE PERMIT NUMBER
1 2 3 (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL		HD - OH - DUID
	please print or type		70 fill in this form completely 79
Date Received (APA)		B 3 //	LOCATION OF WELL
8 MM DD YY 13 OWNER INFOR	MATION	HOWA 4	d
BRS Developers	110	8 COUNTY	Pidae 21
15 Last Name Owner	First Name 34	23 SUBDIVISION	42
1 8808 Centre PARK DI	1. Suite 205	SECTION	101.7
36 Street or RFD	55	44 46	48 50
57 Town 70 State 7	2/045	And e	6 LEW WOOD
57 Town 70 State 7. DRILLER INFORMATION	2 Zip 76	52 NEAREST TOWN	71
RALOH MAYNE M	S n 116 .	MILES FROM TOWN (ent	ter 0 if in town) M I M I M 73 76 77 78
Driller's Name 76	License No. 81	B 4	2-1- Rolling Hills
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ciny	1 2 DIRECTION OF WELL FROM	tiesage DE
9120 Barry Owark Al Wis	4 1	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Address Address	Thus	NW 8 NE	ON WHICH SIDE OF ROAD NORTH
Jaka Munie	8-25-55	8-9 W 8-9	(CIRCLE APPROPRIATE BOX)
Signature	Date	W TOWN E	34 25 37 SOUTH
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE —	5		DISTANCE FROM ROAD
(GAL. PER MIN.) 8	12	SW ISE	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	8-9 S 8-9	TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE APP	ROPRIATE BOX)	NOT TO	O BE FILLED IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDENT	TAL	HEALT	H DEPARTMENT APPROVAL
IRRIGATION		Howard a	CO H589939
FARMING (LIVESTOCK WATERING & AGRIC IRRIGATION	CULTURAL	COUNTY NAME STATE	COUNTY NO.
22 I INDUSTRIAL, COMMERICIAL, DEWATERING		SIGNATURE	INSERT S ———————————————————————————————————
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	ATUCON, 11 DONADO
T TEST, OBSERVATION, MONITORING		43 MM DD YY 48	CO SIGNATURE EXP. DATE
G GEO-THERMAL		NORTH 525 0	0 0 GRID 790 0 0 0
		0100111110	55 57 63
APPROXIMATE DEPTH OF WELL \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FEET	SHOW MAJOR FEATURE BOX & LOCATE WELL	9/27/99 Cancelled, BB)
24	28	WITH AN X SOURCES OF DRILLING	WATER 64/28/99
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. Leu	WATER 8 Casing
METHOD OF DRILLING (c	virale ana)	2.	30+ open
BORED (or Augered) JETTED	Jetted & DRIVEN	3.	22 bags
20	OTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	R) Missed Op
CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	grout (
other		Dan	
REPLACEMENT OR DEEPEN		E	000
(CIRCLE APPROPRIATE BI		N 525	◆ 000
THIS WELL WILL REPLACE A WELL THAT WIL			SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED		RELATION TO NEARBY T	OWNS AND ROADS AND GIVE
S THIS WELL WILL REPLACE A WELL THAT WILL AS A STANDBY-CONTACT LOCAL APPROVING	L BE USED 3 AUTHORITY	DISTANCE PROM WELL I	O NEAREST ROAD JUNCTION
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL			Road C 125
PERMIT NUMBER OF WELL TO BE REPLACED OR D			do nece
(IF AVAILABLE) 41	52	N	
Not to be filled in by driller (MDE OR COL	JNTY USE ONLY)	A	1 011 101
APPROP. PERMIT NUMBER G	AP		Mond A. Country
54	63		Sing
PERMIT No. 70 71 72 7	79 74 75 70 77 70 70		140 97
SPECIAL CONDITIONS	73 74 75 76 77 78 79		
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			❸ /

DEMI/ Domit 07

Date			Review	
		FIELD DATA	SHEET	
Well Permit No Location of pr Subdivision Well Driller	o. HO - 94- coperty (road) Catail Ri	Rolling Hills 1	Arive	Sec.
Depth o	of well	yneown	er BRS Dev.	
Time pum Total ti	pumping rese p started 8:3 me 15 min to pump test data -	reach pumping wate	Pumping rate 12 G r level 90 ft.	PM below M.P.
TIME (in 15	WATER LEVEL	PUMPING RATE		es
minute in- tervals	below M.P.	time to fill 5	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
8:45	90'	5 sec		minute)
//	//	11		12 GPM
10:00	90'	5		И
10:15	90'	5		12
10:30	90	5		12
10:45	90	5		12
11:00	91	5		12
11.00	70	5		12
1				
		9/27/99		
		Mill can	11/2/ 1/21	(D)
		9/20/20	Do to the Railer	U(B/B)
		128/47	resent for east 4	Readings
		(375)	· · · · · · · · · · · · · · · · · · ·	
		*	i i	

Well Permit No. HO - 94-2410

Location of property (road) Rolling Hills Sive

Subdivision Catal Ridge Lot 7 Block Plat Sec.

Well Driller Ralph Mayne Owner 3R5 Act

Depth of well 240
Distance of measuring point (M.P.) above ground
Static water level (S.W.L.) below M.P. 404

I. High rate pumping -- reservoir drawdown

Time pump started 8:30

Pumping rate 126PM

Total time | Sriv | to reach pumping water level | 90 | ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in-tervals	WATER LEVE below M.P.	time to fill \$\frac{1}{2}\$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLO (gallons per minute)
8:45		5 Sec		
5:00	90 1	5 Sec		0
9:15	90 v	5 Sec		12 SPA
9:30	0.	5 "		12 Gru
SiYS	90 1	5 "		12 11
10,00	90 1	5 11		12 4
10:15	90 ×		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12 11
10:30	90 1			12 6PM
10147	90 A	5 50		12 6Pm
1/,00	90 4	5 582	V	12 GAY
111:05	00	5 4		12 4
1/1:45	50 1	5 (1		12 "
11:45	So il	5 Sec		19 GPM
11.4))0 K	5 Sa		12 6PM
1.484				
			t +	
N.				
			V	

HD-224 84 PA 30+ OPEN 22 BAYS

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 cm 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.

	A STATE OF THE PARTY OF THE PAR
Company Nan	108: CHACLES A KLOW & Sus De Telephone #: (440) 549-6960
Addres	5220 XLES My Rep
	Sycasture MD 21784
(Must circle o	Ticensed Plumber Licensed Well Driller Licensed Well Purm Installer
A STATE OF STREET	Maile of indringing page with the character of the first the character of the contract of the
	Care a distribution
"A HOERSED IN	DEVICUAL WINDS TOWNS AND
supervision of	a licensed journeyman or master plumber, pump installer or well driller. Licenses may be cld verification.
subjected to fi	old varification. Licenses may be
Name of Prope	TV Owners MURANS CARLO GEOLO Telephone # (470)497-8800
Site Address	LOI TOWN TOWN TOWN TO CALL TO CALL TOWN
Site Address	A STATE OF THE PARTY OF THE PAR
Submersible P	LENWOOD, MD 21738
Make: Jac	Well (30 and Floretic Conduit
Model # 5	Two mines are an area of the state of the st
Pump Capacity	Screened, vented well can:
Well Yield:	GPA (38" min) Cap secured to casine:
Depth of well a	Conduit min 18" H. G.
Torque arrestor	s or Cable guards are required - Must chicle one
paneth Labe' It	used, attached to inside of well casing with cyc bolt
Piping to house	
Type: House	Tions Linnerian
FSE: 2" (160	psi min)
Depth of supply	- 177 - Opposition of Cleans
	The second of the second property.
The water supp	dy line is required to be at least ton feet from the septic tank, pump chamber, sewage piping.
distribution pol	to installation. If this cannot be accomplished, contact this office for
abind a birot	to installation.
(Black 1/2)	AND - V
Signature of com	pany representative respensible for installation date
CHARLES	A KLOW date date
	For Health Department Use Only - Not to be completed by Installer
Date Insp. Reque	
Descrion Data	Pitters adopted and Date Insp. Approved: 8/22/01(SRK)
	Two piece cap installed and amached to casing securely Elec. conduit entends at least 36" below grade
	Elec. conduit extends at least 13" below grade/strached to cap properly Check after last test Safety rope installed inside of well casing
	Correct well too attached managed and calling
,*	Water supply line sleeved adequately at house connection
	Adequate grout observed below pitless adapter

