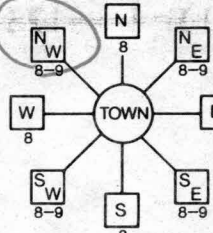
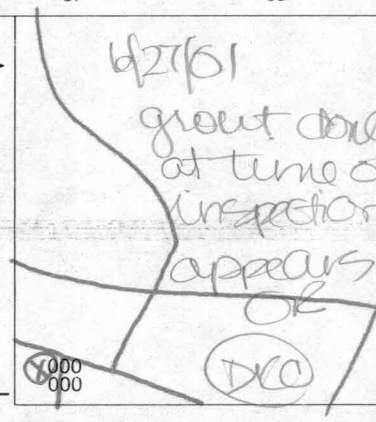


C 1 0768		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 07 11 07		Depth of Well 22 300 26 (TO NEAREST FOOT)		
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 07 11 07		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3124		
OWNER last name first name STREET OR RFD SUBDIVISION		TOWN		LOT		
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from TOP ft. to BOTTOM ft. (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible		
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
Overburden Gray Rock water at 50 & 270'		0 20 20 300		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes no Y N		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
DRILLERS LIC. NO. 1 M D 3 9 9 1		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
LIC. NO. 1 M D 049 1		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
TELESCOPE CASING		LOG INDICATOR		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
OTHER DATA		OTHER DATA		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		

B 1 1 2 3 6 9866	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W515260 please print or type	STATE PERMIT NUMBER HO-94-3124 70 <u>fill in this form completely</u> 79
Date Received (APA) 05-24-01 8 MM DD YY 13 OWNER INFORMATION 15 <u>Viking Development</u> Last Name Owner First Name 34 36 <u>815 Windriver Drive</u> Street or RFD 55 57 <u>Sykesville</u> Town 70 <u>MD</u> State 72 <u>21784</u> Zip 76		B 3 LOCATION OF WELL 8 <u>Howard</u> COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT <u>20A</u> 48 50 <u>Lisbon</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> 73 M I 76 77 78	
DRILLER INFORMATION Driller's Name <u>Paul M. Fahiszak</u> M W D 3 9 9 76 License No. 81 Firm Name <u>G. Edgar Harr Sons' Corp</u> Address <u>12047 Fallis Rd Cockeysville 21030</u> Signature <u>[Signature]</u> Date <u>5/22/01</u>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <u>Saint Michaels Rd</u> NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>300</u> 37 DISTANCE FROM ROAD 38 39 ENTER FT OR MI <u>FT</u> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <u>250</u> 24 FEET 28 APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME 13 COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>06-12-01</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>06-11-02</u> 43 MM DD YY 48 NORTH GRID <u>550</u> 0 0 0 EAST GRID <u>0770</u> 0 0 0 50 55 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>770</u> N <u>550</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ PERMIT No. <u>HO-94-3124</u> 70 71 72 73 74 75 76 77 78 79			

Well Permit No. HO - 94-3124
Location of property (road) St Michael's Rd
Subdivision Poplar Heights Lot 20A Block Plat Sec.
Well Driller Hark Owner Viking (P)

Depth of well 300'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 35'

Time pump started 0930 Pumping rate 16.67
Total time 15 min to reach pumping water level 56 ft. below M.P.

[illegible]

Well Permit No. HO - 94-3124
Location of property (road) St. Michael's Rd
Subdivision Aspen Heights Lot 20A Block _____ Plat _____ Sec. _____
Well Driller Helix Owner Urena Del

Depth of well 300
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

**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: WTC III Plumbing & Heating Inc Telephone #: 410-469-4457
Address: 1820 Gillis Falls Rd
Woodbine Md 21797

(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 T Cumberland III

License # 7979

*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: Viking Devel Telephone #:

Subdivision:

Site Address: 1000 S + Michaels RD

Lot #:

Well Tag #: HO-99-3124

Submersible Pump Data

Make: Meyers

Model #:

Pump Capacity: 2 GPM

Well Yield: 4 GPM

Depth of well encountered at time of pump installation: _____ (feet)

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

Pitless Adapter

Make: Harvard

Model #: XR 15

Depth: 48" (36" min)

NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes

Screened, vented well cap: Yes

Cap secured to casing: Yes

Conduit min 18" B.G.: Yes

Conduit secured to well cap: Yes

Piping to house

Type: Plastic

PSI: 160 (160 psi min)

Depth of supply line: 48" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes

Approximate length of sleeve: 5 Ft

Sleeve caulked and sealed properly: Yes

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

3/14/03

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

Date Insp. Requested: 3/11/03

Date Insp. Approved: 3/17/03

Inspector: (50) SRK

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

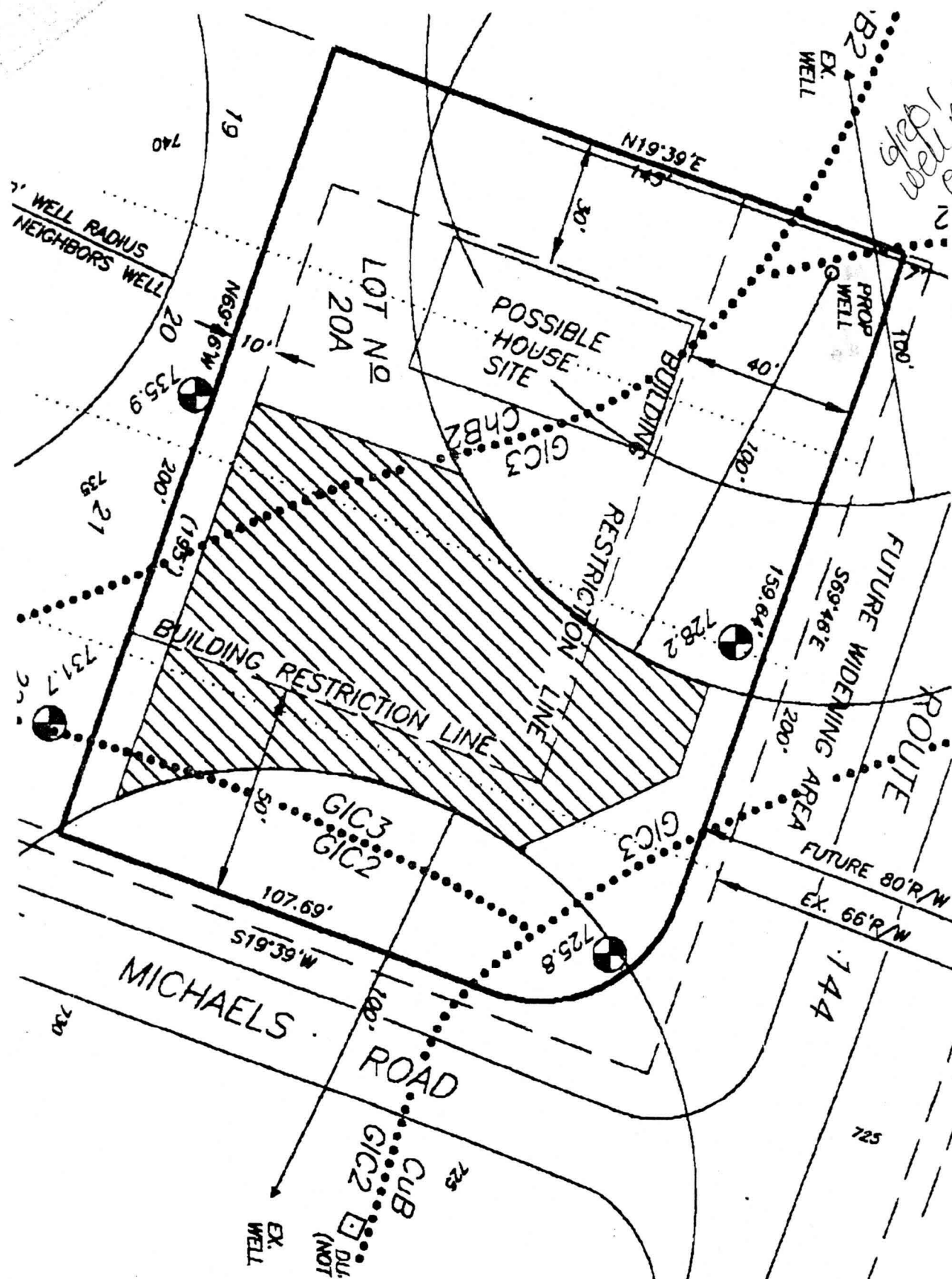
Safety rope not seen outside of well cap/casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

✓ 50
✓
✓ 50
✓
✓
✓



P. 2

grip, sitting started
well on as swinging
by swinging
no side -
made
(X)