[C]1 * 1936 (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED AFTER			
1 3 6	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY NUMBER A5/2699			
ST/CO USE ONLY DATE WELL COMP	PLEASE TYPE Depth of Well	PERMIT NO.			
DATE Received MM DD YY MM DD	<b>G</b> 22 3 = 26	FROM "PERMIT TO DRILL WELL"			
8 13 15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37			
OWNER 19/40+400d (1	C O to a L T to first name				
STREET OR RFD SUBDIVISION BLANT 110000	TOWN_	Ellicott City MD			
THE RESIDENCE OF THE PROPERTY	SECTION 7/	LOT 26			
WELL LOG  Not required for driven wells	GROUTING RECORD  WELL HAS BEEN GROUTED (Circle Appropriate Box)  Yes no  Y  N	C 3			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)			
DESCRIPTION (Use additional sheets if needed)  FEET check if water FROM TO bearing	CEMENT C M BENTONITE CLAY B C	8 9			
BROWN SHALE 0 54	NO. OF BAGS NO. OF POUNDS AS	PUMPING RATE (gal. per min.)  METHOD USED TO			
BLUE SLATE 54 300 L	DEPTH OF GROUT SEAL (to nearest foot)  from ft. to ft.	MEASURE PUMPING RATE			
	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)			
	casing types CASING RECORD	BEFORE PUMPING 17 20 ft.			
	insert appropriate code STEEL CONCRETE	WHEN PUMPING $\frac{77}{22}$ ft.			
	below PLASTIC OTHER	TYPE OF PUMP USED (for test)			
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine			
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe below)			
	60 61 63 64 66 70	J jet S submersible			
t e	E OTHER CASING (if used) A diameter depth (feet) H inch from to	27 27			
	C	PUMP INSTALLED  DRILLER INSTALLED PUMP YES NO			
	N G	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION			
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED			
VATO AT	or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.			
WATER AT 70-111-123-225	(appropriate code below BRONZE P L O T	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35			
	PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER			
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)			
WELL HYDROFRACTURED Yes NO	E 1 HO 59 300	CASING HEIGHT (circle appropriate box			
CIRCLE APPROPRIATE LETTER	C 2	and enter casing height)  LAND SURFACE			
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	23 24 26 30 32 36 S C 3	below (nearest)			
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION WELL	R 38 39 41 45 47 51	49 / 50° 51 foot)			
WELL     HERBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	E SLOT SIZE 1 2 3 DIAMETER (NEAREST	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES			
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.	OF SCREEN (NEAREST INCH)  from to	AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
DRILLERS LIC. NO. 1 MW D 139 1	GRAVEL PACK IF WELL DRILLED	2261.26181			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68	41 3 3			
(MUST MATCH SIGNATURE ON APPLICATION)  MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  T (EBOS)  W O					
May An loss					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70	18			
	CASING INDICATOR OTHER DATA				

B 1 09849 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER  H0_94 - 2400
D. D. D. C.	please print or type	70 fill in this form completely 79
Date Received (APA)  8 MM DD YY 13  OWNER INFORMATION	N L Howard 8 COUNTY	LOCATION OF WELL
L Brantwood, L.L.C.  15 Last Name Owner First Na	me 34 Brantwood 23 SUBDIVISION	42
8825 - P Columbia 100 Parkway Street or RFD Columbia, MD 21045	55 SECTION 2 44 46	LOT 26 Area 1
57 Town 70 State 72  DRILLER INFORMATION	Zip 76 Pine Orcho 52 NEAREST TOWN	71
Robert L. Cline M W D Driller's Name 76 Licen	MILES FROM TOWN (en	ter 0 if in town) M 1 73 76 77 78
Cline & Duvall, Inc.	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	Seneca Chief Trail  NEAR WHAT ROAD 30
Address Stut L. Cline 8/11	D 21704, N N N N N N N N N N N N N N N N N N N	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Signature	TOWN E	34 725 37 SOUTH DISTANCE FROM ROAD
(GAL. PER MIN.) 8  AVERAGE DAILY QUANTITY NEEDED 300 (GAL. PER DAY) 14	12   S <sub>W</sub>   S <sub>E</sub>   S 8-9	16 & 23 TAX MAP: BLK: PARCEL P/0
USE FOR WATER (CIRCLE APPROPRIATION DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		O BE FILLED IN BY DRILLER TH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION  22	COUNTY NAME STATE SIGNATURE	COUNTY NO.
P PUBLIC WATER SUPPLY WELL	DATE ISSUED	1 INSERT S - 41
T TEST, OBSERVATION, MONITORING G GEO-THERMAL	43 MM DD YY 48 NORTH 520 0	CO SIGNATURE EXP. DATE  0 0 GRID 920000 57 63
APPROXIMATE DEPTH OF WELL 250 FE	SHOW MAJOR FEATURES BOX & LOCATE WELL _ WITH AN X	No insp. Will
APPROXIMATE DIAMETER OF WELL6	NEAREST INCH SOURCES OF DRILLING V	WATER
METHOD OF DRILLING (circle one)  BORED (or Augered)  JETTED  Jetter	2. 3.	Levy to
30 AIR-ROTary AIR-PERcussion ROTARY (Hy 37 CABLE REVerse-ROTary other	ydraulic Rotary) WRITE THE BOX NUMBER  DRive-POINT FROM THE MAP HERE	Guert .
REPLACEMENT OR DEEPENED WEL (CIRCLE APPROPRIATE BOX)	LS E 820	000
THIS WELL WILL NOT REPLACE AN EXISTING WELL  THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	N <u>520</u> DRAW A SKETCH BELOW	SHOWING LOCATION OF WELL IN
THIS WELL WILL REPLACE A WELL THAT WILL BE USE AS A STANDBY-CONTACT LOCAL APPROVING AUTHOR FOR POLICY ON STANDBY WELLS	DISTANCE FROM WELL TO	DWNS AND ROADS AND GIVE O NEAREST ROAD JUNCTION
D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41	52 N X WW.	Rt. 144 40
Not to be filled in by driller (MDE OR COUNTY US	E ONLY)	The least of the last of the l
APPROP. PERMIT NUMBER	63 3400 76 77 78 79	Onice .
SPECIAL CONDITIONS  NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	10 11 10 13	₩

@ COUNTY

Rage	. /	of	1	
Date	NOV	30	1999	

Review		

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2400  Location of property (road) Seneca Chief Trail  Subdivision Brantwood Lot 26 Block Plat Sec. II  Well Driller Robert Cline Owner Brantwood U.C.
Depth of well 306 Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P. 46
I. High rate pumping reservoir drawdown  Time pump started 830 Pumping rate
Total time 30 MIN to reach pumping water level 74 ft. below M.P.

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	46	36 SECONDS		8.3
0:45	65	36 11		8,3
9:00	74	36 11		8-3
9:15	74	36 11		8.3
9:30	74	36 11		8.3
9145	74	36 11		8.3
10:00	74	36 11		8-3
10115	74	36"		8.3
10:38	74	36"		8.3
10145	74	36"		8.3
11'.00	74	36"		8.3
1115	.74	36"		8.3
11:30	74	3611		8.3
	A STATE OF THE STA			

830 am 3his

Page	of	T.
Date	11/20/99	

Review		

# FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No Location of pr	o. HO - 94 3 Operty (road)	Secreta Chia	f Trail 26 Block Plater Brantwood	
Subdivision	Brantwood	d Lot	2/a Block Plat	
well briller -	Robert Cl	ine own	er Brantwood	11 c sec. 11
Depth o Distanc	e of measuring p	oint (M.P.) above g		
I. High rate	pumping rese	rvoir drawdown		
Time pump Total tin	p started 8132	reach pumping water	Pumping rate 773 r level 74 ft.	below M.P.
TIME (in 15	WATER LEVEL	observations to be	recorded every 15 minus	tes
minute in- tervals	below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
1/1:30	74'	3(*		minute)
				200
			1.	
			M-office delle	Mr
			palla	160
			47 11/30	/1/
HD-224				

#### 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: Telephone #: Address: (Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Hantor of WAN SHITH License# \*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: N Telephone #: 301 - 85% - ( Subdivision: Drantwood Lot #: 1036 Well Tag # : HO -94 - 2400 Site Address: 2 Hosill 21012 Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Sould Make: Dodona Two piece watertight cap: Model #: Model#: SIUX Screened, vented well cap: Pump Capacity **GPM** Depth: 42 (36" min) Cap secured to casing: Well Yield: **GPM** NSF approved: Conduit min 18" B.G.: Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: 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 Piping to house House Connection Type: toly Ethalen PVC sleeved to undisturbed soil at wall penetration: PSI: 160 psi min) Approximate length of sleeve: Depth of supply line. (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 For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: Date Insp. Approved: Inspection Data: Pitless adapter and 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 installed inside of well 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

