

SEQUENCE NO. 08038 (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A511437A

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 11 9 00 Depth of Well 22 580 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2864 28 29 30 31 32 33 34 35 36 37

OWNER Stanton Tom last name first name STREET OR RFD Simpson Rd TOWN Highland SUBDIVISION Cherry Brae SECTION LOT 4

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 (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 38 NO. OF POUNDS 380 GALLONS OF WATER 228 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 98 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 102

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) DEPTH (nearest ft.) 110 100 580

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE Dennis F. Easterday LIC. NO. D

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

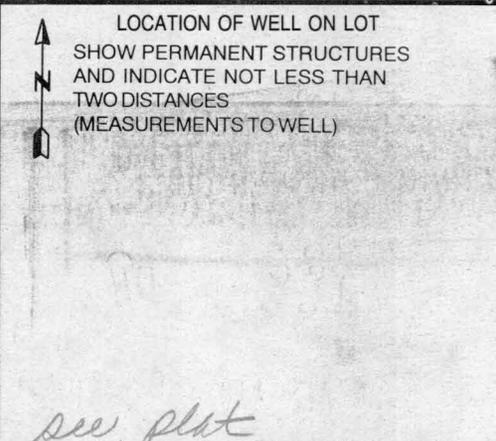
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 104 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 2 (nearest foot)



B 1 01482
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W514269 please print or type

HO-94-2864
70 fill in this form completely 79

Date Received (APA)

9/25/00
8 MM DD YY 13

OWNER INFORMATION 8399

15 Stanton Tom
Last Name Owner First Name 34
36 11961 Simpson Rd
Street or RFD 55
Clarksville, Md 21029
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

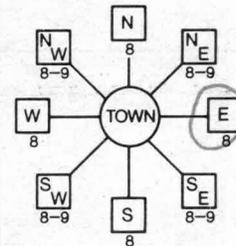
Howard CC# 21
8 COUNTY
Cherry Brae
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 9/22/2000
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Simpson Rd

11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 50 37
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39
TAX MAP: 41 BLK: PARCEL 198

B 2

WELL INFORMATION

7 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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 A51437A
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 10/13/00 [Signature] 10/13/01
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 488 0 0 0 EAST GRID 0820 0 0 0
50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

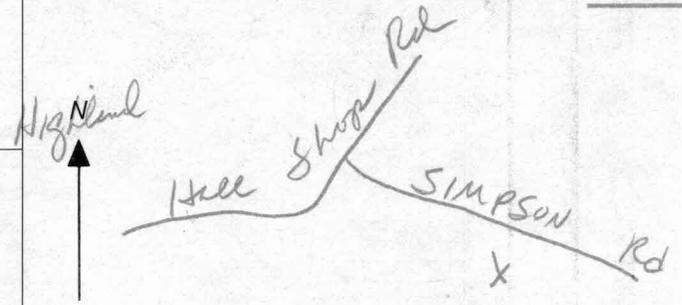
- SOURCES OF DRILLING WATER
1. wells
 - 2.
 - 3.

11/9/00 Grant 8:45
X No INSP (limited staff) and time conflict (SRK)

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820
N 4808
000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 G 13



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 DEEPEMED 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)

APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. HO-94-2864
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2648 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Lines

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: K.H. Plumbing Telephone #: 410-857-0255
Address: 490 Wise Dr
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Keith Hundertmark License # 8300

* 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: Thomas Stanton Telephone #: 301-490-7627
Subdivision: Cherry Brge Lot #: PPA Well Tag #: HO-94-2864
Site Address: 11925 Simpson Rd old Lot 4
Clarksville

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Waco 221 Make: American Gully Two piece watertight cap:
Model #: F-134521B52 Model #: PT800 Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: yes Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 580 (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 belt

Piping to house House Connection
Type: Polyethylene 1" IPS-PE3408 PVC sleeved to undisturbed soil at full penetration.
PSI: 160 (160 psi min) Approximate length of sleeve: 6
Depth of supply line: 42 (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: Keith Hundertmark date: 9-23-01

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

Date Insp. Requested: 6/5/01 Date Insp. Approved: 6/5/01 (RJP SRM)
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



MARYLAND DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway • Baltimore Maryland 21224
(410) 631-3000 • 1-800-633-6101 • <http://www.mde.state.md.us>

Parris N. Glendening
Governor

Jane T. Nishida
Secretary

November 15, 2000

Thomas Stanton
11961 Simpson Road
Clarksville MD 21029-1723

Re: Water Appropriation and Use Permit
Number: HO93G006 (01)

Dear Mr. Stanton:

This letter is in regards to the above referenced permit issued to George J. Simpson effective May 1, 1993, for water to be used for the irrigation of nursery stock at Cherry Brae Nursery. On the 1999 Agricultural Water Withdrawal Report by Gallons, submitted early this year, there was a written comment beside Mr. Simpson's name that stated "Deceased '96 property no longer run as a nursery. Only a residence". Under the changes heading was another written comment "New owner as of 5/31/99 Thomas Stanton".

In accordance with the comment that there is no longer a nursery, it appears that there is no longer a need for this permit. Therefore, the permit has been inactivated.

If in the future your needs should change, a new permit application may be submitted at that time. Should you have any questions concerning this matter, please contact me at 410-631-3627.

Sincerely,

Marianna L. Eberle
Public Health Engineer
Water Rights Division

cc: Howard County Health Department