WELL COMPLETED PERSON ING ONLY A SI ON ALL CARGO PERSON ING ONLY PERSON ING ONLY PERSON ING ONLY	C 8915 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
NOTICE SECURITY OF THE WELL COMPLETED DOES THOUSE ON THE WELL COMPLETED DEPTH OF GROUPE OF THOUSE ON THE WELL WELL COMPLETED DOES THOUSE ON THE WELL COMPLETED DOES THOUSE ON THE WELL WELL COMPLETED ON THE	1 2 5 6		
DOUBLE BORGON TO WARREST OR REPORT OR TOWN STREET OR TOWN STREET OR REPORT OR TOWN STREET	ÎN COLS. 3-6 ON ALL CARDS)	* PLEASE TYPE	PERMIT NO.
OWNERS TO THE PROPERTY OF THE	DATE Received MM- / DD /		22/66 FROM "PERMIT TO DRILL WELL"
OWNER STREET OR REP SUBDIVISION WELL LOT WELL LOG Not required for driving walls FIGURE BURG OF CHANATONIA SHIPTING THE DEBTION OF COOK DRIVING SHIPTING SHIPTING THE DEBTION OF COOK DRIVING SHIPTING THE SHIPTING THE SHIPTING SHIPTING SHIPTING THE SHIPTING	90 22	AND THE RESERVE OF THE PARTY OF	28 29 30 31 32 33 34 35 36 37
STREET OR RED WELL LOS Not regulated for defined wells FIRE THE USE of FORMANCHE PROFESSAND AND SERVED FIRE SUPERANCHE PROFESSAND AND SERVED FIRE SUPERANCH PROFESSAND AND SERVED FIRE SU	Detronci	5	of the effective
SUBDIVISION WELL LOG Not regarded for defen wells FOR CHARGE PLAN IN CONCENSION OF WATER SEAMED COCKED BETT THEORIES AND OF WATER SEAMED COCKED BETT THEORIES AND OF WATER SEAMED FOR COCKED BETT THEORIES AND OF WATER SEATED FOR COCKED BETT THEORI	last name to to 0	TOWN	Carksvijie
NOT THE LAND OF FORMATION THE THE COOK OF FORMATION ENGINEERS AND COOK OF THE CONTROL OF THE LAND OF FORMATION THE THE COOK OF THE CONTROL OF THE LAND OF TOWNS AND COOK OF THE CONTROL OF THE LAND OF	SUBDIVISION WAINUT Grov	VOC. DO	
SCHEEN RECORD TO SOLUTION TO THE SHOOL OF POWERS AND THE THE THE SHOOL OF THE SHOO		GROUTING RECORD	
DEMENT (CLM) Selection (Selection) Selection (Selectio		(Circle Appropriate Box) 44 44	PUMPING TEST
DESCRIPTION OF THE STANDARD PUMPING RATE (gall, per min.) Set wild a support of Boot Set. (to nearest fool) toom with a fine particle of the			HOURS PUMPED (nearest hour)
GALLONS OF WATER CLay SALLY SALLY GALLONS OF WATER Control of throm surface) CLay SALLY SALL	DESCRIPTION (Use additional sheets if needed) FROM TO bearing		PUMPING RATE (gal. per min.)
MAIN Nominal diameter Total depth (nearest loci) MAIN Nominal diameter Total depth (nearest loc	Tag Sail 01		METHOD USED TO
Casing Control of it from surface) CASING RECORD UNICK 4 SALUA STORE SALUA STALLED			
SALUS STORE 20 25 MICKA 33 33 35 MICKA 34 36 MICKA 35 35 MI			WATER LEVEL (distance from land surface)
WHEN PUMPING Types of DIT Type of PUMP USED (for test) WHEN PUMPING Type of PUMP USED (for test) WHEN PUMPING Type of PUMP USED (for test) Type of PUMP USED (for test) A lair P pieton T turbine Total depin of man casing (neavest loot) Type of PUMP installed Total depin of man casing (neavest loot) Total depin of man casing (neavest loot) Total depin of man casing (neavest loot) Type of PUMP installed Total depin of man casing (neavest loot) Type of PUMP installed Type of	14 mm	CASING DECORD	BEFORE PUMPING 20 ft.
SALL Stores MAIN Nominal diameter (measure introduction in the control of the co	CAN Store 90 25	types ST CO	67
MAIN CASING MAIN C	1 244 75 130	appropriate STEEL CONCRETE	22 25
Source	MICKY	below /	
Source	Squel Stone 130 3	INIAIIV	27 27 27
Source	MICK4 135 200	CASING top (main) casing of main casing	C centrifugal R rotary O (describe
OTHER CASING (if used) diameter ingh from to Circle appropriate one of the place	Julic.	PL 6 84	27 Delow)
NUMBER OF UNSUCCESSFUL WELLS: NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED WELL CONVENTED TO PRODUCTION WELL MAS BANDONED AND SEALED P TEST WELL CONVENTED TO PRODUCTION WELL HHERBY CERTIFY INAT THIS WELL HAS BEEN CONSTRUCTOR AND IN CONCOMMENCENT HOUSE AND SEALED P TEST WELL CONVENTED TO PRODUCTION WELL HERBY CERTIFY INAT THIS WELL HAS BEEN CONSTRUCTOR AND IN CONCOMMENCENT HOUSE AND SEALED P TEST WELL CONVENTED TO PRODUCTION WELL HERBY CERTIFY INAT THIS WELL HAS BEEN CONSTRUCTOR AND IN CONCOMMENCENT HOUSE AND SEALED P TEST WELL CONVENTED TO PRODUCTION WELL HERBY CERTIFY INAT THIS WELL HAS BEEN CONSTRUCTOR AND IN CONCOMMENCENT HOUSE AND SEALED P TEST WELL CONVENTED TO PRODUCTION WELL HAS BEEN CONSTRUCTOR AND ONLY THE INFORMATION PRESENTED NO CONCOMMENCENT HOUSE AND SEALED WINDOWN CONCOMMENCENT HOUSE AND SEALED WINDOWN CONCOMMENCENT HOUSE AND SEALED WIN			
NUMBER OF UNSUCCESSFUL WELLS: NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED VINDER OCIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED PETST WELL CONVERTED TO PRODUCTION ELECTRIC LOG OBTAINED PETST WELL CONVERTED TO PRODUCTION WELL HERBEY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN NO COMPANCE WITH ALL CONSTRUCTED AND CONSTRUCTED IN NO COMPANCE WITH ALL CONSTRUCTED AND CONSTRUCTED IN NO CONSTRUCTION AND IN CONVENIENCE WITH COMPANIENCE WITH ALL CONSTRUCTED IN NO CONSTRUCTION AND IN CONVENIENCE WITH ALL CONSTRUCTED IN NO CONSTRUCTION AND IN CONVENIENCE WITH ALL CONSTRUCTED IN NO CONSTRUCTION AND IN CONVENIENCE WITH ALL CONSTRUCTED IN NO CONSTRUCTION AND IN CONVENIENCE WITH ALL CONSTRUCTED IN NO CONSTRUCTION AND IN CONVENIENCE WITH ALL CONSTRUCTED IN NO CONSTRUCTION AND IN CONVENIENCE WITH ALL CONSTRUCTED IN SETTING PRESENTS OF SCREEN SET OF SCREEN SE	1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	A diameter depth (feet)	1 O Ma
SCREEN RECORD STEEL BRASS OPEN BRONZE DIST DIRECT OTHER NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED WELL HIS WELL WAS ABANDONED AND SEALED E ELECTRIC LOG OBTAINED WEST WELL CONVERTED TO PRODUCTION WEST WELL CONVERTED TO PRODUCTION WEST WELL CONVERTED TO PRODUCTION WEST WEST CONSTRUCTED IN THIS WELL WAS GENOMATION THE ABOVE CAPTIONED FERMIT, MAD THAT THE INFORMATION PRESSENCE BOOK DATE OF SCREEN S SCREEN RECORD STEEL BRASS OPEN BRASS OPEN BRANS OPEN BRANS OPEN GALLONS PER MINUTE (In nearest ft.) TOTHER PUMP COLUMN LENGTH (nearest ft.) A WELL WAS ABANDONED AND SEALED LAND SURFACE S S S S S S S S S S S S S S S S S S S	0,10/0	C	
SCREEN RECORD or open hole insert appropriate in properties in sert appropriate in properties in service in properties in service in properties in service in servi		\$ 27	
SCREEN INCH STEEL BIRS BRONZE HOLE CODE STEEL BIRS BRONZE HOLE CODE STEEL BRONZE HOLE CODE			
NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED WELL HYDROFRACTURED Ves No. 2 DEPTH (nearest ft.) DEPTH (nearest ft.) DEPTH (nearest ft.) WELL HYDROFRACTURED Ves No. 2 DEPTH (nearest ft.) DEPTH (nearest ft.) DEPTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE LAND SURFACE LAND SURFACE LAND SURFACE So S	(4 *	Screen type	TYPE OF PUMP INSTALLED
Insert appropriate code below STEEL BRASS HOLE CAPACITY : GALLONS PER MINUTE (to nearest gallon) 31 35		, SIII BIRI INIU	IN BOX 29.
NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED WELL HYDROFRACTURED WELL WAS ABANDONED AND SEALED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL HERBEY CERTIFY THAT THIS WELL WAS COMPLETE IN CONFORMANCE WITH ALL CONDITIONS STATED IN PRESENTED IN CONFORMANCE WITH ALL CONDITIONS STATED IN PRESENTED IN CONFORMANCE WITH ALL CONDITIONS STATED IN PRESENTED WENDEREN IS ACCUPATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIG NO. 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE on APPLICATION) LIC. NO. 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE on APPLICATION) SITE SUPPERVISOR (sign. of different from permitteen) SITE SUPPERVISOR (sign. of different from permitteen) To TO TO TO TO THE STATE OF THE SECOPE SITE SUPPERVISOR (sign. of different from permitteen) TELESCOPE LOG AND THE MEAN AND AND AND AND AND AND AND AND AND A		appropriate STEEL BRASS OPEN BRONZE HOLE	GALLONS PER MINUTE
NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED WELL HYDROFRACTURED ORDER OF UNSUCCESSFUL WELLS: DEPTH (nearest ft.) DEPTH (near		below PL OII	
NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED YES CIRCLE APPROPRIATE LETTER A WELL WAS COMPLETED WHEN THIS WELL WAS COMPLETED P TEST WELL CONVERTED TO PRODUCTION WELL HERBEY CERTIFY THAT THIS WELL AS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26 04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONVERTION TO THAT THE INFORMATION PRESENTED HERBEN IS ACCURATE AND COMPLETE TO THE BESY OF MY KNOWLEDGE DRILLERS LIC NO. 1 DRILLERS LIC NO. 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 SITE SUPPRISIOR (sign, of driller or journeyman persentelled for circurcy if different from permittee) SITE SUPPRISIOR (sign, of driller or journeyman persentelled for circurcy if different from permittee) TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE TO TO TO TO THE SENT ON ATTORNOON AND APPLICATION) TELESCOPE TELESCOPE TO TATE TO THE SUCCESSFUL TO THE SEST OF MY ATTORNOON AND APPLICATION) TO TO TO TO THE FILLED IN BY DRILLER) TO TO TO TO THE SUCCESSFUL TO THE SENT OF MY AND TO THE SENT OF MY AND TO THE SUCCESSFUL TO THE SENT OF MY AND THE SUCCESSFUL TO THE SUCCESSFUL TO THE SENT OF MY AND THE SUCCESSFUL TO THE SENT OF MY AND THE SUCCESSFUL TO THE SENT OF MY AND THE SUCCESSFUL TO T			
WELL HYDROFRACTURED WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED IN MELL WAS COMPLETED TO PRODUCTION WELL I MAD A WELL WAS COMPLETED TO PRODUCTION WELL I MAD SURFACE E LECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I MAD SURFACE SLOT SIZE 1 2 3	NUMBER OF UNGLICOESSEII WELLS.		PUMP COLUMN LENGTH
WELL HYDROFRACTURED CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTION AND ACCORDANCE WITH LL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCUPATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 SITE SUPERVISOR (sign. of driller or journeyman resease) bld for gippungly in different form permittee) SITE SUPERVISOR (sign. of driller or journeyman resease) bld for gippungly if different from permittee) TELESCOPE LAND SURFACE SECONSITY OF THE ABOVE LAND SURFACE SELECT SURFACE LAND SURFACE SOLUTION SURFACE LAND SURFACE SOLUTION SURFACE LAND SURFACE LAND SURFACE SOLUTION SURFACE LAND SURFACE SOLUTION SURFACE LAND SURFACE SOLUTION SURFACE LAND SURFACE LAND SURFACE SOLUTION SURFACE		-1 HO HOZ 200	43 47
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 25.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH COMAR 25.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCUPATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIG. NO. 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 DIAMETER OF SCREEN GRAVEL PACK IF WELL DRILLER WAS ABANDONED AND SCALED (NEAREST INCH) TO TO TO BE FILLED IN BY DRILLER) TO TO TO TO TO TO TO TO THE BEST OF MY (NOT TO BE FILLED IN BY DRILLER) TO TO TO TO TO TO TO THE BEST OF MY (NOT TO BE FILLED IN BY DRILLER) SITE SUPERVISOR (sign. of driller or journeyman proposition) for citowork if different from permittee) TELESCOPE LOG. TATO TO TO THE DESCRIPTION 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) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TO T		A 18 19 11 15 17 21	and enter casing height)
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 HERBIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC. NO. 1 M D		H 23 24 26 30 32 36	LAND SURFACE
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 ACCORDANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HERIEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIG. NO. 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D	A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	C 3	below foot)
WELL		., 00 00 41	
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. I M D I GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. I D I 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 SITE SUPERVISOR (sign. of driller or journeyman recognible for citowork if different from permittee)	WELL	E SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS
DRILLERS LIC. NO. I M D I I GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 DRILLERS SIGNATURE (MUST MATCH SIGNAFURE ON APPLICATION) LIC. NO. I D I I (E.R.O.S.) SITE SUPERVISOR (sign. of driller or journeyman recognible for sitework if different from permittee)	ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE	OF SCREEN INCH)	LANDMARKS AND INDICATE NOT LESS
DRILLERS LIG: NO. 1 M D 1 I GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q SITE SUPERVISOR (sign. of driller or journeyman representation) of the control of the	CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY	56 60	THAN TWO DISTANCES
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D T (E.R.O.S.) SITE SUPERVISOR (sign. of driller or journeyman recognible for sitework if different from permittee) TELESCOPE LOG 74 75 76 TELESCOPE LOG 774 75 76 TELESCOPE LOG 774 75 76 TELESCOPE LOG 774 75 76	< 112		/ / / / / / / / / / / / / / / / / / /
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D T (E.R.O.S.) SITE SUPERVISOR (sign. of driller or journeyman representable for sitework if different from permittee) SITE SUPERVISOR (sign. of driller or journeyman representable for sitework if different from permittee)	DRILLERS LIC. NO. 1 M. D. T. T.	IF WELL DRILLED WAS FLOWING WELL	Gnos
SITE SUPERVISOR (sign. of driller or journeyman representation for sitework if different from permittee) SITE SUPERVISOR (sign. of driller or journeyman representation) TELESCOPE LOG 74 75 76 TELESCOPE TELESCOPE TOTAL PARTY OF THE P	DRILLERS SIGNATURE	INSERT F IN BOX 68 68	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG TOTE DATA OTHER DATA		(NOT TO BE FILLED IN BY DRILLER)	CIUK. / 25
SITE SUPERVISOR (sign. of driller or journeyman SITE SUPERVISOR (sign. of driller or journeyman TELESCOPE LOG TO TO TO TO TO TO TO TO TO	LIC. NO.1	T (E.R.O.S.) W Q	1 1
TELESCOPE LOG	0 -		50' 10
	SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG	1 fren

B	1 0928 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
1	2 3 6 (MDE USE ONLY)	APPLICATION FOR PL	ERMIT TO DRILL WELL	40-95-01121
		12721/ pleas		70 73 072
	Data Passived (APA)	MD25.134		fill in this form completely
	Date Received (APA) OWNER INFOR	DAMATION	B 3 Howar	LOCATION OF WELL
	8 MM DD YY 13	IIVIATION	8 COUNTY	21
	Land MKTG Con 15 Last Name Owner	Sultants Tre	23 SUBDIVISION	Grove 42
	30/00 Washington	Rd	SECTION L	LOT 1 23
	36 Street or RFD	55	44 46	48 50
	Glenwood MD	21738	Clarks	VIILE
		72 Zip 76	52 NEAREST TOWN	71
	Baleh 1= Mayre	150 117.	MILES FROM TOWN (enter	0 if in town) 2 M 1 73 76 77 78
	Driller's Name 76	6 License No. 81	B 4	Sweet Mendow LA
	Firm Name E Mayne	INC	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
	17024 Hardy Rd.Mt.A.	ky MD 21771	NW 8 NE	ON WHICH SIDE OF ROAD NORTH
	Ish & Meyers	11-20-05	8-9 8-9	(CIRCLE APPROPRIATE BOX)
	Signature	Date	W TOWN E	34 300 37 South
1 E		5_		DISTANCE FROM ROAD
	(GAL. PER MIN.) 8	57)0 12	S _W S S _E S S S S S S S S S S S S S S S S S S S	ENTER FT OR MI 38 39
	AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	8	TAX MAP: BLK: A PARCEL
	USE FOR WATER (CIRCLE APP			BE FILLED IN BY DRILLER DEPARTMENT APPROVAL
	DOMESTIC POTABLE SUPPLY & RESIDEN IRRIGATION	TIAL	Howard	(13) A517422
	F FARMING (LIVESTOCK WATERING & AGRII IRRIGATION	CULTURAL	COUNTY NAME STATE	COUNTY NO.
22	2 I INDUSTRIAL, COMMERICIAL, DEWATERIN	G / / / / / / / / / / / / / / / / / / /	SIGNATURE	INSERT S ———————————————————————————————————
	P PUBLIC WATER SUPPLY WELL		DATE ISSUED	Tran 1/30 hon 0/10/2007
	T TEST, OBSERVATION, MONITORING		43 MM DD YY 48	CO SIGNATURE EXP. DATE
	G GEO-THERMAL		NORTH 50700	0.0 EAST 8/4 0.00
-			50	55 57 63
	APPROXIMATE DEPTH OF WELL 15	O FEET	SHOW MAJOR FEATURES BOX & LOCATE WELL — WITH AN X	OF
	APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING W.	ATER (
	METHOD OF DRILLING	(circle one)	2.	
	BORED (or Augered) JETTED	Jetted & DRIVEN	3.	e de la
30	AIR-ROTary AIR-PERcussion R	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	sangre taken
37	CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	burng field test
	other		Oldin	8/23/06
	REPLACEMENT OR DEEPER		E 3134	
	(CIRCLE APPROPRIATE		Sad =	000
	THIS WELL WILL NOT REPLACE AN EXISTING		N _309/	
	Y THIS WELL WILL REPLACE A WELL THAT W ABANDONED AND SEALED	ILL BE		SHOWING LOCATION OF WELL IN WNS AND ROADS AND GIVE
20	S THIS WELL WILL REPLACE A WELL THAT W			NEAREST ROAD JUNCTION
39	AS A STANDBY-CONTACT LOCAL APPROVIN	NG AUTHORITY	0	/4
	THIS WELL WILL DEEPEN AN EXISTING WE	LL Land	70	Horeel
	PERMIT NUMBER OF WELL TO BE REPLACED OR (IF AVAILABLE) 41		N × /a	WATKINS 20
		52	A 39/800	LA Bridge
	Not to be filled in by driller (MDE OR CC		1030 11365	
	APPROP. PERMIT NUMBER #2 200	25 G 006	F.15	
2	PERMIT No 70 71 72	95-042	nen	
	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)313-2640 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. Do It Plumbing! benting Telephone #: 240 88-2006 F (Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Duane Gilbert License# 21859 *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. Telephone #: 410-480 0023 Lot #: 73 Well Tag #: HO - 95 - 0421 Name of Property Owner: TBE. Subdivision: WALAUT Grove Site Address: Sweet Mendow Lymp 5227 Clarksulle, md. 21029 Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Goulds Make: Aprilan Granty Model#: P+ 800 ML. Two piece watertight cap: yes Model #: 14515-1104AUAr Sul-a Screened, vented well cap: 1/25 Pump Capacity /2 GPM Well Yield: 8 GPM Depth: 1/e (36" min) Cap secured to casing: ves NSF approved: 4es Conduit min 18" B.G.: 1/05 Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: Yes 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 Mo Piping to house
Type: poly - well p. pley
PSI: Ves (160 psi min)
Depth of supply line: Ves (36" min) **House Connection** PVC sleeved to undisturbed soil at wall penetration: # 15 Approximate length of sleeve: 10 ++ Sleeve caulked and sealed properly: Ves - farrel/concrete 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

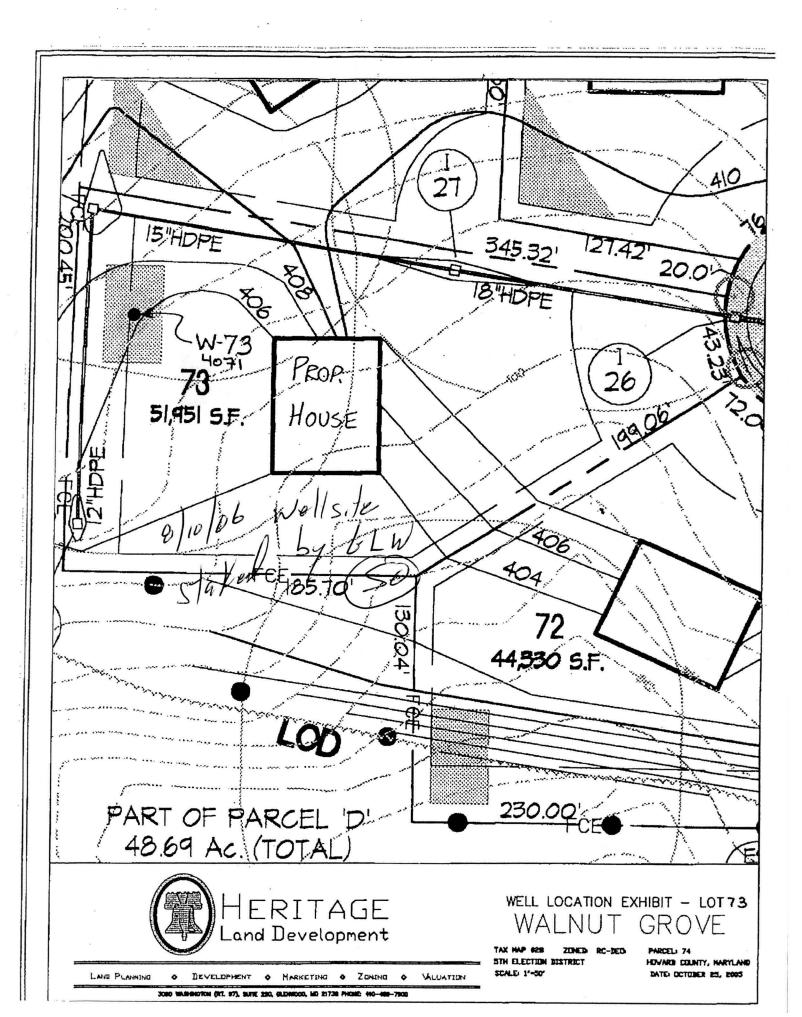
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM

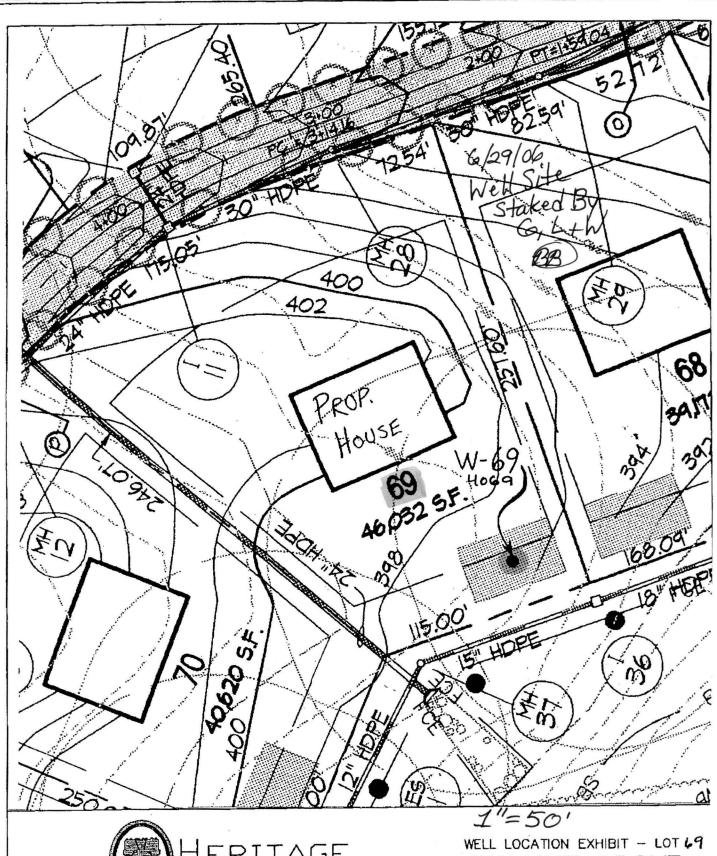
TEL: (410)313-2640 FAX: (410)313-2648

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 manifestal and COMAR 26.04.04 (MD Well

Company Na Addr	me:	Telepi	required prior to Use and Occupancy approval. hone #:
Name (Print) *A licensed i supervision of	ndividual must perform	Licensed Well Driller	Licensed Well Pump Installer tion: License# Apprentices must be under the direct up installer or well driller. Licenses may be
Name of Prop	erty Owner:	Tal	ephone #:
Subdivision: Site Address:	5227 Sweet	Meadow	#: 73 Well Tag #: HO -95-042
Make: Model #: Pump Capacity Well Yield: Depth of well e If pump capacit Torque arrestor	GPM GPM encountered at time of put ty exceeds well yield, a lo	np installation: (feet)	Conduit secured to well cap: equired by NSPC 1990 Section 17.8.4
Piping to hous Type: PSI:(160 Depth of supply		House Connection PVC sleeved to undistract Approximate length of Sleeve caulked and sea	urbed soil at wall penetration:
approval prior	oly line is required to be x, drainfields, and sewa to installation.	at least ten feet from the ge reserve area. If this ca	septic tank, pump chamber, sewage piping, annot be accomplished, contact this office for
			date
	For Health Depart	ment Use Only - Not to b	e completed by Installer
Date Insp. Requenspection Data	Pitless adapter and wate Two piece cap installed Elec. conduit extends at Safety rope installed ins Correct well tag attached	Date Insp. A r supply line at least 36" be and attached to casing seculeast 18" below gradelattacide of well casing a broperly and casing 8" abd adequately at house come	pproved: 9/15/2011 BB elow grade urely thed to cap properly
D-215(Rev.	8/00)		13 -11





TERITAGE and Development

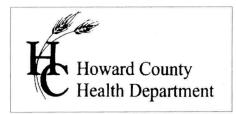
WALNUT GROVE

ZONED RC-DED 5TH ELECTION DISTRICT

SCALD 1'-50'

HOWARD COUNTY, MARYLAND DATE: DCTUBER 25, 2005

VALUATION LAND PLANNING



7178 Columbia Gateway Dr. • Columbia, MD 21046

(410) 313-2640 TDD (410) 313-2323

Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

2	The	well site has been staked by	Gutschick, Little & Weber
	on	11/10/2005	
		will call th	e Health Department
	for	a time to meet in the field to	verify a well location.
1	Site	plan for new well is attached	to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

> Facebook: www.facebook.com/hocohealth Twitter: HowardCoHealthDep

Peter L. Beilenson, M.D., M.P.H., Health Officer

Expiration Date – February 27th 2013

August 27th, 2012

Homeowner 5227 Sweet Meadow Lane Clarksville, MD 21029

RE: Walnut Grove, Lot 73

> **5227 Sweet Meadow Lane Building Permit: B11000151** Well Permit: HO-95-0421

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 8/24/2012. Final approval of the well line connection to the dwelling was granted on 9/15/2011. The well construction was completed on 8/23/2006. Water samples were collected on 8/8/2012.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0421. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire six months from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

Approving Authority,

Heidi Scott, R.S.

Environmental Sanitarian Well & Septic Program

cc:

Howard County Dept. of Inspections, Licenses, and Permits Community Hygiene Program



TRACE LABORATORIES, INC

5 North Park Drive Hunt Valley, MD 21030 USA Telephone: 410/584-9099 / Fax: 410/584-9117 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

4105849117

Requester:

S/O Number: 86156

Trinity Homes/TBI Homes 3675 Park Avenue Suite 301 Ellicott City, Maryland 21043 Report Date: August 9, 2012

Property Sampled:

5227 Sweet Meadow Lane, 21029

Sample Location:

Pressure Tank Tap

Building Permit #: Sampler ID #:

B11000151 4723TL

Residual Chlorine:

<0.1 mg/L

Samples Iced:

Yes

County:

Howard

Subdivision:

Walnut Grove

Map:

28

Parcel:

Lot #:

73

Date/Time Collected in Field:

Date/Time Received in Lab:

August 8, 2012 @ 9:54 am

METHOD

SM 9223B

SM 9223B

SM 4500D

EPA 180.1

EPA 150.1

August 8, 2012 @ 3:30 pm

Well Tag #:

HO-95-0421

Well Condition:

PARAMETER

Total Coliform

E. coli

Turbidity

pH

Sand

Nitrate

2-Piece Cap, 1 Bolt Loose, Cap Secure

MCL/*SMCL

Absent

Absent

10 mg/L as N

10 NTU

Absent

*6.5-8.5 Units

Water Treatment/Conditioning:

Sediment Filter

re O	Kydo ofle Zava
RESULT	PASS/FAIL
Absent 🗸	Pass
Absent	Pass
.6 mg/L as N 🌼	Pass
<1.0 NTU	Pass
7.5 Units 🗸	***

Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

> tothermor. Katherine C. Higgs

Absent

Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.