STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WITHIN (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. WELL COMPLETION REPORT COUNTY **FILL IN THIS FORM COMPLETELY** (THIS NUMBER IS TO BE PUNCHED A511456 NUMBER PLEASE TYPE IN COLS. 3-6 ON ALL CARDS) PERMIT NO.
FROM "PERMIT TO DRILL WELL" ST/CO USE ONLY DATE WELL COMPLETED Depth of Well DATE Received 100 (TO NEAREST FOOT) 29 30 31 32 33 34 35 36 37 OWNER wain wright TOWN STREET OR RFD. Wain Wright 9 SECTION Susan WELL LOG **GROUTING RECORD** 3 WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **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) BENTONITE CLAY BC CEMENT CM DESCRIPTION (Use additional sheets if needed) FROM TO NO. OF BAGS NO. OF POUNDS_ PUMPING RATE (gal. per min.) 0 overburden GALLONS OF WATER_ AX METHOD USED TO MEASURE PUMPING RATE DEPTH OF GROUT SEAL (to nearest foot) 25 700 52 ft. to ______ ft. WATER LEVEL (distance from land surface) (enter 0 if from surface) **BEFORE PUMPING** CASING RECORD casing types CONCRETE SIT insert WHEN PUMPING appropriate code OT TYPE OF PUMP USED (for test) below BACKF. Iled turbine piston Total depth Nominal diameter MĂIN of main casing top (main) casing CASING other (nearest foot) (nearest inch)! TYPE (describe centrifugal rotary below) 66 60 61 63 64 J jet S submersible OTHER CASING (if used) diameter depth (feet) from inch **PUMP INSTALLED** DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD screen type or open hole TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) BR HO IN BOX 29. insert CAPACITY: GALLONS PER MINUTE appropriate HOLE BRONZE code OT 35 (to nearest gallon) **PUMP HORSE POWER** 41 C 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) CASING HEIGHT (circle appropriate box 21 WELL HYDROFRACTURED N and enter casing height) above CIRCLE APPROPRIATE LETTER 49 LAND SURFACE 30 32 36 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED (nearest) below foot) **ELECTRIC LOG OBTAINED** 50 51 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SLOT SIZE 1_ SHOW PERMANENT STRUCTURE SUCH AS 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. BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS DIAMETER (NEAREST OF SCREEN THAN TWO DISTANCES (MEASUREMENTS TO WELL) from to 801621 DRILLERS LIC. NO. 1 GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL INSERT F IN BOX 68 68 **BRILLERS SIGNATURE** (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO. 1 241 (E.R.O.S.) WO 00 SITE SUPERVISOR (sign. of driller or journeyman 74 75 76 responsible for sitework if different from permittee) TELESCOPE LOG INDICATOR OTHER DATA

SECULENCE NO.

SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
B 1 8615 (MDE USE ONLY)		DRILL WELL	10-011-0223
1 2 3 6		rint or type	70 fill in this form completely
Date Received (APA)		B 3	LOCATION OF WELL
OWNER INFOR	RMATION RN 7881	Howard	CC#
8 MM DD YY 13		8 COUNTY	21
Allan Homes	First Name 34	23 SUBDIVISION	t Property 42
15 Last Name Owner	First Name 34		
P. O. Box 1058 Street or RFD	55	SECTION 44 46	LOT 48 50
Columbia, Md 21044		Simpsonvill	•
57 Town 70 State 7	72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION		MILES FROM TOWN (en	
George F. Easterday No. 276		B 4 .	73 76 77 78
L. F. EASTERday Inc	LICENSE NO.	1 2	WAINWEIGHT Road
Firm Name		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
9265 Brown Church Kd,	MT any Md 21771	NN	ON WHICH SIDE OF ROAD
Address		8 N N N N N N N N N N N N N N N N N N N	(CIRCLE APPROPRIATE BOX)
Signature of the Charles	Date		WEST S EAST
B 2 WELL INFORMATION	Date	W TOWN E	DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8	3 12	IST IST	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	500	S S S S S S S S S S	TAX MAP: BLK: PARCEL
(GAL. PER DAY) 14	20	8 NOT T	
USE FOR WATER (CIRCLE API			O BE FILLED IN BY DRILLER TH DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDEN	ΠIAL	UNITER	A 51145Ca
FARMING (LIVESTOCK WATERING & AGRI	CULTURAL	COUNTY JAME	COUNTY NO.
IRRIGATION		STATE SIGNATURE	INSERT S
22 II INDUSTRIAL, COMMERICIAL, DEWATERIN	G	DATE ISSUED	to 100 000 00 1-
P PUBLIC WATER SUPPLY WELL		43 M DD YY 48	O SIESTATURE EXP. DATE
T TEST, OBSERVATION, MONITORING		NO TH	EAST A SA
G GEO-THERMAL		GED 50	0 0 0 GRID 0 0 0 63
E. Br		SHOW JAJOR FEATUR	sof 18610
APPROXIMATE DEPTH OF WELL	FLT	XOX & LOCATE WELL VITH AN X	/ X
24	28 NEAREST		WATER 9
APPROXIMATE DIAMETER OF WELL	INCH INCH	well	0/
METHO) OF ORILLING	(circle one)		^ /
BORED (or Augered) JETTE	Jetted & DRIVEN	10	
30 AIR-ROTary AIR-PERcussion	COLARY (Hydraulic Rotary)	WE TE THE BOX NUMBE	ER /
CABLE RE (erse-ROT) y	Paive-POIN	FROM HE MAP HERE	1
other		820	
REPLACEMENT OR DEEPEL CIRCL APPROPRIATE	NED WELLS	V ·	000
THIS YELL WILL N/T REPLACE AN EXISTIN		N 488	
THIS WELL WILL PEPLACE A WELL THAT W			W SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED	W. DE WOED	A COLUMN TO THE RESIDENCE OF THE PARTY OF TH	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION TO NEAREST ROAD JUNCTION
39 S AS A STANDE CONTACT LOCAL APPROX			
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WE		W	~
PERMIT NUMBER OF WELL TO BE REPLACED OF	REEPENED		Rd) Risit
(IF AVAILABLE) 41	52	N —	(A) . C X
Not to be filled in by driller (MDE OR CO	DUNTY USE CALY)	AN THINK	11815
LARDON DERMIT WILLIAMS	GAP	1:1.3	County line
APPROP, PERMIT NUMBER 54	63		the state of the same
PERMIT No. HO	94 -2333	(108)	
SPECIAL CONDITIONS	2 73 74 75 76 77 78 79	10	<u> </u>
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			₩

Page	1	of_	
Date			

Review	

RE-TEST OF HYDROFRACTED WELL:

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3937 Location of property (road) 13060 WainWright Road Subdivision Susan Wainwright Estates LotParel 6 Block Plat Sec. Well Driller G. Edgar Harr Owner Bruce Bates
Depth of well
I. High rate pumping reservoir drawdown Time pump started OOO Pumping rate 15.00 Total time HQ to reach pumping water level 293 ft. below M.P.

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 🗗	(if used)	(gallons per
tervals		gallon bucket		minute)
0700	31 Ft			15.00
0715	102	4		10.00
0730	176	8		7.50
0745	251	//		5.45
0800	293	19		3.15
0815	296	aa		2.72
0830	297	23		2.40
0845	297.	23		2.60
0900	298	24		2.50
0915	298	24		2.50
0930	298	24		2.50
0945	298	24		2.50
1000	298	24		2.50
1015	298	24		2:50
1030	298	24		2.50
1045	298	24		250
//00 //15 //30	298	24		2.50
1/15	298	24		2.50
1130	298	24		250
1145	298	24		2.50
1200	298	24		2.50
1215	298	24		0.50
1230	298	24		2.50
1245	298	24		2.52
110 334				

Page of			Review _	
EST OF HYDROFR	CTED WELL:	FIELD DATA S		
Depth o	well 70	10 Ft	Cound 1 Ft	Sec.
I. High rate Time pum Total tim	pumping reser	voir drawdown)() reach pumping water	Pumping rate /5 level 293 ft.	
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in- tervals	below M.P.	time to fill { gallon bucket	(if used)	(gallons per minute)
1300	298 Ft	24		2.50
1315	298	24		2:50
1330	298	24		2.50
1345	298	24		2.50
1400	·			
			,	
,				
,				

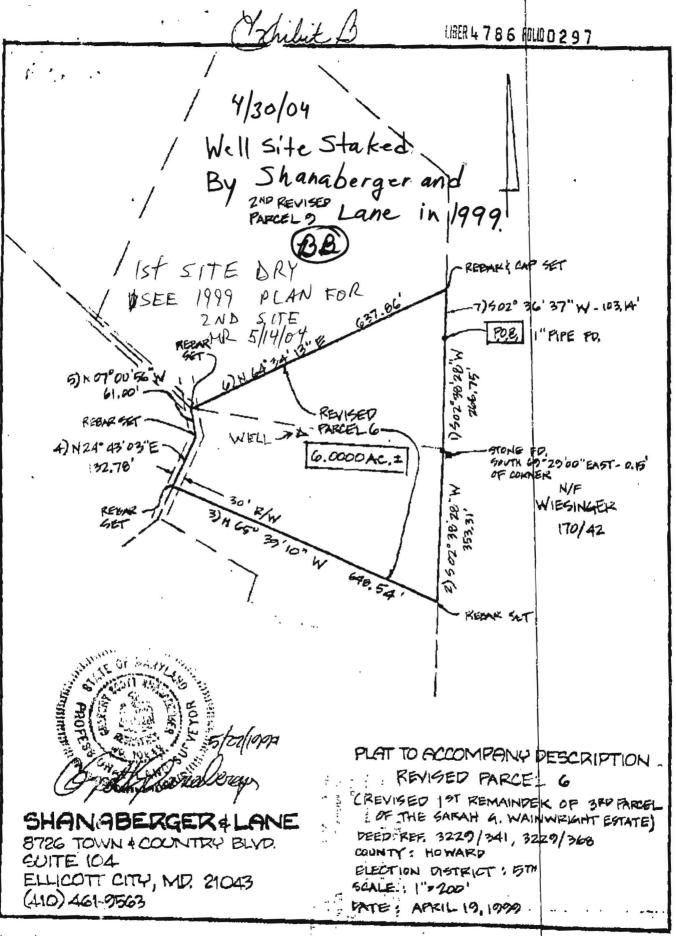
FROM :HOCO-ENVIRO

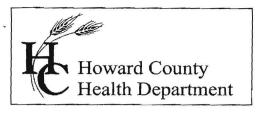
HOWARD COUNTY HEALTH DEPARTMENT OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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

NOTE: The installer is responsible for requesting an inspection prior to 9 mm 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 28:04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Geometre approval.
Company Name: TRI-COUNTY PUMP SERVICE IN Gelephone #: 30/-432-0330 Address: BOONEBORO, MD 21713-2751
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and rame of individual responsible for the field installation:
Name (Print): William Br Phith
*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: Bruce Bortes Telephone #: 30/-6/7-0/67
Subdivision: 13060 maluwight 10 Lot#: Well Tag#: HO-1094-3937
Site Address: #094-393
Submersible Pump Data Picless Adapter Well Cap and Electric Conduit
Make: Harrigan Oranby Two piece watertight cap:
Model #: SP4Fo2HL Model#: PT800 Screened, vented well cap:
Pump Capacity 5 OPM Depth: 12" (36 min) Cap secured to casing:
Well Yield 2 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 700 (feat) 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
Pining to house House Connection
Type: Black well Pipe Cresting PVC eleeved to undisturbed soil at wall penetration: Ves.
PSI: 2 (160 psi min) Approximate length of sleeve: 20
Depth of supply line: 41'(36' min) Sieeve caulked and sealed properly: yec
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.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4-25-05
Signature of company representative responsible for installation date
For Realth Department Use Only - Not to be completed by Installer
Date Insp. Requested: Date Insp. Approved: 4/25/05 BB
inspection Data: Pitless adapter and water Supply line at least 16" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to can properly
Saloty 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 great observed below pitless adapter

1 1





3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (410) 313-1771 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

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

April 26, 2005

Alfred & Kimberly Powell 13060 Wainwright Road Highland, MD 20777

SENT VIA FACSIMILE 301-617-0420

RE: 13060 Wainwright Road Highland, MD 20777 BP #: B00148014 Well Permit # HO-94-3937

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 09/08/2004. Final approval of the well line connection to the dwelling was approved on 04/25/2005.

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. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-94-3937. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample(s):

02/17/2005 & 03/03/2005

Date of Well Completion:

06/11/2004

Approving Authority,

Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File

