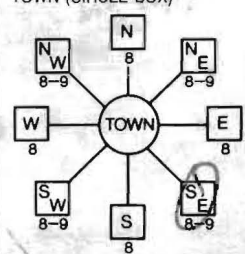
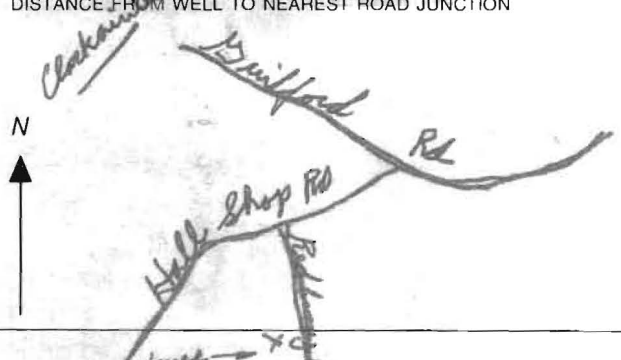


C 1		3790		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE						THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.											
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER (13) P21759															
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 9 2 04						Depth of Well 22 225' 26 (TO NEAREST FOOT) 9/24/04 O.K. (BB)						PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37 Ho 94 - 4012									
OWNER <u>Dillard</u> STREET OR RFD <u>6818 Redberry Lane</u> SUBDIVISION <u>Dogwood</u> SECTION <u>Clarksville</u> LOT <u>12</u>																							
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) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1800</u> GALLONS OF WATER <u>120</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>65</u> ft. (enter 0 if from surface)											
DESCRIPTION (Use additional sheets if needed)												FEET FROM TO Sand 0 67 Gray Mica Rock 67 225											
												CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) <u>ST</u> <u>6</u> <u>71</u> 60 61 63 64 66 70											
												OTHER CASING (if used) EACH CASING diameter depth (feet) inch from to _____ _____ _____											
												SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER C 2 DEPTH (nearest ft.) 1 2 A 8 9 11 15 17 21 C 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to											
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>												C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>12</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>45</u> ft. WHEN PUMPING <u>170</u> 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											
WELL HYDROFRACTURED Y N												PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. <u>29</u> 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 } LAND SURFACE - below } <u>2</u> (nearest foot) 49 50 51											
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.												LOCATION 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) <u>Redberry Rd</u> <u>House</u> <u>130</u> <u>104</u> <u>well</u>											
DRILLERS LIC. NO. <u>MSD 024</u> DRILLERS SIGNATURE <u>Joseph L. Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>												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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA											
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)																							

B 1 9874 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520851 please type <i>9/24/04</i>	STATE PERMIT NUMBER HO-94-4012 <small>70 fill in this form completely 79</small>
Date Received (APA) 8/27/04 <small>8 MM DD YY 13</small>		B 3 How did LOCATION OF WELL <small>8 COUNTY 21</small> Dogwood <small>23 SUBDIVISION 42</small> SECTION <u>44</u> <u>46</u> LOT <u>12</u> <u>48</u> <u>50</u> Clarksville <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <u>3 1/2</u> <small>73 76 77 78</small>	
OWNER INFORMATION 15 Last Name Dilday Owner First Name William 34 36 6818 Redberry Rd Street or RFD 55 57 Clarksville Md 21029 Town 70 State 72 Zip 76		B 4 6819 Radberry Rd <small>11 NEAR WHAT ROAD 30</small> 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>240</u> 37 DISTANCE FROM ROAD <u>57</u> ENTER FT OR MI <u>38</u> <u>39</u> TAX MAP: <u>41</u> BLK: <u>1</u> PARCEL <u>205</u>	
DRILLER INFORMATION Driller's Name Joseph L. Mayne <small>76</small> License No. MS D024 <small>81</small> Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt Airy Md 21771 Signature Joseph L. Mayne <small>8/27/04</small> Date		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  B 4 6819 Radberry Rd <small>11 NEAR WHAT ROAD 30</small> 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>240</u> 37 DISTANCE FROM ROAD <u>57</u> ENTER FT OR MI <u>38</u> <u>39</u> TAX MAP: <u>41</u> BLK: <u>1</u> PARCEL <u>205</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>4</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) P21759 COUNTY NAME COUNTY NO. STATE SIGNATURE Brian Baber <small>8/30/2005</small> INSERT S 41 DATE ISSUED 8/30/2005 CO SIGNATURE Brian Baber <small>8/30/2005</small> EXP. DATE 43 MM DD YY 48 NORTH GRID 492 000 EAST GRID 821 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8201 N 4912 000 000	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 checked="" 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-94-4012 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

**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: AVS Plg + Htg Telephone #: 410-442-2221
Address: 12630 Frederick Rd
West Friendship MD 21794

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

Name (Print): Craig Kastner License# 7080

*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: Dillard Telephone #: 301-
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-4012
Site Address: 6818 Redberry Rd
Clarksville MD 21029

Submersible Pump Data

Make: 60v10
Model #: 56505412
Pump Capacity: 5 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Martin
Model#: B10X
Depth: 36" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: 18"
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 225 (feet)

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 - sleeve wire

Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house

Type: NT160
PSI: 160 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 2'
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: [Signature] date: 9-13-04

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

Date Insp. Requested: _____ Date Insp. Approved: 9/13/04 BB

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 ✓

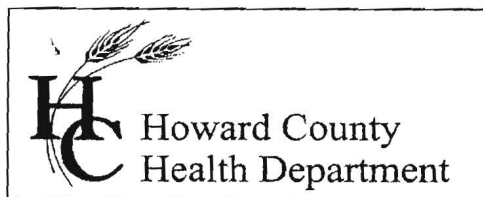
Safety rope installed inside of well casing ✓

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 ✓

→ No Sleeve - O.K.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

September 29, 2004

Mr. William G. Dilday
6818 Redberry Road
Clarksville, MD 21029

RE: **Replacement Well Issues**
6818 Redberry Road
Well Permit # HO-94-4012

Dear Mr. Dilday:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in enforcement action.

We have also noted in your file that your old hand dug well, will not be abandoned & sealed, as you will be using it as a standby. If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

cc: Community Services Program
File

Red berry Road

