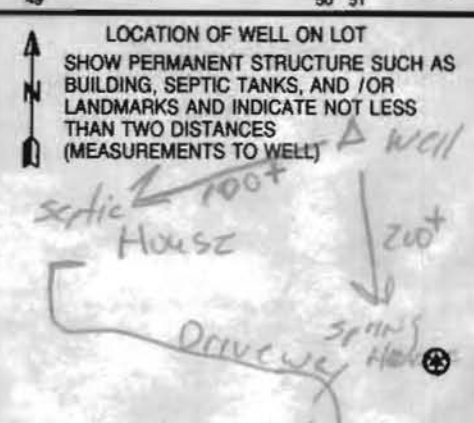
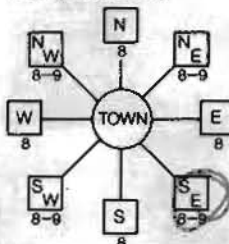
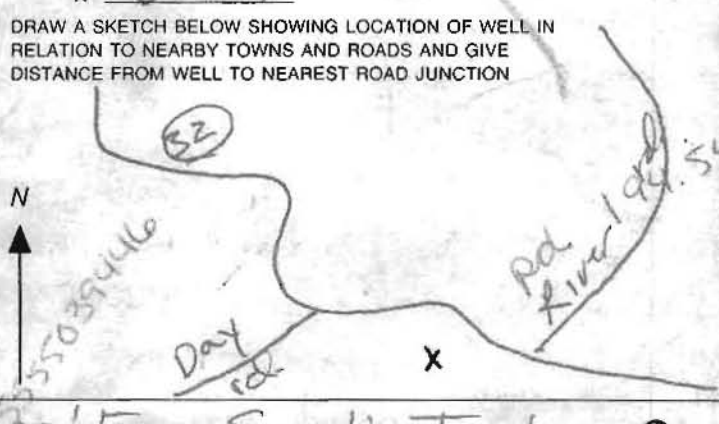


C 1	0840	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																					
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																																									
ST/CO USE ONLY DATE Received MM <u>07</u> DD <u>01</u> YY <u>11</u> 8 13		DATE WELL COMPLETED MM <u>05</u> DD <u>26</u> YY <u>11</u> 15 20		Depth of Well 22 <u>200</u> 26 (TO NEAREST FOOT)																																					
PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-95-2049</u> 28 29 30 31 32 33 34 35 36 37																																									
OWNER last name <u>Scholz</u> first name <u>Chris</u>		COUNTY NUMBER																																							
STREET OR RFD <u>900 Sykesville rd.</u>		TOWN <u>Sykesville</u>																																							
SUBDIVISION		SECTION <u>1</u> LOT <u>2</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) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>28</u> NO. OF POUNDS <u>7632</u> GALLONS OF WATER <u>168</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>52</u> ft. to <u>36</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)																																							
DESCRIPTION (Use additional sheets if needed) <table border="1" style="width:100%;"><tr><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr><tr><td>Brown shale</td><td>0</td><td>35</td><td></td></tr><tr><td>Gray Limestone</td><td>35</td><td>200</td><td>✓</td></tr></table>		FEET		check if water bearing	FROM	TO	Brown shale	0	35		Gray Limestone	35	200	✓	CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%;"><tr><td><input checked="" type="checkbox"/> ST STEEL</td><td><input type="checkbox"/> CO CONCRETE</td></tr><tr><td><input checked="" type="checkbox"/> PL PLASTIC</td><td><input type="checkbox"/> OT OTHER</td></tr></table> MAIN CASING TYPE <table border="1" style="width:100%;"><tr><td><u>PL</u></td><td>Nominal diameter top (main) casing (nearest inch) <u>06</u></td><td>Total depth of main casing (nearest foot) <u>38</u></td></tr><tr><td>60 61</td><td>63 64</td><td>66 70</td></tr></table>			<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	<u>PL</u>	Nominal diameter top (main) casing (nearest inch) <u>06</u>	Total depth of main casing (nearest foot) <u>38</u>	60 61	63 64	66 70														
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OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to																																									
SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%;"><tr><td><input checked="" type="checkbox"/> ST STEEL</td><td><input type="checkbox"/> BR BRASS</td><td><input type="checkbox"/> HO OPEN HOLE</td></tr><tr><td><input type="checkbox"/> PL PLASTIC</td><td><input type="checkbox"/> OT OTHER</td><td></td></tr></table>			<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																		
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		C 2 DEPTH (nearest ft.) <table border="1" style="width:100%;"><tr><td>1 <u>HO</u> 38 200</td></tr><tr><td>2</td></tr><tr><td>3</td></tr><tr><td>4</td></tr><tr><td>5</td></tr><tr><td>6</td></tr><tr><td>7</td></tr><tr><td>8</td></tr><tr><td>9</td></tr><tr><td>10</td></tr><tr><td>11</td></tr><tr><td>12</td></tr><tr><td>13</td></tr><tr><td>14</td></tr><tr><td>15</td></tr><tr><td>16</td></tr><tr><td>17</td></tr><tr><td>18</td></tr><tr><td>19</td></tr><tr><td>20</td></tr><tr><td>21</td></tr><tr><td>22</td></tr><tr><td>23</td></tr><tr><td>24</td></tr><tr><td>25</td></tr><tr><td>26</td></tr><tr><td>27</td></tr><tr><td>28</td></tr><tr><td>29</td></tr><tr><td>30</td></tr><tr><td>31</td></tr><tr><td>32</td></tr><tr><td>33</td></tr><tr><td>34</td></tr><tr><td>35</td></tr><tr><td>36</td></tr><tr><td>37</td></tr></table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____			1 <u>HO</u> 38 200	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
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WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		PUMPING TEST HOURS PUMPED (nearest hour) <u>01</u> PUMPING RATE (gal. per min.) <u>10</u> METHOD USED TO MEASURE PUMPING RATE <u>196L</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>53</u> ft. WHEN PUMPING <u>190</u> ft. TYPE OF PUMP USED (for test) <table border="1" style="width:100%;"><tr><td><input checked="" type="checkbox"/> A air</td><td><input type="checkbox"/> P piston</td><td><input type="checkbox"/> T turbine</td></tr><tr><td><input type="checkbox"/> C centrifugal</td><td><input type="checkbox"/> R rotary</td><td><input type="checkbox"/> O other (describe below)</td></tr><tr><td><input type="checkbox"/> J jet</td><td><input type="checkbox"/> S submersible</td><td></td></tr></table>			<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine	<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)	<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible																													
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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.		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 _____ 36 _____ PUMP HORSE POWER 37 _____ 41 _____ PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____ CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>01</u> (nearest foot) 50 51																																							
DRILLERS LIC. NO. <u>M S D 009</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		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) 																																							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W O _____ 70 _____ 72 _____ 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																							

B 1	6293	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-95-2049</u> <small>fill in this form completely</small>
Date Received (APA) 8 MM DO YY 13 <u>Scholz Chris</u> 15 Last Name Owner First Name 34 <u>1813 Glenville Rd.</u> 36 Street or RFD 55 <u>Havre De Grace Md 21078</u> 57 Town 70 State 172 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 52 NEAREST TOWN <u>Sykesville</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1.8</u> from center of town 73 76 77 78		
DRILLER INFORMATION Driller's Name <u>Allen Compton</u> M S D <u>009</u> 76 License No. 81 Firm Name <u>Eagles Well Drilling</u> Address <u>P.O. Box 202 Woodbine Md.</u> Signature <u>Allen Compton</u> Date <u>2-1-11</u>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>(900) Route 32</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input checked="" type="checkbox"/> 34 <u>6600</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>9</u> BLK: <u>4</u> PARCEL <u>3</u>		
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		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		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> (13) <u>P47029</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>2/18/2011</u> CO SIGNATURE <u>Bruce Baker</u> 2/18/2011 43/ MM DO YY 48 EXP. DATE NORTH GRID <u>551</u> 000 EAST GRID <u>811</u> 000 50 55 57 63		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8101</u> N <u>5501</u>		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <u>Spring</u> <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM 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. <u>HO-95-2049</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <u>Make Sure Well is 100' From Septic Tank</u>				

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): _____ 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2049
Site Address: 700 Route 32

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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

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

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 6/22/2011 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

✓
✓
✓
✓
✓
Under Footer
✓



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

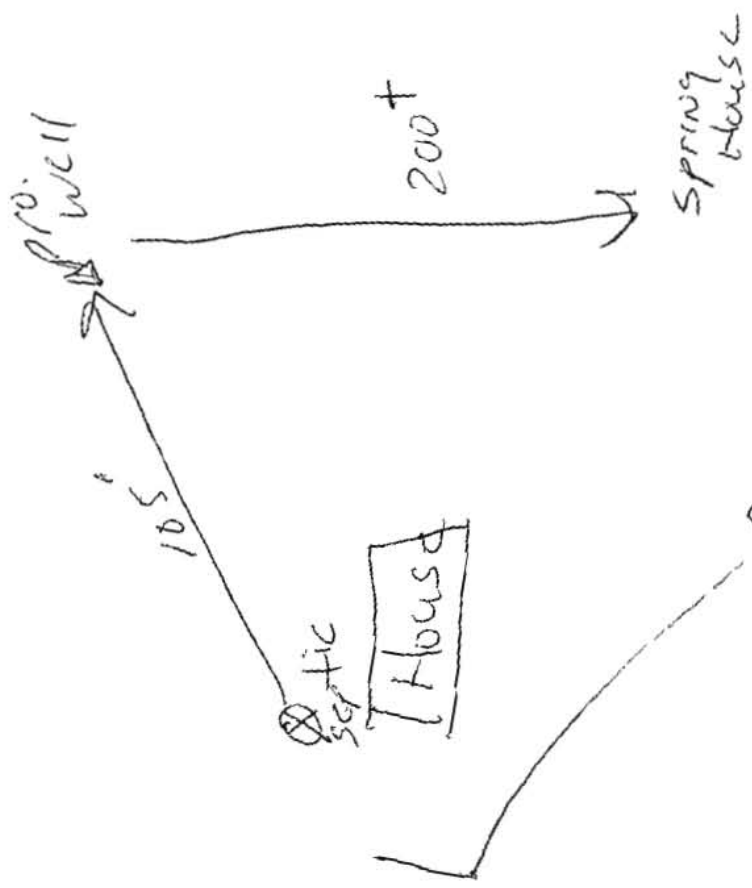
Subdivision/Property Name	Lot#	Road Name
---------------------------	------	-----------

☐ The well site has been staked by Fogles
(professional land surveyor or company employing professional land surveyors)
on 2-2-11 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

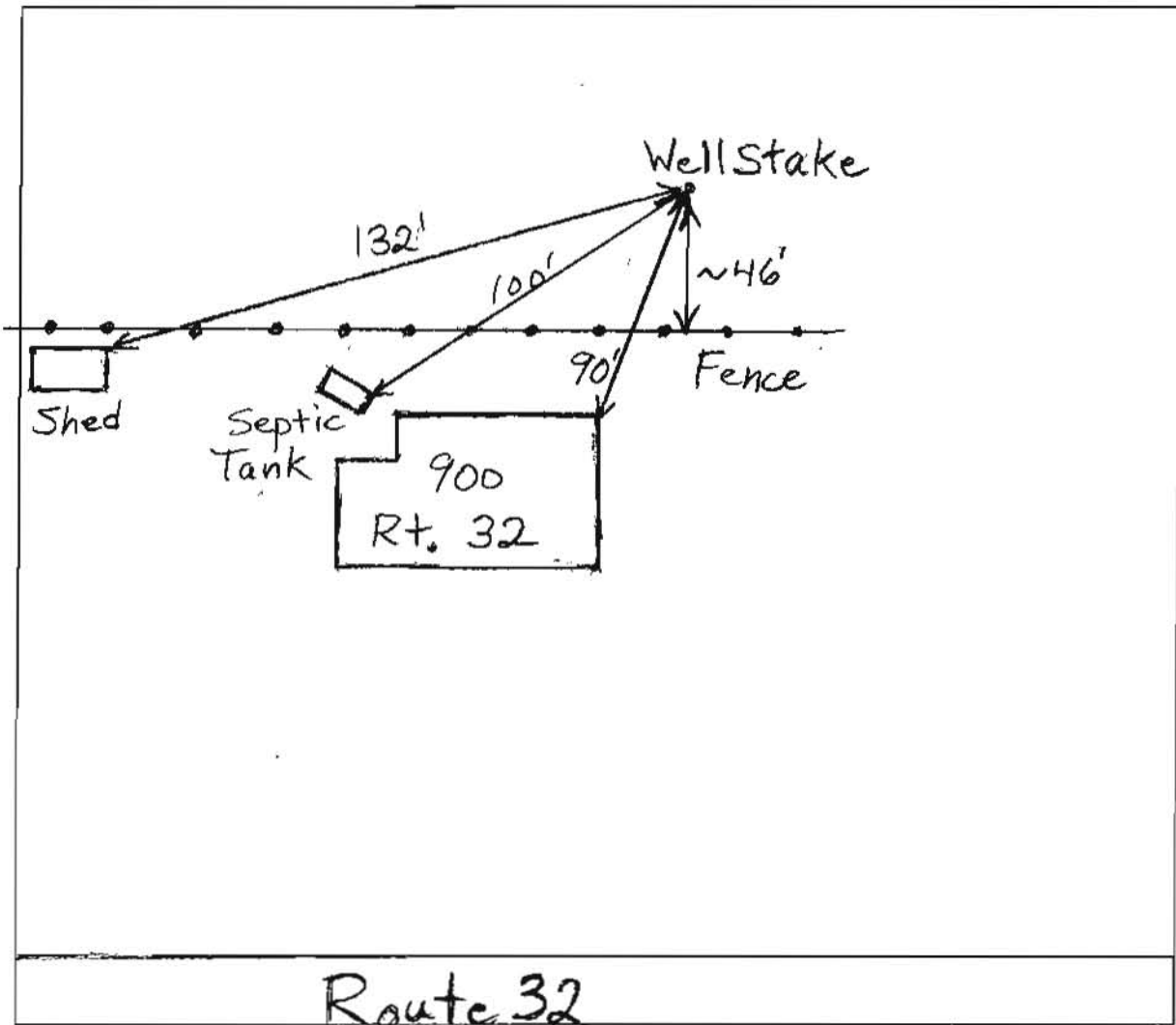
Revised 3/11/05



SITE INSPECTION SHEET

OWNER: Louis Scholz PHONE #: _____
ADDRESS: 900 Route 32 CONTRACTOR: _____
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: P47029
PROPOSAL: Drill Well to Replace Spring

LOCATION DIAGRAM



COMMENTS: 2/28/2011 Proposed Well Location. No Obvious Evidence of Failing Septic or Greywater Discharge. BB

DATE: _____ INSPECTOR: _____

contact
Sharonda

410
795-6670

King, Juanita

From: Hurley, James Michael
Sent: Tuesday, July 19, 2011 8:31 AM
To: King, Juanita
Subject: RE: Re: 900 Sykesville rd.

→ (900 Route 32) 5/26/11

Juanita,

New well and may be another address as it is a property that has future development plans.

Thank you,

Mike

From: King, Juanita
Sent: Friday, July 15, 2011 3:22 PM
To: Hurley, James Michael
Subject: Re: 900 Sykesville rd.
Importance: High

Mike,

I looked into the system for you and I didn't find any information on this address at all. Also is this a replacement well, or is this a new well also is the old well still existing. Please contact me back at your convenience.

Thanks,

Juanita

Theresa will
fax over results
in the morning.
JK.

Still waiting
on information
for this property