C 1 | 00844 | SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-36334

DATE Received

DATE WELL COMPLETED 07 27 86

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1136

OWNER HSU F.S.

STREET OR RFD (last name) SPRING HAVEN CT. (first name) TOWN ELLICOTT

SUBDIVISION FARSIDE SECTION LOT 73

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
SAND	0	27	
GRAY MICA ROCK	27	245	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 132

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	32

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	40	31	245
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE measured

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28

WHEN PUMPING 73

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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above / − below LAND SURFACE (nearest foot) 1

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 10.17.13 "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.

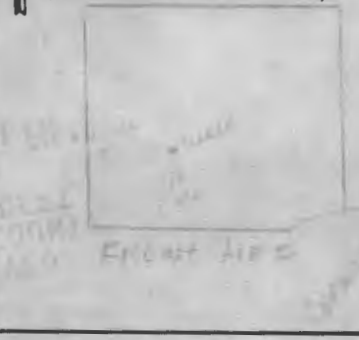
DRILLERS IDENT. NO. 230

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Frank Mayer

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

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)

N



OEP 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

HEALTH

EMERGENCY/TEMP NO. IF ANY

B 1 | 3963 | SEQUENCE NO. (OEP USE ONLY)

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER: HO-81-1305

70 fill in this form completely 79

Date Received: 012886 (1/24/86)

8 13

OWNER INFORMATION

HSU F. S.

15 Last Name Owner First Name 34

4922 FERN MILLS RD.

36 Street or RFD 55

COLUMBIA MD 21044

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Mayne — 238

Driller's Name — 77 License No. 80

Joseph L. Mayne Well Drilling

Firm Name

5512 Ridge Rd. Mt. Airy Md. 21771

Address

Joseph L. Mayne — 1/7/86

Signature — Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 260 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

30-37 ~~AIR-ROTary~~ — AIR-PERcussion — ROTARY (Hydraulic Rotary)

CABLE — REVerse-ROTary — DRive-POINT

other

REPLACEMENT OR DEEPENED 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

39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

54 63

FORCE (initials) 67 68 WRITE INITIALS IN BOX — PERMIT No. HO-81-1305

70 71 72 73 74 75 76 77 78 79

B 3

LOCATION OF WELL

HOWARD

8 COUNTY 21

FARSIDE

23 SUBDIVISION 42

SECTION 44 46 — LOT 73 48 50

ELKRIDGE (ELKIOAK)

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 3/10 MI

73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, (NW) — TOWN

Spring Haven Ct.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, WEST W, 32, E EAST, S SOUTH

34 110 37

DISTANCE FROM ROAD

ENTER FT or MI FT

38 39

NOT TO BE FILLED IN BY DRILLER

HEALTH DEPARTMENT APPROVAL

HOWARD — A-36334

COUNTY NAME — COUNTY NO.

OEP SIGNATURE — STATE HEALTH INSERT S 41

DATE ISSUED 011386 — B. Nixon — 07/13/86

43 48 CO SIGNATURE EXP. DATE

NORTH GRID 516000 50 55 — EAST GRID 0824000 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

5/13/08 Post Treatment Radium Sample Collected at Kitchen Sink

SOURCES OF DRILLING WATER

1. WELL
2.
3.

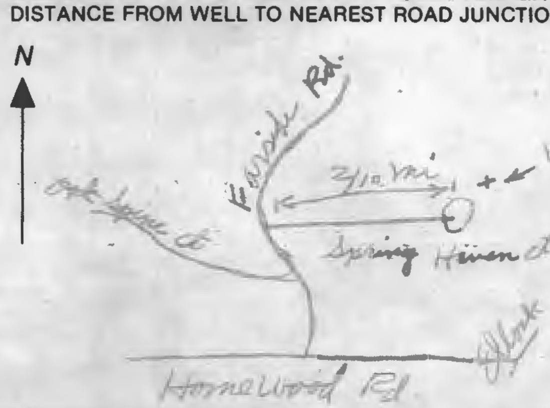
WRITE THE BOX NUMBER FROM THE MAP HERE

E 8204

N 5166

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

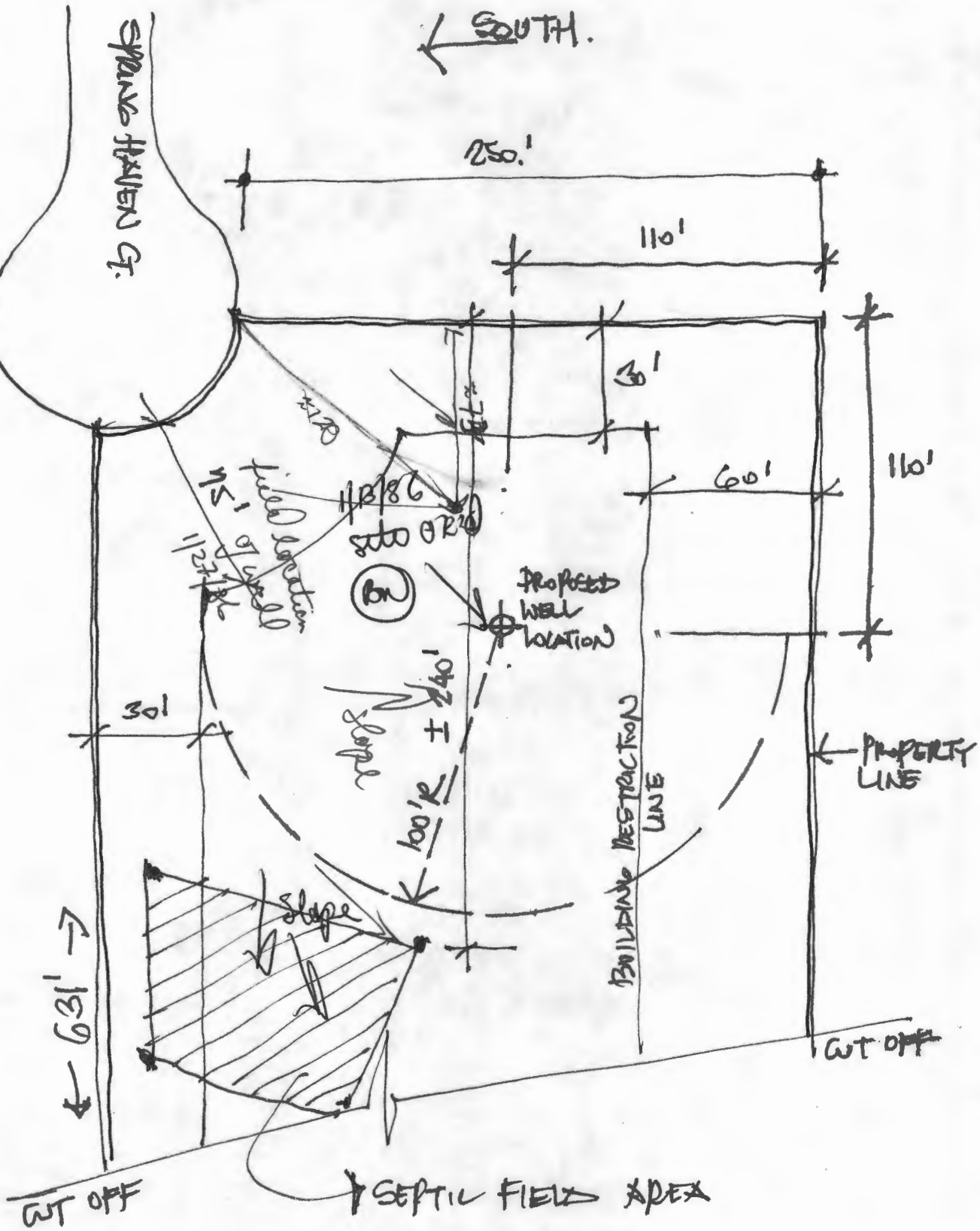


SPECIAL CONDITIONS

HEALTH

PROPOSED WELL LOCATION.

NOT @ SCALE.



LOT 73 'FARSIDE'

OWNER: MR. & MRS. S.P. HSU
4922 TEN MILLS RD.
COLUMBIA, MD. 21044
730-9074.

Page 1 of 1
Date 1/27/86

Review OK'd 2/6/86 (BW)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 811305
Location of property (road) SPRING HAVEN CT.
Subdivision FARSIDE Lot 73 Block ____ Plat ____ Sec. ____
Well Driller JOSEPH MAYNE Owner HSU, F.S.

Depth of well 245'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 28'

I. High rate pumping -- reservoir drawdown

Time pump started 10:45 Pumping rate 10
Total time 30 min to reach pumping water level 72 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill ½ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	54'	6 sec.		10
11:15	72	6		10
11:30	72	7		9
11:45	73	7		9
12:00	73	7		9
12:15	39	7		9
12:30	39	6		10
12:45	39	6		10
1:00	39	6		10
1:15	39	6		10
1:30	39	6		10
1:45	37	6		10

Page ____ of ____ 8:10 AM - 3 hrs. 1/27/86

Date January 27, 1985 9:30 AM - Grout pump Yield OK 10 gpm BN Review ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1306

Location of property (road) Spring Haven Court

Subdivision Foxvale Lot 13 Block ____ Plat ____ Sec. ____

Well Driller Joseph Mayne Owner F. L. Rau

Depth of well 245

Distance of measuring point (M.P.) above ground 1

Static water level (S.W.L.) below M.P. 28

I. High rate pumping -- reservoir drawdown

Time pump started 10:45 Pumping rate 10

Total time 30 MIN to reach pumping water level 72 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
130	39 ft	6		10 gpm
145	37 ft	6		10 gpm

H2O SAMPLE TAKEN 130 pm
H9611 B.N./S.A.

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: WTC III Plumbing Telephone #: 410-489-4457
Address: 1820 Gills Fills Rd
Woodbine MD 21797

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William T Cumberland III License# 7979
*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: Bernie Dancel Telephone #:
Subdivision: Fair Side Lot #: 73 Well Tag #: HO-81-1306
Site Address: 1143 Spring Haven Court
Ellicott City MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Myers	Make: Ameriand	Two piece watertight cap: yes
Model #:	Model#:	Screened, vented well cap: yes
Pump Capacity 8 GPM	Depth 5 ft (36" min)	Cap secured to casing: yes
Well Yield: 10 GPM	NSF approved: yes	Conduit min 18" B.G.: yes

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

Piping to house	House Connection
Type: 1in	PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min)	Approximate length of sleeve: 1 ft
Depth of supply line 5 ft (36" min)	Sleeve caulked and sealed properly: yes

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.

William T Cumberland III 5-14-08
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: 5/13/08 BD
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 ✓

HD-215(Rev. 8/00)