C1 2096 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 38116

DATE Received: [blank]

DATE WELL COMPLETED: 04 21 88

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-81-2487

OWNER: ASSOCIATES SPRING HILL (last name / first name)

STREET OR RFD: SHADY CREEK COURT TOWN: SYKESVILLE

SUBDIVISION: MEADOWOOD SECTION: 1 LOT: 9 - WELL #1

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
Topsoil	0	9	
Shale	9	20	
Soft Brown Mica	20	39	
Brown Mica	39	52	
Grey Mica	52	57	
Brown Mica	57	65	✓
Grey Mica	65	83	
Brown Mica	83	90	✓
Grey Mica	90	170	
Green Mica	170	174	
Grey Mica	174	300	

'88 MAR 25 AM 8 21

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. 40

[signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

[signature]

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): **(Y)** yes / N no

TYPE OF GROUTING MATERIAL: **(CM) CEMENT** / BC BENTONITE CLAY

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 65

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 40 ft. (BOTTOM) (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	47

OTHER CASING (if used): diameter inch, depth (feet) from, to — [blank]

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C2

EACH SCREEN	Type	DEPTH (nearest ft.) from	to
1	HO	45	300
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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T TELESCOPE CASING — (E.R.O.S.) LOG INDICATOR — WQ OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 1

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49

WHEN PUMPING 124

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: [blank]

CAPACITY: GALLONS PER MINUTE (to nearest gallon): [blank]

PUMP HORSE POWER: [blank]

PUMP COLUMN LENGTH (nearest ft.): [blank]

CASING HEIGHT (circle appropriate box and enter casing height): **(+) above** / − below LAND SURFACE: 2 (nearest foot)

LOCATION OF WELL ON LOT

N

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See plot plan

HEALTH

EMERGENCY/TEMP NO. IF ANY

B 1 2288 SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

4/21/88 grout OK

OEP PERMIT NUMBER HO-81-2487

fill in this form completely

Date Received 07 14 87

OWNER INFORMATION

SPRING HILL ASSOC — Last Name / Owner / First Name

1433 RT 32 — Street or RFD

W FRIENDSHIP MD 21794 — Town / State / Zip

DRILLER INFORMATION

George F. Easterday — Driller's Name — License No. 40

L. Franklin Easterday, Inc. — Firm Name

9265 Br. Ch. Rd., Mt. Airy, Md. 21771 — Address

George F. Easterday — Signature — Date 7/2/87

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 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 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN | AIR-ROTary (circled) | 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 — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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)

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

APPROP. PERMIT NUMBER GAP

FORCE — WRITE INITIALS IN BOX — PERMIT No. HO-81-2487

B 3 LOCATION OF WELL

R-39632

HOWARD — COUNTY

MEADOWOOD — SUBDIVISION

SECTION 1 LOT 9

SYKESVILLE — NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NE (circled)

SHADY CREEK CT. — NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD — ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME — A38116 — COUNTY NO.

OEP SIGNATURE — STATE HEALTH INSERT S

DATE ISSUED 122887 — R Nyon — CO SIGNATURE — EXP. DATE 06/29/88

NORTH GRID 549000 — EAST GRID 0821000

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 8211

N 5409

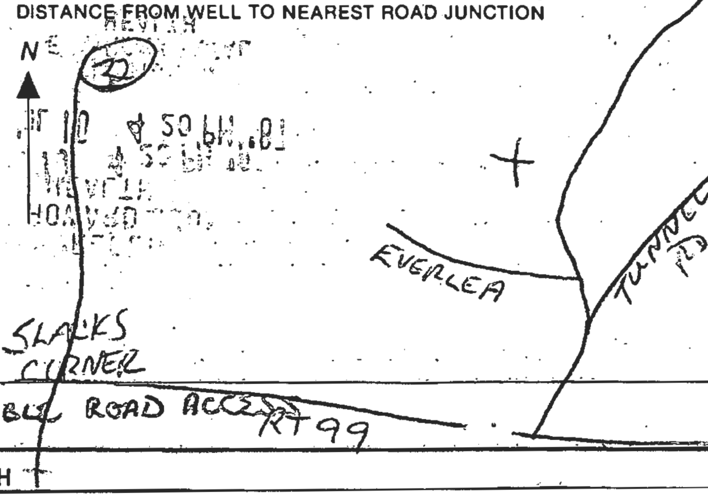
4/21/88 grout on time location as per staked

45' casing (1' above)

40' open hole

13 bags cement

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 BEEN ON HOLD PENDING SUITABLE ROAD ACCESS

HEALTH

Page _____ of _____
Date _____ 4/21/88

P.T. NOT Approved (BA) Review _____

7-81-88
8:00-8:30a
6hrs.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2487
Location of property (road) SHADY CREEK COURT
Subdivision MEADOWOOD Lot 9 Block ____ Plat ____ Sec. 1
Well Driller GEORGE EASTERDAY Owner ASSOCIATES, SPRING HILL

Depth of well 300
Distance of measuring point (M.P.) above ground 1+'
Static water level (S.W.L.) below M.P. 52

182
52
130

I. High rate pumping -- reservoir drawdown

Time pump started 830 Pumping rate 10 gpm
Total time 30 MIN to reach pumping water level 86' 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1145	92'	30 sec	pump set 300	2 gpm
✓ 1200	92+'	30 sec		2 gpm
1215	92'	30		2
1230	93'	30		2
1245	93'	30 sec		2 gpm
≈ 125	(112')		dropped no apparent reason Drew H2O level down (probably closer to inlet)	yield ↓
145	181 ←			
200	182	≈60 sec		≈ 1 GPM
215	182	>60 sec (63)	Indicated on drillers sheet	(<1 GPM)
			<1 gpm	
			Even if well yield 1 gpm w/ static level	
			NOT sufficient storage. Additional well or deeper well required	
			H2O sample	

HD-224

H1466
SEE OTHER SIDE RH taken 1215p

7/11/23 New Pump Test

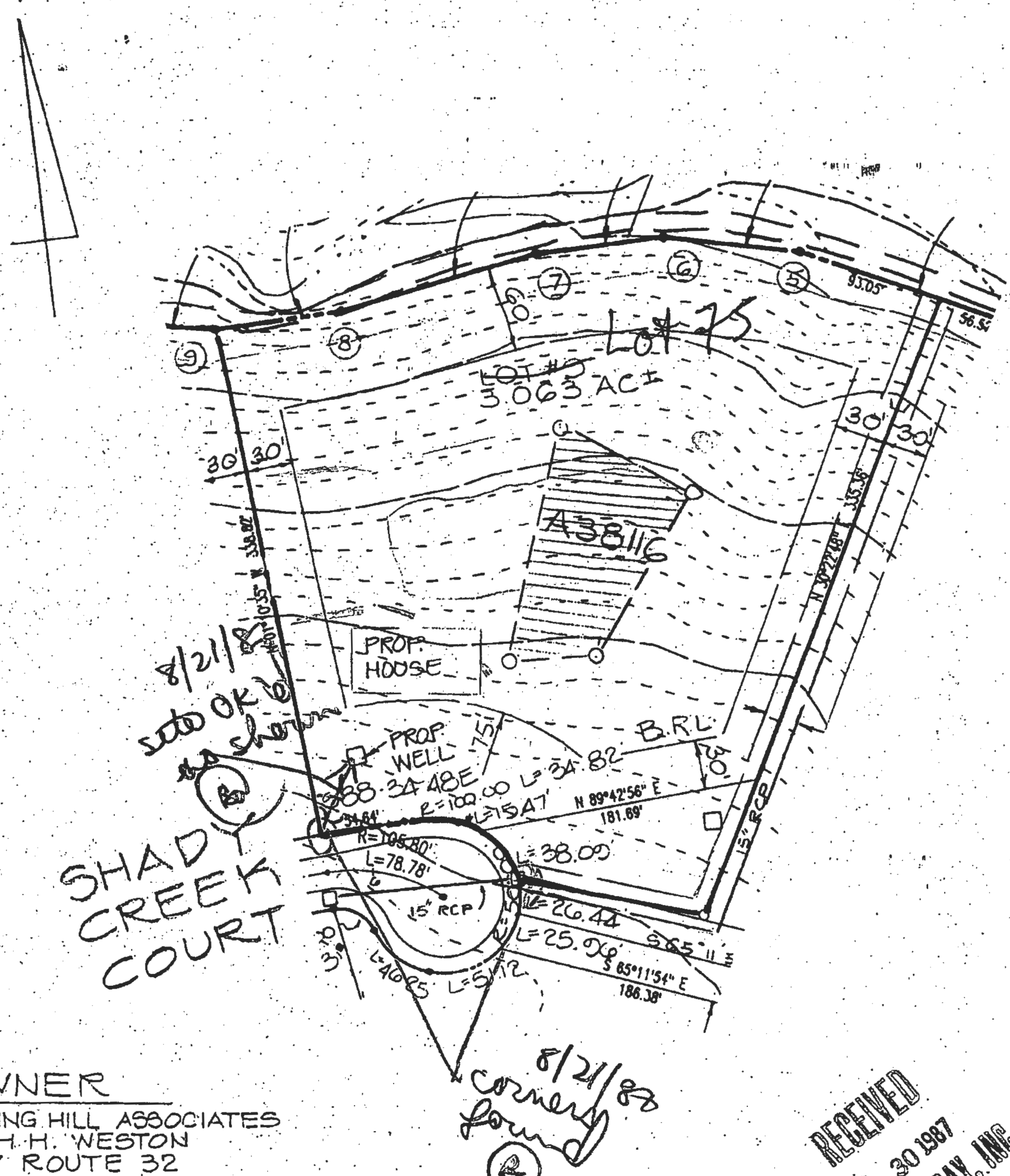
Depth of Well 300 ft
Dist Measuring point above ground 2 ft
Static Water Level 49 ft

Time Pump Started 825
Pumping Rate 10 gpm
Total Time 20 min
To Reach pumping water level 84 ft
Pump set 296 ft

		Pump Rate 1 gal bucket	Flow meter	Calculated Flow gpm	
1030	107	29 sec		2.1	6
1045	111	39 sec		1.5	—
1100	109	60		1 gpm	
1115	108	53		1.1 gpm	← START 6 HOUR
1130	108	53		1.1	
1145	108	53		1.1	
		Returned Later		Pump Test Borderline	
300	118	60		1	
315	118	60		1	

Sometime still left on pumping Yield may turn out to be less than 1 gpm

B Hodges



RECEIVED
JUN 30 1987
L.F. EASTERDAY, INC.

OWNER

SPRING HILL ASSOCIATES
RUTH H. WESTON
1427 ROUTE 32
SYKESVILLE, MD. 21784

DEVELOPER

KOREN DEVELOPMENT CORP. INC.
5423 WATERCRESS PLACE
COLUMBIA, MARYLAND 21045

D.S. Thaler & Assoc. Inc. CIVIL ENGINEERS · SURVEYORS LANDSCAPE ARCHITECTS 11 WARREN ROAD BALTIMORE, MARYLAND 21208 (301) 484-4100	LOT # 9 MEADOWOOD SECTION ONE TAX MAP 10 PARCEL 139 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND SCALE: 1" = 100' DATE: JUNE 25, 1987

11:00 7-11-88
2:00

OK 8/25/88 CLD

Page ___ of ___

County File No. 2 WELLS

Review TO BE CONNECTED
- ALSO HO-88-0065

FIELD DATA SHEET
HYDROGEOLOGIC AREA (1) WELL YIELD TEST

Maryland Well Permit No. HO-81-2487 Election District ___

Location of Property (road) SHADY CREEK CT

Subdivision MEADOWOOD Lot 9 Block ___ Plat ___ Sec. 1

Well Driller EASTERDAY Owner SPRING HILL ASSOC

Depth of Well 300 2GPM

Distance of Measuring Point (M.P.) above ground ___

Static Water Level (S.W.L.) below M.P. 41

I. High Rate Pumping -- reservoir drawdown

Time pump started 9:15 Pumping rate 10 GPM

Total time 20 min. to reach pumping water level 80 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 Gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (Gallons per min.)
8:45	84	[illegible]	[illegible]	6
9:00	97	20	[illegible]	3
9:15	91	15		4
9:30	90	[illegible]		4.5
9:45	93	[illegible]		3.8
10:00	100	27		2.04
10:15	100	27		2.06
10:30	107	29		2.06
10:45	111	38		1.5
11:00	109	60		1
11:15	108	53		1.1
11:30	105	[illegible]		1.1
11:45	108	53		1.1
12:00	108	53		1.1
12:15	108	53		1.1
12:30	108	[illegible]		1.1
12:45	108	[illegible]		1.1
1:00	108	53		1.1
1:15	113	53		1.1
1:30	114	53		1.1
1:45	115	[illegible]		.9
2:00	115	[illegible]		.9
2:15	115	65		.9
2:30	116	60		1
2:45	117	60		1
3:00	118	60		

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # 39637
Date 7/14/87

Name of Installer Wm. H. Smith

Telephone 410-879-7641

License Number PI58
Certified Well Pump Installer X Well Driller ____ Registered Plumber ____

Name of Property Owner ____ Telephone ____
Subdivision MEADOWOOD Lot # 975 Well Tag # HO-81-2487
Site Address 5 SHADY CREEK COURT (WELL #1)

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ____
2. Make ____
3. Model # ____
4. Capacity ____ GPM
5. Pump exceeds well capacity Yes ____ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other ____

Motor
1. Horsepower ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? ____

Piping
1. Type ____
2. Size ____
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____

Well data
1. Depth 300 ft.
2. Yield 21 GPM
3. Static water level 52 ft.
4. Will water supply be disinfected by installer? ____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: William H. Smith

Date: 7/6/93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # -0-
Date 4/7/93

Name of Installer Wm. H. Smith Jr.

Telephone 410-879-7641

License Number PI 58
Certified Well Pump Installer X Well Driller ____ Registered Plumber ____

Name of Property Owner ____ Telephone ____
Subdivision Meadow Wood Lot # 75 Well Tag # HO-81-2487
Site Address ____

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ____
2. Make ____
3. Model # ____
4. Capacity 11 GPM
5. Pump exceeds well capacity Yes ____ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other ____

Motor
1. Horsepower ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? ____

Piping
1. Type ____
2. Size ____
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: William H. Smith Jr.

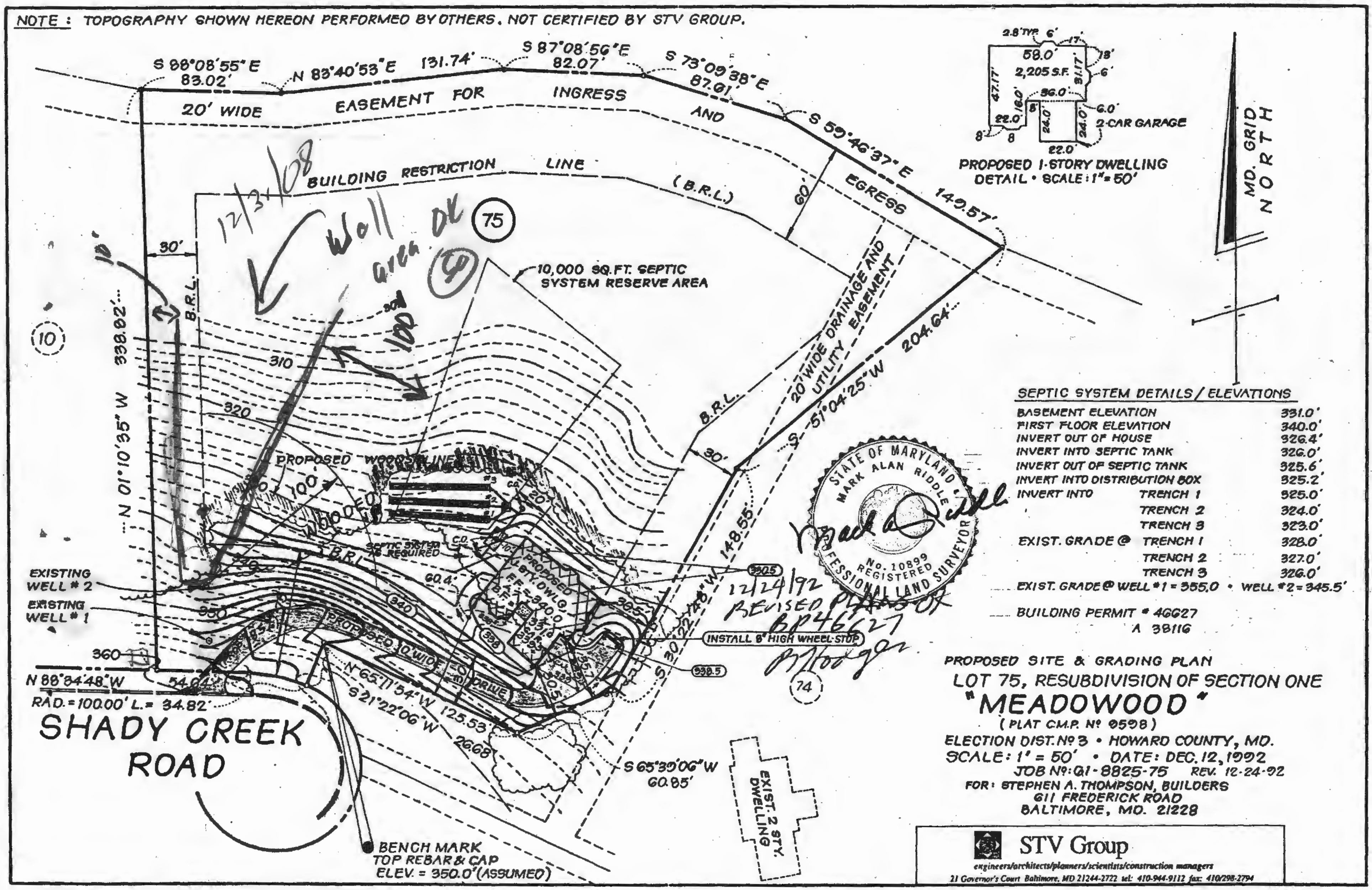
Date: 4/7/93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

Time	water level	Time To Fill 1-6 gal	1-? gal
2:45	206'	1 min 55 sec	
3:00	206'	1 min 55 sec	
3:15	206'	1 min 55 sec	
3:30	206'	1 min 55 sec	
3:45	206'	1 min 55 sec	
4:00	206'	1 min 55 sec	
4:15	206'	1 min 55 sec	
4:30	206'	1 min 55 sec	
4:45	206'	1 min 55 sec	
5:00	206'	1 min 55 sec	
5:15	206'	1 min 55 sec	

water level in 1st well
53'


NOTE : TOPOGRAPHY SHOWN HEREON PERFORMED BY OTHERS. NOT CERTIFIED BY STV GROUP.
S 88°08'55" E 83.02'
N 83°40'53" E 131.74'
S 87°08'56" E 82.07'
S 73°09'38" E 87.61'
S 59°46'37" E 149.57'
20' WIDE EASEMENT FOR INGRESS AND EGRESS
BUILDING RESTRICTION LINE (B.R.L.)
10,000 SQ.FT. SEPTIC SYSTEM RESERVE AREA
20' WIDE DRAINAGE AND UTILITY EASEMENT
S 51°04'25" W 204.64'
N 01°10'35" W 338.82'
PROPOSED WOODS LINE
EXISTING WELL # 2
EXISTING WELL # 1
INSTALL 6" HIGH WHEEL STOP
N 88°84'48" W
54.04'
RAD. = 100.00' L. = 34.82'
N 65°11'54" W 125.53'
S 21°22'06" W 26.68'
S 65°30'06" W 60.85'
SHADY CREEK ROAD
BENCH MARK
TOP REBAR & CAP
ELEV. = 350.0' (ASSUMED)
EXIST. 2 STY. DWELLING
PROPOSED 1-STORY DWELLING
DETAIL • SCALE: 1" = 50'
58.0'
2,205 S.F.
2-CAR GARAGE
MD. GRID NORTH
SEPTIC SYSTEM DETAILS / ELEVATIONS
BASEMENT ELEVATION 331.0'
FIRST FLOOR ELEVATION 340.0'
INVERT OUT OF HOUSE 326.4'
INVERT INTO SEPTIC TANK 326.0'
INVERT OUT OF SEPTIC TANK 325.6'
INVERT INTO DISTRIBUTION BOX 325.2'
INVERT INTO TRENCH 1 325.0'
TRENCH 2 324.0'
TRENCH 3 323.0'
EXIST. GRADE @ TRENCH 1 328.0'
TRENCH 2 327.0'
TRENCH 3 326.0'
EXIST. GRADE @ WELL #1 = 355.0 • WELL #2 = 345.5'
BUILDING PERMIT # 46627
A 38116
STATE OF MARYLAND
MARK ALAN RIDDLE
No. 10899
REGISTERED
PROFESSIONAL LAND SURVEYOR
12/24/92
REVISED PLANS OK
BP46627
12/31/08
Well area OK
PROPOSED SITE & GRADING PLAN
LOT 75, RESUBDIVISION OF SECTION ONE
"MEADOWOOD"
(PLAT C.M.P. Nº 0598)
ELECTION DIST. Nº 3 • HOWARD COUNTY, MD.
SCALE: 1" = 50' • DATE: DEC. 12, 1992
JOB Nº: 61-8825-75 REV. 12-24-92
FOR: STEPHEN A. THOMPSON, BUILDERS
611 FREDERICK ROAD
BALTIMORE, MD. 21228
STV Group
engineers/architects/planners/scientists/construction managers
21 Governor's Court Baltimore, MD 21244-2722 tel: 410-944-9112 fax: 410/298-2794