C-1 2149 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 38119

DATE Received

DATE WELL COMPLETED 02 21 89

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2537

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

STREET OR RFD SHADY CREEK CT/MEADOWOOD ROAD TOWN SYKESVILLE

SUBDIVISION MEADOWOOD SECTION 1 LOT 11

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
Top soil	0	2	
Clay	2	4	
Shaley	4	12	
Sand Stone	12	35	
Mica	35	60	
Sand Stone	60	75	✓
Mica	75	90	
Sand Stone	90	92	✓
Gray Mica	92	400	

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 10 NO. OF POUNDS 1000

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 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	40

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

DEPTH (nearest ft.)

EACH SCREEN		
1	40	380	400
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) 6

PUMPING RATE (gal. per min. to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 58

WHEN PUMPING 130

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 2 (nearest foot)

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

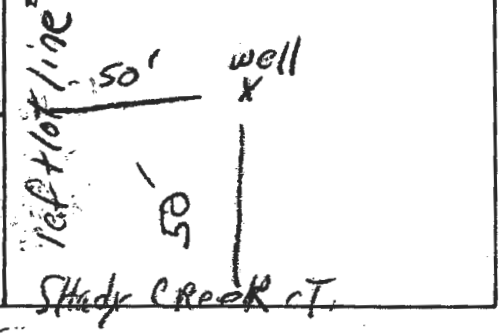
Henry J. Fontaine
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

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)



HEALTH

EMERGENCY/TEMP NO. IF ANY

B 1 | 2291 | 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

OEP PERMIT NUMBER: HO-81-2537
fill in this form completely

Date Received: 7/14/87

OWNER INFORMATION
SPRING HILL ASSOC
Last Name / Owner / First Name
1432 RT 32
Street or RFD
W FRIENDSHIP MD 21794
Town / State / Zip

DRILLER INFORMATION
George F. Easterday
Driller's Name — 77 License No. 80: 40
L. Franklin EAsterday, Inc.
Firm Name
9265 Br. Ch. Rd., Mt. Airy, Md. 21771
Address
George F. Easterday — 7/2/87
Signature — Date

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)
- (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 — 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
- (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 DEEPENDED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE (PMA) WRITE INITIALS IN BOX — PERMIT No. HO-81-2537

SPECIAL CONDITIONS

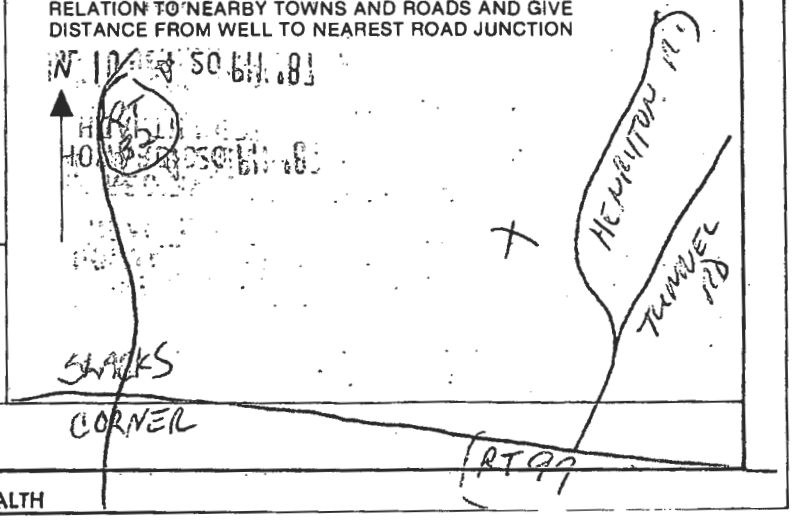
B 3 LOCATION OF WELL
R-39639 40.00 7/14/87
HOWARD COUNTY
MEADOWRIDGE SUBDIVISION
SECTION 1 — LOT 11
SYKESVILLE NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 4 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8–9 | N 8 | NE 8–9 | W 8 | TOWN | E 8 | SW 8–9 | S 8 | SE 8–9
SHADY CREEK COURT / ~~Henderson Rd~~ MINDEL COURT
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) 32 EAST (E) SOUTH (S)
DISTANCE FROM ROAD
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
HOWARD — COUNTY NAME — A 38119 — COUNTY NO.
OEP SIGNATURE — STATE HEALTH INSERT S
DATE ISSUED: 08 20 88 — B Nelson — CO SIGNATURE — 08/08/88 EXP. DATE
NORTH GRID: 549000 — EAST GRID: 0820000

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 8x0 0
N 1EYE 540 9
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



HEALTH

Page ____ of ____
Date Monday 2-20-89 8:00

Review OK 10/30/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2537
Location of property (road) SHADYCREEK COURT / MEADOWOOD RD.
Subdivision MEADOWOOD Lot 11 Block ____ Plat ____ Sec. 1
Well Driller GEORGE EASTERDAY Owner ~~ESSEX HTS~~, SPRING HILL HAGON

Depth of well 400 2GPM
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 59'

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 Pumping rate 10 G.P.M.
Total time 15 mn to reach pumping water level 130 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 ▮ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	130	20 sec		3
9:45	130	20 sec	Pump	3
10:00	130	20 sec	320'	3
10:15	130	20 sec		3
10:30	130	20 sec		3
10:45	130	20 sec		3
11:00	130	20 sec		3
11:15	130	20 sec		3
11:30	130	20 sec		3
11:45	130	20 sec		3
12:00	130	20 sec		3
12:15	130	20 sec		3
12:30	130	20 sec		3
12:45	130	20 sec		3
1:00	130	20 sec		3
1:15	130	20 sec		3
1:30	130	20 sec		3
1:45	130	20 sec		3
2:00	129	20 sec		3
2:15	129	20 sec		3
2:30	129	20 sec		3
2:45	130	20 sec		3
3:00	130	20 sec		3
3:15	130	20 sec		3
HD-224 3:30	130	20 sec		3

11/3/89

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 # ____
Date 9-13-89

Name of Installer John Gaske III / Gaske Plumbing, Inc. Telephone 247-6963

License Number #3189
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Polaris Development Corp. Telephone 774-8082
Subdivision Meadowoods Lot # 11 Well Tag # HO-81-2537
Site Address 1201 Shady Creek Road

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Goulds
3. Model # SE507-412
4. Capacity 2 GPM
5. Pump exceeds well capacity Yes ____ No X
6. If Yes, is low pressure cutoff switch installed? Yes X No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other TAPE

Motor
1. Horsepower 3/4
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

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

Tank
1. Capacity WX202
2. Pressure relief valve? RV50

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

Well data
1. Depth 400 ft.
2. Yield 2 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

MR NO INSP 11/3/89
P.A. OK 4' B.G. MR 11/6/89

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: John Gaske

Date: 10-24-89

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

HD-215