C 1 **5917** (1-6) SEQUENCE NO. (DENV 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# 49904B

ST/CO USE ONLY DATE Received (8-13)

DATE WELL COMPLETED 12 26 94 (15-20)

Depth of Well (TO NEAREST FOOT) 200 (22-26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0261 (28-37)

OWNER GREENFIELD HOMES
STREET OR RFD last name RIVER VALLEY CHASE first name TOWN WEST FRIENDSHIP
SUBDIVISION WEST FRIENDSHIP EST. SECTION I. LOT # 50

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	
red Clay	2	25	
brown shale	25	50	
Sand Stone	50	68	
Mica	68	80	
Sand Stone	80	82	✓
Mica	82	90	
Sand Stone	90	91	✓
Mica	91	200	

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED

WELL HYDROFRACTURED yes [Y] no [N]

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

DRILLERS IDENT. NO. 40
George J. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles R. Fellers
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] (44) no [N] (44)
TYPE OF GROUTING MATERIAL
CEMENT [CM] (45-46) BENTONITE CLAY [BC] (45-46)
NO. OF BAGS 20 NO. OF POUNDS 2000
GALLONS OF WATER 100
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48-52) TOP ft. to 70 (54-58) BOTTOM ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL [ST] CONCRETE [CO] PLASTIC [PL] OTHER [OT]

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60-61)	6 (63-64)	75 (66-70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
STEEL [ST] BRASS BRONZE [BR] OPEN HOLE [HO] PLASTIC [PL] OTHER [OT]

C 2 (1-2)

SCREEN	DEPTH (nearest ft)			
1	H0 (8-9)	73 (11-15)	200 (17-21)	
2	(23-24)	(26-30)	(32-36)	
3	(38-39)	(41-45)	(47-51)	

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56-60) (NEAREST INCH)

	from	to
GRAVEL PACK		

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74-76)
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

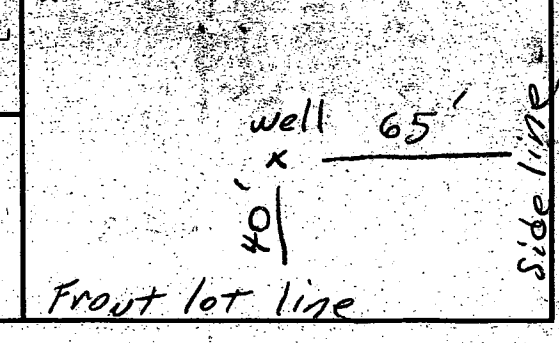
C 3 (1-2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8-9)
PUMPING RATE (gal. per min. to nearest gal.) 12 (11-15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 26 (17-20)
WHEN PUMPING 58 (22-25)

TYPE OF PUMP USED (for test)
- A air (27)
- P piston (27)
- T turbine (27)
- C centrifugal (27)
- R rotary (27)
- O other (describe below) (27)
- J jet (27)
- S submersible (27)

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: (29)
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 (49) / – below (49) LAND SURFACE 2 (50-51) (nearest foot)

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)



COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 **4087** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: H0-94-0261
fill in this form completely

Date Received (APA): 11/03/94

OWNER INFORMATION

GREENFIELD HOMES
Last Name / Owner / First Name

1818 LIBERTY RD
Street or RFD

ELDERSBURG MD 21784
Town / State / Zip

DRILLER INFORMATION

George T. EASTERDAY
Driller's Name — MSD/MGD/MWD: 70 — License No.

L.T. Easterday Inc
Firm Name

Mt. Airy Md 21771
Address

George T. Easterday 11-1-94
Signature / Date

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. CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- (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

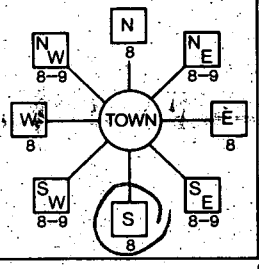
FORCE C W (WRITE INITIALS IN BOX) PERMIT No. H0-94-0261

SPECIAL CONDITIONS — NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

LOCATION OF WELL

HOWARD — 8 COUNTY
WEST FRIENDSHIP EST — 23 SUBDIVISION
SECTION — LOT 50
WEST FRIENDSHIP — 52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RIVER VALLEY CHASE — NEAR WHAT ROAD

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

DISTANCE FROM ROAD: 200
ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A# 499048 — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 12/09/94 — Charles Bryan Vstreat — CO SIGNATURE
EXP. DATE: 12/9/95

NORTH GRID: 529000
EAST GRID: 080800

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

12/20/94 grout 10 $30
Not installed yet 10/20/94

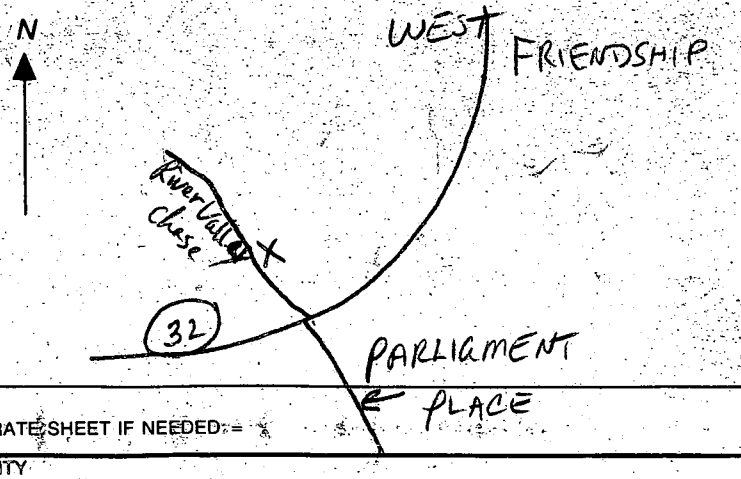
SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800
N 520

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



COUNTY

6137

12/20/94
8:00

Page _____ of _____
Date _____

Review QC Ann 1/19/95

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0261
Location of property (road) RIVER VALLEY CHASE
Subdivision W. FRIENDSHIP EST. S/D. Lot 50 Block ____ Plat ____ Sec. 1
Well Driller G.F. EATERDAY Owner GREENFIELD HOMES

Depth of well 200 12 GPM
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 26'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 G.P.M
Total time 30 min to reach pumping water level 54 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes Pump 190'

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	26'	5 sec		12 G.P.M
8:45	49'	5 sec		12 G.P.M
9:00	54'	5 sec		12 G.P.M
9:15	56'	5 sec		12 G.P.M
9:30	57'	5 sec		12 G.P.M
9:45	57'	5 sec		12 G.P.M
10:00	57'	5 sec		12 G.P.M
10:15	58'	5 sec		12 G.P.M
10:30	58'	5 sec		12 G.P.M
10:45	58'	5 sec		12 G.P.M
11:00	58'	5 sec		12 G.P.M
11:15	58'	5 sec		12 G.P.M
11:30	58'	5 sec		12 G.P.M

HD-224

SITE SUPERVISOR (sign of driller or journeyman) | TELESCOPE | LOG | OTHER DATA

2-24-95 anytime(?) CBS

3/2/95 anytime

2/24 No inspection CBS

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

APPLICATION FOR PITLESS ADAPTER WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer WILLOUGHBY PLUMBING Telephone 781-7051

License Number 6992
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner GREENFIELD HOMES Telephone 781-6782
Subdivision FOX VALLEY Lot # 50 Well Tag # HO-94-0261 ✓
Site Address 3124 RIVER VALLEY CHASE

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make GOULDS
3. Model # ____
4. Capacity 7 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 TAPE

Motor
1. Horsepower ¾ HP
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make HAGUARD
2. Model # ____
3. Depth 4 FT.

Tank
1. Capacity 40 gal.
2. Pressure relief valve? YES

3/2/95
4' below grade
1.5' above grade OK to cover DKS

Piping
1. Type CRESTLINE
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4 FT.

Well data
1. Depth 200 ft.
2. Yield 12 GPM
3. Static water level 26 ft.
4. Will water supply be disinfected by installer? NO

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: Glenn J. Willoughby

Date: 2/23/95

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

HD-215

[2/24/95 A.M appears (9:26) NO WORK DONE] CBS