C 1 | 2848 | SEQUENCE NO. (MDE 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 P33967

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 10/07/95

Depth of Well: 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0689

OWNER McCoy (last name) JOHN (first name)

STREET OR RFD 14965 SIMPSON RD TOWN CLARKSVILLE

SUBDIVISION CHERRY BASE SECTION LOT 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
Dirt	0	1	
Red Clay	1	4	
Soft Br. Mica & Sand	4	80	50 X
Soft & Hard Br. Sandstone	80	100	
Hard Br. & Blue Sandstone	100	120	X
Hard Blue & Br. Sandstone	120	160	X
Hard Blk. Sandstone	160	181	
Hard Br. Sandstone	181	187	X
Hard Br. & White Sandstone	187	200	
Hard Blkj & Blue Sandstone	200	280	

NUMBER OF UNSUCCESSFUL WELLS: 0

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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 296

RONALD KYKER

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 296

Ronald Kyker

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 / no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM | BENTONITE CLAY BC

NO. OF BAGS 27 NO. OF POUNDS 2538

GALLONS OF WATER 162

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 105 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	107

OTHER CASING (if used)

EACH CASING		diameter	depth (feet) from	to
PL		4 inch	0	110
		4	120	170
PL		4	180	260
		4	270	280

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	PL	110	120
2	PL	170	180
3	PL	260	270

SLOT SIZE 1 .010 2 ____ 3 ____

DIAMETER OF SCREEN 4 (NEAREST INCH)

GRAVEL PACK from 280 to 28

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T ____ (E.R.O.S.) ____ W Q ____

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10.

METHOD USED TO MEASURE PUMPING RATE: submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.

WHEN PUMPING 55 ft.

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.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

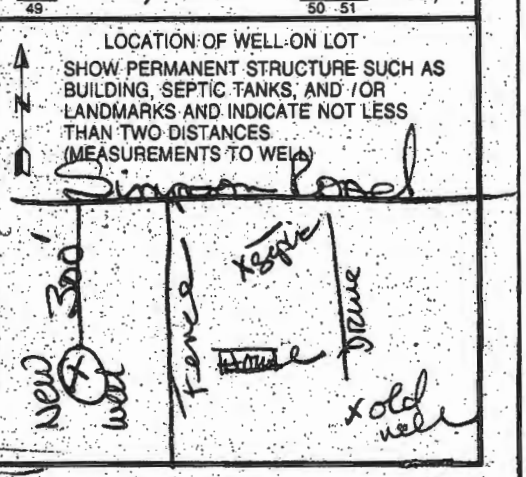
CAPACITY GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

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

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

****

WATER WELL ABANDONMENT-SEALING REPORT FORM

****

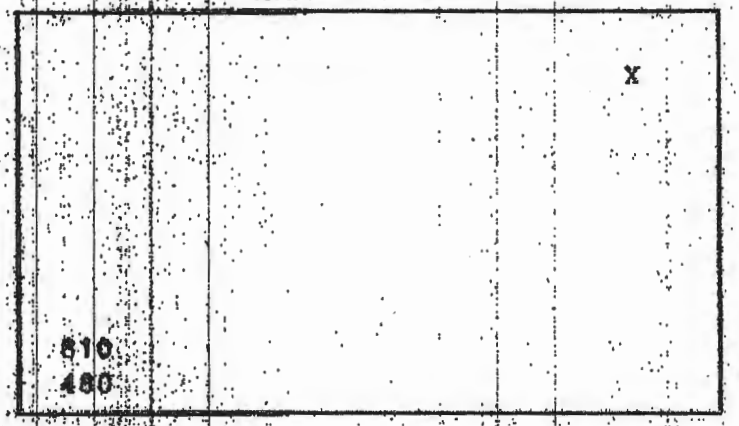
SUBMIT COPIES OF COMPLETED FORM TO:

* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
* WELL OWNER
* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: NOV 3 06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) — —
* PERMIT NUMBER OF REPLACEMENT WELL — —
* PERSON ABANDONING WELL: RONALD KYKER
WELL DRILLERS LICENSE NUMBER: 296
CIRCLE: MWD MSD/MGD
* OWNER'S NAME: JOHN & MARY MCCOY
* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: CLARKSVILLE MD
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: 11965 SIMPSON RD

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
_____ BORED/AUGERED __X__ HAND DUG
_____ OTHER (specify) _____

* USE CODE:

__X__ DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
_____ CONCRETE _____ OTHER (specify)
STONE WALLS

* SIZE OF CASING: _____ INCHES IN DIAMETER
* DEPTH OF WELL: 31 FEET DEEP
* WAS ANY CASING REMOVED? ___ YES __X__ NO
if yes, length removed, in feet: _____
* WAS CASING RIPPED OR PERFORATED? ___ YES __X__ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
DIRT	0	1
CEMENT	1	6
#6 STONE	6	31

VOLUME OF MATERIAL USED

Ronald Kyker 296 MWD/MSD/MGD NOV 3 06
SIGNATURE: MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE

Page 1 of 1
Date 10/07/95

Review OK 10/23/95 DICS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0689
Location of property (road) 11965 SIMPSON RD.
Subdivision CHERRY DALE Lot 1 Block ____ Plat ____ Sec. ____
Well Driller WESTMINSTER ROTARY Owner JOHN McCOY

Depth of well 280 feet
Distance of measuring point (M.P.) above ground 2 feet
Static water level (S.W.L.) below M.P. 32 feet

I. High rate pumping -- reservoir drawdown

Time pump started 7:45am Pumping rate 10 gpm
Total time 3 hrs to reach pumping water level 55 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 X 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	32'	6 sec.		10
8:00	39'	6 sec.		10
8:15	41'	6 sec.		10
8:30	53'	6 sec.		10
8:45	55'	6 sec.		10
9:00	55'	6 sec.		10
9:15	55'	6 sec.		10
9:30	55'	6 sec.		10
9:45	55'	6 sec.		10
10:00	55'	6 sec.		10
10:15	55'	6 sec.		10
10:30	55'	6 sec.		10
10:45	55'	6 sec.		10

HD-224

10/18/95 No insp. made Ruk

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

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ___
Replacement ✓

Receipt # ___
Date 10/17/95 F

Name of Installer ROBERT C. FEEZER CO., INC. Telephone 781-465J

License Number 2122
Certified Well Pump Installer ✓ Well Driller ___ Registered Plumber ✓

Name of Property Owner m/m JOHN McCOY Telephone 795-1405
Subdivision N/A Lot # N/A Well Tag # HO-94-0689
Site Address 11965 SIMPSON ROAD

Pump
1. Type
   a. Deep well jet ___
   b. Shallow well jet ___
   c. Submersible ✓
2. Make Goulds
3. Model # 5GS05412
4. Capacity 5 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 1/2
2. RPM 3450
3. Voltage ___
   a. 110 ___
   b. 220 ✓

Pitless Adapter
1. Make HOOVER
2. Model # FT800
3. Depth 42"

Tank CAPTIVE AIR
1. Capacity 32 GAL
2. Pressure relief valve? YES

Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data
1. Depth 240 ft.
2. Yield 10+ GPM
3. Static water level ___ ft.
4. Will water supply be disinfected by installer? YES

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).

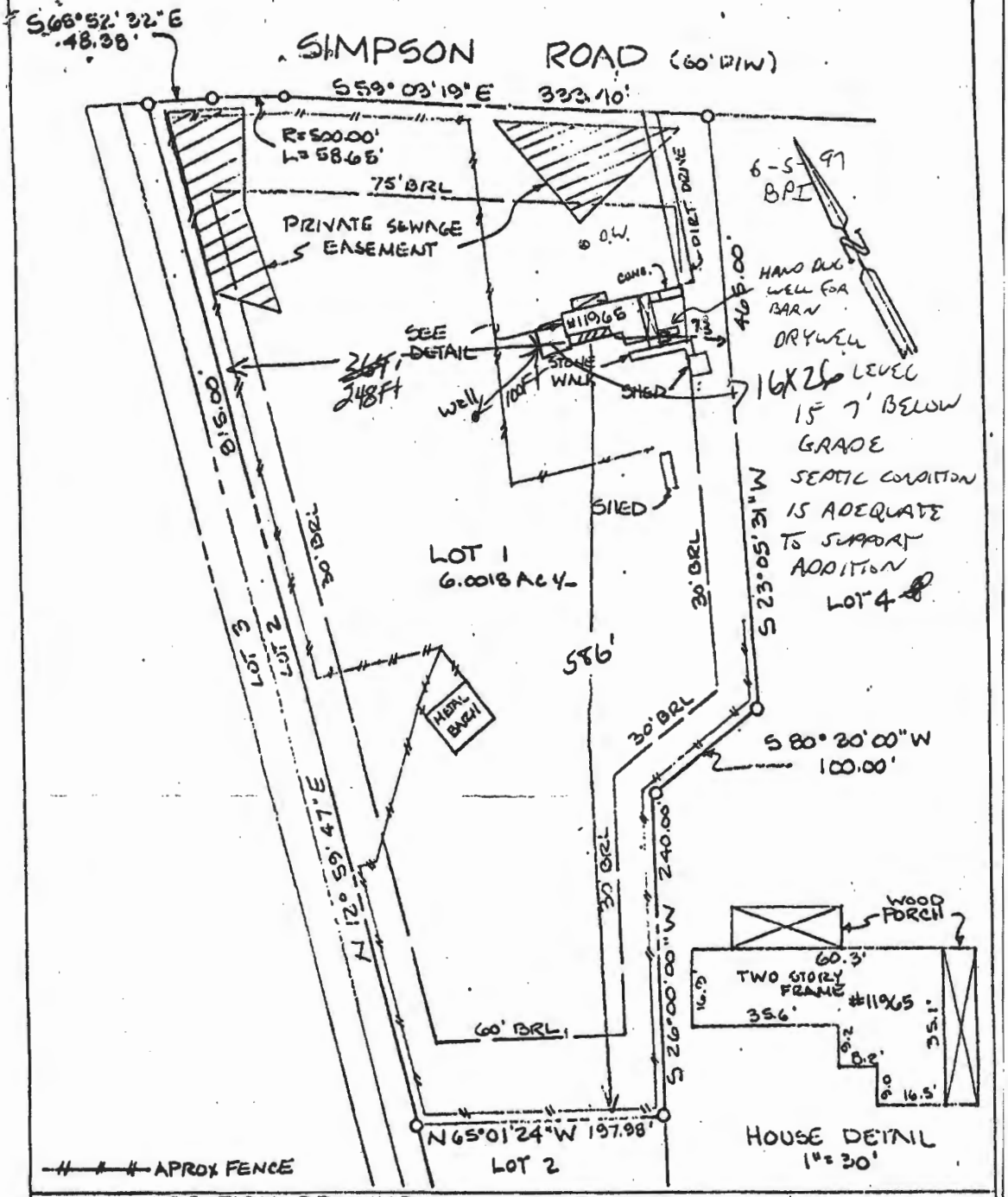
All information given above is true to the best of my knowledge.

Signature of Applicant: Rickey L. Feezer

Date: 10/17/95

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

HD-215



LOCATION DRAWING

11965 SIMPSON ROAD
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SUBJECT PROPERTY IS SHOWN IN ZONE C
ON THE NATIONAL FLOOD INSURANCE PROGRAM
FLOOD INSURANCE RATE MAP OF HOWARD
COUNTY, MARYLAND, PANEL # 88 OF 45
COMMUNITY PANEL # 240044 0028 B
EFFECTIVE DATE: DECEMBER 1, 1995

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY KNOWN AS LOT 1 - CHERRY BRAE LOTS 1-1
RECORDED IN PLAT # 5887 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THERON.

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONECTION WITH CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCINNG. IT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND IT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING, FINANCING OR RE-FINANCING.

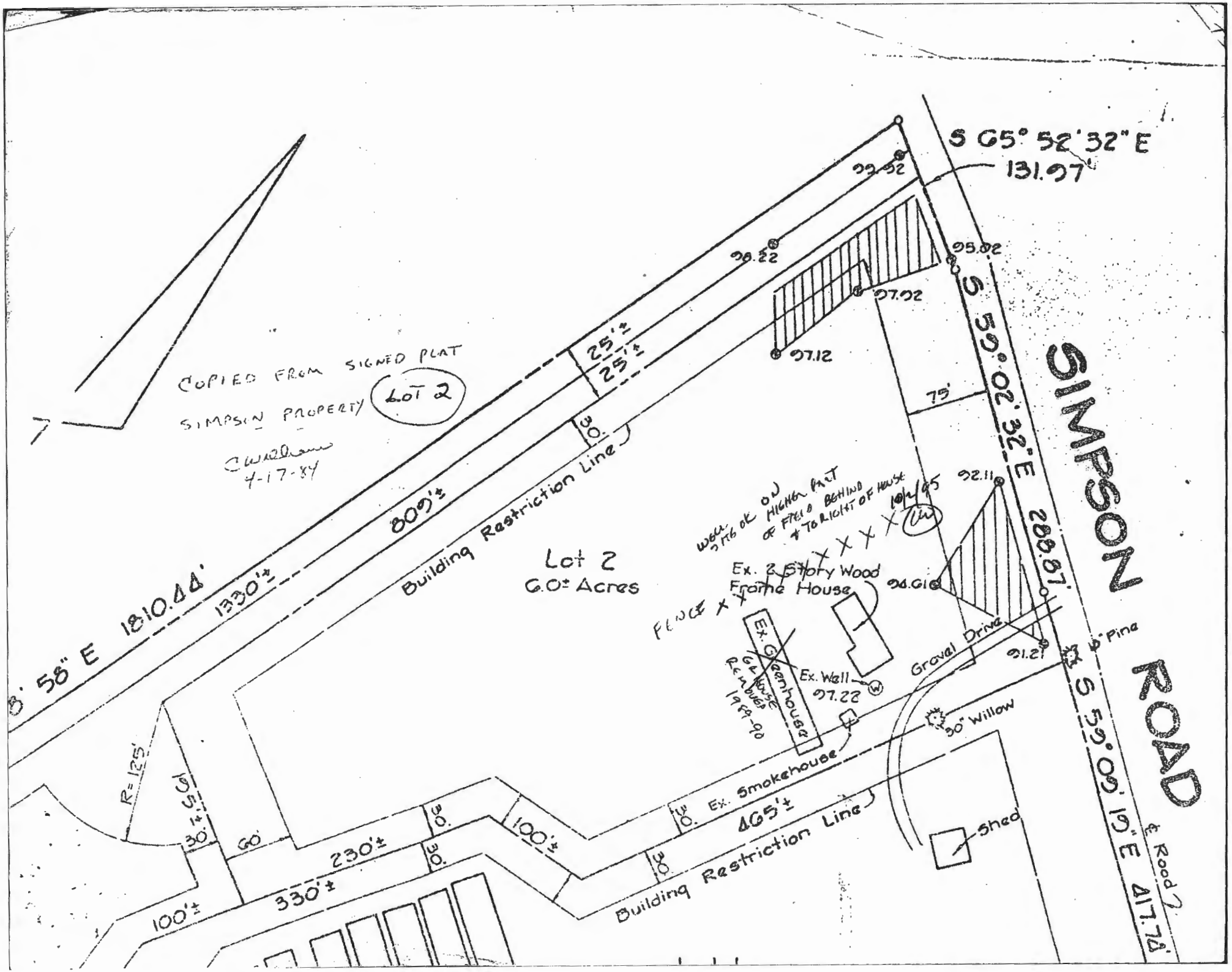
STATE OF MARYLAND
RICARDO HERNANDEZ
No. 438
REGISTERED
PROPERTY LINE SURVEYOR

RICARDO HERNANDEZ
PROP. LINE SURVEYOR LIC. # 438

SCALE: 1"=100' FILE # 950140
DATE: 12/31/95 JOB # RK95041

RH SURVEYS
LOCATION AND PROPERTY SURVEYS

1303 TENBROOK ROAD
ODENTON, MD. 21113
410-551-3328


COPIED FROM SIGNED PLAT
SIMPSON PROPERTY
LOT 2
C Williams
4-17-84
S 65° 52' 32" E
131.97'
S 59° 02' 32" E 288.87'
S 59° 09' 19" E 417.74'
SIMPSON ROAD
& Road 2
Lot 2
6.0± Acres
Building Restriction Line
809'±
1330'±
S. 58" E 1810.44'
25'±
25'±
30'
Well Site on High Pt of Field behind & to right of house
10/2/95
Ex. 2 Story Wood Frame House
Ex. Greenhouse
Ex. Well
Gravel Drive
Ex. Smokehouse
Shed
30" Willow
4" Pine
R=125'
30'
60'
230'±
100'±
330'±
100'±
465'±
75'
92.52
90.22
97.02
97.12
95.02
92.11
96.61
91.21
97.22

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Kent Sheubrooks, Chief
Dept. Planning & Zoning
Sent via email to ksheubrooks@howardcountymd.gov on 2/21/19

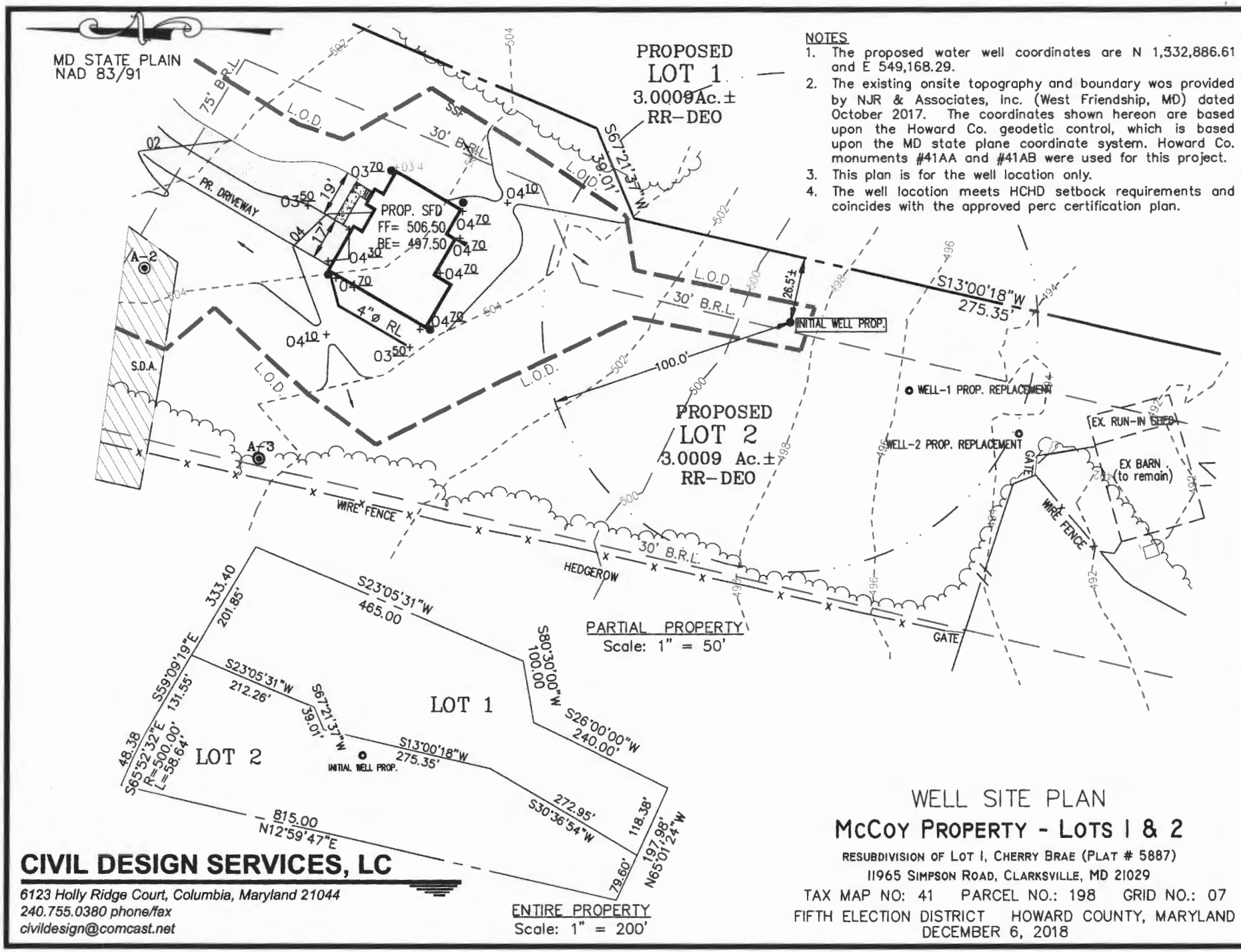
FROM: Sarah Collins, LE.H.S. SEC
Howard County Health Department

DATE: February 21, 2019

RE: 'All Wells Drilled'
Tax Map 41, Grid 7, Parcel 198
Cherry Brae – Lot 1

The wells for **Cherry Brae – Lot 1** have been drilled and received preliminary approval by the Health Department. The recordation of **Plat Number 5887** should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this memorandum, please contact me at (410) 313 – 6287 or SCollins@howardcountymd.gov.

Cc: John McCoy (johnlmccoy@verizon.net)
File



PARTIAL PROPERTY
Scale: 1" = 50'

ENTIRE PROPERTY
Scale: 1" = 200'

NOTES

1. The proposed water well coordinates are N 1,332,886.61 and E 549,168.29.
2. The existing onsite topography and boundary wos provided by NJR & Associates, Inc. (West Friendship, MD) dated October 2017. The coordinates shown hereon are based upon the Howard Co. geodetic control, which is based upon the MD state plane coordinate system. Howard Co. monuments #41AA and #41AB were used for this project.
3. This plan is for the well location only.
4. The well location meets HCHD setback requirements and coincides with the approved perc certification plan.

WELL SITE PLAN

McCoy Property - Lots 1 & 2

RESUBDIVISION OF LOT 1, CHERRY BRAE (PLAT # 5887)
11965 SIMPSON ROAD, CLARKSVILLE, MD 21029
TAX MAP NO: 41 PARCEL NO.: 198 GRID NO.: 07
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DECEMBER 6, 2018

CIVIL DESIGN SERVICES, LC
6123 Holly Ridge Court, Columbia, Maryland 21044
240.755.0380 phone/fax
civildesign@comcast.net

SITE INSPECTION SHEET

OWNER: John + Mary McCoy PHONE #: 410-531-3290

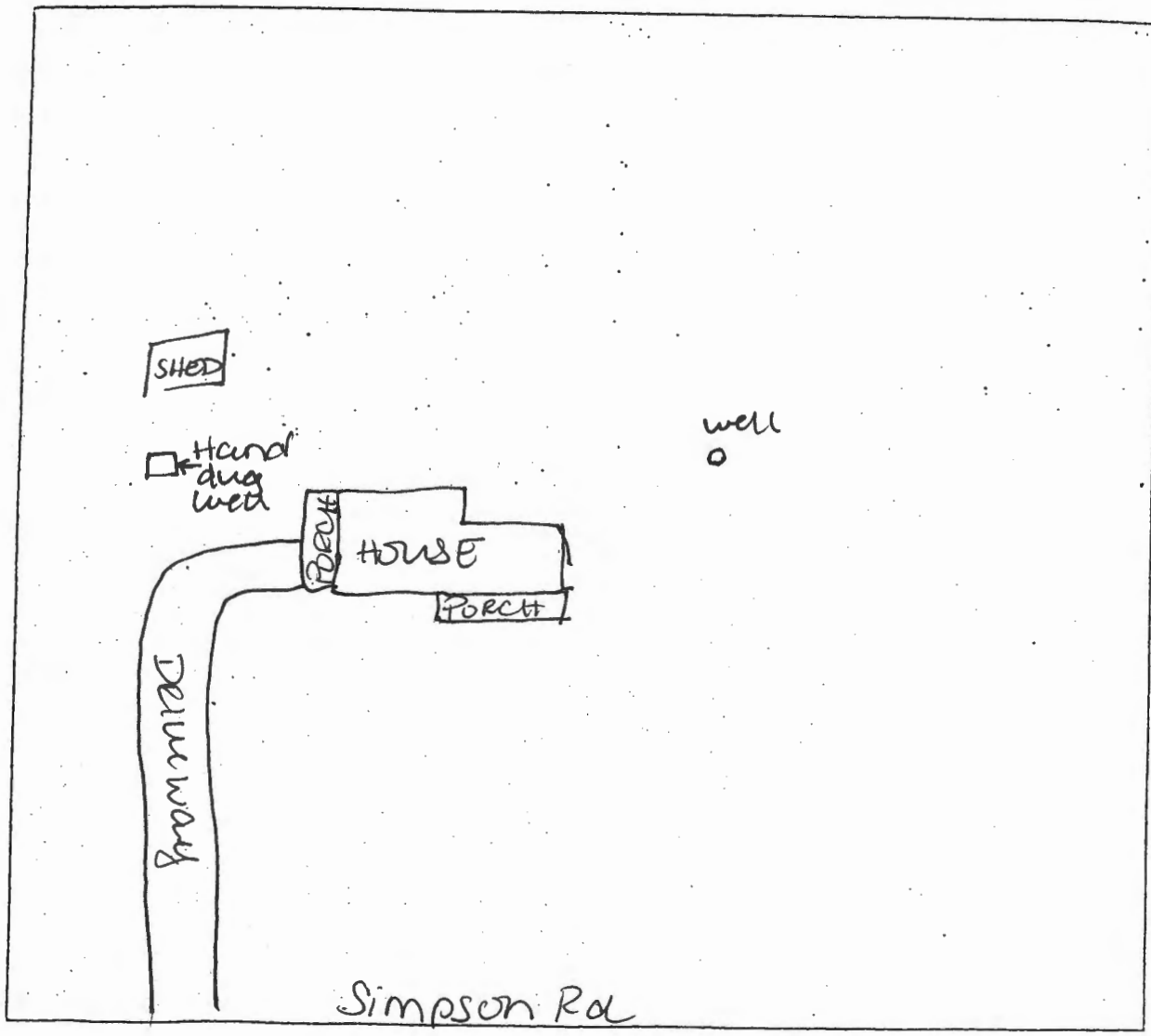
ADDRESS: 11965 Simpson Rd CONTRACTOR: _____

_____ WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Inground Pool - Need to verify location of well

LOCATION DIAGRAM



COMMENTS: 10/24/06 Need to abandon hand dug well prior to BP approval