C 1 7986 — 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 AA5 760-A

ST/CO USE ONLY
DATE Received 08/26/96

DATE WELL COMPLETED 08/29/96

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0874

OWNER H.P. PARTNERSHIP (last name)
STREET OR RFD SANNER RD. (first name) TOWN SCAGGSVILLE
SUBDIVISION CASKMARK 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
Top Soil	0	2	
Sandy	2	90	✓
Sand Stone	90	95	
MICKA	95	120	
Sand Stone	120	125	✓
MICKA	125	400	

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. 116
Ralph Mayer

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 117
Ralph E Mayer

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 22 NO. OF POUNDS 2200
GALLONS OF WATER 132
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to TOP 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)
PL	6	100

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	HO 98	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 [ ]

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T [ ] (E.R.O.S.) [ ] W Q [ ]
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

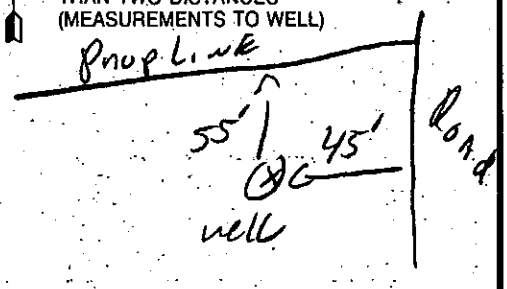
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 1.5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 34 ft.
WHEN PUMPING 245 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 LAND SURFACE
(–) below
02 (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

EMERGENCY/TEMP NO. IF ANY

STATE USE INDUSTRIES JESSUP, MD 20794

B 1 8300 SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER: HO-94-0874

fill in this form completely

OWNER INFORMATION

Date Received (APA): 062796

Last Name / Owner / First Name: HOPKINS PLAZA PART.

Street or RFD: 10805 HICKORY RIDGE

Town: COLUMBIA State: MD Zip: 21044

DRILLER INFORMATION

CIRCLE: (MSD) MGD / MWD

Driller's Name: Ralph Mayne License No.: 116

Firm Name: Ralph Mayne Well Drilling

Address: 9120 Brown Church Rd. Mt. Airy

Signature: [signature] Date: 6/13/96

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: 150 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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: CW (WRITE INITIALS IN BOX) PERMIT No.: HO-94-0874

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: CASHMARK PROPERTY

SECTION: — LOT: 1

NEAREST TOWN: SPAGGSVILLE

MILES FROM TOWN (enter 0 if in town): 2 MI

B 4

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

NEAR WHAT ROAD: John Hopkins Rd.

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

DISTANCE FROM ROAD: 500

ENTER FT OR MI: Ft.

TAX MAP: 41 BLK: ______ PARCEL: 121

NOT TO BE FILLED IN BY DRILLER — HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: A45760-A

STATE SIGNATURE: ______ INSERT'S

DATE ISSUED: 073096 CO SIGNATURE: [signature] EXP. DATE: 7/29/97

NORTH GRID: 483000 EAST GRID: 0830000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

8/14/96 grout (depth >42)

Ph to be done

not completed

—no info

GS

SOURCES OF DRILLING WATER

1. well
2.
3.

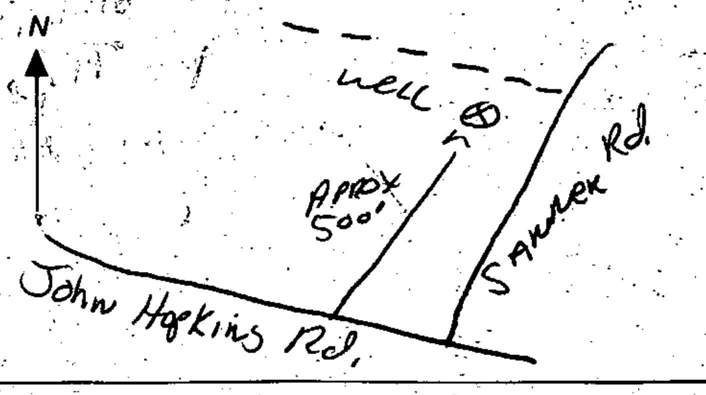
WRITE THE BOX NUMBER FROM THE MAP HERE

E: ~~820~~ 830

N: 48~~0~~3

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

NOTE — APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~401-9900~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date 1/13/00

Name of Installer J.A. Smith + Co. Inc. Telephone 410-796-7532

License Number 5581
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Mauck Property LLC Telephone 410-480-9805
Subdivision Cashmark Property Lot # ____ Well Tag # HO-94-0874
Site Address 7598 Sanner Road Clarksville, MD 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 5GS10412
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 1HP
2. RPM ____
3. Voltage 230V
   a. 110 ____
   b. 220 ✓

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

Tank
1. Capacity WX-250
2. Pressure relief valve? YES

2/25/00 Safety line was ran through cap sections.. Seal questionable. (BR)

Piping
1. Type Black Poly
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 230'

Well data
1. Depth ~~400~~ ft. 250'
2. Yield 1.5 GPM
3. Static water level 34 ft.
4. Will water supply be disinfected by installer? N/A

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.

10/7/99 - WPI on-SRK

Signature of Applicant: J. A. Smith

2/29/00 - Safety Rope Issue Resolved (SRK) Date: 1-13-2000

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

HD-215