SEQUENCE NO. (MDE USE ONLY) 9820

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓

COUNTY NUMBER A576102

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 04 DD 25 YY 99

Depth of Well: 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2027

OWNER Cissel Lambert (last name / first name)

STREET OR RFD Spring Hollow Ct TOWN Poplar Springs

SUBDIVISION Spring Hollow SECTION 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	
Brown Shale	2	40	
Brown Slate	40	50	✓
Blue Slate	50	90	
Brown Slate	90	95	✓
Blue Slate	95	165	

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.

DRILLERS LIC. NO.: MSD116
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD442

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 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (TOP) ft. to 30+ (BOTTOM) 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)
PL	6	55

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.)	
	from	to
1	HO	53 / 165
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

from	to

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.) 15.

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49 ft.

WHEN PUMPING 50 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 INSTALLED 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.

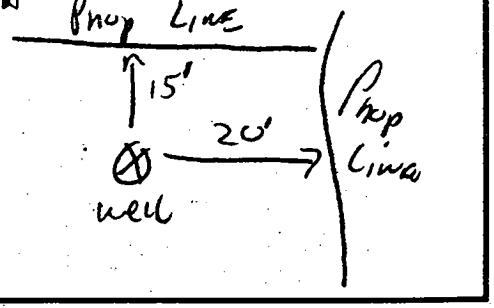
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

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 STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 ② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 4731 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-2027

fill in this form completely

Date Received (APA): 12/18/98

OWNER INFORMATION

CISSEL (Last Name) LAMBERT (Owner First Name)

3425 HIPSLEY MILL RD. (Street or RFD)

WOODBINE (Town) MD. (State) 21797 (Zip)

DRILLER INFORMATION

RALPH MAYNE (Driller's Name) MSD 116 (License No.)

RALPH MAYNE WELL DRILLING (Firm Name)

9120 BROWN CHURCH RD. MT AIRY (Address)

Ralph Mayne (Signature) 12-9-98 (Date)

B 3 LOCATION OF WELL

HOWARD (COUNTY)

SPRING HOLLOW (SUBDIVISION)

SECTION - LOT 11

POPLAR SPRINGS (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): I M I

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

SPRING HOLLOW CT. (~~STEVENS DELIGHT~~) (NEAR WHAT ROAD)

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

DISTANCE FROM ROAD: 20 FT

TAX MAP: ____ BLK: ____ PARCEL ____

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) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION

[I] INDUSTRIAL, COMMERICIAL, DEWATERING

[P] PUBLIC WATER SUPPLY WELL

[T] TEST, OBSERVATION, MONITORING

[G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD CO (COUNTY NAME) A5761OL (COUNTY NO.)

STATE SIGNATURE _____ INSERT S

DATE ISSUED 12/29/98 A McMillo (CO SIGNATURE) 12/29/99 (EXP. DATE)

NORTH GRID 548 000 EAST GRID 768 000

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) ____ - ____ - ____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

4/29/99 GROUT

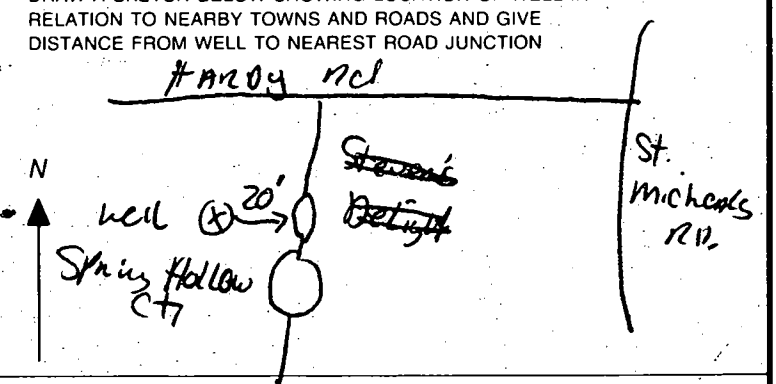
SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 768 000

N 548 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER GAP

PERMIT No. HO-94-2027

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Page ____ of ____
Date April 25 1995

Review OK MR 10/19/99

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2027
Location of property (road) Spring Hollow Ct
Subdivision Spring Hollow Lot 11 Block ____ Plat ____ Sec. ____
Well Driller Ralph Mayne Owner Lambert Cissel

Depth of well 165 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 45 ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 15 Gpm
Total time 15 min to reach pumping water level 50 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:15	50 ft	4 Sec		15 Gpm
11:30	50 "	4 Sec		15 Gpm
11:45	50 "	4 Sec		15 Gpm
12:00	50 "	4 "		15 "
12:15	50 "	4 "		15 "
12:30	50 "	4 "		15 "
12:45	50 "	4 Sec		15 Gpm
1:00	50 "	4 Sec		15 Gpm
1:15	50 "	4 Sec		15 Gpm
1:30	50 "	4 "		15 "
1:45	50 "	4 "		15 "
2:00	50 "	4 Sec		15 Gpm
2:15	50 "	4 Sec		15 Gpm

HD-224 55 Casing 30+ open 14 BAGS

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 ✓
Replacement ____

Receipt # ____
Date 1/10/00

Name of Installer Charles A. Klein & Sons, Inc. Telephone (410) 549-6960

License Number 6521
Certified Well Pump Installer ✓ Well Driller ____ Registered Plumber ____

Name of Property Owner Williamson Edna Telephone (410) 997-8800
Subdivision Spring Hollow Lot # 11 Well Tag # HO-94-2027
Site Address 17154 Spring Hollow Court

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Jacuzzi
3. Model # 5545-13P-52
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ____ No X
6. If Yes, is low pressure cutoff switch installed? Yes ____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards X Other ____

Motor
1. Horsepower 1/2
2. RPM 1765
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make HARVARD
2. Model # PT600
3. Depth 42"

Tank
1. Capacity 20 gallons
2. Pressure relief valve? Yes

Piping
1. Type Polyethylene
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 165 feet

Well data
1. Depth 165 ft.
2. Yield 5 GPM
3. Static water level 85 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.

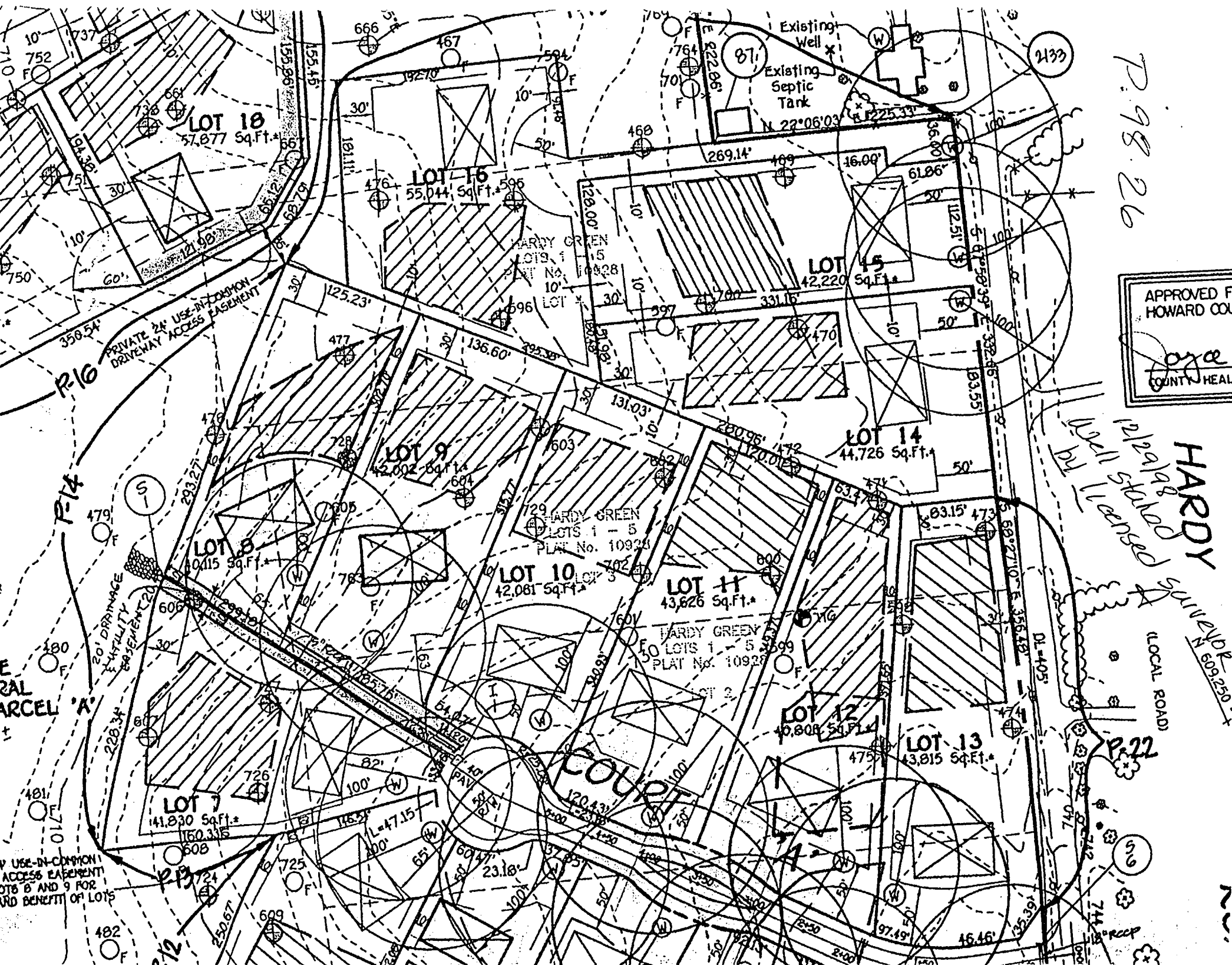
Signature of Applicant: Charles A. Klein Jr.

Date: 1/10/00

WELL 4" ø PITLESS OK
40+" BELOW GRADE
2/17/00 CW

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

HD-216


LOT 18
57,877 Sq.Ft.±
LOT 16
55,044 Sq.Ft.±
LOT 15
42,220 Sq.Ft.±
LOT 14
44,726 Sq.Ft.±
LOT 9
42,092 Sq.Ft.±
LOT 8
40,115 Sq.Ft.±
LOT 10
42,081 Sq.Ft.±
LOT 11
43,626 Sq.Ft.±
LOT 12
40,808 Sq.Ft.±
LOT 13
43,815 Sq.Ft.±
LOT 7
141,830 Sq.Ft.±
HARDY GREEN
LOTS 1 - 5
PLAT No. 10928
Existing Well
Existing Septic Tank
PRIVATE 24' USE-IN-COMMON DRIVEWAY ACCESS EASEMENT
20' DRAINAGE & UTILITY EASEMENT
COURT
(LOCAL ROAD)
P-16
P-14
P-13
P-22
HARDY
12/29/98
well staked by licensed surveyor
N 609,250
APPROVED
HOWARD COU
COUNTY HEAL