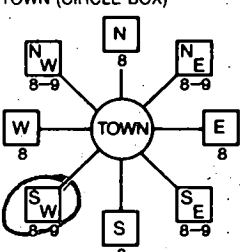
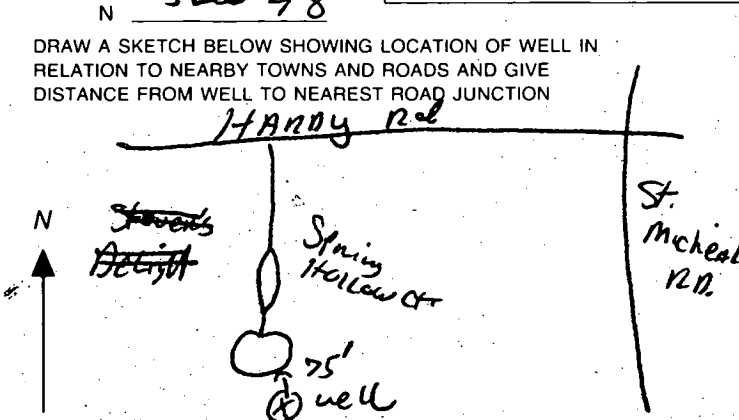


C1 9816		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.	
DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 08 03 23		Depth of Well: 22 185 26 (TO NEAREST FOOT)		COUNTY NUMBER A57610G	
OWNER Cissel Lambert		STREET OR RFD Spring Hollow Ct		TOWN Poplar Springs		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2023	
SUBDIVISION Spring Hollow		SECTION		LOT 7			
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)		C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft. WHEN PUMPING 45 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 55 OTHER CASING (if used) E A C H C A S I N G diameter inch depth (feet) from to					
DESCRIPTION (Use additional sheets if needed)		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER					
Top Soil 0 2		DEPTH (nearest ft.) HO 53 185					
Brown Shale 2 45		E 1 8 9 11 15 17 21					
Brown Slate 45 50		A 2 23 24 26 30 32 36					
Blue Slate 50 65		S 3 38 39 41 45 47 51					
Brown Slate 65 70		R 1 2 3					
Blue Slate 70 185		E S L O T S I Z E 1 2 3					
NUMBER OF UNSUCCESSFUL WELLS: 0		D I A M E T E R OF SCREEN (NEAREST INCH) 56 60 from to					
WELL HYDROFRACTURED YES Y NO N		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68					
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		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA					
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. M SD 116 DRILLERS SIGNATURE LIC. NO. 1 MSD 117 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Road well 75' 15' 100' line	

B 1 <u>4727</u> 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2023</u> <small>fill in this form completely</small>
Date Received (APA) <u>12-18-98</u> <small>8 9 10 11 12</small> MM DD YY 13		B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY <u>Spring Hollow</u> 21 23 SUBDIVISION _____ 42 SECTION <u>44</u> 46 LOT <u>7</u> 48 50 <u>POPLAR</u> <u>Springs</u> 52 NEAREST TOWN _____ 71	
OWNER INFORMATION 15 Last Name <u>CISSEL</u> Owner <u>LAMBERT</u> First Name _____ 34 36 <u>3425 HipSLEY MILL Rd</u> Street or RFD _____ 55 57 <u>Woodbine</u> Town <u>Md.</u> 70 <u>21797</u> State 72 Zip 76		MILES FROM TOWN (enter 0 if in town) <u>I</u> M I 73 76 77 78	
DRILLER INFORMATION Driller's Name <u>Ralph MAYNE</u> MS D <u>116</u> License No. 81 Firm Name <u>Ralph MAYNE well drilling</u> Address <u>9120 Brown Church Rd Mt Airy</u> Signature <u>Ralph Mayne</u> Date <u>12-9-98</u>		B 4 <u>Spring Hollow Ct</u> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD _____ 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW 34 <u>75</u> 37 DISTANCE FROM ROAD _____ ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: _____ BLK: _____ PARCEL _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co</u> <u>A57610G</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → _____ 41 DATE ISSUED <u>122998</u> <u>A M C M 100</u> <u>122999</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>548 000</u> EAST GRID <u>768 000</u> 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>5000 68</u> N <u>5800 48</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROtary</u> AIR-PERcussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROtary DRive-POINT other _____	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		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 _____ G A P _____ 54 63 PERMIT No. <u>HO-94-2023</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

Well Permit No. HO - 94-2023
Location of property (road) Spring Hollow Ct
Subdivision Spring Hollow Lot 7 Block Plat Sec.
Well Driller Ralph Mayne Owner Lambert Cisse

Depth of well 185'
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 43 ft

Time pump started 2:00 Pumping rate 12 GPM
Total time 15 min to reach pumping water level 45 ft. below M.P.

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
481-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer S.K. Plumbing & Heating Inc

Telephone 410-775-0822

License Number 12285

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber Yes

Name of Property Owner Trinity Homes Telephone 410-315-8722

Subdivision Spring Hollow Lot # 7 Well Tag # 110 - PY - 2003

Site Address 17125 Spring Hollow Ct.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible Yes
2. Make Grundfos
3. Model # _____
4. Capacity 5 GPM

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make Howard
2. Model # _____
3. Depth 42"

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 Slave

Tank

1. Capacity Wellxhell 250
2. Pressure relief valve? Yes

Piping

1. Type P.E.
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data

1. Depth 185 ft.
2. Yield 6 GPM
3. Static water level 34 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.

5/19/00-WPI OK

Signature of Applicant: [Signature]

SRW

Date: 5-30-00

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

