

C 1	07896	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.	
1	2	3	4	5	COUNTY NUMBER	13
ST/CO USE ONLY DATE Received MM DD YY		DATE WELL COMPLETED MM DD YY		Depth of Well 22 145 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 94 - 2807
8 13		15 20				28 29 30 31 32 33 34 35 36 37

OWNER	BRS DEVELOPENS	
STREET OR RFD	last name WINDRIDGE CT	first name
SUBDIVISION	WINDRIDGE FARMS	TOWN
SECTION		LOT 21

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 TO	check if water bearing
Top Soil	0 2	
Sandy	2 17	
Sand Stone	17 20	✓
MICKA	20 65	✓
Sand Stone	65 70	✓
MICKA	70 145	

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 46 NO. OF POUNDS 200	
GALLONS OF WATER 42	
DEPTH OF GROUT SEAL (to nearest foot)	
from 48 TOP 52 ft. to 23 54 BOTTOM 58	
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
ST STEEL	CO CONCRETE
PL PLASTIC	OT OTHER
MAIN CASING TYPE PL	
Nominal diameter top (main) casing (nearest inch) 6	Total depth of main casing (nearest foot) 25
60 61 63 64 66 70	

OTHER CASING (if used)	
diameter inch	depth (feet) from to
EACH CASING	

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

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. 1	M S D 112
DRILLERS SIGNATURE	(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1	D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)	
1 2	140 23 145
E 8 9 11 15 17 21	
C 23 24 26 30 32 36	
S 38 39 41 45 47 51	
R	
E	
N	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	

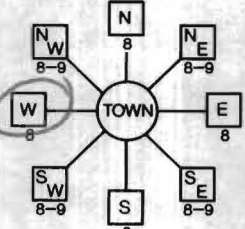
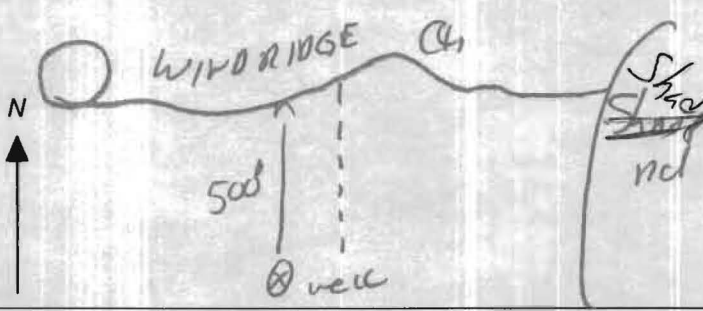
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C 3		
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 17 20 ft.		
WHEN PUMPING 18 25 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	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	
- below	
LAND SURFACE (nearest foot)	
2 50 51	

LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
Prop Line 301	
Prop Line 201	

B 1 18653 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type <i>W513672</i>	STATE PERMIT NUMBER <i>Ho - 94 - 2807</i> 70 <i>fill in this form completely</i> 79
Date Received (APA) 8 MM DD YY 13 <i>BNS Developer's LLC</i> 15 Last Name Owner First Name 34 <i>8808 Center Park Dr. Suite 204</i> 36 Street or RFD 55 <i>Columbia MD 21045</i> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <i>Howard</i> 21 23 SUBDIVISION <i>WINDRIDGE FARMS</i> 42 SECTION <i>2</i> 44 46 LOT <i>21</i> 48 50 <i>ALENECS</i> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <i>1</i> 73 M 76 77 78	
DRILLER INFORMATION Driller's Name <i>Ralph Mayne</i> M S D 116 76 License No. 81 Firm Name <i>Ralph Mayne Well Drilling</i> Address <i>9120 Brown Church Rd Mt Airy</i> <i>Ralph Mayne 7-5-00</i> Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 <i>WINDRIDGE Ct.</i> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> 34 500 37 DISTANCE FROM ROAD 38 39 <i>1/4</i> ENTER FT OR MI TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <i>5</i> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <i>500</i> 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <i>150</i> 24 FEET 28 APPROXIMATE DIAMETER OF WELL <i>6"</i> NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <i>Howard</i> COUNTY NO. <i>13</i> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <i>08/10/00</i> CO SIGNATURE <i>Craig Wilton</i> 8/9/00 43 MM DD YY 48 EXP. DATE NORTH GRID <i>520</i> 50 00 55 EAST GRID <i>0790</i> 57 00 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <i>well</i> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <i>790</i> N <i>520</i> 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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 54 _____ GAP 63 PERMIT No. <i>Ho - 94 - 2807</i> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: CLARKE P+H Inc Telephone #: 410-489-4029
Address: 3510 Ridge Rd
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Ken Clarke License# 3808

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Hamilton Reed Telephone #: 410-400-9146
Subdivision: Windridge Farms Lot #: 21 Well Tag #: HO-94-2807
Site Address: 14529 Windridge Ct

Submersible Pump Data

Make: Goulds
Model #: 75B05422
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Harvard
Model#: P-7-800
Depth: 12 (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 145 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

Type: Plastic
PSI: ✓ (160 psi min)
Depth of supply line: 52 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 15
Sleeve caulked and sealed properly: ✓

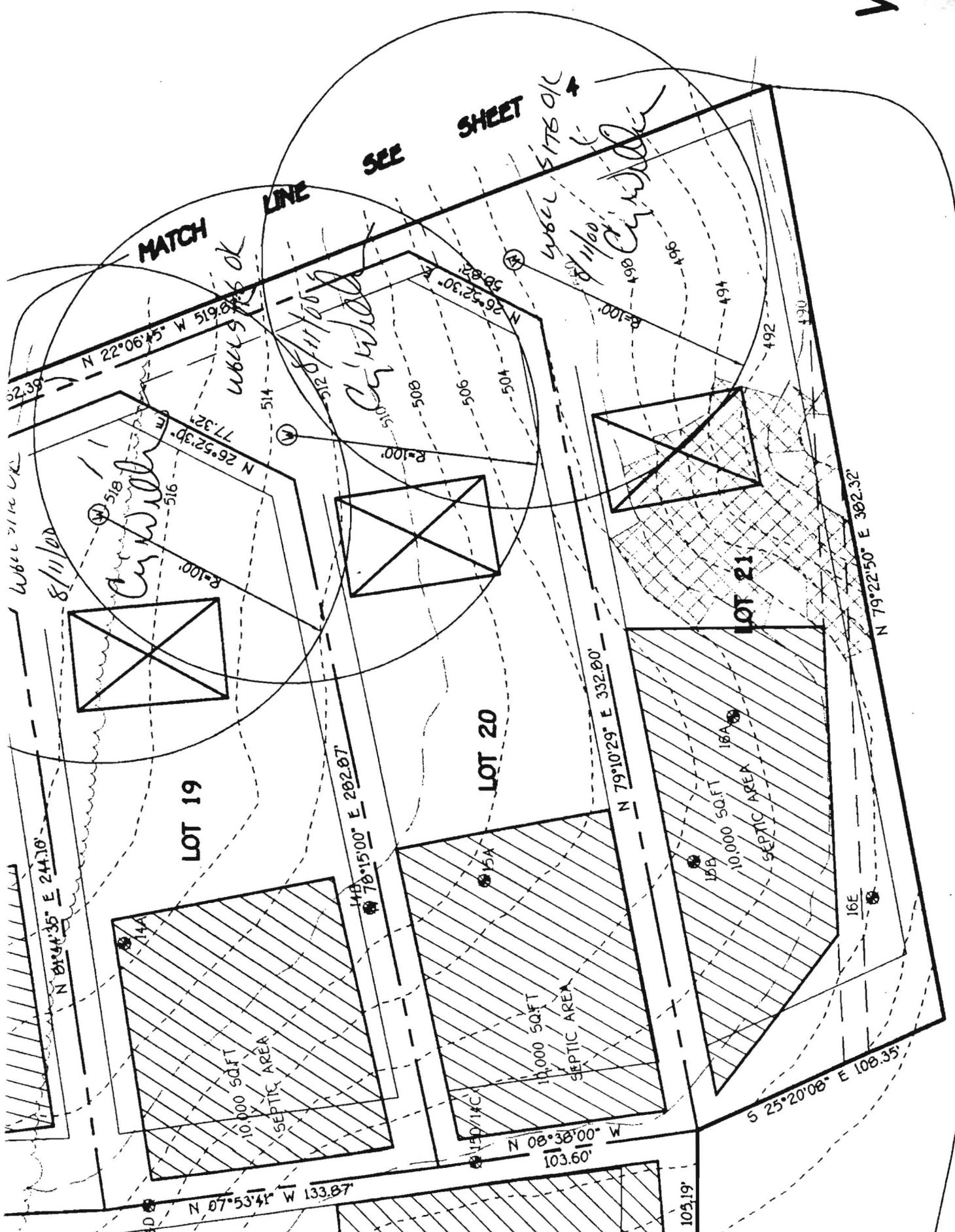
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ken Clarke date: 12-6-01

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/11/01 Anytime Date Insp. Approved: 10/12/01 50 SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

1/17/02 Well needs protective posts
1/17/02 3 (4x4) posts placed around well.



SEE SHEET 4

MATCH LINE

LOT 19

LOT 20

LOT 21

PER WIND

LO AND BUILDABLE

TAX MAP NO.