

<b>C1</b>	<b>0612</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)					
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 07 30 07		Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3151 28 29 30 31 32 33 34 35 36 37
OWNER <u>Viking Development</u> STREET OR RFD <u>W. Watersville Rd</u> TOWN <u>Mt. Airy</u> SUBDIVISION <u>Shinn Farm</u> SECTION <u></u> LOT <u>P.243</u>					
<b>WELL LOG</b> Not required for driven wells			<b>GROUTING RECORD</b>		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>		
DESCRIPTION (Use additional sheets if needed)	FEET		TYPE OF GROUTING MATERIAL (Circle one)		
	FROM	TO	CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>		
			NO. OF BAGS <u>11</u> NO. OF POUNDS <u>1100</u>		
			GALLONS OF WATER <u>66</u>		
Overburden	0	15	DEPTH OF GROUT SEAL (to nearest foot)		
Soft Shale	15	55	from <u>0</u> ft. to <u>32</u> ft.		
Gray Rock	55	300	(enter 0 if from surface)		
water at 90'			<b>CASING RECORD</b>		
			casing types insert appropriate code below		
			STEEL <b>ST</b> CONCRETE <b>CO</b>		
			PLASTIC <b>PL</b> OTHER <b>OT</b>		
			MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>600</u>		
			OTHER CASING (if used) diameter inch depth (feet) from to		
			screen type or open hole (insert appropriate code below)		
			STEEL <b>ST</b> BRASS <b>BR</b> OPEN HOLE <b>HO</b>		
			BRONZE <b>PL</b> OTHER <b>OT</b>		
			PLASTIC <b>PL</b> OTHER <b>OT</b>		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			<b>C2</b>		
WELL HYDROFRACTURED <b>Y</b> <b>N</b>			DEPTH (nearest ft.)		
CIRCLE APPROPRIATE LETTER			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
E ELECTRIC LOG OBTAINED			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
P TEST WELL CONVERTED TO PRODUCTION WELL			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
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.			SLOT SIZE 1 2 3		
DRILLERS LIC. NO. <u>M D 399</u>			DIAMETER OF SCREEN (NEAREST INCH) 56 60		
DRILLERS SIGNATURE <u>Wm. Powell</u>			from to		
(MUST MATCH SIGNATURE ON APPLICATION)			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
LIC. NO. <u>M D 241</u>			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
			T (E.R.O.S.) W Q		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			70 72 74 75 76		
			TELESCOPE CASING LOG INDICATOR OTHER DATA		
			<b>C3</b>		
			PUMPING TEST		
			HOURS PUMPED (nearest hour) <u>3</u>		
			PUMPING RATE (gal. per min.) <u>10.0</u>		
			METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u>		
			WATER LEVEL (distance from land surface)		
			BEFORE PUMPING <u>49</u> ft.		
			WHEN PUMPING <u>190</u> 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 <b>Y</b> NO <b>N</b>		
			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) 31 35		
			PUMP HORSE POWER 37 41		
			PUMP COLUMN LENGTH (nearest ft.) 43 47		
			CASING HEIGHT (circle appropriate box and enter casing height)		
			+ above LAND SURFACE (nearest foot) 1		
			- below 49 50 51		
			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)		

B 1 1 2 3 4 5 6 7042	SEQUENCE NO (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 11/5/5332 please print or type	STATE PERMIT NUMBER HO-94-3151 70 fill in this form completely 79
Date Received (APA) 07-11-01 8 MM DD YY 13 <b>OWNER INFORMATION</b> Viking Development 15 Last Name Owner First Name 34 815 Windriver Drive 36 Street or RFD 55 Sykesville MD 21784 57 Town 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> 8 COUNTY 21 Howard 23 SUBDIVISION 42 Stirn Farm SECTION 44 46 LOT 48 50 P.243 52 NEAREST TOWN 71 Mt. Airy MILES FROM TOWN (enter 0 if in town) 73 76 77 78	
<b>DRILLER INFORMATION</b> Paul M Fabiszak MWD399 Driller's Name 76 License No. 81 G Edgar Harr Sons Corp Firm Name 12047 Falls Rd Cockeysville 21030 Address Signature Date 6-28-01		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b> 1 2 TOWN ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD 30 695 W. Watersville Rd 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 07-23-01 43 MM DD YY 48 CO SIGNATURE EXP. DATE 07-22-02 NORTH GRID 550 000 EAST GRID 0767 000 50 55 57 63	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY MR-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 2 Well 3 WRITE THE BOX NUMBER FROM THE MAP HERE E 760 N 550 000 000	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 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 Watersville Rd Old Frederick	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-94-3151 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3151  
Location of property (road) W. Waterville Rd  
Subdivision Stirn Farm Lot P243 Block      Plat      Sec.       
Well Driller Holt Owner Viking Den.

Depth of well 300'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 49'

### I. High rate pumping -- reservoir drawdown

Time pump started 0800 Pumping rate 15.00  
Total time 15 min to reach pumping water level 103' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

## Review

Well Permit No. HO - 94-3151

Location of property (road) W. Waterville Rd

Subdivision Stim Farm

Lot P2A3 Block

Plat

Sec.

Well Driller None

Owner

Vikinga Pen.

Depth of well 300'

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P.

### I. High rate pumping -- reservoir drawdown

Time pump started 8:00

Pumping rate

156 PM

Total time 90 min to reach pumping water level 190 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

7/25/01 KG / ml



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

From Cary  
Cumberland  
To Steven Krieg  
2-5-02

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: WTC III Telephone #: 410 489-4457  
Address: 20 Gillis Falls Rd  
Woodbine MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): William T Cumberland III License# 7979

\*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: Bill + Michele Bukham Telephone #: 410 854-6095  
Subdivision: St. John Farm Lot #: 5 Well Tag #: HO-99-3151  
Site Address: 693 W. Watersville Rd

Submersible Pump Data

Make: Meyers  
Model #: \_\_\_\_\_  
Pump Capacity 8 GPM  
Well Yield: 8 GPM

Depth of well encountered at time of pump installation: 300 (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 \_\_\_\_\_

Pitless Adapter

Make: Harvard  
Model #: \_\_\_\_\_  
Depth: 6' (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: ☒

Piping to house

Type: Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 5 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 5'  
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

date

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

Date Insp. Requested: 1/31/02 Am

Date Insp. Approved: 1/31/02

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 ☒

