C 1 | 0205 — 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: A 50572 B

ST/CO USE ONLY DATE Received:

DATE WELL COMPLETED: 032098

Depth of Well: 260 (TO NEAREST FOOT)

OK MR 3/30/98

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-1458

OWNER: OAK HILL PROPERTIES, L.L.C.

STREET OR RFD: ______ TOWN: COOKSVILLE

SUBDIVISION: CARRIAGE MILL SECTION: ______ LOT: 5

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	
red Shaley clay	2	15	
brown shale	15	90	
gray Mica	90	115	
Sand Stone	115	116	✓
Mica	116	145	
Sand Stone	145	146	✓
Mica	146	260	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y / **N** (circled)

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: 040

George F. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO: MWD 301

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): **Y** (yes) / N (no)

TYPE OF GROUTING MATERIAL (Circle one): CEMENT **CM** / BENTONITE CLAY BC

NO. OF BAGS: 18 NO. OF POUNDS: 1800

GALLONS OF WATER: 90

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. TOP to 60 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)
ST	6	98

OTHER CASING (if used): 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

	Type	DEPTH (nearest ft.) from	to
1	HO	96	260
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: open 6 gpm ______ OTHER DATA: open ______

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 10.

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 37 ft.

WHEN PUMPING: 158 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** (circled)

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** / − below LAND SURFACE: 2 (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)

Well 30'
50'
Carriage Mill DR.

EMERGENCY/TEMP NO. IF ANY

1 5402 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 -1458
fill in this form completely

Date Received (APA) 2/26/98

OWNER INFORMATION RN 7380

Oak Hill Properties (Last Name / First Name)
107 Loudoun St., N.E.
Leesburg, Va. 20175-3106 (Town / State / Zip)

DRILLER INFORMATION

George F. Easterday M VP 040 (Driller's Name / License No.)
E. Franklin Easterday, Inc (Firm Name)
9265 Brown Church Rd., MT. Airy, Md 21771 (Address)
George F. Easterday 2/25/98 (Signature / Date)

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 APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 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)

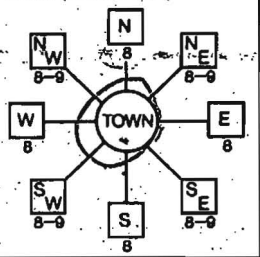
APPROP. PERMIT NUMBER GAP
FORCE: GS (WRITE INITIALS IN BOX) PERMIT No. Ho-94-1458

B 3 LOCATION OF WELL

Howard COUNTY
Carriage Mill Farms SUBDIVISION
SECTION LOT 5
Cooksville NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Carriage Mill Dr NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 50 ENTER FT OR MI Ft

TAX MAP: 8 BLK: 16 PARCEL: 158

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A-50572B
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3 6 98 3/6/99
CO SIGNATURE EXP. DATE
NORTH GRID 540 000 EAST GRID 790 000

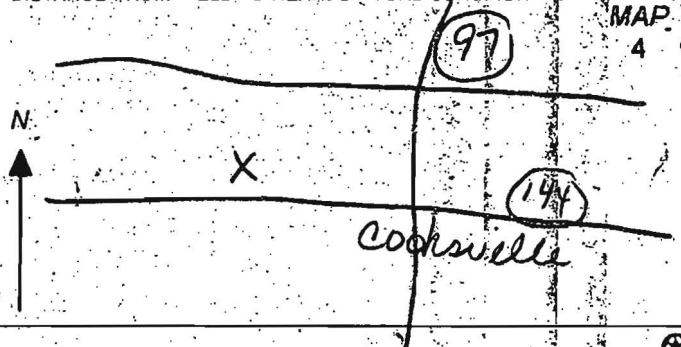
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2. wells
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 790
N 540

3/20/98
Error 9:00
3/20/98 location OK
19 bags
Arrived @ 11:15
DS

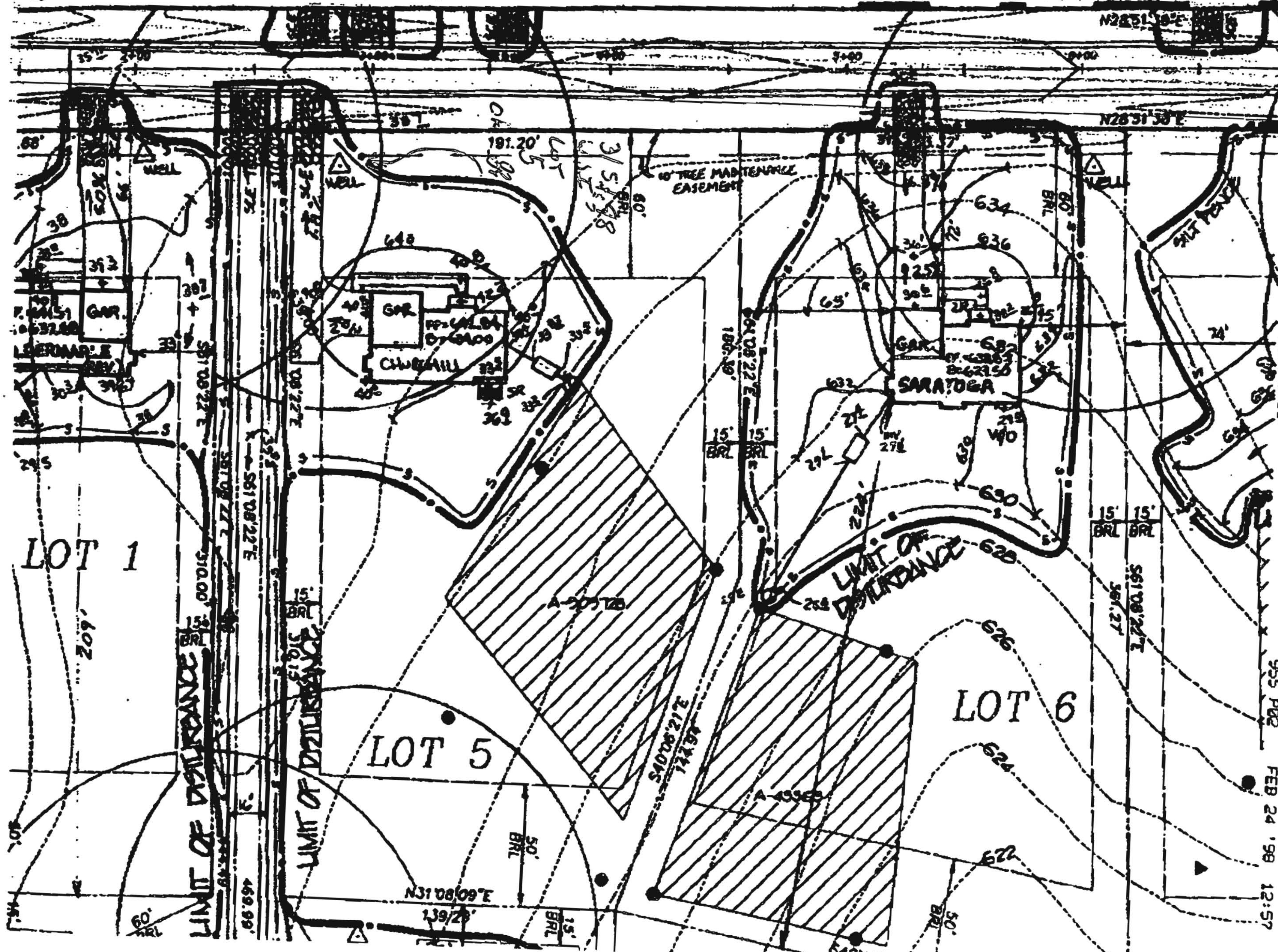
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

CARRIAGE MILL DRIVE (F-96-70)

See Sheet 2 of 3



FEB 24 '98 12:57 955 P02

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 9-29-98

Name of Installer Dallen Wilson

Telephone 301-831-7057

License Number 35D065
Certified Well Pump Installer ✓ Well Driller ____ Registered Plumber ____

Name of Property Owner Oak Hill Prop

Telephone 301-697-0092

Subdivision Carriage mill farm Lot # 5 Well Tag # HO-94-1458
Site Address 14716 Carriage mill Dr.

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 5GS4422
4. Capacity 3 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 1/2
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Martinson
2. Model # B-10X
3. Depth 3'+

Tank
1. Capacity 32
2. Pressure relief valve? Yes

Piping
1. Type PE
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3'+

Well data
1. Depth 260 ft.
2. Yield 10 GPM
3. Static water level ____ 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.

Signature of Applicant: Dallen Wilson

Date: 9-29-98

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

HD-215