

1 5080

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 6/4/07

Depth of Well 700

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1079

OWNER SIMPSON, RANDALL S last name first name STREET OR RFD 1259 EMMALS RD TOWN WOODBINE SUBDIVISION SECTION LOT 14

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Gray Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 32 NO. OF POUNDS 3200

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing 6 Total depth of main casing 80

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (P) (L) (O) (T)

DEPTH (nearest ft.)

Table for DEPTH with columns for casing types and slot size.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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

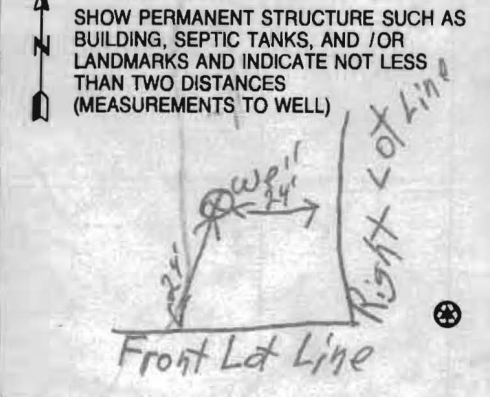
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 1.3 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 9

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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.

DRILLERS LIC. NO. 1 M W D 040 DRILLERS SIGNATURE George F. Kasterday LIC. NO. 1 J S D 038

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

B 1 8602
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526291 please type

STATE PERMIT NUMBER
HO - 95 - 1079
fill in this form completely 79

Date Received (APA) **LAWN PERFECT** 10532
OWNER INFORMATION
8 MM DD YY 13
15 Last Name **SIMPSON** Owner First Name **RANDALL S** 34
36 Street or RFD **1259 EMMAUS ROAD** 55
57 Town **WOODBINE, MD 21797** 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY **Howard** 24 C#
23 SUBDIVISION 42
SECTION 44 46 LOT **14** 48 50
52 NEAREST TOWN **Lisbon woodbine** 71
MILES FROM TOWN (enter 0 if in town) **1** M I 73 76 77 78

DRILLER INFORMATION
76 Driller's Name **George F. Easterday** M W D License No. **040** 81
Firm Name **L. Franklin Easterday, Inc.**
Address **9266 Brown Church Rd., MT. Airy, Md. 21771**
Signature **George F. Easterday** Date **3/15/2007**

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
11 NEAR WHAT ROAD **1259 Emmaus Road** 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 20 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: **8** BLK: **8** PARCEL **3/3**

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

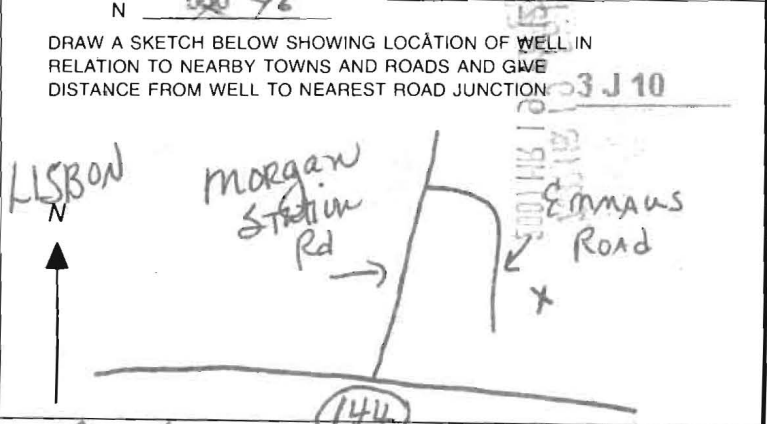
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO. **A49060**
STATE SIGNATURE **[Signature]** INSERT S → 41
DATE ISSUED **4/17/07** CO SIGNATURE **[Signature]** EXP. DATE **4/19/08**
43 MM DD YY 48 NORTH GRID **546** 0 0 0 EAST GRID **785** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **wells**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **785 5** 000
N **550 46** 000

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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 DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER **G**
PERMIT No. **HO - 95 - 1079**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
Please verify location before drilling

B 1 9270
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

535258 please type

70 fill in this form completely 79

Date Received (APA)

06 15 11
8 MM DD YY 13

OWNER INFORMATION

11711

SIMPSON RANDALL S
15 Last Name Owner First Name 34
1259 EMMAUS ROAD
36 Street or RFD 55
WOODBINE, MD 21797
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

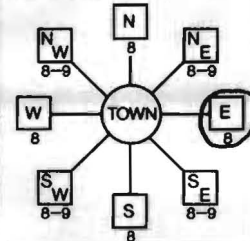
Howard CC#
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

DRILLER INFORMATION

George F. Easterday M D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 6/14/2011
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1259 Emmaus Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 20 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL

B 2
1 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 50 0 0 0 EAST GRID 57 0 0 0
55 63

APPROXIMATE DEPTH OF WELL 300
24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
67 CABLE REVERSE-ROTary DRIVE-POINT
other

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

780
E 000
550
N 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 3 J 10



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 39 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

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

APPROX. PERMIT NUMBER G
PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Jul-31-97 13:50

P.01

WALNUT SPRINGS LOT 14
TRINITY 7-31-97 94-182
ATTN MICHAEL PFAU

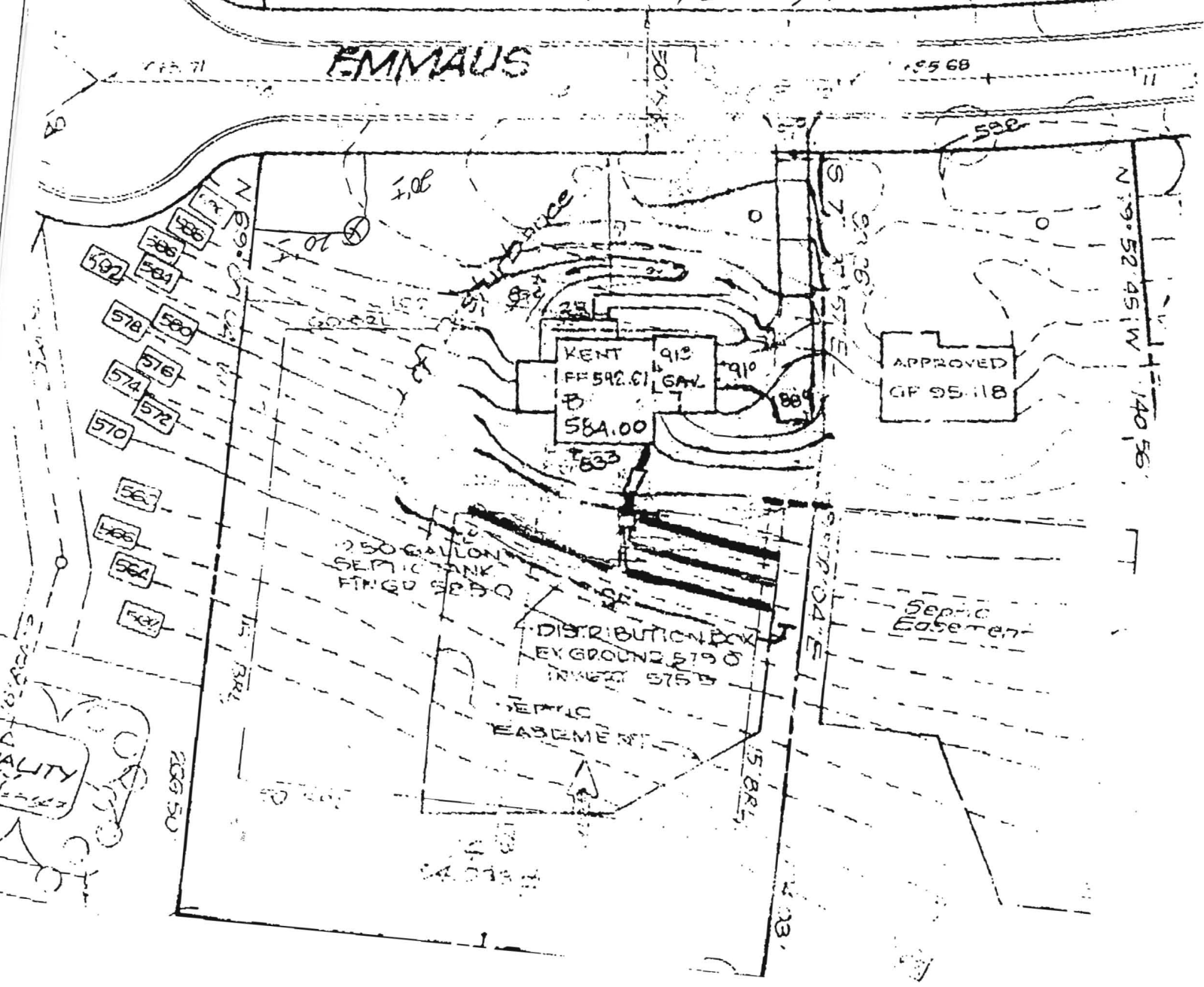
PLEASE REVIEW PRIOR
TO FINAL DRAFTING
THANKS

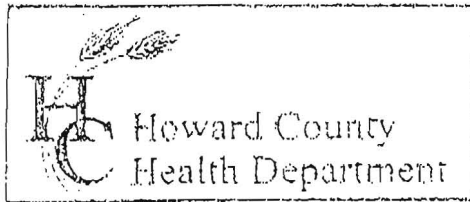
JOEY

MP
OK

4/17/07 Frv. well site OK

EMMAUS





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by tree,
(professional land surveyor or company employing professional land surveyors)
on 6-20-11 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

Right in back corner where tree is.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
1771

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: DENNISON PLUMBING Heating & Air Conditioning Telephone #: 301-473-4015
Address: 7809 Ridge Rd. Frederick, Md. 21702

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

License # and name of individual responsible for the field installation:
Name (Print): HERBERT M. DENNISON License# 10040

*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: RAIDY SIMPSON Telephone #: 301-514-2142
Subdivision: _____ Lot #: Well Tag #: HO-95-1079
Site Address: 1759 EMMAUS Rd. WOODBINE, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: _____ Make: _____ Two piece watertight cap: _____
Model #: _____ Model#: _____ Screened, vented well cap: _____
Pump Capacity 5 GPM Depth: _____ (36" min) Cap secured to casing: _____
Well Yield 5 GPM NSF approved: _____ Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: 25 (feet) Conduit secured to well cap: _____
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 House Connection
Type: No Polyethylene PVC sleeved to undisturbed soil at wall penetration:
PSI: (160 psi min) Approximate length of sleeve: 30
Depth of supply line: (36" min) Sleeve caulked and sealed properly: yes

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.

Herbert M. Dennison 4-8-08
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____

HD-215 (Rev. 8/00)

4-24-08. Please cancel this permit for any future work. -
Well pump is not in