

C1 3018 SEQUENCE NO. (OEP USE ONLY)

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.

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

COUNTY NUMBER A 31416

DATE RECEIVED

DATE WELL COMPLETED 100484

DEPTH OF WELL 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-9732

OWNER HINZMAN RANDY last name first name STREET OR RFD ROUTE 97 TOWN COOKSVILLE SUBDIVISION HOODS MILL FARM SECTION LOT E

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy Sandstone, Micka, Sandstone, Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 10, NO. OF POUNDS 1000, GALLONS OF WATER 60, DEPTH OF GROUT SEAL 49 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 42 inch, Total depth of main casing 305 feet.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole HO, diameter of screen 42 inch, slot size 1-2-3.

DEPTH (nearest ft.) grid for recording depth measurements at various intervals.

A 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 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

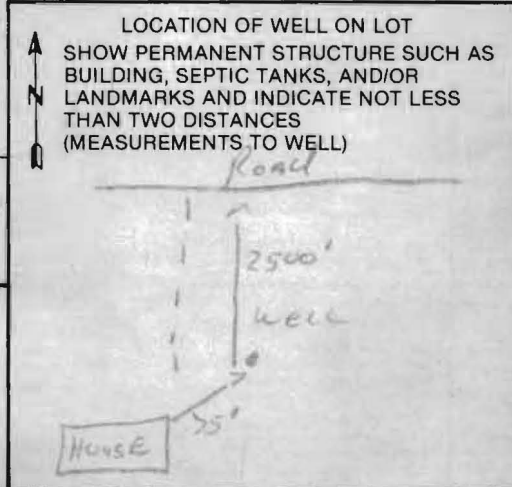
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: PUMPING TEST, HOURS PUMPED 6, PUMPING RATE 2 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 30 ft. BEFORE PUMPING, WHEN PUMPING 25 ft.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED C centrifugal, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 **2964** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
40-81-073
 70 fill in this form completely 79

Date Received
 2 9 / 1 1 9 8 9

OWNER INFORMATION

8 13
ALUZMAN, ANDY
 15 Last Name 34 Owner First Name
 36 3 2 6 0 5 E N N I N G S C H A P E L 55
 Street or RFD
 57 70 State 72 Zip 76
WOODGLEN, MD 21092

B 3 **LOCATION OF WELL**

1 2
ACWA
 8 COUNTY 21
ZOLE MAP 8
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **48** 50
COOKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 **M** 76 **I** 77 **I** 78

DRILLER INFORMATION

Driller's Name **RABOL MAYNE** 77 License No. 80 **273**
 Firm Name **RABOL MAYNE (WELL DRILLING)**
 Address **9120 Brown Church Rd Mt. Airy**
 Signature **Raph Mayne** Date **9/13/84**

B 4

1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 **mo. 97** 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **2500** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 38 39

B 2 **WELL INFORMATION**

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)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL.

COUNTY NAME _____ COUNTY NO. _____
 OEP SIGNATURE _____ STATE HEALTH INSERT S 41
 DATE ISSUED **092584**
 43 48 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID **000** 50 55 EAST GRID **000** 57 63

APPROXIMATE DEPTH OF WELL **50** 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)
 37 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
 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ 54 **G A P** 63
 FORCE WRITE INITIALS IN BOX PERMIT NO. _____ 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **790**
 N **540**
 000 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

LOCATION OK
40' CASING
2' AB. GR.
32' OPEN
8 BAGS CEMENT
10/4/84 CW

COOKSVILLE

**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: DELUXE PLUMBING & HEATING Telephone #: 410-549-2118
Address: 719 SILVER RUN VALLEY RD.
WEST MIDDLETOWN, MD 21158

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

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

Name (Print): DAVID W. JENKINSKI SR. License# 8499

*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: JAMIE JENSEN Telephone #: 410-489-9466
Subdivision: HINZMAN PROP. Lot #: 2 Well Tag #: HO-81-0732
Site Address: 820 ROUTE 97
COOKSVILLE, MO. 63033

Submersible Pump Data

Make: GOUDOS
Model #: SG507412L
Pump Capacity: 5 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: HANUARD
Model #: PT 800
Depth: 42" (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 1 1/2" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 305 (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 YES

Piping to house

Type: CELL FLEX
PSI: 160 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 10'
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.

Signature of company representative responsible for installation: [Signature] date: 11-19-02

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

Date Insp. Requested: 8/16/02 Date Insp. Approved: 1/15/03 S08SRK0
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ - 8/16/02
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ } 1/15/03
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 ✓ } 8/16/02
Adequate grout observed below pitless adapter ✓

Age _____ of _____
 Date 4/4/84

Review 1/31/85 ON F.S.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0232
 Location of property (road) _____
 Subdivision ZONEN# 8 Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller Ralph Payne Owner Randy Hinzman

Depth of well 300 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 30 ft

High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 9 G.P.M.
 Total time 15 min to reach pumping water level 75 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 6 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:15	75 ft	30 sec	-	2 G.P.M.
10:30	75 ft	30 sec	-	2 G.P.M.
10:45	75 ft	30 sec	-	2 G.P.M.
11:00	75 ft	30 sec	-	2 G.P.M.
11:15	75 ft	30 sec	-	2 G.P.M.
11:30	75 ft	30 sec	-	2 G.P.M.
11:45	75 ft	30 sec	-	2 G.P.M.
12:00	75 ft	30 sec	-	2 G.P.M.
12:15	75 ft	30 sec	-	2 G.P.M.
12:30	75 ft	30 sec	-	2 G.P.M.
12:45	75 ft	30 sec	-	2 G.P.M.
1:00	75 ft	30 sec	-	2 G.P.M.
1:15	75 ft	30 sec	-	2 G.P.M.
1:30	75 ft	30 sec	-	2 G.P.M.
1:45	75 ft	30 sec	-	2 G.P.M.
2:00	75 ft	30 sec	-	2 G.P.M.
2:15	75 ft	30 sec	-	2 G.P.M.
2:30	75 ft	30 sec	-	2 G.P.M.
2:45	75 ft	30 sec	-	2 G.P.M.
3:00	75 ft	30 sec	-	2 G.P.M.
3:15	75 ft	30 sec	-	2 G.P.M.
3:30	75 ft	30 sec	-	2 G.P.M.
3:45	75 ft	30 sec	-	2 G.P.M.
4:00	75 ft	30 sec	-	2 G.P.M.
4:15	75 ft	30 sec	-	2 G.P.M.

8000

6/14/85 Pump, pitless & lines installed
at 5 ft below grade. No work
completed inside house JS

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WATER AND SEWERAGE PROGRAM
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WEST MOUNTAIN, MD. 21158

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

Name (Print): DAVID W. WISNIEWSKI SR. License# 8494

*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: JAMIE JOHNSON Telephone #: 410-489-9466
Subdivision: HINZMAN PROP. Lot #: 2 Well Tag #: HO-81-0732
Site Address: 820 ROUTE 97
COCKS MILK, MD. 21723

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOUDOS</u>	Make: <u>HANUARD</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SG507412L</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>2</u> GPM	NSF approved: <u> </u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>30.5</u> (feet)		Conduit secured to well cap: <u>YES</u>

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 YES

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CELL FLEX</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>36'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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: [Signature] date: 11-19-02

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

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Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ = 8/16/02
Two piece cap installed and attached to casing securely ✓
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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 ✓ } 8/16/02
Adequate grout observed below pitless adapter ✓

NOVEMBER 23, 1998
EAST WYOMING COUNTY GOVERNMENT
DEPARTMENT OF HEALTH AND ZONING
BOOFT CITY MD
MR. WILLIAMS
2404 HINZMAN LOTS 1-4
CIN. M. PORTER.

RE: WILLIAMS,

Follow up to our discussion the other day, in order for you to evaluate and waive the
the existing drain field moved prior to recording the plat. The current field was from
portion of a resubdivision and uses an area much larger than required. IWE the fourth
adjacent house lot # 2, and build on the adjacent lot (# 3) for a family residence. The plat
shows and location of the new and reconfigured fields are shown on the new plat and these
elements as set forth. IWE plan to have all this done prior occupancy of lot 4. I will
while I'm building the house. Please issue the waiver if possible.

On our consideration of this matter. If I can be of any assistance please call me at my
my office 301-350-7750

REPLY:

HAVE SHANABENGER
SUGGEST PLAT/DEED
LANGUAGE.

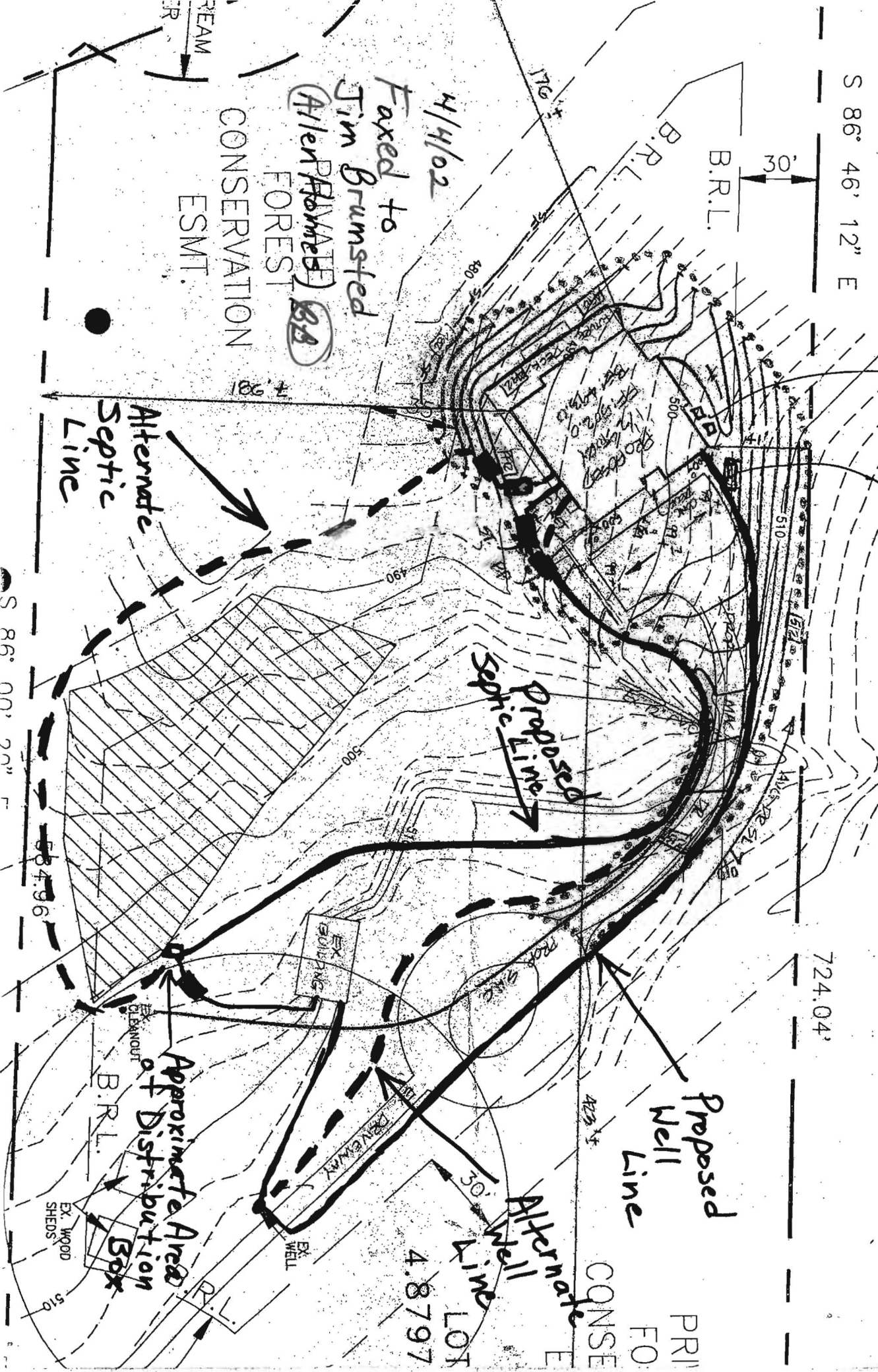
12/30/98

(CW)

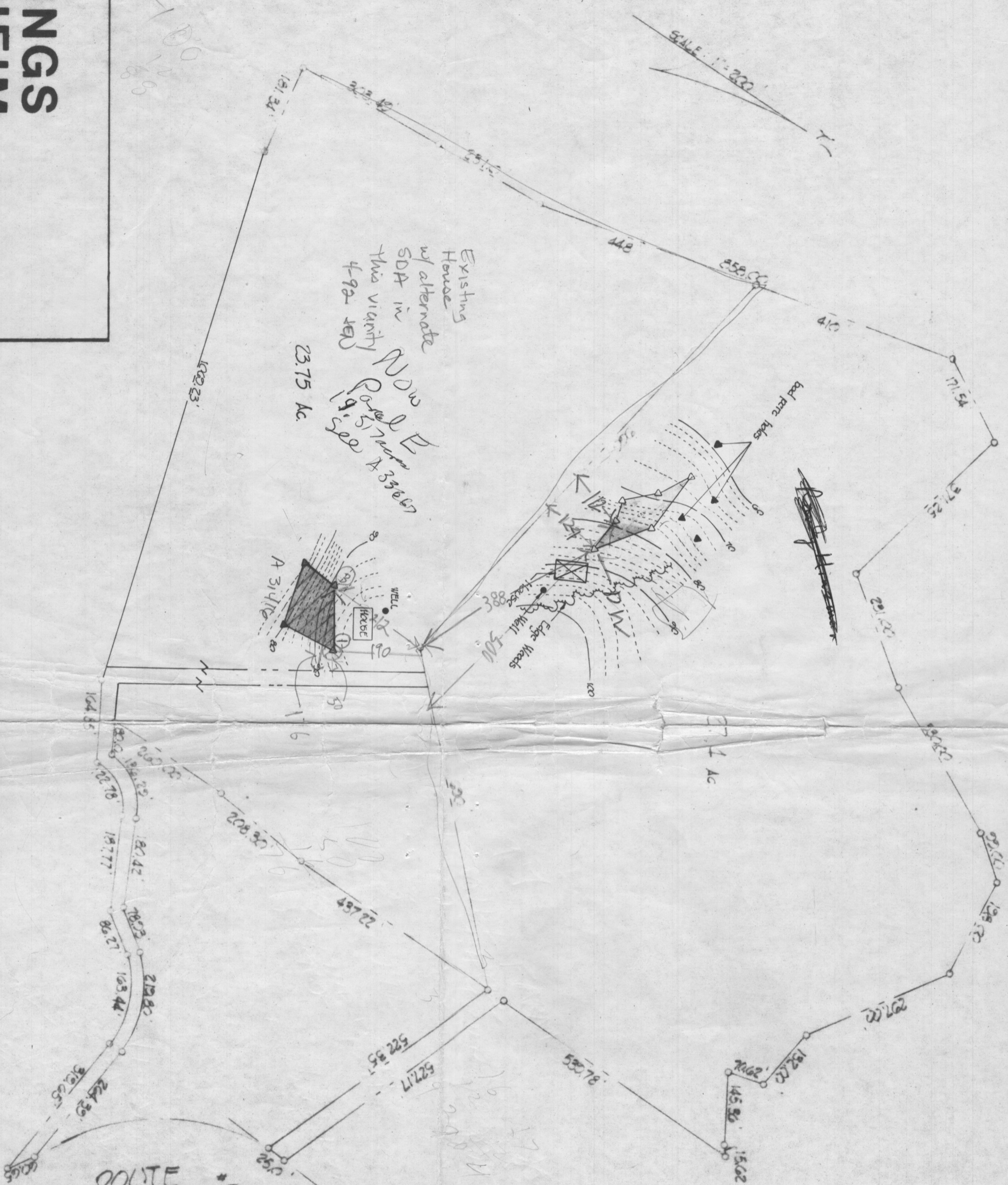
TER
Dr. Laurel Md. 20708

Hinzman Property
- Lot 2
820 Rt. 97 Alcorn

Jim - These two schemes may work, but they both depend on site conditions.



S 86° 00' 20" E



Existing House
w/ alternate
SDA in
this vicinity
4-92-180

Now Parcel B
See 1-33-65

23.75 Ac.

MD. ROUTE 97

8/20/81

This Part is the same as the one required by the Health Officer

9/7

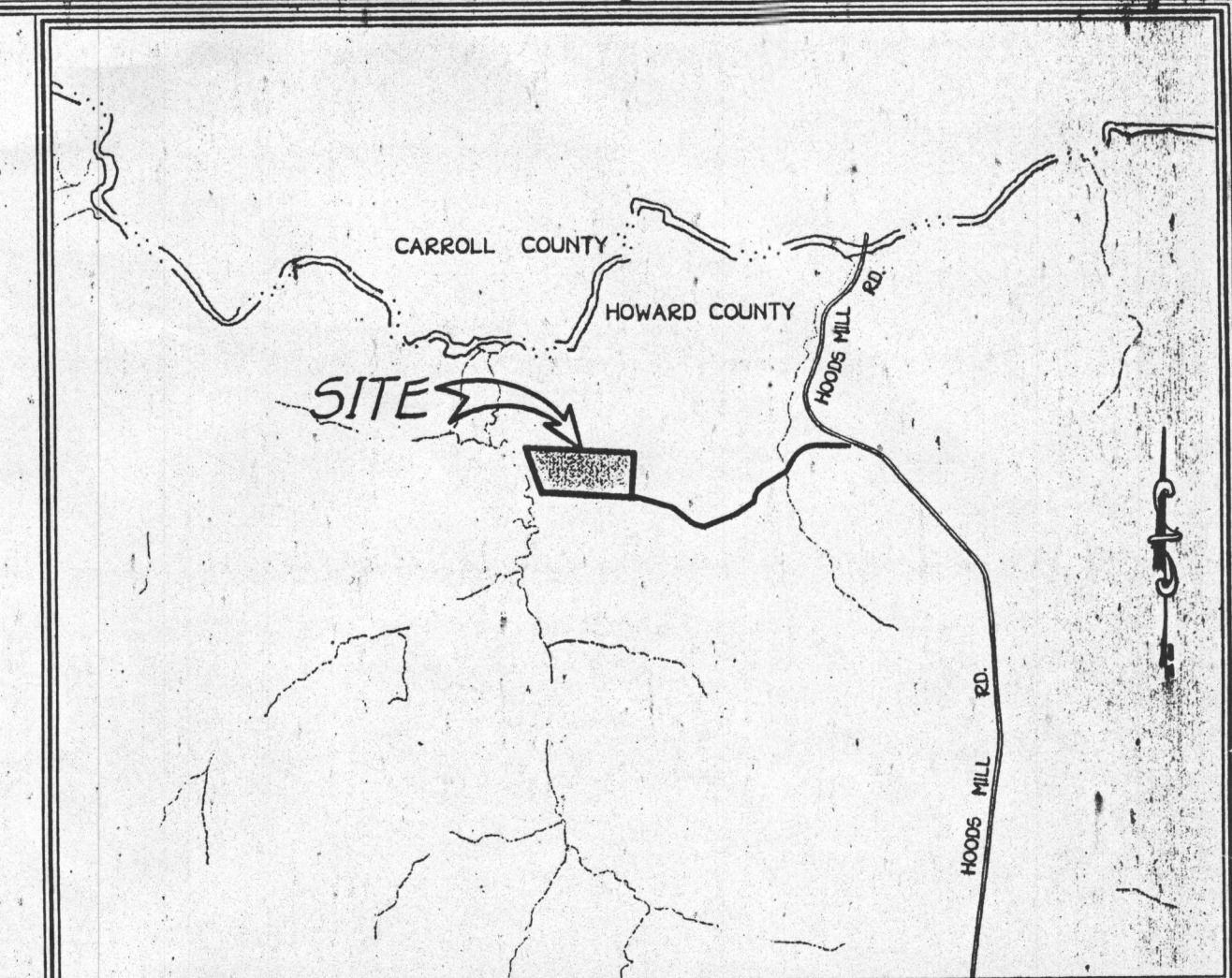
1. This area designates vote sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachment into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.
2. Percolation tests have been field located as shown.
3. The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.
4. Percolation areas and water wells for adjoining lots will be shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems.

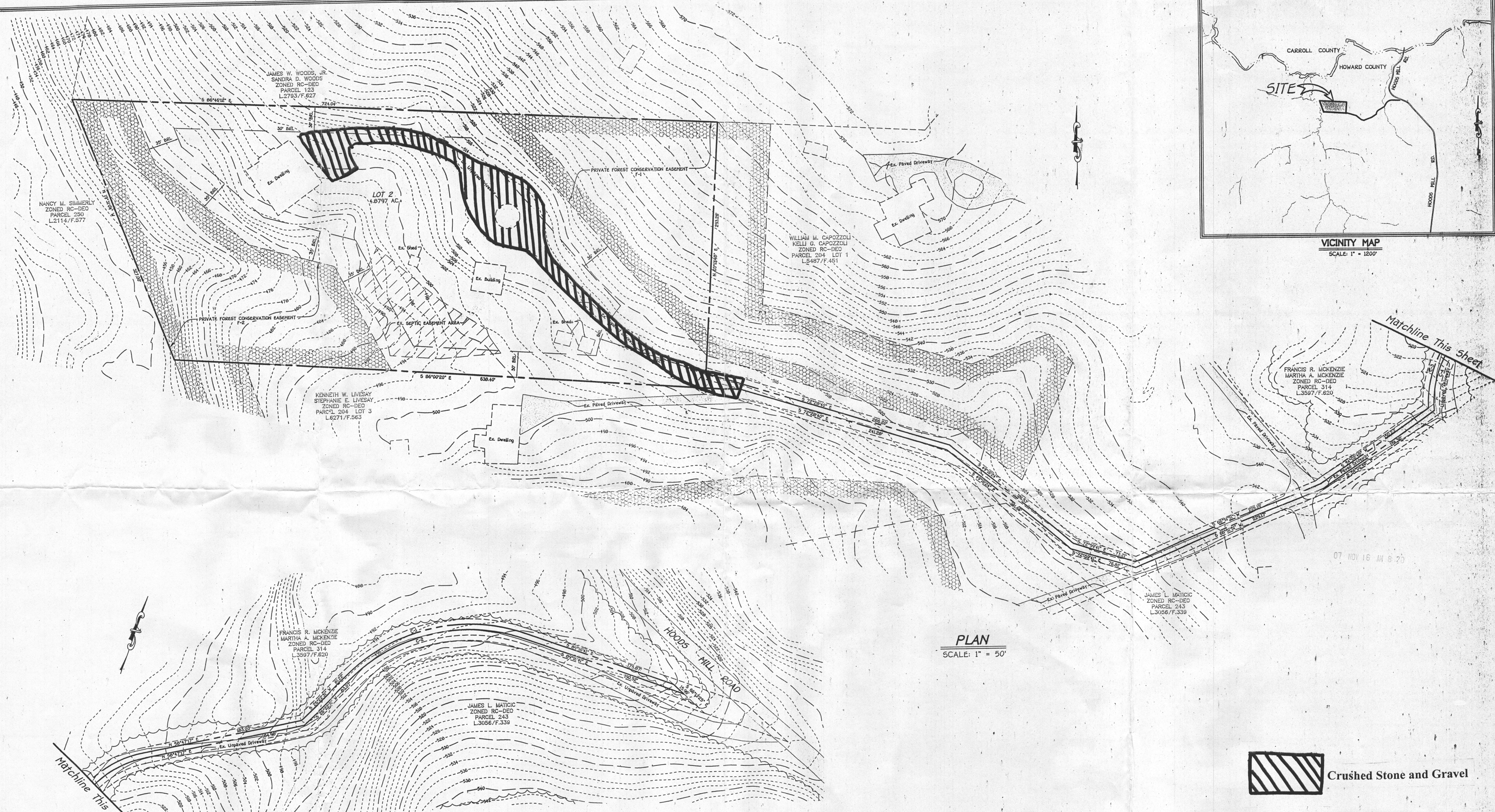
County Health Officer

Date

DEED PLAT FOR
PERC CERTIFICATION
TAX MAP & PARCEL 204
PART OF
HOODS MILL FARM INC.
FOURTH ELECTION DISTRICT, HOWARD COUNTY




VICINITY MAP
SCALE: 1" = 1200'



PLAN
SCALE: 1" = 50'

PLAN
SCALE: 1" = 50'

 Crushed Stone and Gravel



"CONDITIONAL USE PLAN FOR HOME BASE CONTRACTOR"

TAX MAP 8, PARCEL 204, LOT 2
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: AS SHOWN
AUGUST 21, 2007

OWNER AND PETITIONER

DEBORAH SMITH
JON MCINTYRE
820 HOODS MILL ROAD
COOKSVILLE, MARYLAND 21723

CURVE DATA					
CURVE NO.	RADIUS	DELTA	ARC LENGTH	TANGENT	CHORD BRG. - DISTANCE
C-1	108.73'	64°39'56"	213.06'	119.50'	N 58°07'34" E 201.93'
C-2	102.50'	64°41'11"	206.04'	115.56'	N 58°07'15" E 195.27'
C-3	123.75'	61°19'21"	132.45'	73.36'	N 27°41'03" E 126.22'
C-4	117.50'	62°57'42"	129.12'	71.95'	N 26°50'53" E 122.72'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK • 10272 BALTIMORE NATIONAL PKWY
ELLSWORTH CITY, MARYLAND 21117
410.481.3000

100700285.dwg/CONDITIONAL.Plg, CONDITIONAL PLAN, 8/22/2007 12:28:52 PM, 11