

C1 2336 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 6
 (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 35029

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 040289
 8 13 15 20
 Depth of Well 22 305 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-999
 28 29 30 31 32 33 34 35 36 37

OWNER SCHULIE BARBARH
 last name first name
 STREET OR RFD CHESTER RD TOWN SWEET CITY
 SUBDIVISION CALSAS VINEYARD SECTION LOT 2

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		Check if water bearing
	FROM	TO	
Brown shale	0	6	
Sandstone	6	23	
Gray Granite	23	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 750
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 34 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 60 61
 Total depth of main casing (nearest foot) 27 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

DEPTH (nearest ft.)
 EACH SCREEN
 1 HO 25 305
 2
 3

CIRCLE APPROPRIATE LETTER
 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 10.17.13 "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 IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

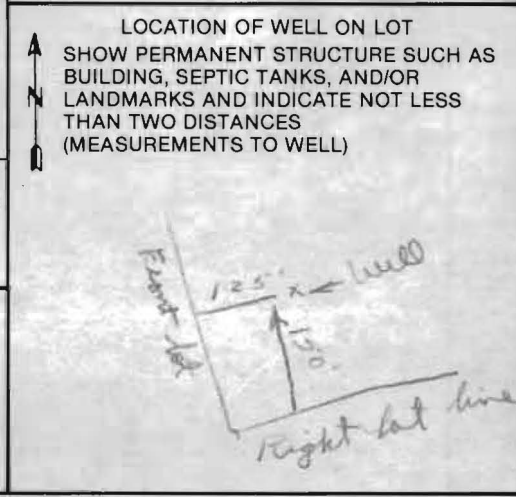
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 from to

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 43
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 38 WHEN PUMPING 120
 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 WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 - below } (nearest foot)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 1038 Name: SCHULTE County: Howard

Source of Sample: ILCHESTER RD. Street Town or City Collector: C. Williams

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: MAP 31 PARCEL 714
PAUL'S VINEYARD LOT 2 HO-81-1999

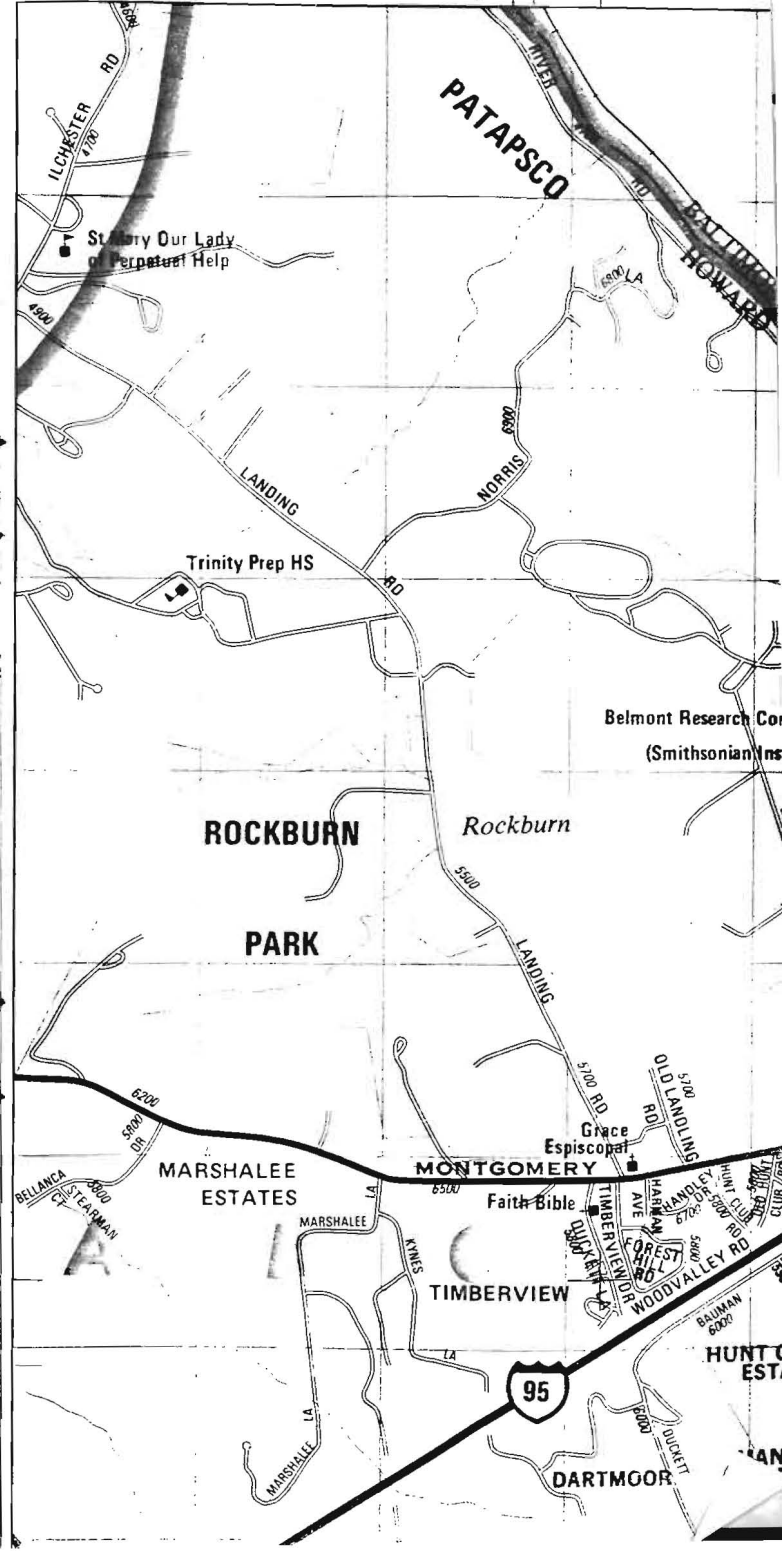
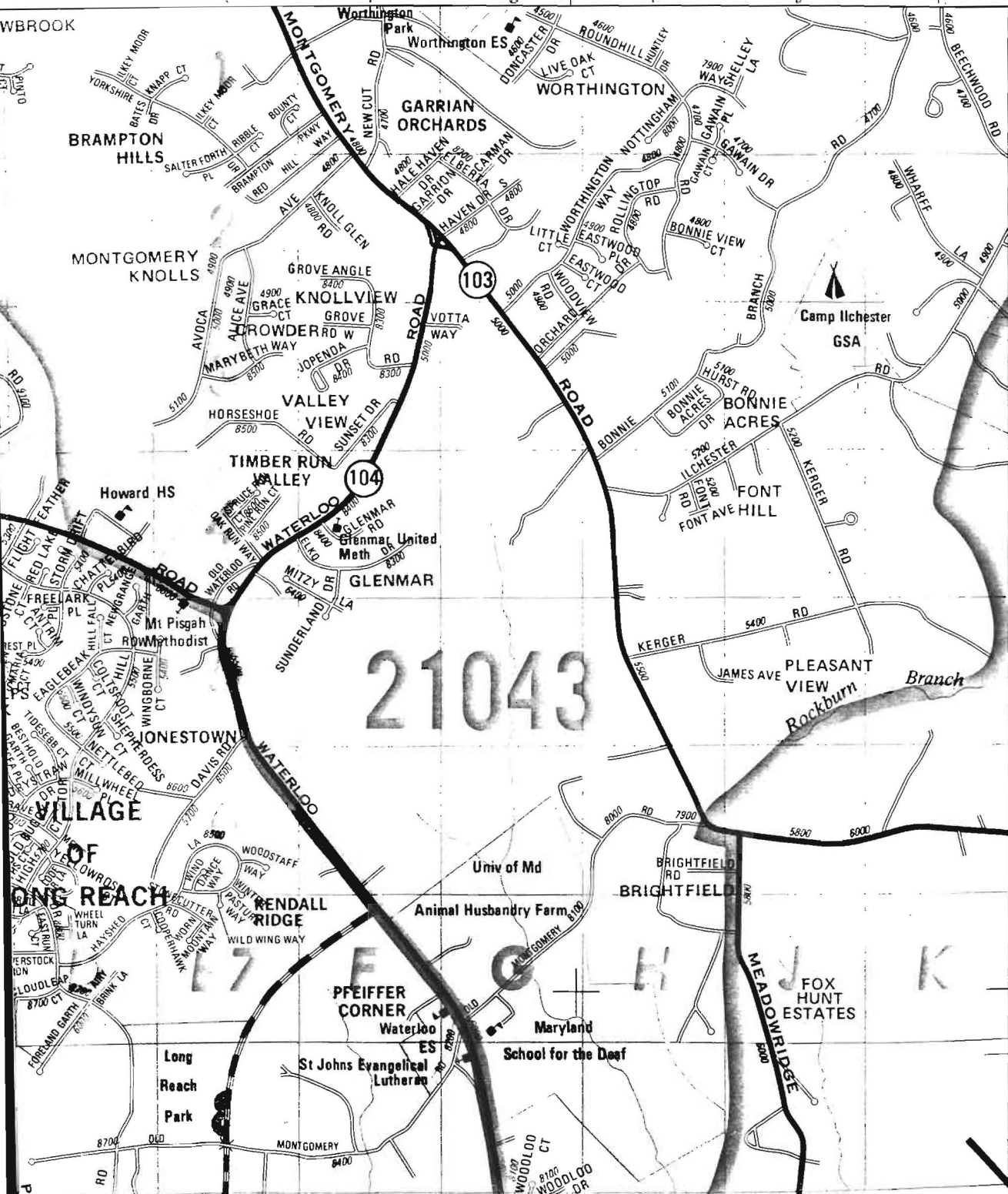
County: 13 Plant No. |||| Sampling Station |||| Date Collected 040287 Time 1130 A M Acid Iced

Field Data: pH* |||| Chlorine Residual |||| Free |||| Total |||| Specific Conductance ||||

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	0.5		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

* Results reported in units, all others in milligrams per liter (ppm)

Date Received APR 10 1987 Date Reported APR 10 1987 Chemist CSH/TAP Lab No. 12958



File No. F-16-076
Colet's Vineyard

**DEPARTMENT OF PLANNING AND ZONING
FINAL PLAT ORIGINAL FOR SIGNATURE APPROVAL**

This form is for the processing of originals for signature approvals. If corrections or additions must be made to the original, the corrections needed must be identified in the space provided and the plans must be returned unsigned to the Department of Planning and Zoning. DPZ will notify the owner of the required revisions and request that the owner's engineer make the corrections or contact the appropriate County agency with questions concerning such revisions.

DPZ
Paula Zuker 1/18/16 1/21/16
Reviewing Agent

Rejected For: _____

HEALTH
Dana Bernard 1-22-16 _____
Reviewing Agent

Rejected For: add note: Prior to Health Department
approval of a building permit for lot #3. Percolation
test must be conducted to confirm SDA.

2 DED
_____ _____ _____
Reviewing Agent

Rejected For: _____

3 ~~Chief, DED~~ RES
_____ _____ _____
Reviewing Agent

Rejected For: _____

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DPZ
Rachel Zaker
Reviewing Agent

Date Received 1/18/16

Date Forwarded 1/21/16

Rejected For: _____

HEALTH
Dana Bernard
Reviewing Agent

Date Received 1-22-16

Date Forwarded _____

Rejected For: add note: Prior to Health Department approval of a building permit for lot #3. Percolation test must be conducted to confirm SDA.

2 DED
Reviewing Agent _____

Date Received _____

Date Forwarded _____

Rejected For: _____

3 ~~Chief, DED~~ PLS
Reviewing Agent _____

Date Received _____

Date Forwarded _____

Rejected For: _____