

C1 2905

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 A515243

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

3 22 06

22 100 26 410

76-95-0252

OWNER Floyd A. Barbara Jones Rd Woodbine Md 21797

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: Brown Shale (0-84), Blue Rock (84-100).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 25 NO. OF POUNDS 2350

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) 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)

NUMBER OF UNSUCCESSFUL WELLS: 0

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"

DRILLERS LIC. NO. MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

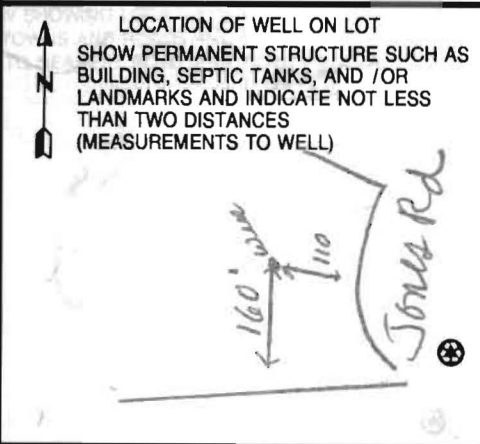
Table with columns: C2, DEPTH (nearest ft.), A-E, S, R, E, N. Rows: 8-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 8138

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0252

fill in this form completely

5-23998 please type

Date Received (APA) 01/30/06

OWNER INFORMATION

8 MM DD YY 13

Floyd A. Barbara Last Name Owner First Name

3268 Jones Rd Street or RFD

Woodbine Md 21797 Town State Zip

B 3

LOCATION OF WELL

8 COUNTY

23 SUBDIVISION

SECTION 44 46

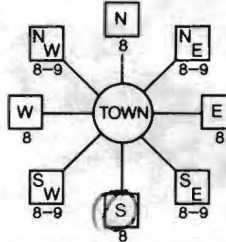
LOT 48 50

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 5 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jones Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



125 FT DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 20 BLK: 3 PARCEL 37

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 AS15243 COUNTY NAME COUNTY NO

STATE SIGNATURE INSERT S

DATE ISSUED 2/13/06 CO SIGNATURE EXP. DATE

NORTH GRID 528 000 EAST GRID 772 000

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 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER G

PERMIT No. HD-95-0252

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing well needs to be abandoned

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 772 2 N 528

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

N



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9-7-06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 95 - 0252

* PERSON ABANDONING WELL: Joseph M. Payne

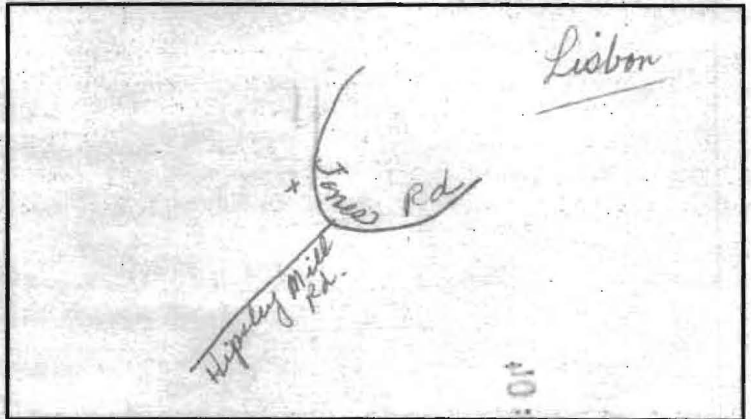
WELL DRILLERS LICENSE NUMBER: MSD024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Kenneth Daly

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Lisbon
 TAX MAP 20 BLOCK 3 PARCEL 37
 SUBDIVISION: Daly Property
 SECTION: 9 LOT: 2
 NEAREST ROAD: 3274 Jones Rd Woodbine
21797



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 5-8 INCHES IN DIAMETER

* DEPTH OF WELL: 85 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|------------------------------|----------|-----------|
| | FROM | TO |
| <u>Cement + gravel mixed</u> | <u>0</u> | <u>85</u> |
| VOLUME OF MATERIAL USED | | |
| | | |

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph M. Payne LICENSE # MSD024 MWD/MSD/MGD CIRCLE ONE DATE 9-7-06

**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: AWA Enterprise Inc. Telephone #: 410-747-5615
 Address: ETA Marino Plumbing & Heating
9 Ingleside Ave
Po. 170, MD. 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Anthony W. Anderson, SR. License# 8539
 *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: Betty Ann Day Telephone #: 410-489-4511
 Subdivision: N/A Lot #: 2 Well Tag #: HO-95-0252
 Site Address: 3274 Jones Road
Woodbine, MD. 21797-7620

| | | |
|------------------------------|--|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Jalozzi</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>TSS 479XZ-S2</u> | Model#: <u>B-300X</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>7</u> GPM | Depth: <u>42</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>7</u> GPM | NSF approved: <input checked="" type="checkbox"/> PAF-97 | Conduit min 18" B.G.: <input checked="" type="checkbox"/> |

Depth of well encountered at time of pump installation: 100 (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

| | |
|-------------------------------|--|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>Crest line</u> | PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/> |
| PSI: <u>200</u> (160 psi min) | Approximate length of sleeve (5 foot minimum): <u>5</u> |

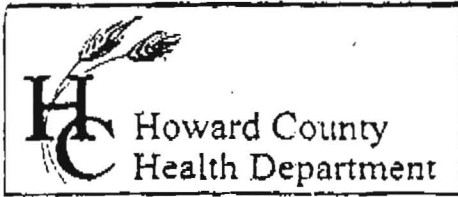
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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: Anthony W. Anderson, Sr. date: 4-26-06

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

Date Insp. Requested: 4/26/06 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 - not finished
 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



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

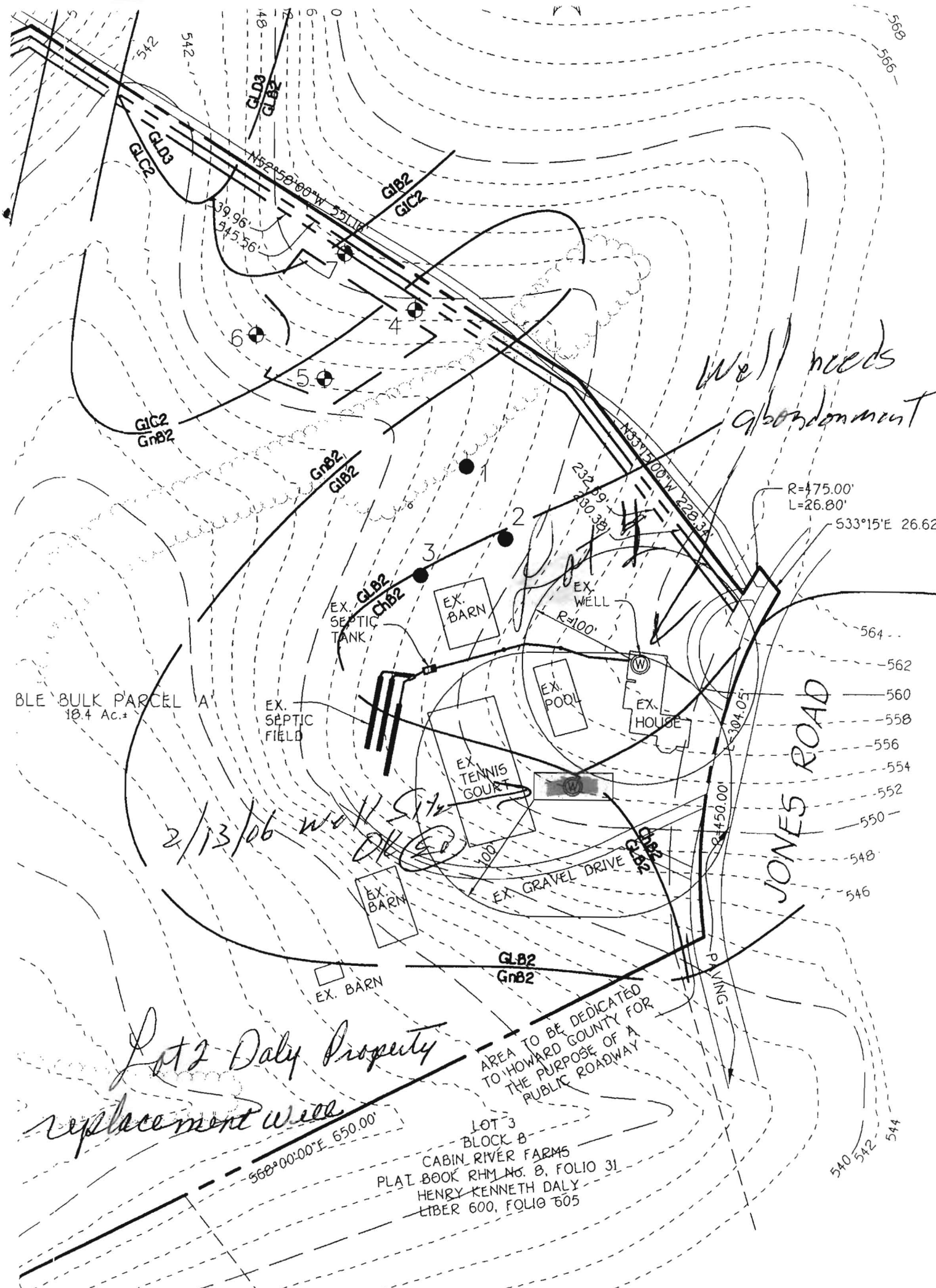
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Fisher Collins & Carter
 (professional land surveyor or company employing professional land surveyors)
 on 1-18-06 (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

Barbara F Loyd
Daly Property Lots 2 & 3



Well needs abandonment

2/13/06 Well Site OK (S)

*Lot 2 Daly Property
replacement well*

R=475.00'
L=26.80'
533°15'E 26.62'

BLE BULK PARCEL A
18.4 Ac.±

EX. SEPTIC FIELD

EX. SEPTIC TANK

EX. BARN

EX. WELL
R=100'

EX. POOL

EX. HOUSE

EX. TENNIS COURT

EX. GRAVEL DRIVE

EX. BARN

EX. BARN

JONES ROAD

AREA TO BE DEDICATED
TO HOWARD COUNTY FOR
THE PURPOSE OF A
PUBLIC ROADWAY

LOT 3
BLOCK 8
CABIN RIVER FARMS
PLAT BOOK RHM No. 8, FOLIO 31
HENRY KENNETH DALY
LIBER 600, FOLIO 605

562°00-00"E 650.00'

PAINING CREEK

GLD3
GLC2

GLB2
GLC2

GLC2
GnB2

GnB2
GLB2

GLB2
GnB2

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CERTIFICATE OF ANALYSIS



Requester:
 H. Kenneth Daly
 3274 Jones Road
 Woodbine, Maryland 21797

S/O Number: 06-3399
Report Date: May 1, 2006

TRACE LABORATORIES-EAST

Property Sampled: 3274 Jones Road, New Well

County: Howard
Subdivision: Daly Property
Lot #: 2
Tax Map #: 20
Parcel #: 37

Date/Time Collected: April 28, 2006 at 10:45 am
Date/Time Received: April 28, 2006 at 1:10 pm

Sample Location: 2nd Floor Hall Bathroom Tap & Pressure Tank Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0252
Well Condition: 2-Piece Cap
 2 Bolts Loose
 Rope pushed through hole just under cap

Water Conditioning/Treatment: Neutralizer

| PARAMETER | RESULT | METHOD | MCL/*SMCL | |
|--------------------|----------------|-----------|-----------------|------|
| Nitrate | 8.6 mg/L as N | SM 4500D | 10 mg/L as N | Pass |
| Turbidity(Raw) | 47.5 NTU | EPA 180.1 | 10 NTU | High |
| Turbidity(Treated) | <1.0 NTU | EPA 180.1 | 10 NTU | Pass |
| PH(Raw) | 5.5 Units | EPA 150.1 | *6.5-8.5 Units | *** |
| PH(Treated) | 6.4 Units | EPA 150.1 | *6.5-8.5 Units | *** |
| Sand | Negative | | Negative | |
| Total Coliform | Absent | SM 9223B | Absent | Pass |
| E.coli | Absent | SM 9223B | Absent | Pass |
| Iron | 7.4 mg/L as Fe | | *0.3 mg/L as Fe | *** |

Note: The high turbidity in this water sample is most likely caused by the elevated iron level.

Heather R. Beam
 Heather R. Beam
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level
 *SMCL=Secondary Maximum Contamination Level
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

Headquarters
 5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email:
 tracelab@connext.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

CERTIFICATE OF ANALYSIS



Requester:
H. Kenneth Daly
3274 Jones Road
Woodbine, Maryland 21797

S/O Number: 06-3399
Report Date: May 1, 2006

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| PH(Treated) | 6.4 Units | EPA 150.1 | *6.5-8.5 Units | *** |
| Sand | Negative | | Negative | |
| Total Coliform | Absent | SM 9223B | Absent | Pass |
| E.coli | Absent | SM 9223B | Absent | Pass |
| Iron | 7.4 mg/L as Fe | | *0.3 mg/L as Fe | *** |

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Manager-Drinking Water Testing

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Headquarters
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318