

C1 3931

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

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Scranton Rob; STREET OR RFD: Windsor Forest Rd; TOWN: Mt Airy

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. Includes entries like Topsoil, Brown rocky clay, Blue slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 21, NO. OF POUNDS 2100, DEPTH OF GROUT SEAL 37 ft.

CASING RECORD

MAIN CASING TYPE ST, Nominal diameter top (main) casing 6 inch, Total depth of main casing 40 feet.

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole ST, BR, HO, PL, OT.

DEPTH (nearest ft.)

ACCHSRENE, 1 HO 38 400, 2 23 24 26 30 32 36, 3 38 39 41 45 47 51, SLOT SIZE 1 2 3, DIAMETER OF SCREEN 56 60

GRAVEL PACK 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, OTHER DATA

C 3

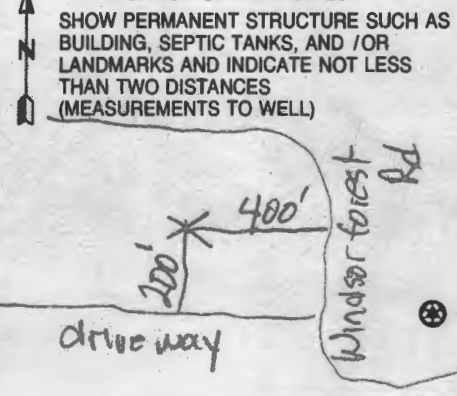
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 4, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 5 ft, WHEN PUMPING 54 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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) 31 35, PUMP HORSE POWER 37 41, PUMP COLUMN LENGTH (nearest ft.) 43 47, CASING HEIGHT (circle appropriate box and enter casing height) above below 2 (nearest foot)

LOCATION OF WELL ON LOT



C1 1257

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM 12 DO 20 YY 10

08 06 10

22 600 26 (TO NEAREST FOOT)

10-95-1453

OWNER SCANTON BOB STREET OR RFD 18950 WINDSOR FOREST TOWN MT AIRY SUBDIVISION 18950 SECTION LOT

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. Includes entries for Top Soil, Brown slate, Gray slate, and Brown slate.

Well Abandoned By Easterday

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 16 NO. OF POUNDS 1600 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 31

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.)

Table for depth measurements with columns for casing height and slot size.

NUMBER OF UNSUCCESSFUL WELLS: 5

WELL HYDROFRACTURED [Y] [N]

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MW0401 DRILLERS SIGNATURE [Signature]

LIC. NO. 1 WR0064

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

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

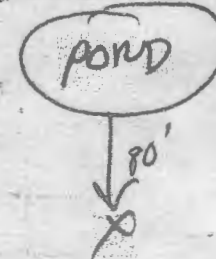
PUMPING TEST

HOURS PUMPED (nearest hour) 20 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 7 WHEN PUMPING 188 TYPE OF PUMP USED (for test) [A] [P] [T] [C] [R] [O] [J] [S]

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) 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) 50 51

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)



B 1 **4676**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
HO-95-1953
fill in this form completely

Date Received (APA)
7/12/2010

11397

OWNER INFORMATION

8 MM DD YY 13
SCRANTON **ROB**
15 Last Name Owner First Name 34
18950 WINDSOR FOREST ROAD
36 Street or RFD 55
MT. AIRY, MD 21771
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

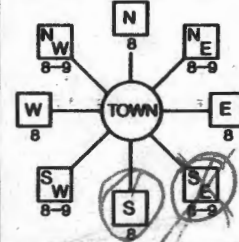
Howard **CC#**
8 COUNTY 21
Windsor Forest
23 SUBDIVISION 42
SECTION 44 46 LOT **Parcel A** 48 50
Mt. Airy
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2 1/2** M 1
73 76 77 78

DRILLER INFORMATION

George F. Easterday **WD 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 **7/12/2010**
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



(18950) Windsor Forest Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
750
34 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: **6** BLK: **8** PARCEL **16**

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)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **(13)** **A50952**
COUNTY NAME COUNTY NO.
STATE SIGNATURE **7/12/2010 Brian Baker** INSERT S → 41
DATE ISSUED **7/12/2010**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
546 000 **751 000**
NORTH GRID 50 55 EAST GRID 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

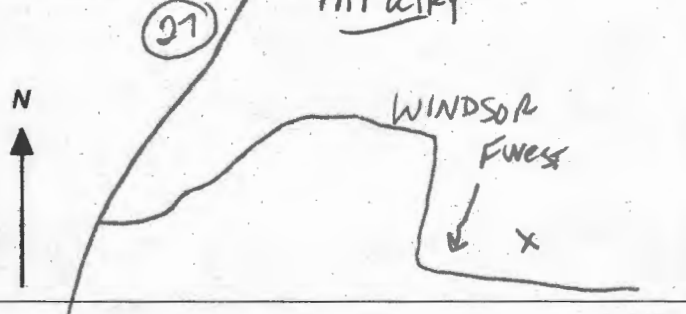
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- - wells**
 -

WRITE THE BOX NUMBER FROM THE MAP HERE
7501
E
546
N

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION **1 K 11**



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

APPROP. PERMIT NUMBER _____ **G** _____
PERMIT No. **HO-95-1953**
70 71 72 73 74 75 76 77 78 79

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

**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: _____ Telephone #: _____
Address: _____

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

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO 95-1953
Site Address: 18950 Windsor Forest Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

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

Piping to house

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

House Connection

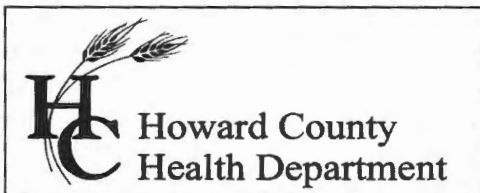
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 10/26/2010 **(BB)**
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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, MD.,M.P.H., Health Officer

April 4, 2011

Robert Scranton
18950 Windsor Forest Road
Mt. Airy, MD 21771

RE: **Replacement Well**
18950 Windsor Forest Road
Well Permit # HO-95-1953

Dear Mr. Scranton:

According to our records your replacement well has been connected to the dwelling and this connection was inspected. This office is also requesting that you contact the Community Health Program at **(410) 313-1773** to arrange for water sampling for the referenced replacement well as required by Maryland code. The charge for the water sample is included in the permit fee and it is to your benefit to have your water tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Sincerely,

Brian Baker, R.S.
Well and Septic Program

cc: Community Health Program
File

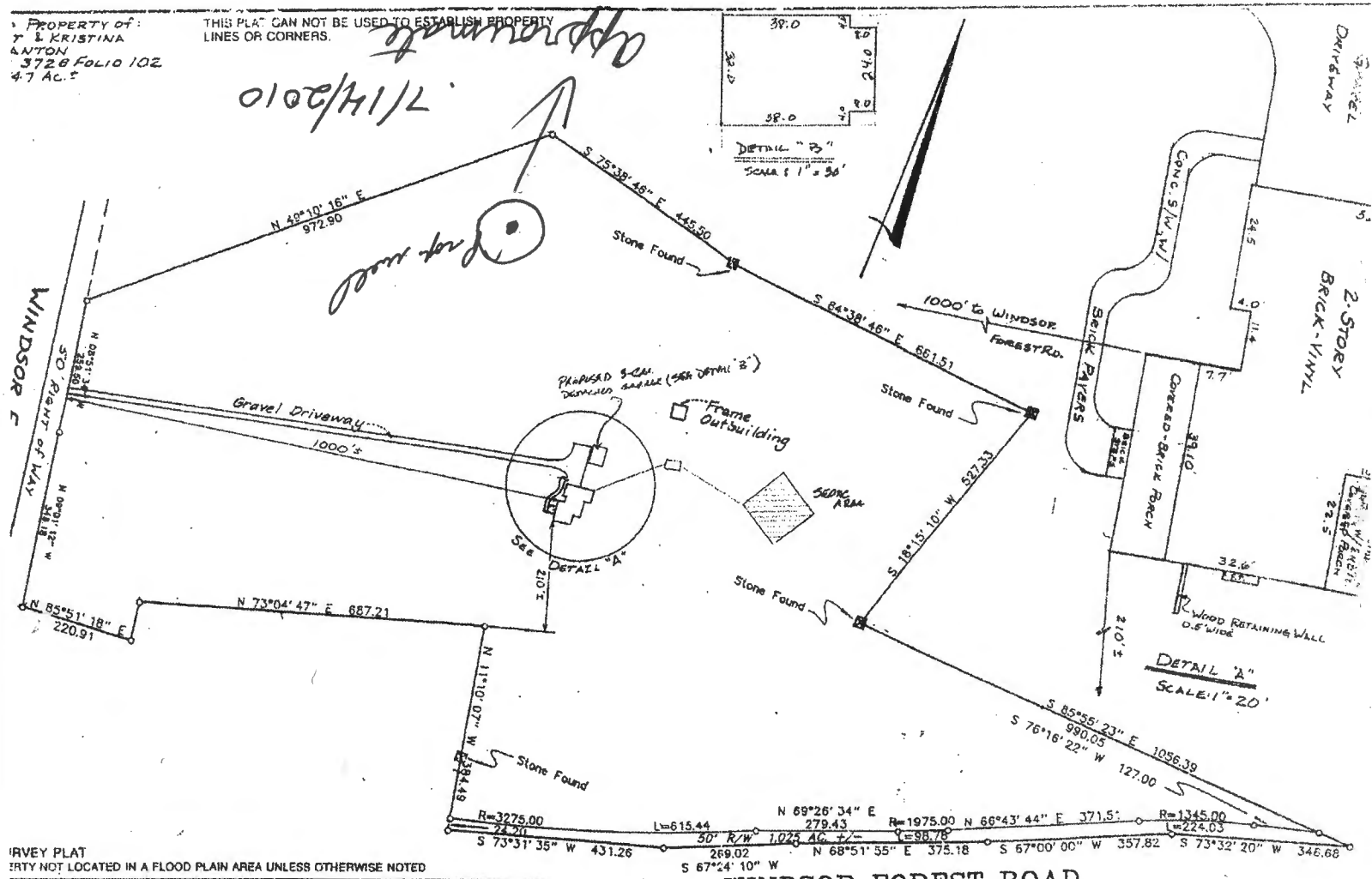
Proposed Well Location (RB)

PROPERTY OF:
T & KRISTINA
ANTON
3728 FOLIO 102
4.7 AC.±

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

7/14/2010

Approximate



PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

TIFICATION	SEAL	SCALE: As Noted DATE 5-14-97
<p>I have surveyed in as: <u>18950</u> <u>WINDSOR FOREST RD</u></p> <p>Locating the Im- on, and the Improvements own.</p>		<p>LDE Inc. 9250 Rumsey Road Suite 106 Columbia, Maryland 21045</p> <p>(Balt.) 410-715-1070 (Wash.) 301-596-3424 (FAX) 410-715-9540</p>

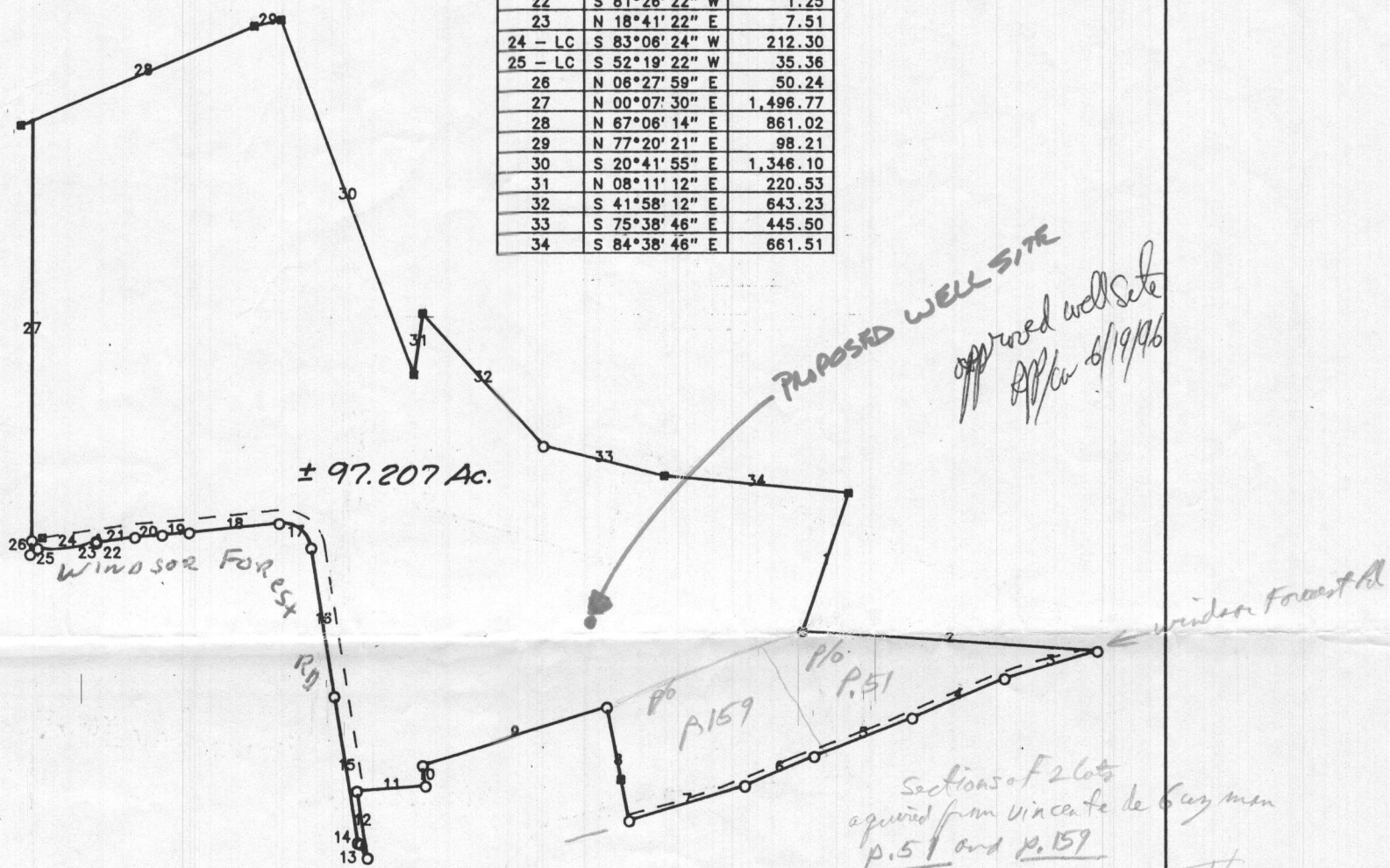
WINDSOR FOREST ROAD

PLAN
Scale: 1" = 200'

D



COURSE	BEARING	DISTANCE	CURVE	RADIUS	ARC LENGTH
1	S 18° 15' 10" W	527.33	13	95.00	54.11
2	S 85° 55' 23" E	1,056.39	17	105.00	159.32
3	S 73° 32' 20" W	346.68	24	432.00	214.49
4	S 67° 00' 00" W	357.82	25	25.00	39.27
5	S 68° 51' 55" W	375.18			
6	S 67° 24' 10" W	269.02			
7	S 73° 31' 35" W	431.26			
8	N 11° 10' 07" W	408.70			
9	S 73° 04' 47" W	687.21			
10	S 07° 53' 42" E	75.00			
11	S 85° 51' 18" W	246.00			
12	S 09° 01' 12" E	235.78			
13 - LC	N 25° 20' 18" W	53.39			
14	N 65° 30' 32" W	11.99			
15	N 09° 01' 12" W	524.05			
16	N 08° 51' 34" W	543.77			
17 - LC	N 52° 19' 40" W	144.47			
18	S 84° 12' 15" W	323.34			
19	S 85° 02' 54" W	97.11			
20	S 85° 20' 23" W	97.82			
21	S 81° 40' 37" W	139.55			
22	S 81° 26' 22" W	1.25			
23	N 18° 41' 22" E	7.51			
24 - LC	S 83° 08' 24" W	212.30			
25 - LC	S 52° 19' 22" W	35.36			
26	N 06° 27' 59" E	50.24			
27	N 00° 07' 30" E	1,496.77			
28	N 67° 08' 14" E	861.02			
29	N 77° 20' 21" E	98.21			
30	S 20° 41' 55" E	1,346.10			
31	N 08° 11' 12" E	220.53			
32	S 41° 58' 12" E	643.23			
33	S 75° 38' 46" E	445.50			
34	S 84° 38' 46" E	661.51			



This was a subdivision of land thru Pt without Health Dept Review.



Exhibit A
Part of
Hobart Mullineaux Property
5th Election District Howard County, Maryland
Scale: 1"=600' Date 5-8-96

LDE Inc.
9250 Rumsey Road Suite 106
Columbia, Maryland 21045

OWNER: ROBERT A. & KRISTINA H. SCANTON
Mailing ADDR: 650 MULLINEUX LANE
BALTO., MD. 21228
(H) (410) 750-7227
(W) (410) 750-1200