

C 1	9607	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OKSRV 6/3/99
1 2 3	6				COUNTY NUMBER W511382

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED 03 05 99	Depth of Well 22 250 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40 - 94 - 2112
---	--	--	--

OWNER TBI Homes	STREET OR RFD 12755 Triadelphia Rd	TOWN Glenelg
SUBDIVISION WAYSIDE MANOR	SECTION	LOT 1

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 FROM TO	check if water bearing
Top Soil	0 2	
Sandy	2 30	
Sand Stone	30 35	
MICKA	35 40	
Sand Stone	40 45	✓
MICKA	45 150	
Sand Stone	150 155	✓
MICKA	155 250	

GROUTING RECORD		
yes no Y N 44 44		
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
TYPE OF GROUTING MATERIAL (Circle one)		
CEMENT CM	BENTONITE CLAY BC	
NO. OF BAGS 14	NO. OF POUNDS 1400	
GALLONS OF WATER 84		
DEPTH OF GROUT SEAL (to nearest foot)		
from 0 ft. to 300 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 PL	Nominal diameter top (main) casing (nearest inch) 6	Total depth of main casing (nearest foot) 42
OTHER CASING (if used)		
diameter inch depth (feet) from to		
EACH CASING		
screen type or open hole		
insert appropriate code below		
ST STEEL	BR BRASS	HO OPEN HOLE
PL PLASTIC	OT OTHER	

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min.)	8.5	
METHOD USED TO MEASURE PUMPING RATE	Bucket	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	44 ft.	
WHEN PUMPING	250 ft.	
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S submersible	

NUMBER OF UNSUCCESSFUL WELLS: 0	
WELL HYDROFRACTURED	
yes Y no N	
CIRCLE APPROPRIATE LETTER	
A 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
DRILLERS LIC. NO. 1 M SD 116	DRILLER'S SIGNATURE Bill E. Wayne
LIC. NO. 1 M SD 112	DRILLER'S SIGNATURE Bill E. Wayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

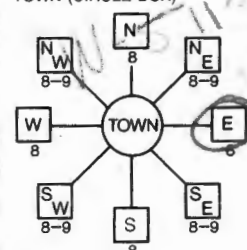
C 2	
DEPTH (nearest ft.)	
HO 40 250	
EACH CASING	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
from to	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.) W Q	
70 72 74 75 76	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)	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)	29
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
31 35	
PUMP HORSE POWER	
37 41	
PUMP COLUMN LENGTH (nearest ft.)	
47	
CASING HEIGHT (circle appropriate box and enter casing height)	
+ above	LAND SURFACE
- below	2 (nearest foot)
LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
Road	
Ext HOUSE	

B 1	1918	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2112 <small>fill in this form completely</small>
Date Received (APA) 2/2/99		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name TBI HOMES INC		Owner First Name Devon Dr.		LOCATION OF WELL
36 Street or RFD Columbia MD. 21044		55		
57 Town Columbia		76 Zip 21044		
70 State MD		72		
DRILLER INFORMATION				
Driller's Name Ralph Mayne		M S D 116 76 License No. 81		
Firm Name Ralph Mayne Well Drilling				
Address 9120 Brown Church Rd. Mt Airy				
Signature Ralph Mayne Date 1-29-99				
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard COUNTY NO. W511382 STATE SIGNATURE _____ INSERT S S DATE ISSUED 02/12/99 CO SIGNATURE Mark E. Tiffin EXP. DATE 2/12/00 NORTH GRID 525 EAST GRID 0813 50 55 57 63				
APPROXIMATE DEPTH OF WELL 150 FEET		NEAREST TOWN		
APPROXIMATE DIAMETER OF WELL 64 INCH		MILES FROM TOWN (enter 0 if in town) 1 M I		
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-TEMP LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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		GAP		
54		63		
PERMIT NO. HO-94-2112				
SPECIAL CONDITIONS				

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12755

Tridolphia Rd

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: **22** BLK: **11** PARCEL **218**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

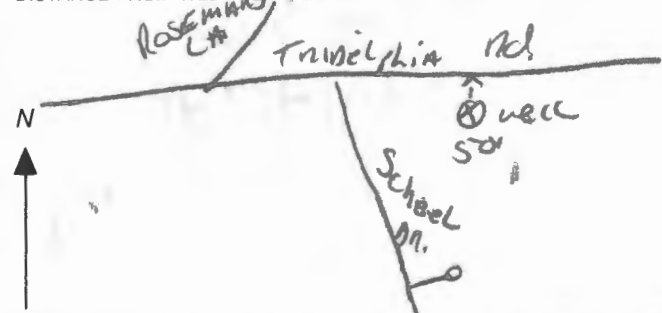
SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8123**
N **5225**

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



692.67

30' Bldg Restriction Line

LOT 4

3.008 Acres

OWNER REPORTS NO LEAKAGE
2/10/99 WELL SITE OR MORE
AFTER REVIEW OF FUEL TANK
ISSUES *MR*

FUEL TANK IS
FOR HEATING OIL

Bldg Restriction Line 347.63

50' DRIVEWAY ESMT.
LIBER 1514 FOLIO 130

Bldg Restriction Line

LOT 1

3.077 Acres

Existing
House

12755 Tenadelpa Rd

410-531-2471
146-135-016

Bldg Restriction Line 489.33

504.68

N 25° 25' 30" W 60:8 114 61 114 6651

WAYSIDE Manor
Lots 1 thru 4
Parcel 200

FILE DOES NOT
GREEN TO
MATCH

ROAD

LOC + STATUS

9/9/99 EX. WELL

MR

1) TRIADDELPHIA
WELL SITE NOT APPROVED
PENDING ADJUSTMENT AWAY FROM
TANK

TRYED TO
CITY, MARYLAND
USE OF A

11651V

9713

snoring

000525N

E 812.500

LOCATING
WELL

MR

WELL

WELL

WELL



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 25, 1999

Mr. Thomas Rosewag
12755 Triadelphia Road
Ellicott City, MD 21043

RE: Water Sampling and Well Abandonment
Wayside Manor, Lot 1
12755 Triadelphia Road

Dear Mr. Rosewag:

On March 19, 1999, a water line inspection was conducted at your property at the referenced address. The water line installation was inspected and approved on that date.

Prior to putting the new well into service, the water should be chlorinated and sampled for bacteria, nitrates and turbidity. This sampling can be performed by this office at no charge; call (410) 313-2644 to schedule an appointment.

Alternately, the water can be sampled and tested by a State-certified private laboratory of your choosing; names and phone numbers of State-certified laboratories are available by calling this office at (410) 313-2640.

Additionally, according to COMAR 26.04.04.11, the original well existing on the property should be properly filled and sealed. Properly abandoned (filled and sealed) wells protect the ground water resource from potential contamination, which can become more likely when the well is no longer provided the care and protection associated with use.

This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; but, the driller must then file an abandonment report with this office. If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.

Timely completion of the well abandonment process is a condition of the well permit recently issued to your driller. If you would like to schedule an inspection to facilitate this process, or if you have any questions, please call me at 313-2640.

Very truly yours,
Mark E. Rifkin
Mark E. Rifkin, R. S.
Water and Sewerage Program

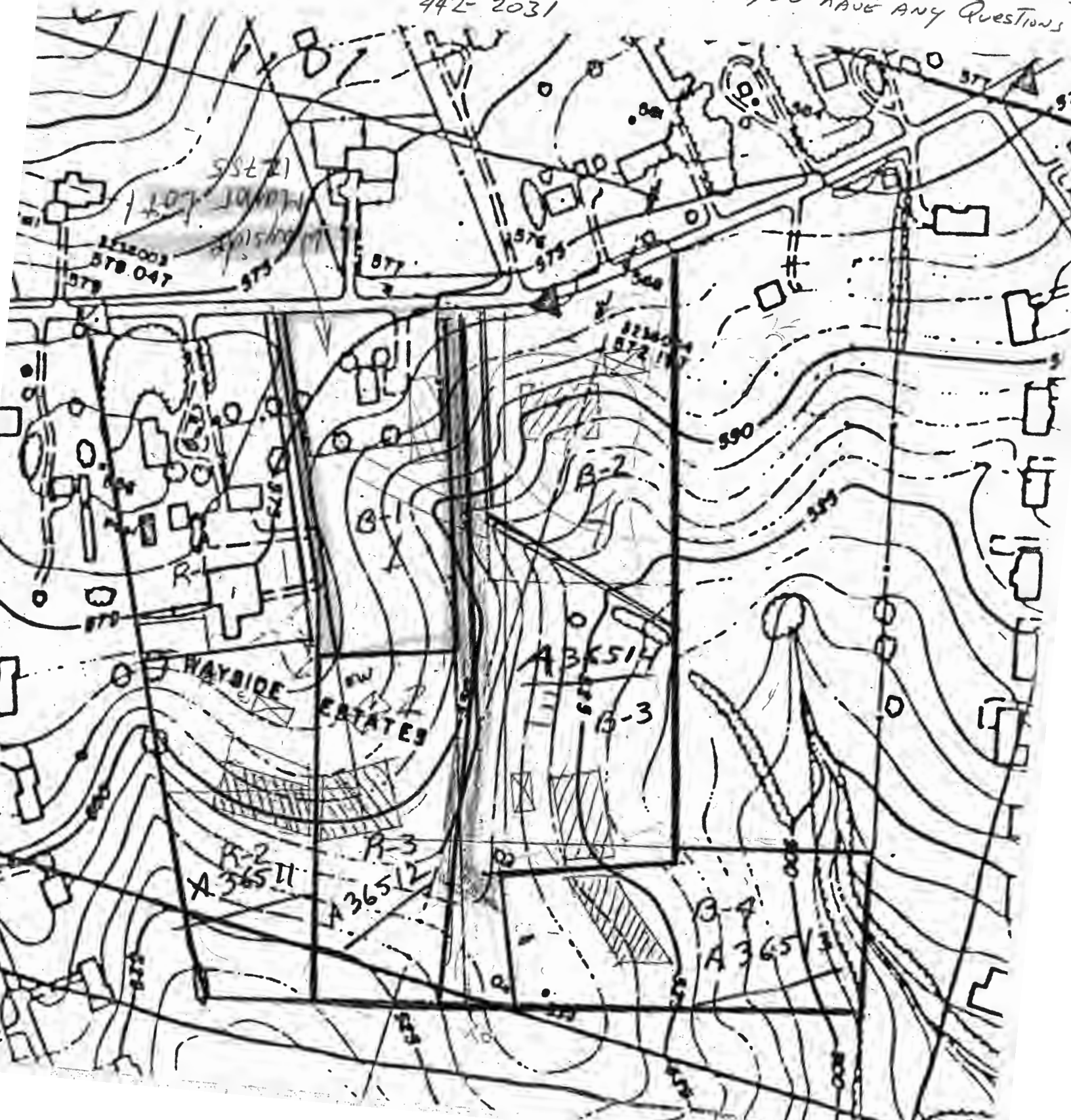
MR
cc: Ralph Mayne Well Drilling
File

3/19/99 LAFB

3/19/99
WPT OK 2-PC MCAP OK
4' B.G. (MR) CONDUIT PIPE
OK

THIS TOPO DRAWING SHOWS THE TWO PERC PLATS ATTACHED
AND THE PROPOSED SUBDIVISION OF LOTS 123 & 4
WHICH PLAT SHOULD SOON BE IN YOUR OFFICE FOR REVIEW
UNDER THE NAME "WAYSIDE MANOR". THE TWO LOTS SHOWN
ON THE PERC PLATS WERE CREATED BY ADJONDER TRANSFER DEED
AND WILL NOT BE PART OF THE SUBDIVISION, I YOU HAVE ANY QUESTIONS
CALL ME CARL

442-2031

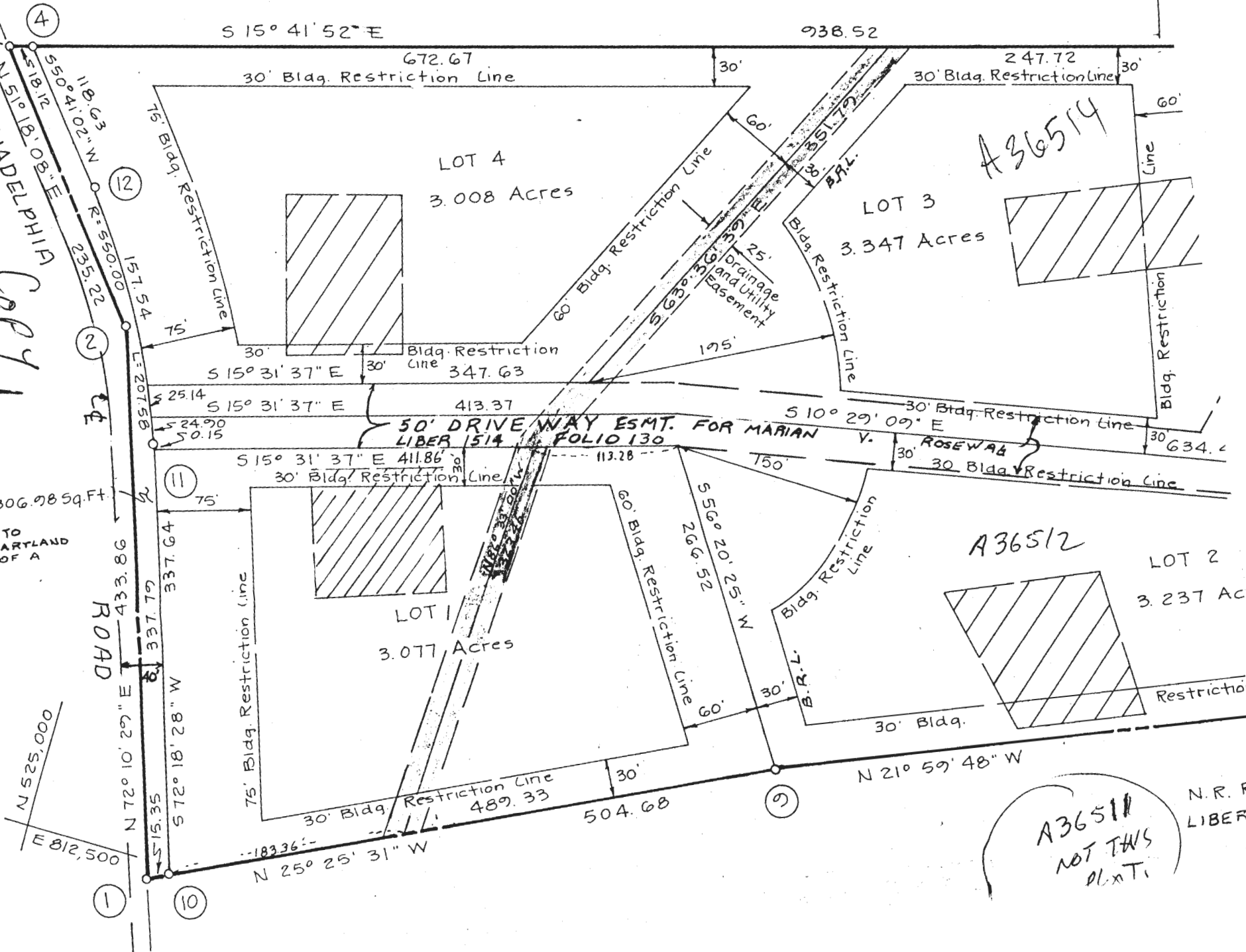


ORTH

Copy
Signed
F-87-25

2.237 Ac. (10,306.98 Sq. Ft.)

AND DEDICATED TO
TOWARD COUNTY, MARYLAND
FOR THE PURPOSE OF A
PUBLIC ROAD.



RECEIVED

FEB 02 1999

COUNTY HEALTH DEPT

HEATING OIL &

REL

TO

DIESEL?

