C 1 6668 SEQUENCE NO. (DENV. USE ONLY)
(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 = 38571

DATE Received

DATE WELL COMPLETED 01 06 89

Depth of Well 345 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0334

OWNER RAUER last name R. first name

STREET OR RFD 1 TWELVE HILLS RD. TOWN DAYTON

SUBDIVISION TWELVE HILLS SECTION 2 LOT 10

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	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	35	✓
MICKA	35	60	
Sand Stone	60	65	✓
MICKA	65	345	

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 2 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 35 ft. (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	328	345
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 9

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 349

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 (CIRCLE) (YES or NO) 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:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

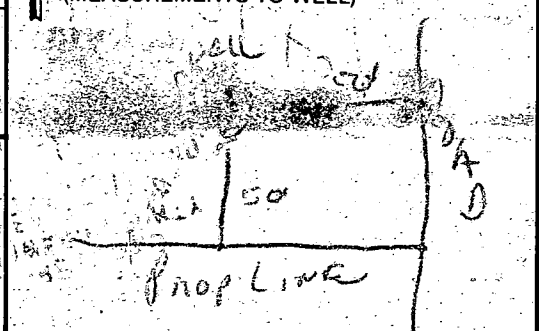
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above / − below LAND SURFACE 4 (nearest foot)

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)



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 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. 333

Keith Mayer
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) WQE

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

COUNTY

EMERGENCY/TEMP. NO. IF ANY

B 1 | 3532 | SEQUENCE NO. (DP 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

STATE PERMIT NUMBER: H0-88-0334
fill in this form completely

Date Received (APA): 11/25/88

OWNER INFORMATION

BAUER BARBARA
Last Name | Owner | First Name

8307 Main Street
Street or RFD

Ellicott City MD 21043
Town | State | Zip

DRILLER INFORMATION

Ralph Mayne — License No. 223
Driller's Name

Ralph Mayne well Drilling
Firm Name

9120 Brown Church Rd. Mt. Airy
Address

Ralph Mayne — 11/2/88
Signature | Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 150 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 DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: GAP

FORCE [C][D] WRITE INITIALS IN BOX — PERMIT No. H0-88-0334

B 3 LOCATION OF WELL

HOWARD
8 COUNTY

TWELVE HILLS
23 SUBDIVISION

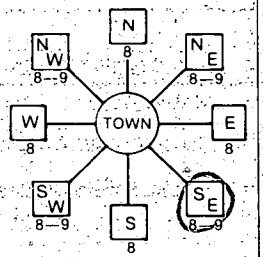
SECTION 2 — LOT 10

DAYTON
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



TWELVE HILLS RD.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 50

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A# 38571 — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 11/28/88 — CO SIGNATURE: Anne E. Nadeau — EXP. DATE: 05-28-89

NORTH GRID: 5090000
EAST GRID: 0810000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

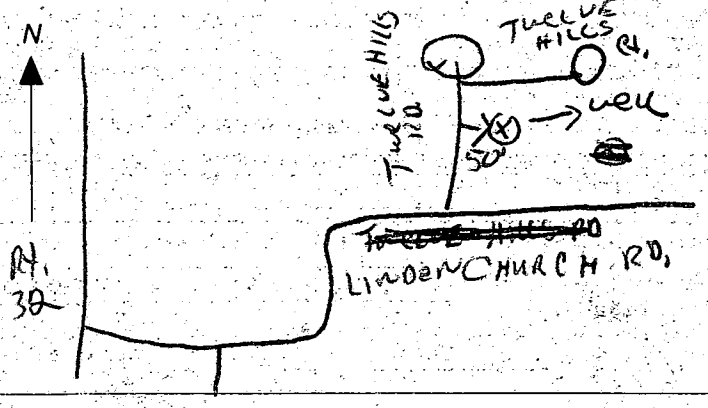
SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 10
N 500 09
000 000

1-3-89 9:30am grout
35 open
40' casing
8 bags cement
Location OK
MA
1/3/89

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



SPECIAL CONDITIONS

COUNTY

Page ____ of ____ Review ____

Date JAN 3, 1989

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0334
Location of property (road) TWELVE HILLS ROAD
Subdivision TWELVE HILLS Lot 10 Block - Plat - Sec. 2
Well Driller RALPH MAYNE Owner R. BAUER

Depth of well 345'
Distance of measuring point (M.P.) above ground 2 Ft '
Static water level (S.W.L.) below M.P. 35' '

I. High rate pumping -- reservoir drawdown

Time pump started 8 : 00 Pumping rate 10 G.P.M.
Total time 30 min to reach pumping water level 240 ft. below M.P.

II. 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	240 Ft	30 Sec	N/A	2 G.P.M.
8:45	240 Ft	30 Sec		2 GPM
9:00	240 "	30 Sec		2 "
9:15	240 "	30 Sec		2 "
9:30	240 Ft	30 Sec		2 GPM
9:45	240 Ft	30 Sec		2 GPM
10:00	240 "	30 Sec		2 "
10:15	240 "	30 Sec		2 "
10:30	240 Ft	30 Sec		2 GPM
10:45	240 Ft	30 Sec		2 GPM
11:00	240 "	30 Sec		2 "
11:15	240 "	30 Sec		2 "
11:30	240 Ft	30 Sec		2 GPM
11:45	240 Ft	30 Sec		2 GPM
12:00	240 "	30 Sec		2 "
12:15	240 "	30 Sec		2 "
12:30	240 Ft	30 Sec		2 GPM
12:45	240 Ft	30 Sec		2 GPM
1:00	240 "	30 Sec		2 "
1:15	240 "	30 Sec		2 "
1:30	240 Ft	30 Sec		2 GPM
1:45	240 Ft	30 Sec		2 GPM
2:00	240 "	30 Sec		2 "
2:15	240 "	30 Sec		2 "
HD-224 2:30	240 Ft	30 Sec		2 GPM

240 Ft CASING - 5 BAGS 35 open

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date 7/17/89

Name of Installer ROBERT L. FEEZER CO. INC. Telephone 781-4655

License Number 2122
Certified Well Pump Installer ✓ Well Driller ____ Registered Plumber ✓

Name of Property Owner PRIDEMARK HOMES - YEE Telephone 997-1100
Subdivision 13018 TWELVE HILLS Lot # 10 Well Tag # HO-88-0334
Site Address TWELVE HILLS

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make DOMINE (GRISWOLD)
3. Model # 3XLN
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ____ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ✓
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ✓ Other ____

Motor
1. Horsepower ½
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make FLOMATIC
2. Model # ____
3. Depth 42" +

Tank CAPTIVE AIR
1. Capacity WX-250
2. Pressure relief valve? YES

Piping
1. Type Poly.
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42" +

Well data
1. Depth 345 ft.
2. Yield 2 GPM
3. Static water level 39 ft.
4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Ricky L. Feezer R.L.F.Co.

Date: 7/17/89

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215