9/3/96 Amine

Tax ID - 04-351398

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 57086B

A 42807

DISTRICT 4th

DATE 8/21/96

DATE SYSTEM APPROVED 9/3/96

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

Fogle's Septic Clean IS PERMITTED TO INSTALL X ALTER

ADDRESS 558-R Obrecht Road Sykesville, MD 21784 PHONE 795-5674

SUBDIVISION Camden Downs LOT 6 ROAD 15631 Thistle Downs Court

PROPERTY OWNER Montgomery A. and Michelle D'Ambrosio

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 291.20' and the 469.92 lot lines, start the first trench 90' down the 291.20' lot line and 100' off this same lot line. Run trenches on contour toward the right rear (469.92') lot line. Maintain a minimum of 100' from the well.

NOTES - Best trench layout is 3 trenches 107' each, and high trench slightly higher than highest edge of sewage easement. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

7/18/96 OK ACM

PLANS APROVED BY Glen Savage DATE 7/3/96 VR

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° **ELBOWS** NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 42807

WELL LINE OK BUT WELL CASING BROKEN AT COVER, PATCHED WITH FERNCO COUPLING

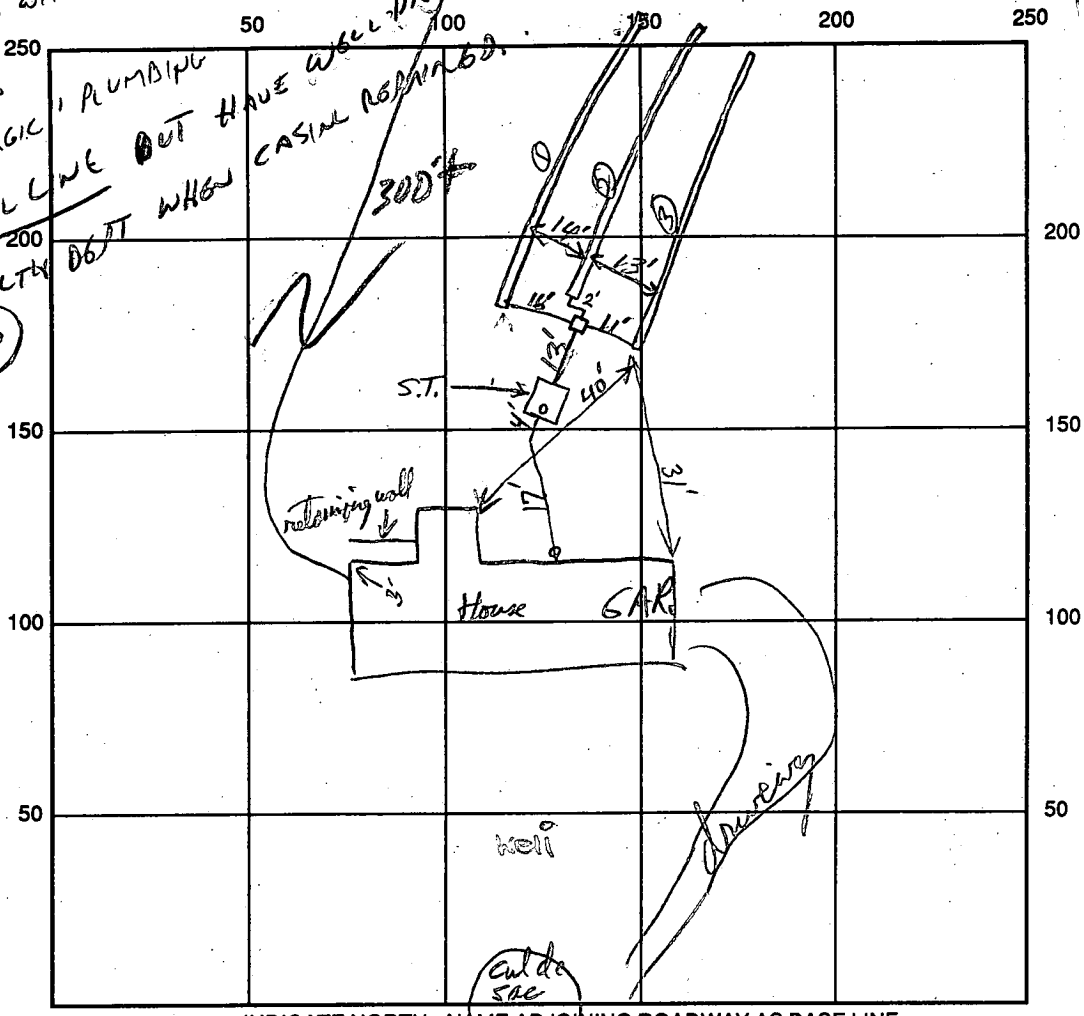
HD 94-3825

APPL. PENDING

TECHNO MAGIC PLUMBING

OK TO COVER WELL LINE BUT HAVE WELL CASING REPAIRED. DEPT WHEN

CONTACT HEALTH 9/12/96 (CL)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS Hse & S.T. OK

DISTRIBUTION BOX LEVEL OK HP 9/3/96 (water level)

DRAIN FIELD/TITLE DEPTH 6½-6 FT. (Trench #1) TRENCH WIDTH 3 FT. INLET DEPTH 4½ (-5 ft at ends) FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1/2/3 106/106/106 FT.

NUMBER OF TRENCHES 3 Total ~~ONE SIDEWALL~~/BOTTOM AREA 960 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Trenches & Septic Tank & House Connection OK. OK to cover system 9/3/96

DATE SYSTEM APPROVED 9/3/96 INSPECTOR R. Pulley

APPLICATION

A 42807

PERCOLATION TESTING

P

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4

DATE 8/16/88

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Carrie Lee Hutchins~~ Montgomery A. Michelle D'Ambrosio

ADDRESS 830 Morgan Station Road, Woodbine, MD 21797 PHONE

PROSPECTIVE BUYER Potomac Development Company

ADDRESS 1015 Copperstone Ct., Rockville, MD 20852 PHONE 424-6006

PROPERTY LOCATION:

SUBDIVISION Camden Downs LOT NO. Prelim 6

ROAD AND DESCRIPTION ~~Old Frederick Road and Morgan Station Road~~
15631 Thistle Downs Ct.

BLDG. PERMIT SIGNED AND RETURNED 7-3-96
B00100900

TAX MAP 8 PARCEL # 1

SIZE OF LOT 3.14 Acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Gregory B. Powell
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-19-89 Pending perc hole locations and subdivision plat approval. SHALLOW SYSTEM ONLY JEN/dear

THIS IS NOT A PERMIT

Lot-7

A42807

(D) (C)

SOIL PROFILE

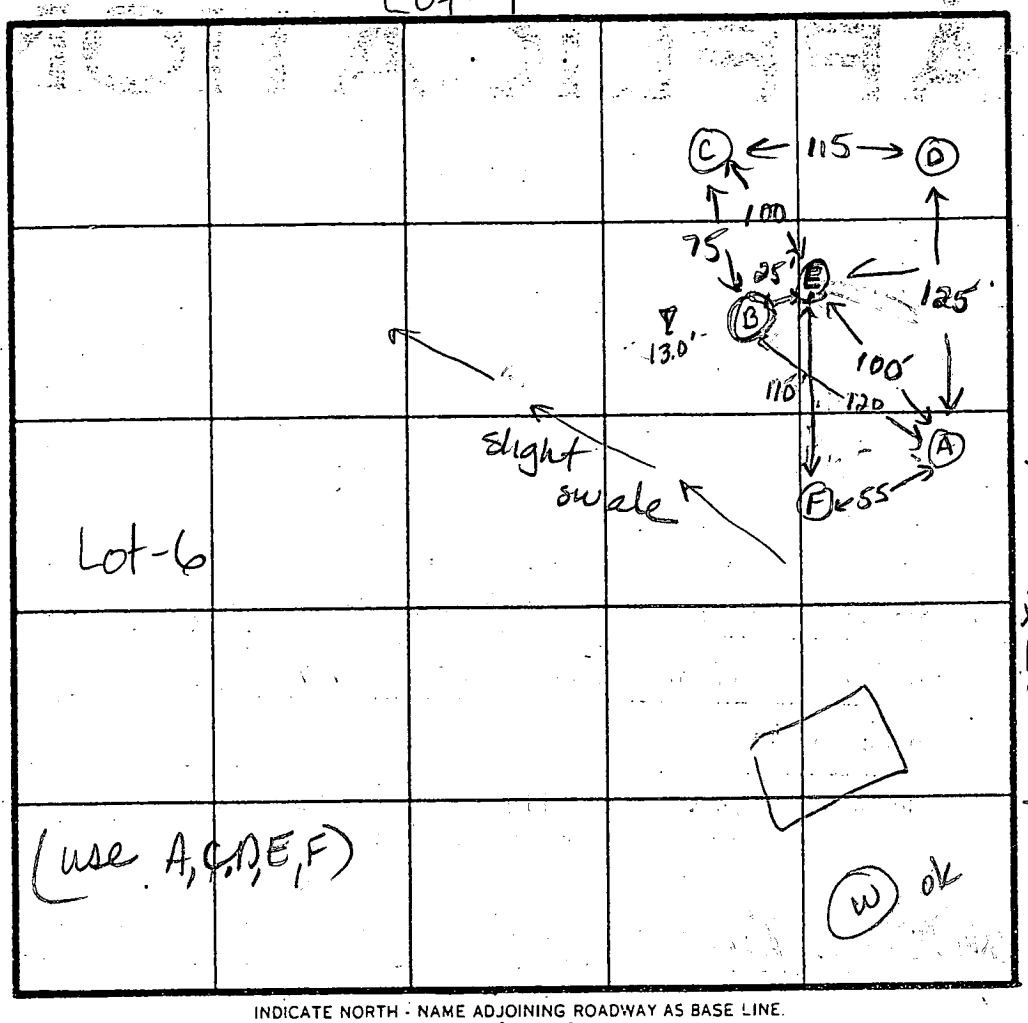
0

0-4.5 Br sicl lm

4.5-13.5 Br cl sa silt lm < 20% decomp rock

13.5 Bottom

(A) (B) (E)



Highest A D F E C B Lowest

SHALLOW SYSTEM ONLY

$\bar{X}$ = 15 min

Inlet = 4.5 ft

Bottom = 6.0 ft

240 sqft/bdrm

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Lot-5

0-4.0 Br sicl lm

4-14.0 Br cl sa si lm, little broken rx frags < 15% rx frags

14.0 Bottom

(F)

0-4.5 Br sicl lm

4.5-13.5 Br sa si lm, trc of broken rock < 10%

13.5 Bottom

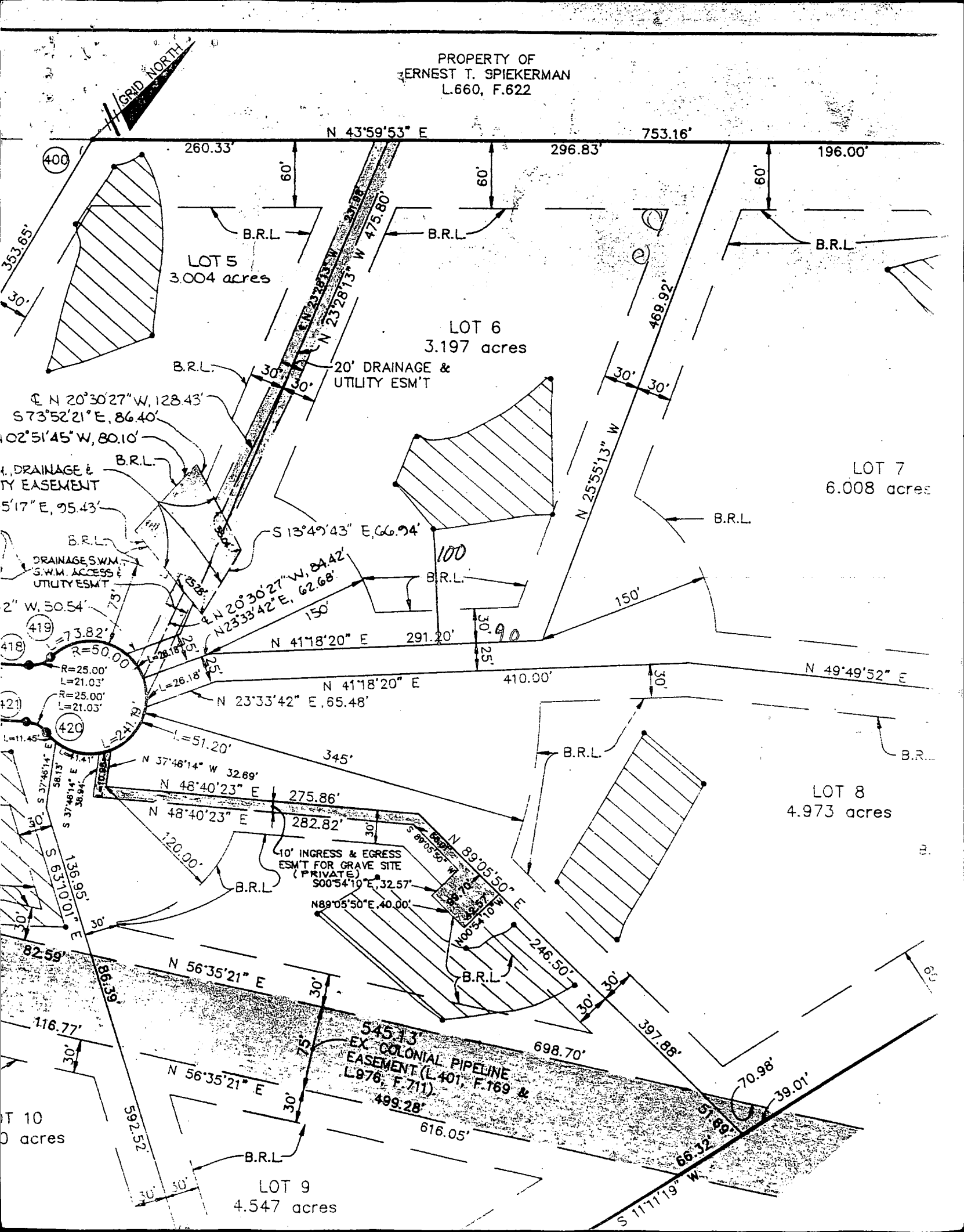
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1-19-99	D	5.0 S	11:03	11:05	11:05	11:13	8 min
		8.0 M	11:03	11:13	11:13	11:24	11 min
		13.5 D	Bottom (see profile)				ok
	C	6.5 S	11:06	11:12	11:12	11:26	14 min
		13.5 D	Bottom (see profile)				ok
	(B)	5.5 S	11:10	11:25	1/4 inch		Failed
		13.5 D	Bottom (Water at 13.0' after 18hrs)				
	A	14.0 ✓	Bottom (see profile)				ok
	E	3.0 S	11:41	11:57	no movement		Failed
		6.0 M	11:41	11:45	11:45	12:00	15 min
		4.5 S	12:00	12:06	12:06	12:32	26 min
		13.5 D	Bottom - dry				ok
	F	13.5 ✓	Bottom - dry				ok

REMARKS All holes as shown on plat except E & F. Water in B at 13.0 ft.

TYPE OF SOIL 0-4.5 Br si cl lm, 4.5-14 Br cl sa si lm, < 20% rx

TESTED BY Jane E. Nadeau ALSO PRESENT Cecil, Kenny, Phil

EH-12-1079


PROPERTY OF
ERNEST T. SPIEKERMAN
L.660, F.622
GRID NORTH
N 43°59'53" E
753.16'
260.33'
296.83'
196.00'
400
60'
B.R.L.
353.65'
30'
LOT 5
3.004 acres
N 23°28'13" W 475.80'
LOT 6
3.197 acres
20' DRAINAGE & UTILITY ESM'T
℄ N 20°30'27" W, 128.43'
S 73°52'21" E, 86.40'
02°51'45" W, 80.10'
DRAINAGE & TY EASEMENT
5'17" E, 95.43'
DRAINAGE, S.W.M. S.W.M. ACCESS & UTILITY ESM'T
2" W, 50.54'
S 13°49'43" E, 66.94'
℄ N 20°30'27" W, 84.42'
N 23°33'42" E, 62.68'
100
150'
N 25°55'13" W
469.92'
LOT 7
6.008 acres
419
418
421
420
L=73.82'
R=50.00'
R=25.00'
L=21.03'
L=26.18'
L=241.79'
N 41°18'20" E
291.20'
90
N 41°18'20" E
410.00'
N 49°49'52" E
N 23°33'42" E, 65.48'
L=51.20'
345'
N 37°46'14" W 32.69'
N 48°40'23" E 275.86'
N 48°40'23" E 282.82'
120.00'
10' INGRESS & EGRESS ESM'T FOR GRAVE SITE (PRIVATE)
S00°54'10"E, 32.57'
N89°05'50"E, 40.00'
N 89°05'50" E
246.50'
LOT 8
4.973 acres
S 63°10'01" E
136.95'
82.59'
86.39'
N 56°35'21" E
116.77'
545.13'
EX. COLONIAL PIPELINE EASEMENT (L.401, F.169 & L.976, F.711)
698.70'
397.88'
499.28'
616.05'
592.52'
LOT 9
4.547 acres
70.98'
39.01'
66.32'
S 11°11'19" W

Ⓐ = PROPOSED 4 BEDROOM HOUSE
F.F. ELEV. = 567.0'
B'SMT. ELEV. = 560.5'
INV. ELEV. = 559.3'

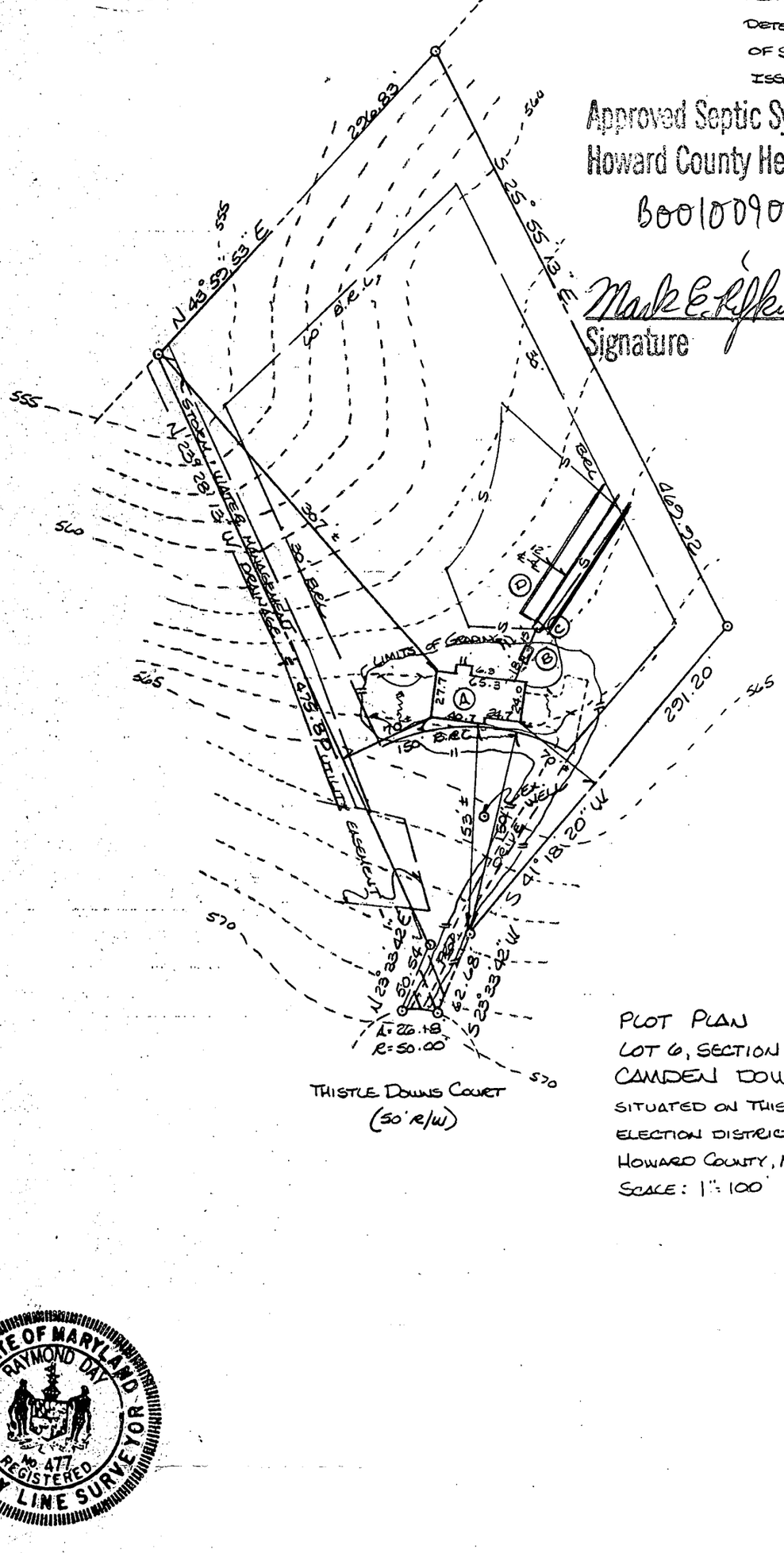
Ⓑ = PROP. SEPTIC TANK
EX. ELEV. = 562.5'
INV IN = 559.1'
INV. OUT = 558.8'

Ⓒ = PROP. DIST. BOX
EX. ELEV. = 562.8'
INV. ELEV. = 558.6'

Ⓓ = PROP. TRENCHES
INV. ELEV. = 558.3'
2' STONE, 6½' BOTTOM
MAX. LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

Approved Septic System Plan
Howard County Health Department
B00100900

Mark E. Rifkin 11/2/96
Signature Date



PLOT PLAN
LOT 6, SECTION ONE
CAMDEN DOWNS
SITUATED ON THISTLE DOWNS COURT
ELECTION DISTRICT Nº 4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' JUNE 1996

STATE OF MARYLAND
RAYMOND DAY
No. 477
REGISTERED
PROPERTY LINE SURVEYOR

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT # 9573	96SY 0102

NASSAUX-HEMSLEY, INC.
204 S. Main Street
Mount Airy, Maryland
301-829-2296 21771

N77725

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: R&G WATER SYSTEMS INC Telephone #: 410-239-0700
Address: 4322 OPALS CHOICE DR.
MANCHESTER, MD-21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): RICKEY L. ROOS, SR. License# PW141
*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: MAIN MONEY PARTNERS LP Telephone #: 410-442-9723
Subdivision: LINDED DOWNS Lot #: MP Well Tag #: HO 94-3825 ✓
Site Address: 15631 THISSLEDOWNS CT. MAP-3-H-8
WOODBINE MD. 21797

Submersible Pump Data
Make: GOULDS
Model #: 7LS07422
Pump Capacity 7 GPM
Well Yield: 7 GPM
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 YES

Pitless Adapter
Make: CAMPBELL
Model#: BA-350
Depth: 42" (36" min)
NSF approved: YES

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

Piping to house
Type: 1" POLYETHELENE
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: YES - FERNCO

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.

Rickey L. Roos, Sr.
Signature of company representative responsible for installation

12/28/03
date

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

Date Insp. Requested: 12/29/03 IF POSS. Date Insp. Approved: 12/29/03 (SO)
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 ____

HD-215(Rev. 8/00)

Howard County
Health Department

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

November 14, 2003

Mr. D'Ambrosio
15631 Thistle Downs Court
Woodbine, MD 21797

RE: **Replacement Well Connection**
15631 Thistle Downs Court
Well Permit #: HO-94-3825

Dear Mr. D'Ambrosio:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who is responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submitted it to this office via fax or mail once the pump is placed in the well.

Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.

Also, after the well completion inspections is approved and the well disinfected, please call (410)-313-1773 to schedule a water sample at no cost to you.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Kacie Noonan
Environmental Sanitarian

Enclosure
cc: Ron Kyker
File

R & G Water Systems, Inc

4322 Opals Choice Drive
Manchester, MD 21102

Phone No.: 410-239-0700 or 800-352-9836

Date: 12/28/03

Fax

1 of 2 PAGES

TO: HOWARD COUNTY ENVIRONMENTAL HEALTH DEPT.

PHONE: 410-313-2640 FAX: 410-313-2648

FROM: RICK ROOS / R & G WATER SYSTEMS, INC.

PHONE: 410-239-0700 FAX: 410-239-0700

NOTES:

IF THIS UNDERGROUND COULD BE INSPECTED MON. 12/29/03 I WOULD GREATLY APPRECIATE IT. WE DID THE TRENCHING THIS WEEKEND AND LEFT DITCH OPEN & PIPES APT AND TO THE HOUSE. I DID FORGET TO GET THE "HO" II OFF OF THE WELL I HOPE THIS DOES NOT CAUSE A PROBLEM.

THANKS!

RICK

12/29/03 3^00 pm or earlier if possible. FA

SITE INSPECTION SHEET

OWNER: Monty D'Ambrosio **PHONE #:** 410-442-9723

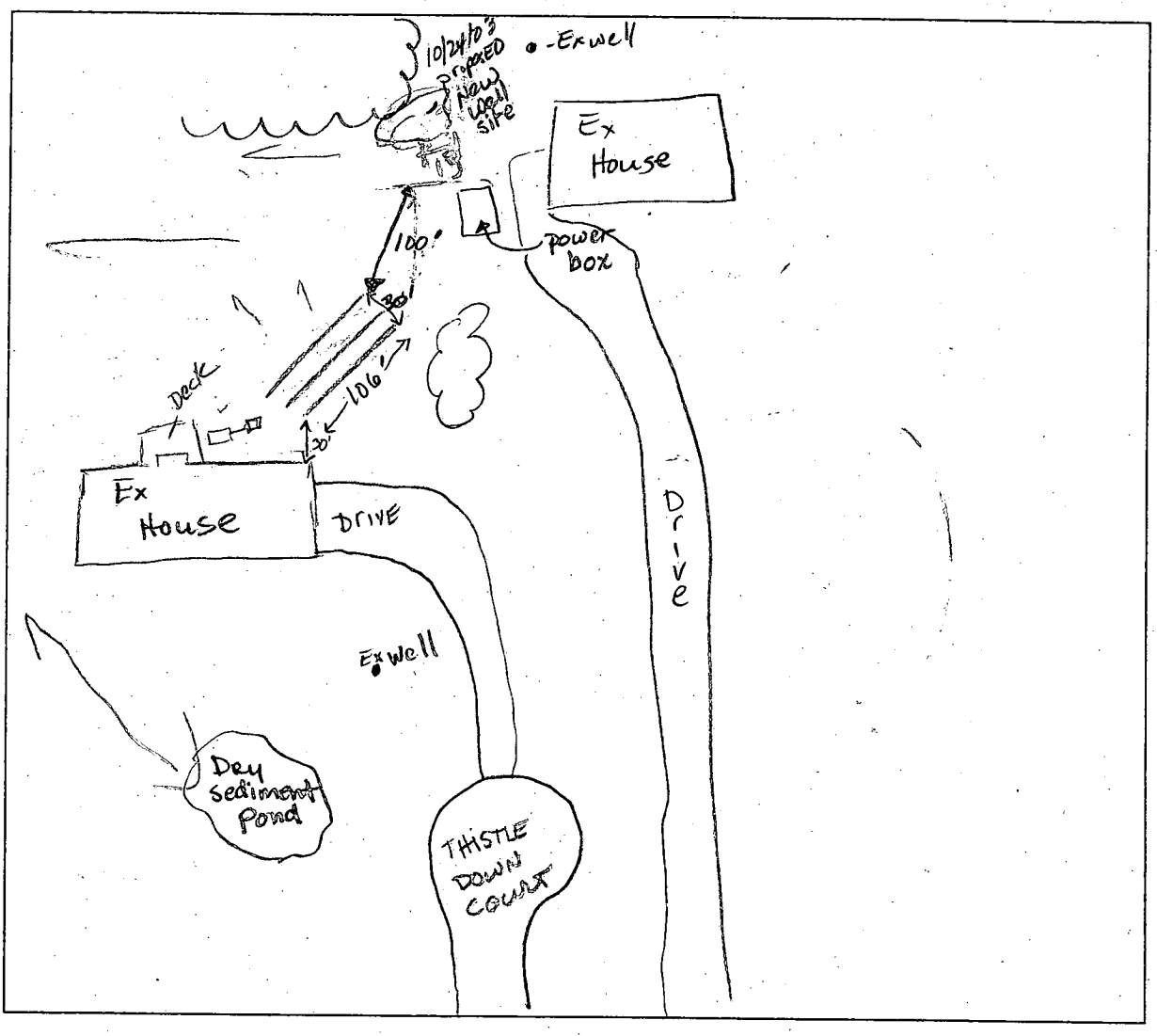
ADDRESS: 15631 Thistle Downs Ct **CONTRACTOR:** Westminster

WELL TAG #:

SUBDIVISION: Camden Downs **LOT:** 6 **COUNTY #:**

PROPOSAL: ~~Contaminated Well~~ Driller reports well is contaminated w/ salt. ~~Nearby~~ Property has sediment pond on site.

LOCATION DIAGRAM



COMMENTS: 10/24/03 Prop. 3acres in size. Will keep existing well for gov't testing and data collection. New well location approved.

DATE: 10/24/03 INSPECTOR: Kacie Norman

C 1 | 1597 | 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-42807

SCO USE ONLY
DATE Received

DATE WELL COMPLETED 06/17/70

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-1491

OWNER Camden Downs Partner
STREET OR RFD Thistle Downs Ct (last name / first name) TOWN Lisbon
SUBDIVISION Camden Downs SECTION 2 LOT 6

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	
Shale	2	15	
Brown Slate	15	23	
Blue Slate	23	35	
Brown Slate	35	50	
Blue Slate	50	70	
Brown Slate	70	95	
Blue Slate	95	110	
Brown Slate	110	115	
Blue Slate	115	165	

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 7 NO. OF POUNDS 700
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 20 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	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	97

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	70	95
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

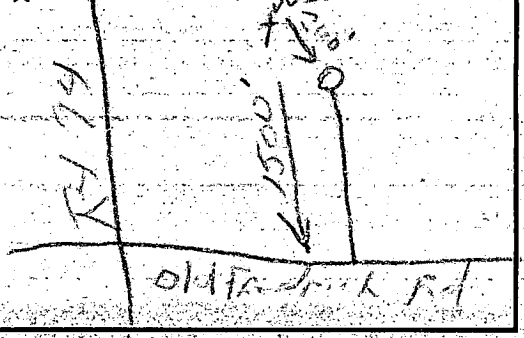
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 18
WHEN PUMPING 25

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 (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 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 IDENT. NO. 453
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.) W Q
TELESCOPE CASING
LOG INDICATOR
OTHER DATA

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 5733 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

W5 19641

STATE PERMIT NUMBER: HO-94-3825

fill in this form completely

Date Received (APA): 10/24/03

OWNER INFORMATION

D'AMBROSIO (Last Name) MONTY (First Name)

15631 THISTLE DOWNS COURT (Street or RFD)

WOODBINE (Town) MARYLAND (State) 21797 (Zip)

DRILLER INFORMATION

RONALD KYKER (Driller's Name) M W D296 (License No.)

WESTMINSTER WELL DRILL INC (Firm Name)

P.O. BOX 861 WESTMINSTER MD. 21157 (Address)

Ronald Kyker (Signature) OCT 22 03 (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) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

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 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): HO-88-1401

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

APPROP. PERMIT NUMBER: ------G---

PERMIT No. HO-94-3825

B 3 LOCATION OF WELL

HOWARD (COUNTY)

CAMDEM DOWNS (SUBDIVISION)

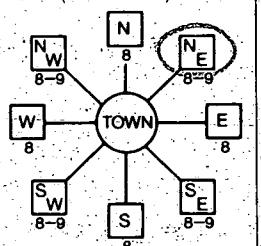
SECTION | LOT 6

LISBON (NEAREST TOWN)

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

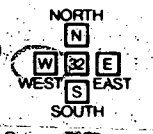
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



THISTLE DOWNS CT. (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 400 FT.

TAX MAP: 8 BLK: PARCEL: 1

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD (COUNTY NAME) P57086B (COUNTY NO.)

STATE SIGNATURE: INSERT S

DATE ISSUED: 10/27/03 Kacie Norman (CO SIGNATURE) 10/27/04 (EXP. DATE)

NORTH GRID: 550 000 EAST GRID: 780 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. CITY
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

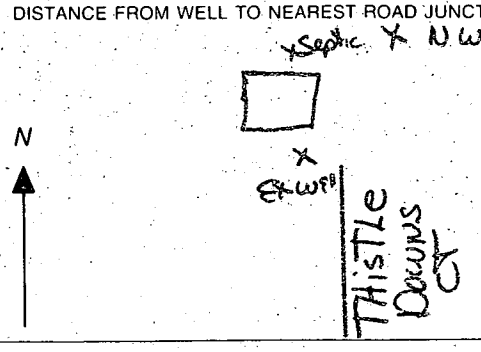
E 780

550 N

WELL X

000
000

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

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C 1 3860 — SEQUENCE NO. (MDE 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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A42807

ST/CO USE ONLY
DATE Received MM 11 DD 12 YY 03 (8 13)

DATE WELL COMPLETED MM 11 DD 03 YY 2003 (15 20)

Depth of Well 22 355 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3825 (28 29 30 31 32 33 34 35 36 37)

OWNER Ambrosino (last name) Monty (first name)

STREET OR RFD 15631 Thistle Down Ct TOWN Woodbine

SUBDIVISION ~~Camden Downs~~ Camden Downs SECTION _____ LOT 6

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
Dirt	0	1	
Soft Br. Shale	1	14	
Opening	14	15	X
Soft Br. Shale	15	48	
Gravel/Br. Shale	48	51	X
Soft Br. Shale	51	59	
Hard Br. Shale	59	61	
Hard Blue Schist	61	83	
Br. Schist	83	84	X
Hard Blue/Blk Schist	84	247	
Blue Schist	247	248	X
Hard Blue/Blk Schist	248	316	
Green Schist	316	317	
Hard Blue Schist	317	338	
Green Schist	338	339	
Hard Blue Schist	339	355	

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.: M WD 296

Ronald Kyker
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: CW D 334

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM (45 46) BENTONITE CLAY BC (45 46)

NO. OF BAGS 47 NO. OF POUNDS 4418

GALLONS OF WATER 282

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 80 (54 BOTTOM 58) 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	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	82 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole — insert appropriate code below

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

C 2 DEPTH (nearest ft.) (1 2)

EACH SCREEN		from	to
1	HO (8 9)	82 (11 15)	355 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56 60) (NEAREST INCH)

GRAVEL PACK — from _____ to _____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 8.5 (11 15)

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 14 (17 20) ft.

WHEN PUMPING 227 (22 25) ft.

TYPE OF PUMP USED (for test)

A air (27); P piston (27); T turbine (27); C centrifugal (27); R rotary (27); O other (describe below) (27); J jet (27); S submersible (27)

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) IN BOX 29. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft.) (43 47)

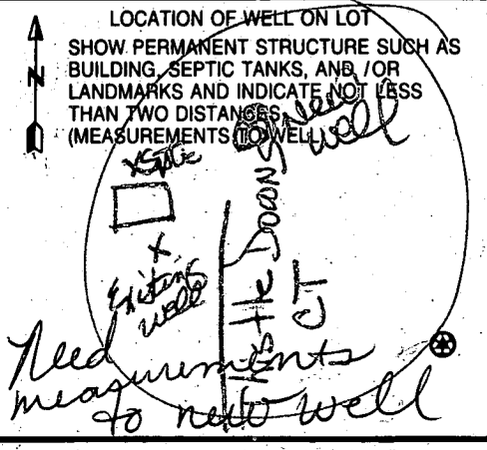
CASING HEIGHT (circle appropriate box and enter casing height)

+ above (49); – below (49) LAND SURFACE

2 (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)



DENV-CR00

COUNTY