

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

NUMBER 10 517777

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

ST/CO USE ONLY

DATE Received

MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
04 01 03

Depth of Well

22 180 26  
(TO NEAREST FOOT)

OWNER

last name

first name

TOWN

WEST FRIENDSHIP

STREET OR RFD

TWIN PINES

SECTION

LOT

4

SUBDIVISION

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 So. L

0 2

Sandy

2 45

Sand Stone

45 50

MICKA

50 80

Sand Stone

80 85

MICKA

85 180

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
☒ Y ☐ N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 20 NO. OF POUNDS 2000

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 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)

PL

6

61

OTHER CASING (if used)

diameter  
inch

depth (feet)  
from to

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

screen type  
or open hole

insert  
appropriate  
code  
below

SCREEN RECORD

☒ ST  
STEEL

☒ BR  
BRASS  
BRONZE

☒ PL  
PLASTIC

☒ HO  
OPEN  
HOLE

☒ OT  
OTHER

DEPTH (nearest ft.)

1 2

HO 59 180

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

56 60

68

70 72 74 75 76

77 78 79 80 81 82

83 84 85 86 87 88

89 90 91 92 93 94

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B 1		2457		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518535 please type		STATE PERMIT NUMBER HD-94-3638 fill in this form completely	
Date Received (APA) 02 03 8 MM DD YY 13						OWNER INFORMATION			
15 Last Name Land Marketing Consultants						Owner		First Name 34	
36 3060 Washington Rd						Street or RFD		55	
57 GLENWOOD MD 21238						Town		76	
70 State						72		Zip	
DRILLER INFORMATION									
76 Driller's Name Ralph E. Mayne						M S D 117		License No. 81	
Firm Name Ralph E. Mayne Well Drilling									
Address 1024 Handy Rd Mt Airy MD 21771									
Signature Ralph E. Mayne						Date 2-4-03			
B 2						WELL INFORMATION			
1 2						APPROX. PUMPING RATE (GAL. PER MIN.) 5		8 12	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14						500		20	
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									
APPROXIMATE DEPTH OF WELL 150 FEET						24		28	
APPROXIMATE DIAMETER OF WELL 6"						NEAREST INCH			
METHOD OF DRILLING (circle one)									
BORED (or Augered) JETTED Jettied & DRIVEN									
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)									
37 CABLE REVERSE-ROTARY DRIVE-POINT									
other									
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)									
<input checked="" 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									
39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS									
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL									
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41						52			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)									
APPROX. PERMIT NUMBER						G			
PERMIT No. HD-94-3638						70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS									
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED									
B 3						LOCATION OF WELL			
8 COUNTY Howard						21			
23 SUBDIVISION Twin Pines						42			
SECTION 44 46						LOT 4		50	
52 NEAREST TOWN West FRIEND Ship						71			
MILES FROM TOWN (enter 0 if in town) I						73		76 77 78	
B 4						DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
1 2									
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)									
11 30						NEAR WHAT ROAD Stiles Way			
34 250 37						DISTANCE FROM ROAD		38 39	
ENTER FT OR MI A									
TAX MAP: 22						BLK:		PARCEL: 17	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL									
Howard A514944						COUNTY NAME		COUNTY NO.	
STATE SIGNATURE						INSERT S		41	
DATE ISSUED 02/21/03 Kacie Noonan 02/21/04						CO SIGNATURE		EXP. DATE	
43 MM DD YY 48						NORTH GRID 810 000		EAST GRID 530 000	
50 55 57 63									
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 530						000 000			
N 810									
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									
250'						well			



61A casing 40' open 20 Bays

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 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 (Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 5800 Dorchester Rd  
Suites 111E and 2184

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation: License# MSD 009  
Name (Print): Allen Compton  
\*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: D.R. Horton Telephone #: \_\_\_\_\_  
Subdivision: Twin Pines Lot #: 4 Well Tag #: HO-94-3638  
Site Address: 3128 Stiles Way

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Condu</b>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>ye</u>
Model #: <u>FT 75B05402</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>ye</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>6</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <u>ye</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>ye</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewer piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 11/10/04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/20/04 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 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓







7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 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

December 16, 2004

D. R. Horton, Inc.  
1370 Piccard Drive, Suite 230  
Rockville, MD 20850

RE: Twin Pines, Lot 4  
3128 Stiles Way  
West Friendship, MD 21794  
BP #: B00147510  
Well Permit # HO-94-3638

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/29/2004. Final approval of the well line connection to the dwelling was approved on 10/20/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3638. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/14/2004 & 12/16/2004  
Date of Well Completion: 04/01/2003

Approving Authority,

*Brian Baker*

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File