

C 1 14119		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED		Depth of Well		COUNTY NUMBER 18 515249	
ST/CO USE ONLY DATE Received MM DD YY 05 01 03		DATE WELL COMPLETED MM DD YY 7 16 03		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 113/04 410-94-3642	
OWNER		last name		first name		TOWN	
STREET OR RFD		SUBDIVISION		SECTION		LOT	
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>		<b>C 3</b>		<b>PUMPING TEST</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one)		CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>		PUMPING RATE (gal. per min.)	
FEET		NO. OF BAGS		NO. OF POUNDS		METHOD USED TO MEASURE PUMPING RATE	
FROM TO		GALLONS OF WATER		DEPTH OF GROUT SEAL (to nearest foot)		WATER LEVEL (distance from land surface)	
Top Soil 0 2		from 48 TOP 52 ft. to 54 BOTTOM 58 ft.		(enter 0 if from surface)		BEFORE PUMPING	
Sandy 2 75		casing types insert appropriate code below		STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/>		WHEN PUMPING	
Sand Stone 75 85		MAIN CASING TYPE		Nominal diameter top (main) casing (nearest inch)		TYPE OF PUMP USED (for test)	
Blue MICKA 85 110		PL <input checked="" type="checkbox"/>		6		A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/>	
Sand Stone 110 115		Total depth of main casing (nearest foot)		90		C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O (describe below) <input type="checkbox"/>	
Blue MICKA 115 220		OTHER CASING (if used)		diameter inch depth (feet) from to		J jet <input type="checkbox"/> S submersible <input checked="" type="checkbox"/>	
Sand Stone 220 225		SCREEN RECORD		screen type or open hole		PUMP INSTALLED	
Blue MICKA 225 300		ST <input type="checkbox"/> BR <input type="checkbox"/> HO <input checked="" type="checkbox"/>		STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/>		DRILLER INSTALLED PUMP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
NUMBER OF UNSUCCESSFUL WELLS: 0		C 2		DEPTH (nearest ft.)		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		40 88 300		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
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		SLOT SIZE 1 2 3		DIAMETER OF SCREEN (NEAREST INCH)		CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		PUMP HORSE POWER	
DRILLERS LIC. NO. 1 M S D 117		TELESCOPE CASING		LOG INDICATOR		PUMP COLUMN LENGTH (nearest ft.)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		OTHER DATA		74 75 76		CASING HEIGHT (circle appropriate box and enter casing height)	
LIC. NO. 1 D		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		COUNTY		LAND SURFACE	
						+ above } 2 (nearest foot)	
						- below }	
						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)	

B1

2461

1

2

3

6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
518535 please type

STATE PERMIT NUMBER

40-94-3642

fill in this form completely

Date Received (APA)  
02 03  
8 MM DD YY 13

OWNER INFORMATION  
15 Last Name  
Land Marketing Consultants  
34 First Name  
Owner  
3060 Washington Rd.  
36 Street or RFD  
Glenwood MD. 21038  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION  
61 Driller's Name  
Ralph E. Mayne M SD 112  
81 License No.  
66 Firm Name  
Ralph E. Mayne Well Drilling  
68 Address  
17024 Handy Rd Mt Airy MD 20701  
69 Signature  
Ralph E. Mayne  
70 Date  
2-4-03

B3

LOCATION OF WELL

8 COUNTY  
Howard  
21  
23 SUBDIVISION  
Twin Pines  
42  
SECTION 44 46 LOT 8 48 50  
52 NEAREST TOWN  
West FRIEND Ship  
71  
MILES FROM TOWN (enter 0 if in town) 73 76 77 78  
I M I

B4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
N  
NW 8-9 NE 8-9  
W 8 E 8  
SW 8-9 S 8 SE 8-9  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST 32 EAST  
SOUTH  
34 420 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 22 BLK: PARCEL 17

B2

WELL INFORMATION

1 2  
APPROX. PUMPING RATE  
(GAL. PER MIN.)  
8 500 12  
AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY)  
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 AB14944  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 02/21/03 NAME Roman 02/21/04  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
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  
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

Sketch showing location of well relative to Howard Rd and 420' distance.

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 61 INCH  
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)

N

THIS WELL WILL NOT REPLACE AN EXISTING WELL  

Y

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  

39 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 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. 40-94-3642  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

2 COUNTY



Well Permit No. HO - 54-3642  
Location of property (road) \_\_\_\_\_  
Subdivision Twin Pines Lot 8 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller R. Mayne Owner LAND MARKETING CONSULT

Depth of well 300  
Distance of measuring point (M.P.) above ground 2<sup>nd</sup>  
Static water level (S.W.L.) below M.P. 35

Time pump started 8:30 Pumping rate 10 GPM  
Total time 15 min to reach pumping water level 75 ft. below M.P.

[illegible]

**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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 588 Obrecht Rd  
Sykesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Allen Compton License# MSD 009  
\*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. E. Horton Telephone #: \_\_\_\_\_  
Subdivision: Twin Pines Lot #: 8 Well Tag #: HO-94-3642  
Site Address: 3135 Shires Way

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>GT75B 0422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</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>30</u> (feet)		Conduit secured to well cap: <u>yes</u>
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 <u>N/A</u>		

**Piping to house**  
Type: 1" Black Plastic  
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: 5  
Sleeve caulked and sealed properly: yes

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.

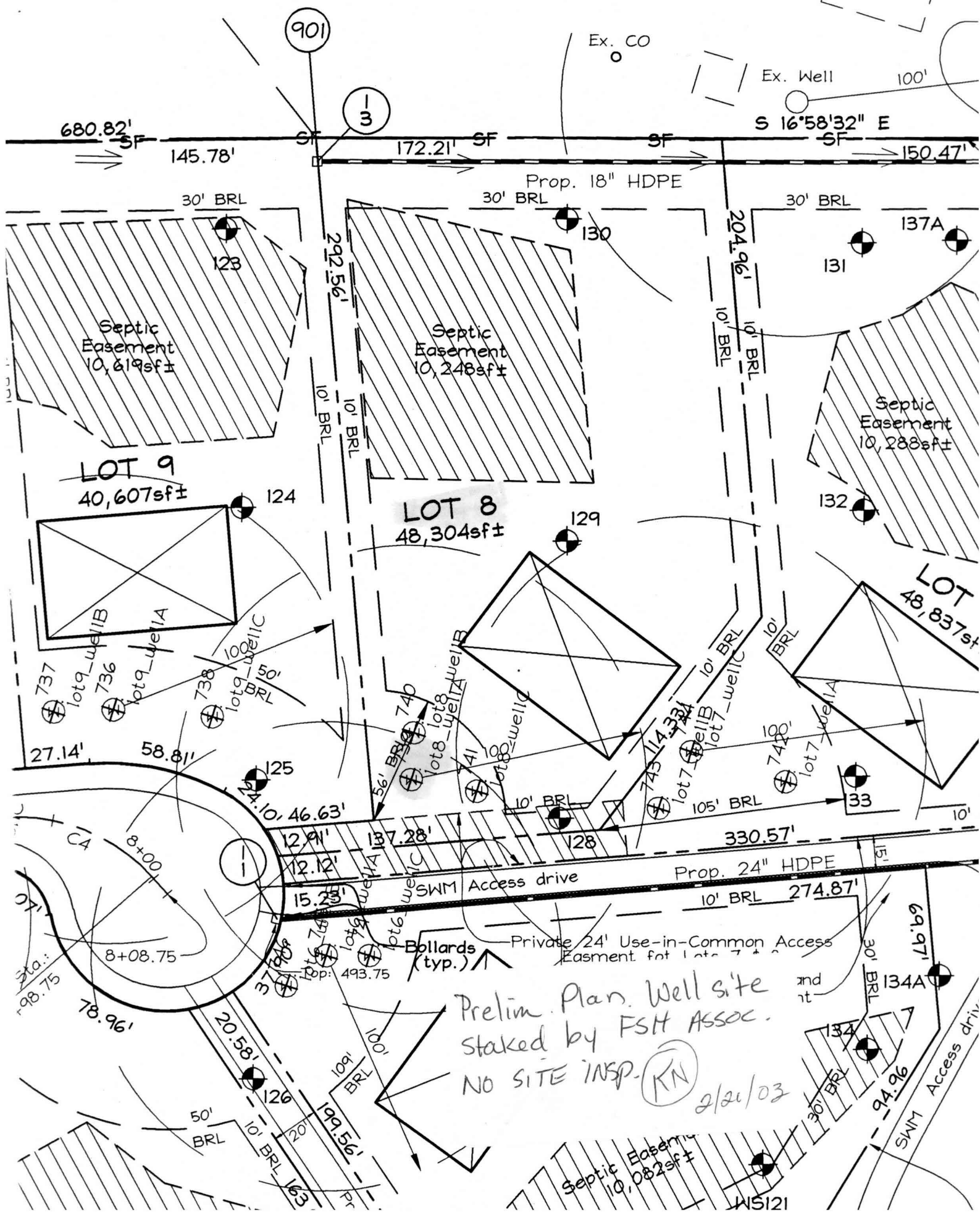
Signature of company representative responsible for installation: Allen Compton

date: 9-16-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/30/04 (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 ☒

Well Line  
sleeved Under  
Driveway







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](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

September 27, 2004

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

**SENT VIA FACSIMILE 410-486-5185**

RE: Twin Pines, Lot # 8  
3135 Stiles Way  
West Friendship, MD 21794  
BP # B00145732  
Well Permit # HO-94-3642

Dear Sirs:

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 07/23/2004. Final approval of the well line connection to the dwelling was approved on 08/30/2004.**

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-94-3642. 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 Sample: 09/17/2004  
Date of Well Completion: 04/16/2003

Respectfully,

*Brian Baker*  
Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File