

14118  
SEQUENCE NO. (MDE USE ONLY)

**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.

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

COUNTY  
NUMBER 78 515249

ST/CO USE ONLY  
DATE Received  
05 01 03  
8 13

DATE WELL COMPLETED  
MM 04 DD 21 YY 03  
15 20

Depth of Well  
180  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO - 94 - 3641  
28 29 30 31 32 33 34 35 36 37

OWNER LAND MARKETING CONSULTANTS  
STREET OR RFD W. FRIENDSHIP TOWN  
SUBDIVISION TWIN PINES SECTION 7 LOT 7

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	35	
Sand stone	35	55	
Blue mica	55	90	
Sand stone	90	95	
Blue mica	95	110	
Sand stone	110	115	
Blue mica	115	180	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 16 NO. OF POUNDS 1600  
GALLONS OF WATER 156  
DEPTH OF GROUT SEAL (to nearest foot)  
from 8 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHER  
MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch)! 6  
Total depth of main casing (nearest foot) 67  
60 61 63 64 66 70

OTHER CASING (if used)  
diameter depth (feet)  
inch from to  
EACH CASING

SCREEN RECORD  
screen type or open hole  
(insert appropriate code below)  
ST BR HO  
STEEL BRASS OPEN HOLE  
PL OT  
PLASTIC OTHER

DEPTH (nearest ft.)  
HO 65 180  
1 2  
EACH CASING  
1 8 9 11 15 17 21  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

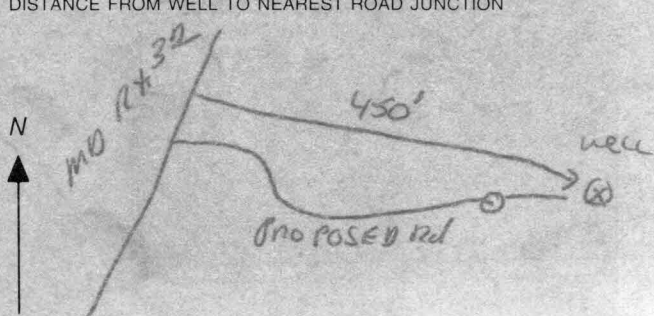
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 10  
METHOD USED TO MEASURE PUMPING RATE Bu/lt  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 30 ft.  
WHEN PUMPING 60 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

PUMP INSTALLED  
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 } LAND SURFACE  
- below } 2 (nearest foot)  
49 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)  
140'  
30'  
Prop Lines

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED Y 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 S D 112  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. D  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

<b>B</b>		<b>2460</b>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <div style="display: flex; justify-content: space-between;"><span>518535</span><span>please type</span></div>				STATE PERMIT NUMBER <div style="display: flex; justify-content: space-between;"><span>HO - 94 - 3641</span><span>fill in this form completely</span></div>																			
		1 2 3 6																											
<div style="display: flex; justify-content: space-between;"><div style="width:45%;"><p>Date Received (APA) <u>02 08</u></p><p style="text-align: center;"><b>OWNER INFORMATION</b></p><div style="display: flex; justify-content: space-between;"><div>8 MM DD YY <u>13</u></div><div>15 Last Name <u>Land Marketing Consultants</u></div><div>34 Owner First Name</div></div><div style="display: flex; justify-content: space-between;"><div>36 <u>3060 Washington Rd</u></div><div>55 Street or RFD</div></div><div style="display: flex; justify-content: space-between;"><div>57 <u>Glenwood MD. 21238</u></div><div>76 Zip</div></div></div><div style="width:45%;"><p style="text-align: center;"><b>LOCATION OF WELL</b></p><div style="display: flex; justify-content: space-between;"><div>8 COUNTY <u>Howard</u></div><div>21</div></div><div style="display: flex; justify-content: space-between;"><div>23 SUBDIVISION <u>Twin Pines</u></div><div>42</div></div><div style="display: flex; justify-content: space-between;"><div>SECTION <u>-</u></div><div>LOT <u>7</u></div></div><div style="display: flex; justify-content: space-between;"><div>52 NEAREST TOWN <u>WEST FRIEND Ship</u></div><div>71</div></div><div style="display: flex; justify-content: space-between;"><div>73 MILES FROM TOWN (enter 0 if in town)</div><div>76 77 78 <u>I</u></div></div></div></div>										<div style="display: flex; justify-content: space-between;"><div style="width:45%;"><p style="text-align: center;"><b>DRILLER INFORMATION</b></p><div style="display: flex; justify-content: space-between;"><div>76 Driller's Name <u>Ralph E. Mayne</u></div><div>81 License No. <u>MS D 117</u></div></div><div style="display: flex; justify-content: space-between;"><div>76 Firm Name <u>Ralph E. Mayne Well Drilling</u></div><div>81</div></div><div style="display: flex; justify-content: space-between;"><div>76 Address <u>12024 Handy Rd Mt Airy MD. 21221</u></div><div>81</div></div><div style="display: flex; justify-content: space-between;"><div>76 Signature <u>Ralph E. Mayne</u></div><div>81 Date <u>2-4-03</u></div></div></div><div style="width:45%;"><p style="text-align: center;"><b>WELL INFORMATION</b></p><div style="display: flex; justify-content: space-between;"><div>8 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u></div><div>12</div></div><div style="display: flex; justify-content: space-between;"><div>14 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u></div><div>20</div></div></div></div>										<div style="display: flex; justify-content: space-between;"><div style="width:45%;"><p style="text-align: center;"><b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)</p><div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</div><div><input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</div><div><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div><div><input type="radio"/> PUBLIC WATER SUPPLY WELL</div><div><input type="radio"/> TEST, OBSERVATION, MONITORING</div><div><input type="radio"/> GEO-THERMAL</div></div></div><div style="width:45%;"><p style="text-align: center;"><b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b></p><div style="display: flex; justify-content: space-between;"><div>41 COUNTY NAME <u>Howard</u></div><div>41 COUNTY NO. <u>A 514944</u></div></div><div style="display: flex; justify-content: space-between;"><div>41 STATE SIGNATURE _____</div><div>41 INSERT S →</div></div><div style="display: flex; justify-content: space-between;"><div>41 DATE ISSUED <u>02/21/03</u></div><div>41 CO SIGNATURE <u>Karen Noonan</u></div><div>41 EXP. DATE <u>02/21/04</u></div></div><div style="display: flex; justify-content: space-between;"><div>50 NORTH GRID <u>810 000</u></div><div>55 EAST GRID <u>530 000</u></div><div>63</div></div></div></div>									
<div style="display: flex; justify-content: space-between;"><div style="width:45%;"><p>APPROXIMATE DEPTH OF WELL <u>150</u> FEET</p><p>APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH</p><p style="text-align: center;"><b>METHOD OF DRILLING</b> (circle one)</p><div style="display: flex; justify-content: space-between;"><div>30 BORED (or Augered) <u>AIR-ROTary</u></div><div>JETTED</div><div>Jettied &amp; DRIVEN</div></div><div style="display: flex; justify-content: space-between;"><div>37 CABLE</div><div>REVerse-ROTary</div><div>DRive-POINT</div></div><div>other _____</div></div><div style="width:45%;"><p style="text-align: center;"><b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX)</p><div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div><div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div><div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div><div><input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL</div></div><div style="display: flex; justify-content: space-between;"><div>41 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)</div><div>52</div></div></div></div>										<div style="display: flex; justify-content: space-between;"><div style="width:45%;"><p>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</p><p>SOURCES OF DRILLING WATER</p><div style="display: flex; flex-direction: column; align-items: flex-start;"><div>1. <u>well</u></div><div>2.</div><div>3.</div></div><p>WRITE THE BOX NUMBER FROM THE MAP HERE</p><div style="display: flex; justify-content: space-between;"><div>E <u>530</u></div><div>N <u>810</u></div></div></div><div style="width:45%;"><p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p><div style="text-align: center;"></div></div></div>																			
<p style="text-align: center;"><b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b></p> <div style="display: flex; justify-content: space-between;"><div>APPROX. PERMIT NUMBER _____</div><div>G</div></div> <div style="display: flex; justify-content: space-between;"><div>PERMIT No. <u>HO - 94 - 3641</u></div><div>70 71 72 73 74 75 76 77 78 79</div></div>										<p style="text-align: center;"><b>SPECIAL CONDITIONS</b></p> <p style="font-size: x-small;">NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p>																			



Well Permit No. HO - 94 364  
Location of property (road) mn. 32  
Subdivision Twin Pines Lot 7 Block      Plat      Sec.       
Well Driller R. Mayne Owner LAND MARKETING CONSULT

Distance of measuring point (M.P.) above ground 2 m

Static water level (S.W.L.) below M.P. 30 ft

Time pump started 8:30

Pumping rate 10 bpm

Total time 15 min to reach pumping water level 60 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: 580 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #:  
Subdivision: Twin Pines Lot #: 7 Well Tag #: HO-94-3641  
Site Address: 3143 Stiles Way

Submersible Pump Data

Make: Goulds  
Model #: 75B05422  
Pump Capacity 7 GPM  
Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 180 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 36 (36" min)  
NSF/WSC 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" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5  
Sleeve caulked and sealed properly: YES

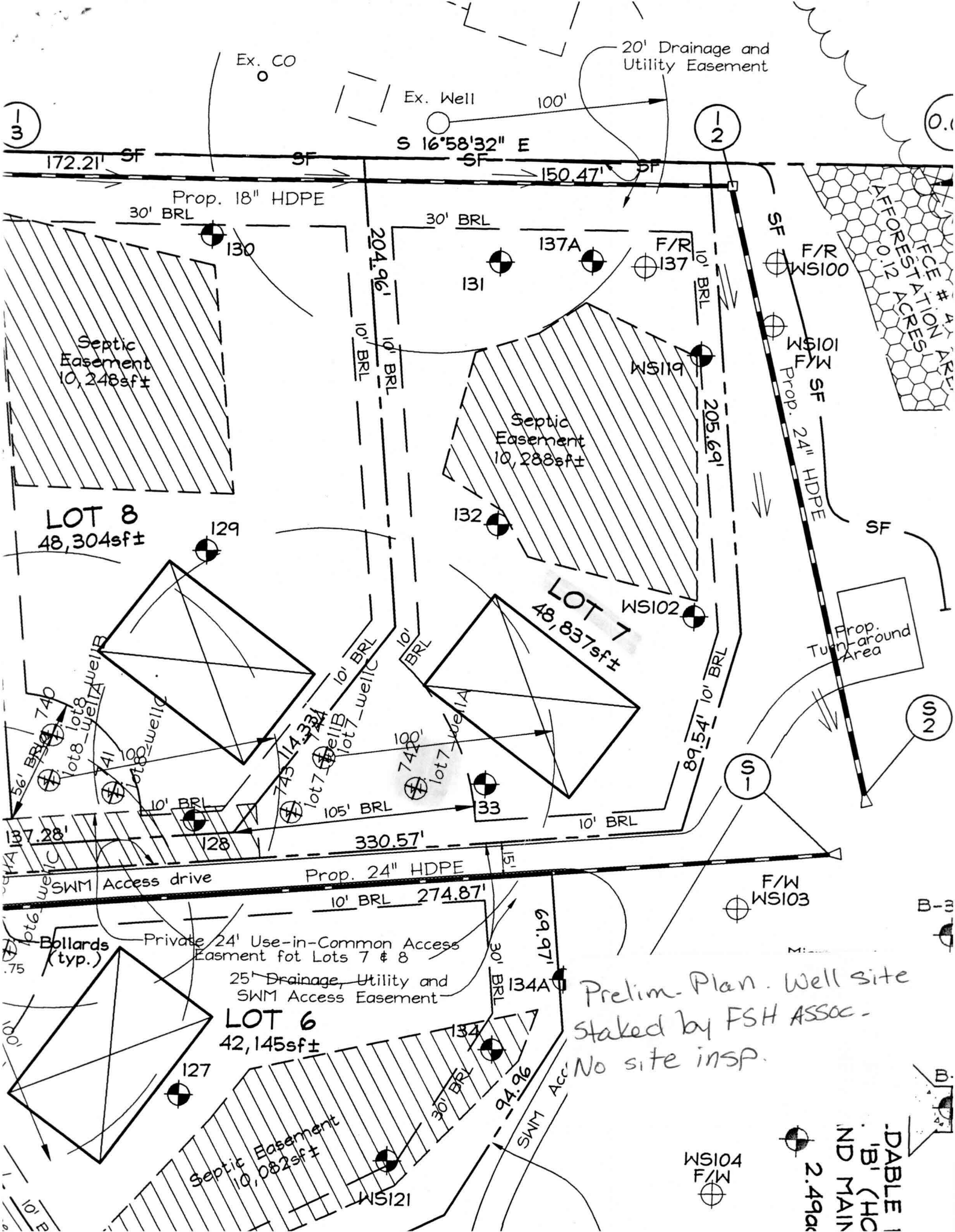
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compt  
Signature of company representative responsible for installation

8-30-04  
date

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

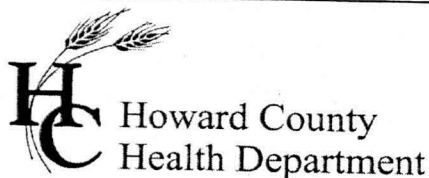
Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/2/04 Inspector: SO RB  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not seen outside of well cap/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 ✓



Prelim. Plan. Well site  
staked by FSH Assoc.  
No site insp.

TABLE 1  
B' (HC  
ND MAIN  
2.49a





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

September 30, 2004

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

**SENT VIA FACSIMILE 301-670-0584**

RE: Twin Pines, Lot 7  
3143 Stiles Way  
West Friendship, MD 21794  
BP #B00147083  
Well Permit # HO-94-3641

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 9/30/2004. Final approval of the well line connection to the dwelling was approved on 8/02/2004.**

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.

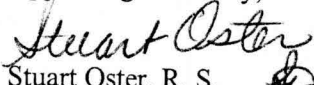
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-3641**. 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: 9/21/2004 & 9/27/2004  
Date of Well Completion: 4/21/2003

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

sjn  
cc: Building Inspector's Office  
Community Health Services  
File