

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

WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

COUNTY NUMBER 12

ST/CO USE ONLY
 DATE Received 05 01 03

DATE WELL COMPLETED 04 13 03

Depth of Well 300
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
1115/14 HO-94-3640

OWNER LAND MARKETING CONSULTANTS

STREET OR RFD WEST FRIENDSHIP

SUBDIVISION TWIN PINES SECTION 6 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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	20	✓
Sand Stone	20	75	
Blue mica	75	95	
Sand Stone	95	100	✓
Blue mica	100	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
 YES NO

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

NO. OF BAGS 91 NO. OF POUNDS 2700

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 50 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 PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

EACH CASING	diameter inch		depth (feet)	
	inch	from	to	

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. MSD 112

DRILLERS SIGNATURE [Signature]

LIC. NO. D

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

DEPTH (nearest ft.)

HO 28 / 300

EACH CASING	diameter inch		depth (feet)	
	inch	from	to	

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
 from 56 to 60

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

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.

WHEN PUMPING 195 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) 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

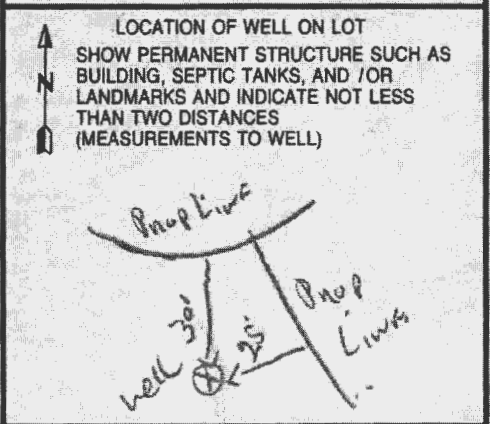
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } 2 (nearest foot)



OWNER INFORMATION
 Date Received (APA) 02 03
 15 Last Name Land Marketing Consultants Owner First Name
 36 3060 Washington Rd Street or RFD
 57 Sleepwood MD, 21738 Town State Zip

DRILLER INFORMATION
 75 Driller's Name Ralph E. Mayne M D License No. 110
 Firm Name Ralph E. Mayne Well Drilling
 Address 17024 Handy Rd, Mt Airy MD 21771
 Signature Ralph E. Mayne Date 2-4-03

WELL INFORMATION
 7 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 14 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 22 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)
 30 BORED (or Augered) JETTED Jetted & DRIVEN
 37 AIR-ROTOR AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 39 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX PERMIT NUMBER _____
 PERMIT No HO-94-3640

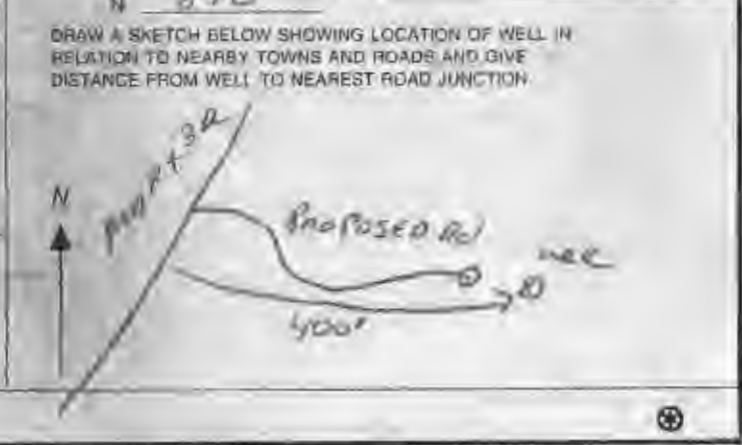
SPECIAL CONDITIONS

LOCATION OF WELL
 B COUNTY Howard
 23 SUBDIVISION Twin Pines
 SECTION - LOT E
 52 NEAREST TOWN West Friendship Ship
 MILES FROM TOWN (enter 0 if in town) 1.1

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 SW
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 400 DISTANCE FROM ROAD
 ENTER FT OR MI A
 TAX MAP 28 BLK: _____ PARCEL 17

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. A 514944
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED 02/21/03 CO SIGNATURE Karen Norman EXP DATE 02/21/04
 NORTH GRID 810 000 EAST GRID 530 000

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 81
 E 530
 N 810



W

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3640
 Location of property (road) _____
 Subdivision Twin Pines Lot 10 Block _____ Plat _____ Sec. _____
 Well Driller R. Mayal Owner LAND MARKETING CONSULT.
 Depth of well 300
 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 6:30 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 195 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)
6:30	35	6 Sec		10 GPM
7:00	195	30 Sec	Test Started	2 GPM
7:15	195	30 Sec		2 GPM
7:30	195	30 "		2 "
7:45	195	30 "		2 "
8:00	195	30 "		2 "
8:15	195	30 Sec		2 GPM
8:30	195	30 Sec		2 GPM
8:45	195	30 Sec		2 GPM
9:00	195	30 "		2 "
9:15	195	30 "		2 "
9:30	195	30 "		2 "
9:45	195	30 Sec		2 GPM
10:00	195	30 Sec		2 GPM
10:15	195	30 Sec		2 GPM
10:30	195	30 "		2 "
10:45	195	30 "		2 "
11:00	195	30 "		2 "
11:15	195	30 Sec		2 GPM
11:30	195	30 Sec		2 GPM
11:45	195	30 Sec		2 GPM
12:00	195	30 "		2 "
12:15	195	30 "		2 "
12:30	195	30 Sec		2 GPM
HD-225 12:45	195	30 Sec		2 GPM
1:00	105	30 Sec		2 GPM

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 #: 6 Well Tag #: HO-94-3640
Site Address: 3150 Stiles way

Submersible Pump Data

Make: Goolds
Model #: 75 000422
Pump Capacity 7 GPM
Well Yield: _____ GPM

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

Depth of well encountered at time of pump installation: 300 (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

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

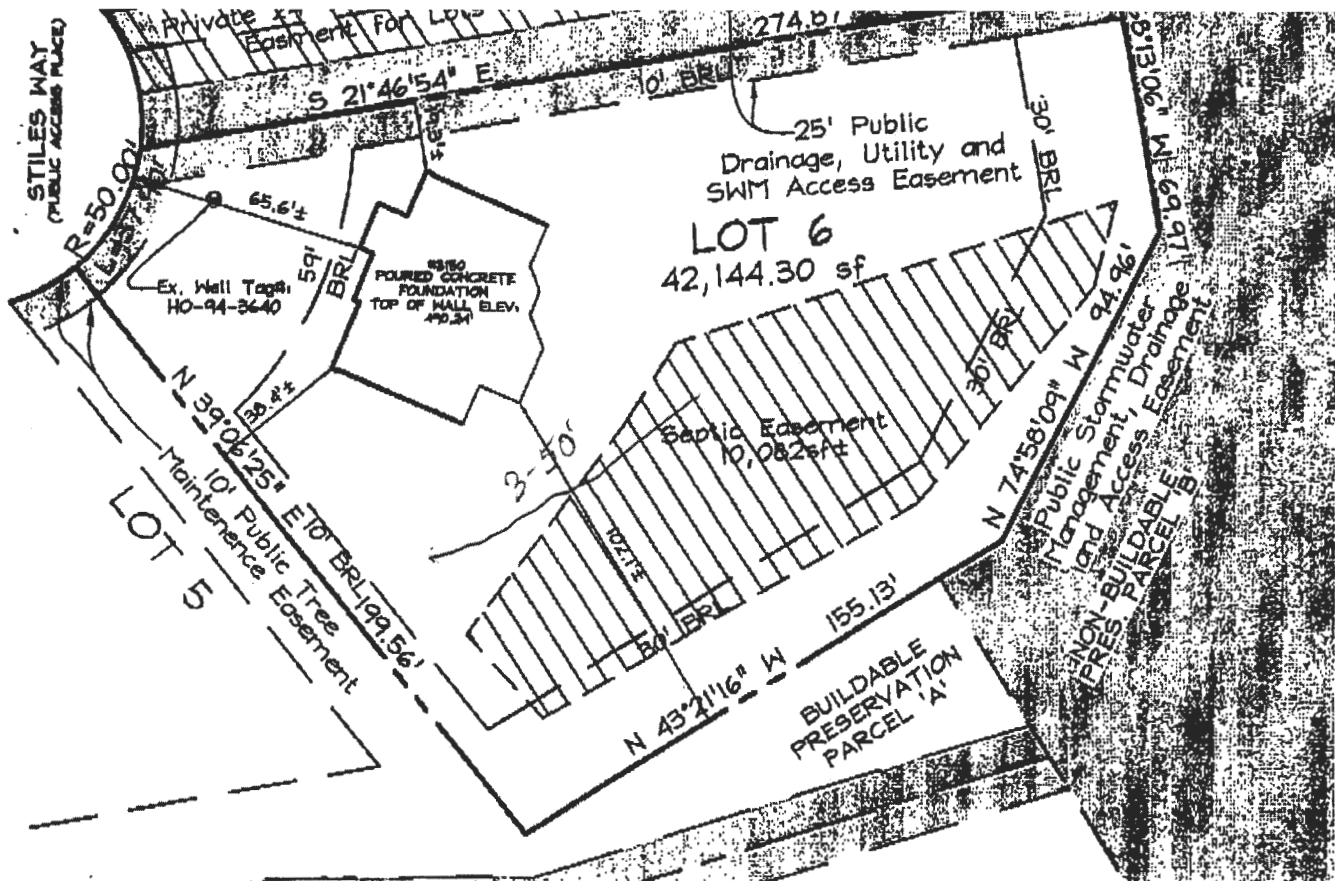
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 8/25/04

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

Date Insp. Requested: _____ Date Insp. Approved: 8/2/04 Inspector: [Signature]

- 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



± 20' Private Drainage and Utility Easement

PLAN VIEW
SCALE: 1"=50'

LEGEND

- | | | | |
|------|--------------|-----|---------------------|
| F/P | ■ FIREPLACE | O/H | OVERHANG |
| B/W | ■ BAY WINDOW | H/P | HEAT PUMP/AIR COND. |
| D/W | ■ DRIVEWAY | G/M | GAS METER |
| CONC | ■ CONCRETE | E/M | ELECTRIC METER |
- DIMENSIONS LABELED ± ARE WITHIN 0.1'

ADDRESS No.: 3150 STILES WAY
 TOP OF WALL ELEV. = 490.24' FIRST FLOOR ELEV. = N/A
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

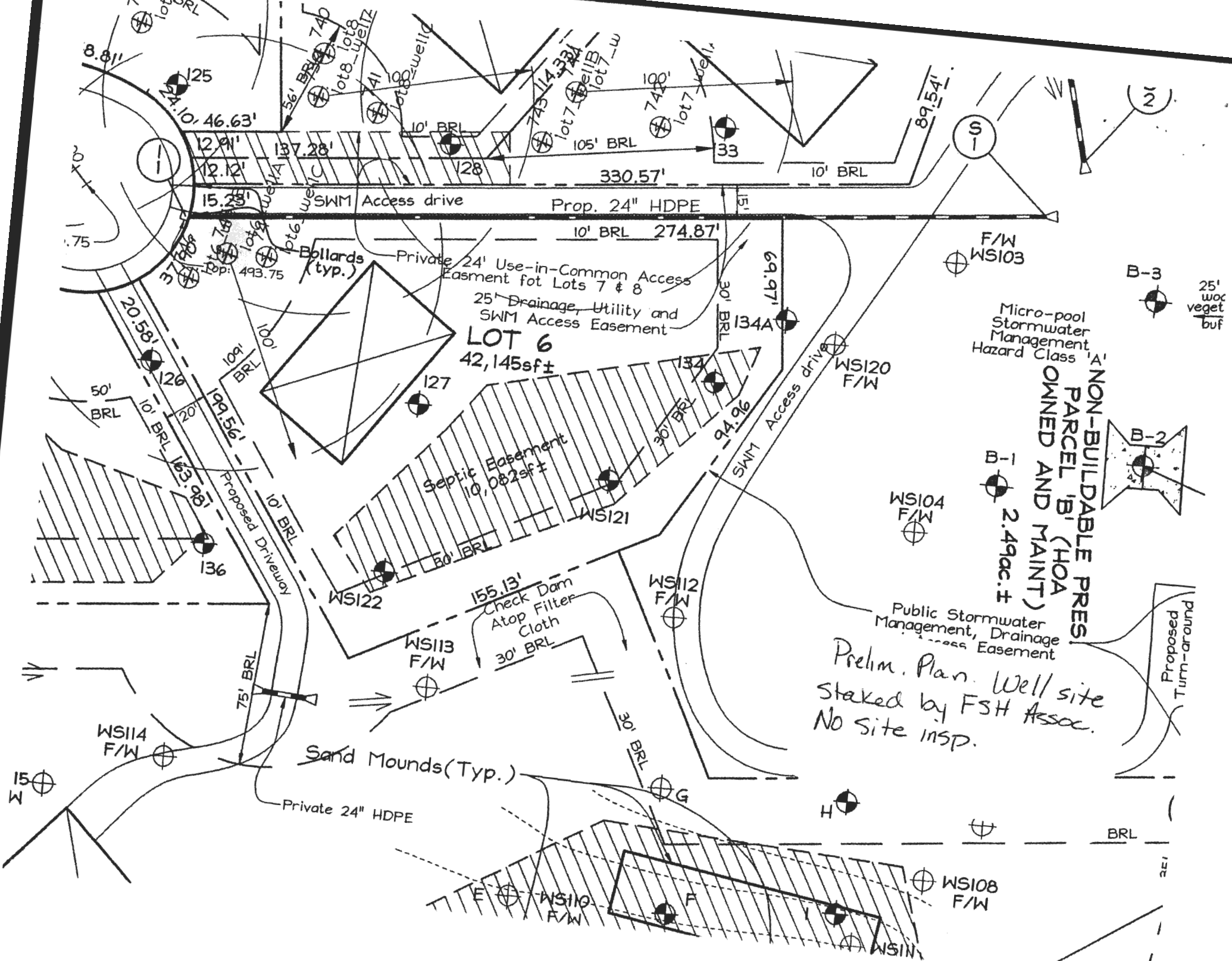
FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: FSHAssociates@cs.com

WALL CHECK	
FOUNDATION	Date: 04/20/04
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3211



LOT 6
 TWIN PINES
 PLAT No. 15948
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



LOT 6
42,145sf±

Septic Easement
10,082sf±

155.13'
Check Dam
Atop Filter
Cloth
30' BRL

Sand Mounds (Typ.)

Micro-pool
Stormwater
Management
Hazard Class 'A'

**NON-BUILDABLE PRES
PARCEL 'B' (HOA
OWNED AND MAINT)**

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

B-3

25' woc
veget
buf

B-2

B-1

2.49ac.±

Proposed
Turn-around

15' W

REI