

C 1 07569

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED. 01/31/00COUNTY
NUMBER A512694T

ST/CO USE ONLY

DATE Received
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
1 3 00

Depth of Well

22 225 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-14-2523

OWNER Brantwood LLC Seneca Chief Tr oil

STREET OR RFD Butterfruit Way TOWN Ellipton City, MD

SUBDIVISION Brantwood SECTION II LOT 19

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOcheck
if water
bearingBROWN SHALE 0 48
BLUE SLATE 48 225 ✓

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 18 NO. OF POUNDS 1692

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 55 ft.
48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST 6 56
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST BR HO
STEEL BRASS OPEN
HOLE
PL OT
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
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. 1 MND 139

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MND 140

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK: IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

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

70 72 74 75 76
TELESCOPE LOG
CASING INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

12 15

METHOD USED TO
MEASURE PUMPING RATE

TIME

WATER LEVEL (distance from land surface)

BEFORE PUMPING 55 ft.

WHEN PUMPING 90 ft.

TYPE OF PUMP USED (for test)

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

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)

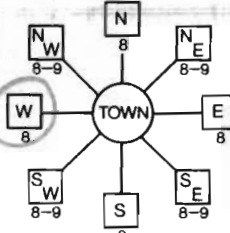
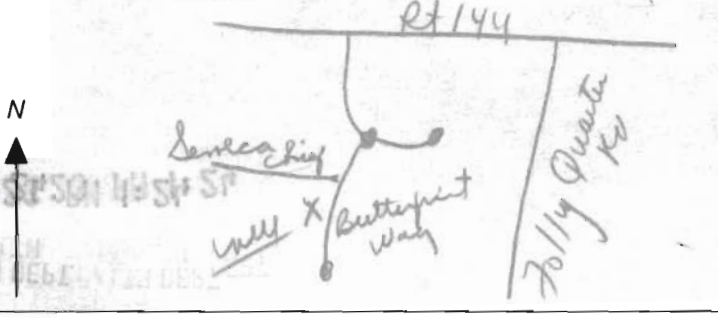
+ above } LAND SURFACE
- below } 1 (nearest
49 50 51 foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

SENECA CHIEF TRAIL

WELL
5220 PROP
LINE

B 1 08149 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2523 <small>70 fill in this form completely 79</small>
Date Received (APA) 12 23 99 <small>8 MM DD YY 13</small> OWNER INFORMATION 15 <u>Brantwood, L.L.C.</u> Last Name Owner First Name 34 36 <u>8835 - P Columbia 100 Parkway</u> Street or RFD 55 57 <u>Columbia, MD</u> Town 70 <u>21045</u> State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 23 <u>Brantwood</u> SUBDIVISION 42 SECTION <u>2</u> 44 46 LOT <u>19</u> 48 50 Area 1 <u>Pine Orchard</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> M 73 76 77 78	
DRILLER INFORMATION <u>Robert L. Cline</u> 76 Driller's Name M W D License No. 81 <u>139</u> <u>Cline & Duvall, Inc.</u> Firm Name <u>8093 Hillmark Ct., Frederick, MD 21704</u> Address <u>Robert L. Cline</u> 12/23/99 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED <u>300</u> GAL. PER DAY 14 20		11 <u>Butterfruit Way</u> 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>20</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>ft.</u> 16 & 23 ENTER FT OR MI <u>P/O 214</u> TAX MAP: _____ BLK: _____ PARCEL: _____	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> AS12694T COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>12 29 99</u> <u>Steven R. Krieg</u> 12/29/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>520</u> 50 55 EAST GRID <u>820</u> 57 63	
APPROXIMATE DEPTH OF WELL <u>250</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>820</u> N <u>520</u>	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> <u>AIR-PERcussion</u> ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> <u>REVERSE-ROTary</u> <u>DRIVE-POINT</u> other _____		1/3/00 <u>Brantwood</u> <u>144</u> No <u>well</u> <u>10,000</u> <u>insp.</u> <u>Folly Quarter Rd</u>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <u>HO-94-2398</u> 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>Rt 144</u> 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 <u>HO-94-2523</u> 63 PERMIT No. 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

Well Permit No. HO - HO-94-2523
Location of property (road) Butterfruit Way
Subdivision BRANTWOOD Lot 19 Block Plat Sec. 2
Well Driller CLINE & DUVAL INC. Owner BRANTWOOD LLC

Depth of well 275
Distance of measuring point (M.P.) above ground 1
Static water level (S.W.L.) below M.P. 55

Time pump started 9:00 Pumping rate 12
Total time 30 MIN to reach pumping water level 90 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: Van Sant Plumbing & Heating Telephone #: 301-829-0444
Address: 3 N Main St
MT Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Harold Van Sant License# 1467
*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: W Homes Telephone #: 301-858-0522
Subdivision: Brantwood Lot #: 109 Well Tag #: HO-94-2399
Site Address: 3001 Seneca Chief Trail 19 2523
Ellicott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>85B05422</u> <u>1/2HP</u>	Model #: <u>5100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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>NO</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>200 PSI</u>	PVC sleeved to undisturbed soil at wall penetration: <u>15 ft</u>
PSI: _____ (160 psi min)	Approximate length of sleeve: <u>15 ft</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, 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: Harold Van Sant date: 4.4.01

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

Date Insp. Requested: 3/5/01 Date Insp. Approved: 3/5/01 (SRK)

Inspection Data:	Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
	Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
	Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
	Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
	Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
	Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>