C 1 | 2974 | SEQUENCE NO. (MDE USE ONLY)

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

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.

COUNTY NUMBER 560542-E XIII

ST/CO USE ONLY
DATE Received MM 05 DD 22 YY 17

DATE WELL COMPLETED MM 04 DD 28 YY 17 (3/16/18)

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-17-0033

OWNER GILHECE FAMILY L.L.C

WELL SITE ADDRESS HIGH STEEPER TRAIL TOWN SYKESVILLE

SUBDIVISION WALKER MEDOWS SECTION LOT 16

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	FEET TO	check if water bearing
TAN SHALE, CLAY, GRAVEL, WITH COLLAPSING AREA'S AREA'S OF HARD ROCK	0	90	X
GREEN/ GREY SCHIST	90	135	
SOFT SCHIST	135	138	X
GREEN/ GREY SCHIST	138	400	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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 W D 576

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: J S D 095

WILLIAM HERTZ -- DRILLER

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 29 NO. OF POUNDS 1450

GALLONS OF WATER 580

DEPTH OF GROUT SEAL (to nearest foot) IF PIPE TO BE DERTH 58FT.

from 0 ft. TOP to ft. BOTTOM

(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)
ST	6	120

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	Ho	118 — 400
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN 6 (NEAREST INCH)

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 Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 4HR. 15MIN

PUMPING RATE (gal. per min.) 5.45.

METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29 ft.

WHEN PUMPING 206 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 / – below LAND SURFACE 2 (nearest) foot

LATITUDE 39.34181

LONGITUDE 76.94150

(DEFAULT COORD. WGS 84)

NOTES:

RECEIVED
MAY 22 2017
HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

COUNTY

MDE/WMA/PER.071

EMERGENCY/TEMP NO. IF ANY HO-17-0033

B 1 26559 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

5a0542k

STATE PERMIT NUMBER 0033 HO-17-~~0030~~

fill in this form completely

Date Received (APA) 02/14/17

OWNER INFORMATION

Gilliece Family LLC (Last Name / Owner)

13111 Linden Church Rd (Street or RFD)

Clarksville MD 21029 (Town / State / Zip)

LOCATION OF WELL

B 3

Howard (COUNTY)

Walker Meadows (SUBDIVISION)

SECTION ____ LOT 16

Sykesville (NEAREST TOWN)

DRILLER INFORMATION

Randall Alexander MW D576 (Driller's Name / License No.)

Randall Alexander well Drilling (Firm Name)

PO Box443 126 West Main St, Fairfield PA 17320 (Address)

Signature 2-12-17 (Date)

B 4

SOURCES OF DRILLING WATER 1 well water

HCHD

Highstepper Trail (STREET ADDRESS)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD 900 ft (ENTER FT OR MI)

TAX MAP: 9 BLK: 6 PARCEL 66

4/11/2017 - Commence Drilling

Casing Spec: Nova Tube Inc made in Canada Astm A500-13 EB 6x0.188 20' 011 DT

B 2 — WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 375

2017-02-16 *Driller informed of Howard Hydroterra collection samples. *Verbal confirmation of 50' steel casing spec. - Cond

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
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard XIII COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED 03/01/17 CO SIGNATURE 03/01/18 EXP. DATE

DOW: 4/11/2017 DOG: 04/19/2017 DOY: 04/28/17

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) / JETTED / Jetted & DRIVEN

AIR-ROTary / AIR-PERcussion / ROTARY (Hydraulic Rotary)

CABLE / REVerse-ROTary / DRive-POINT

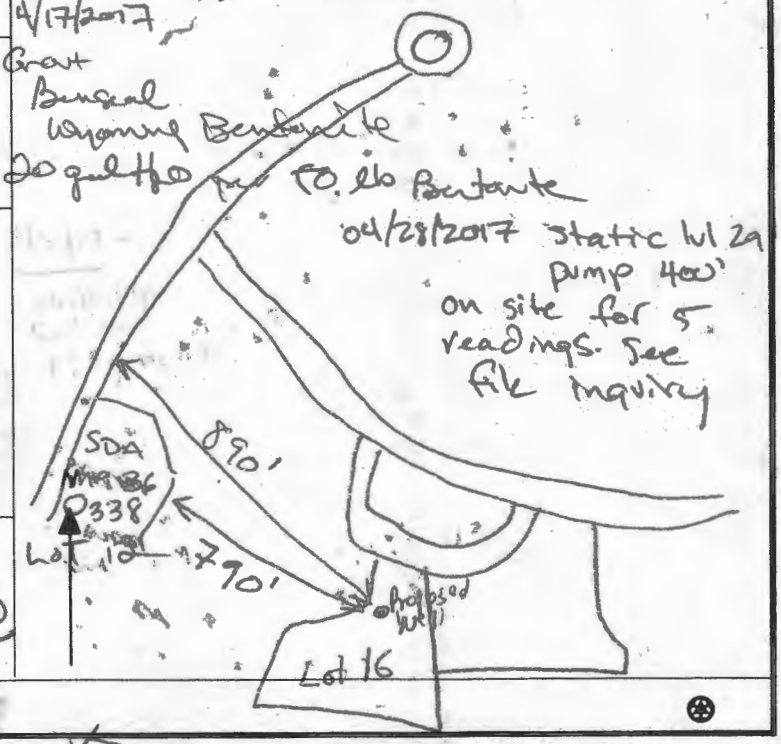
other _____

REPLACEMENT OR DEEPENED 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
- 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) ____-____-____

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER ____-____-____-G-___

PERMIT No. HO-17-~~0030~~ 0033

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

See Memo Attachment

MDE/WMA/PER.071

② COUNTY

Yield Test Data Sheet

County File # [redacted] 560542-E

) Well Permit #: [redacted] HO-17-0033

ıbdivision Name: WALKER MEADOWS

ıction _____ Lot # 16

reet Address: High Stepper TRAIL

easuring Point (MP) Description: Top of CASING
(for ex. "Top of casing")

stance from MP to ground surface 2 ft.

ell Depth 400 ft.

ell Driller: William L Heath ISO-095
ALEXANDERS WELL DRILLING

ust be submitted with the State of Maryland Well
ompletion Report

ubmit to: Bureau of Environmental Health
8930 Standford Blvd
Columbia, Md. 21045

Pump Start Time	Static Water level: 29 ft.	Pumping Rate (✓) Time to fill [ ] gal. bucket ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute)
9:30			
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

1	9:30	29 ft.	5	12 GPM
2	9:45	163.3 ft.	5	12 GPM
3	10:00	140.2 ft.	6	10 GPM
4	10:15	170 ft.	6	10 GPM
5	10:30	199 ft.	6	10 GPM
6	10:45	199 ft.	6	10 GPM
7	11:00	199 ft.	11	5.45 GPM
8	11:15	208 ft.	11	5.45 GPM
9	11:30	203 ft.	11	5.45 GPM
10	11:45	205 ft.	12	5.[redacted] GPM
11	12:00	209 ft.	12	5 GPM
12	12:15	209 ft.	12	5 GPM
13	12:30	208 ft.	12	5 GPM
14	12:45	208 ft.	12	5 GPM
15	1:00	207.3 ft.	11	5.45 GPM
16	1:15	206.9 ft.	11	5.45 GPM
17	1:30	207.1 ft.	11	5.45 GPM
18	1:45	206.8 ft.	11	5.45 GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:

4/28/17

RECEIVED
MAY 22
HOWARD COUNTY HEALTH DEPT
BUREAU OF ENVIRONMENTAL HEALTH

ENV\FORMS\WELLS\data.sheet

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

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: Fooks Well Pump + Water Treatment, LLC Telephone #: 410 795 5670
Address: 5580 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): David C Fooks License# MS0226
***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: NVR Inc Telephone #:
Subdivision: Warner Meadows Lot #: 116 Well Tag #: HO - 17 - 0033 / @ 10/26/2020
Site Address: 1052 Stepping Place
Sykesville, MD 21784

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Gaids	Make: Campbell+	Two piece watertight cap: YES
Model #: 7HS07422	Model#: N/A	Screened, vented well cap: YES
Pump Capacity 7	GPM Depth: 36" (36" min)	Cap secured to casing: YES
Well Yield: 5	GPM NSF/WSC approved: YES	Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 400 (feet)		Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Must circle one: Torque arrestors / Cable guards / Other acceptable method used
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house	House Connection
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min)	Length of sleeve(5' minimum from foundation): 20'
Depth of supply line: 36" (36" min)	Sleeve 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.

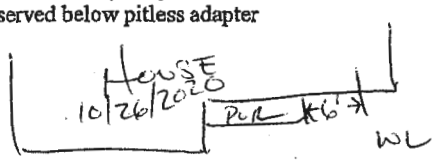
Signature of company representative responsible for installation — date 10/23/2020

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

Date Insp. Requested: 10/26/2020 Date Insp. Approved: 10/26/2020 Inspector:

Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade	✓	10/26/2020 @ 38"
Two piece cap installed and attached to casing securely	✓	
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	10/26/2020 @ 33"
Safety rope not outside of well cap/casing	✓	
Correct well tag attached properly and casing 8" above finished grade	✓	10/26/2020 @ 21"
Water supply line sleeved adequately at house connection	✓	10/26/2020 @ 19"
Adequate grout observed below pitless adapter	✓	

(Revised form 10/24/2018)



HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 16, 2021

December 16, 2020

Homeowner
1052 Stepping Place
West Friendship, MD 21794

RE: Walker Meadows, Lot 16
1052 Stepping Place
Building Permit: B20002726
Well Permit: HO-17-0033

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/9/2020.** Final approval of the well line connection to the dwelling was granted on **10/26/2020.** The well construction was completed on **4/28/2017.** Water samples were collected on **12/4/2020.**

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. 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-17-0033. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311,* subject to a fine of up to $500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
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Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	141577	Account #:	1933
Reference:	Walker Meadow Lot 16	Company:	Fogles Well Pump & Treatment
Location:	1052 Stepping Place	Requested By:	Dave Fogle
	Sykesville, MD 21784	Source:	Well Water
Date/ Time Collected:	12/4/2020 0930	Site:	Kitchen Sink Tap
Date/Time Rec'd:	12/4/2020 1012	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.1
Collected By:	T. Cassell 0767TC	Well #:	HO-17-0033

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	12/4/2020 / 1610 / CRS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/5/2020 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/5/2020 / 0900 / LLO
Nitrate	<1.0	mg/L	10	601	12/4/2020 / 1715 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	12/4/2020 / 1750 / CRS
Turbidity	1.95	NTU	<10	SM20 2130B	12/4/2020 / 1740 / CRS

NOTES:

1. mg/L = milligrams per liter (also, parts per million)
2. MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
3. NTU = Nephelometric Turbidity Units
4. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
5. Sample collected by client, analyzed as received
6. ND:None Detected
7. pH and Chlorine level tested in lab (pH tested after recommended holding time)
8. Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 20002726

Date Reported: 12/7/2020

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratorv ID #:	141578		Account #:	1933
Reference:	Walker Meadow Lot 16		Company:	Fogles Well Pump & Treatment
Location:	1052 Stepping Place		Requested By:	Dave Fogle
	Sykesville, MD 21784		Source:	Well Water
Date/ Time Collected:	12/4/2020	0930	Site:	Kitchen Sink Tap
Date/Time Rec'd:	12/4/2020	1012	Treatment:	None
Chlorine ppm:	Free: ND	Total: ND	pH:	7.1
Collected By:	T. Cassell	0767TC	Well #:	HO-17-0033

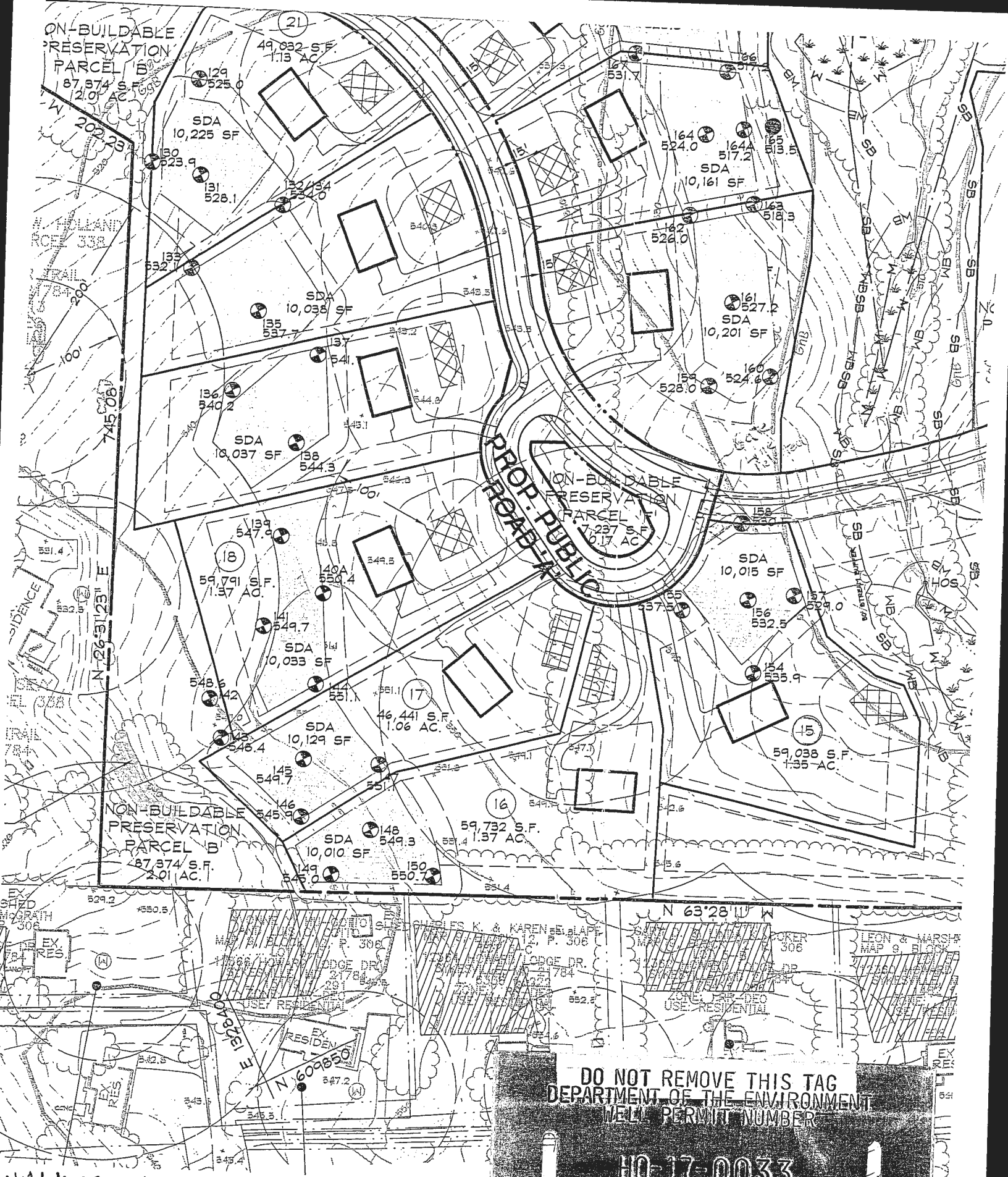
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Lead		mg/L	0.015	200.8	

NOTES:

1. Lead collected as a 1st draw sample
2. Lead Detection Limit: 0.0020 mg/L
3. mg/L = milligrams per liter (also, parts per million)
4. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
5. Sub-contracted to Reference Lab #128
6. ND:None Detected
7. pH and Chlorine level tested in lab (pH tested after recommended holding time)
8. Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 20002726

Date Reported:



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-17-0033
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

WALKER MEADOWS - LOT 16
Approved 03/01/2017 (L)
HO-17-0033
Stamped by DPR

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	141578		Account #:	1933
Reference:	Walker Meadow Lot 16		Company:	Fogles Well Pump & Treatment
Location:	1052 Stepping Place		Requested By:	Dave Fogle
	Sykesville, MD 21784		Source:	Well Water
Date/ Time Collected:	12/4/2020	0930	Site:	Kitchen Sink Tap
Date/Time Rec'd:	12/4/2020	1012	Treatment:	None
Chlorine ppm:	Free: ND	Total: ND	pH:	7.1
Collected By:	T. Cassell	0767TC	Well #:	HO-17-0033

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Lead	ND	mg/L	0.015	200.8	12/10/2020 / 1419 / MO

NOTES:

1. Lead collected as a 1st draw sample
2. Lead Detection Limit: 0.0020 mg/L
3. mg/L = milligrams per liter (also, parts per million)
4. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
5. Sub-contracted to Reference Lab #128
6. ND:None Detected
7. pH and Chlorine level tested in lab (pH tested after recommended holding time)
8. Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 20002726

Date Reported: 12/11/2020

MD State Certification # 133

Lot 16 @ 7

FILE INQUIRY NOTES Walker Meadows

DATE	RESULTS OF REVIEW FOR FILE
4/11/2017	Spud @ 4/11/2017
	Casing Spec - 200' on Site @ initiation of Drilling
	Nova tube Inc Made in Canada
	Astm A500-B EB. 6x 0.188 20' 0" DT
	2017-02-16
	Sunny - 70+°F Heavy Rains ~96 hrs ago
	Informed of Hydrations Samples every 20' (+)
4/12/2017	~140' casing?
4/13/2017	Pulled casing out
	~200' Driller Suspects High water Station + recent rains causing collapse + cavein
4/27/2017	400' Well Using Bencaol Wyoming Bentonite
	20' casing 20 gal H2O per 50 lbs Bentonite (+)
	Left Site prior to grouting commencement (+)
4/28/2017	Static 29'
	Pump 400' Water Que
	11:00 11 sec 1 gal 199'
	11:15 11 sec 1 gal 200'
	11:30 13 sec 1 gal ~~199~~ 203'
	11:45 11 sec 1 gal 205'
	12:00 12 sec 1 gal 209'

Diehl Prop.-Lot 2

Lot 16

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
6/25/15	Well casing requirement
	Well casing must be steel. Install casing to 50-foot depth, or 10 feet into competent rock, whichever is deeper. RBricker
	Any septic system drainfield installed in the area of this lot must be designed for low-pressure distribution (LPD) or equivalent (i.e., an approved alternative design). RBricker
9/28/15	Septic system must include a BAT unit. Trench bottoms are limited to 5-ft depth. RBricker