

C1 14412	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. COUNTY 13 A59898 NUMBER																																																																										
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED Depth of Well 04 18 02 22 260 26 (TO NEAREST FOOT)																																																																											
PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3325 28 29 30 31 32 33 34 35 36 37																																																																													
OWNER Fisher - Collins - Carter STREET OR RFD Susan Marie Way TOWN Sykesville SUBDIVISION McCann Property SECTION LOT 16																																																																													
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>Top Soil</td><td>0</td><td>2</td><td></td></tr> <tr><td>Brown Shale</td><td>2</td><td>11</td><td></td></tr> <tr><td>Brown SLATE</td><td>11</td><td>85</td><td></td></tr> <tr><td>Blue SLATE</td><td>15</td><td>55</td><td></td></tr> <tr><td>Brown SLATE</td><td>55</td><td>60</td><td>✓</td></tr> <tr><td>Blue SLATE</td><td>60</td><td>120</td><td></td></tr> <tr><td>FLINT ROCK</td><td>120</td><td>125</td><td>✓</td></tr> <tr><td>Blue SLATE</td><td>125</td><td>260</td><td></td></tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Top Soil	0	2		Brown Shale	2	11		Brown SLATE	11	85		Blue SLATE	15	55		Brown SLATE	55	60	✓	Blue SLATE	60	120		FLINT ROCK	120	125	✓	Blue SLATE	125	260		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 45 NO. OF POUNDS 200 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 24 ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MAIN CASING TYPE PL</td> <td>Nominal diameter top (main) casing (nearest inch) 6</td> <td>Total depth of main casing (nearest foot) 26</td> </tr> <tr> <td>60 61</td> <td>63 64</td> <td>66 70</td> </tr> </table> OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>		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) 26	60 61	63 64	66 70	ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																					
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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 [Signature] (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D		C2 DEPTH (nearest ft.) HO 24 260 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td> </tr> <tr> <td colspan="37"></td> </tr> </table> 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 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		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																																					
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SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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) 																																																																											

B 1	8950	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516494 please print or type	STATE PERMIT NUMBER <u>HD-94-3325</u> <small>fill in this form completely</small>
Date Received (APA) <u>01 28 02</u> <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name <u>Fisher</u>		Owner <u>Collins</u>		34 First Name <u>INC</u>
36 Street or RFD <u>10222 BALT. NATIONAL PIKE</u>		55		
57 Town <u>ELLICOTT CITY MD</u>		70 State <u>MD</u>	72 Zip <u>21042</u>	76
DRILLER INFORMATION				
Driller's Name <u>RAUL E. MAYNE</u>		76 License No. <u>MSD 112</u>		
Firm Name <u>RAUL E. MAYNE WELL DRILLING</u>				
Address <u>17024 Hardy Rd. Mt Airy MD. 21771</u>				
Signature <u>[Signature]</u> Date <u>1-27-02</u>				
B 2 WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET		NEAREST TOWN <u>COOKSVILLE</u>		
APPROXIMATE DIAMETER OF WELL <u>6"</u> INCH		MILES FROM TOWN (enter 0 if in town) <u>0</u>		
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<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 DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <u>HD 2002G001</u>				
PERMIT No. <u>HD-94-3325</u>				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Well Permit No. HO - 94-3325

Location of property (road) Susan Marie Way
Subdivision McCann Property Lot 16 Block Plat Sec.
Well Driller Ralph Mayne Owner Fisher, Collins + Carter

Depth of well 260

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

Static water level (S.W.L.) below M.P. 60 ft

Time pump started 6:00

Pumping rate 10 GPM

Total time 15 min to reach pumping water level 105 ft. below M.P.

[illegible]

Well Permit No. HO - 94-3325
 Location of property (road) Susan Marie Way
 Subdivision McCann Property Lot 16 Block Plat Sec.
 Well Driller Ralph Mayne Owner Fisher, Collins + Carter

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

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ 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: Fogle 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 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: Pulte Homes Telephone #:
Subdivision: McLann Estates Lot #: 116 Well Tag #: HO-94-3325
Site Address: 14701 Susan Marie Way

<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: <u>yes</u>
Model #: <u>75807</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>16</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>240</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>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</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

date

5-28-03

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

Date Insp. Requested: <u>4/24/03</u>	Date Insp. Approved: <u>4/25/03</u> <u>(50)</u> ^{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"/>