

C1	14416	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 AS9898 NUMBER																														
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																																		
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED 04 16 02		Depth of Well 22 140 26 (TO NEAREST FOOT)																														
PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3322 28 29 30 31 32 33 34 35 36 37																																		
OWNER <u>Fisher - Collins - Carter</u> STREET OR RFD <u>Susan Marie Way</u> TOWN <u>Sykesville</u> SUBDIVISION <u>McCann Property</u> SECTION <u>12</u> LOT <u>13</u>																																		
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>75</td> <td>✓</td> </tr> <tr> <td>Brown Slate</td> <td>75</td> <td>80</td> <td></td> </tr> <tr> <td>Blue Slate</td> <td>80</td> <td>95</td> <td></td> </tr> <tr> <td>Brown Slate</td> <td>95</td> <td>100</td> <td>✓</td> </tr> <tr> <td>Blue Slate</td> <td>100</td> <td>140</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	75	✓	Brown Slate	75	80		Blue Slate	80	95		Brown Slate	95	100	✓	Blue Slate	100	140		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 <u>24</u> NO. OF POUNDS <u>2540</u> GALLONS OF WATER <u>144</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30+</u> ft. (enter 0 if from surface)	
DESCRIPTION (Use additional sheets if needed)	FEET			check if water bearing																														
	FROM	TO																																
Top Soil	0	2																																
Brown Shale	2	75	✓																															
Brown Slate	75	80																																
Blue Slate	80	95																																
Brown Slate	95	100	✓																															
Blue Slate	100	140																																
			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> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>90</u> 60 61 63 64 66 70		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER																										
ST STEEL	CO CONCRETE																																	
PL PLASTIC	OT OTHER																																	
			OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G																															
			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	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																									
ST STEEL	BR BRASS	HO OPEN HOLE																																
PL PLASTIC	OT OTHER																																	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			C2 DEPTH (nearest ft.) 1 <u>H0</u> 2 <u>88</u> 3 <u>140</u> E A C H 8 9 11 15 17 21 S 23 24 26 30 32 36 R 38 39 41 45 47 51 E E N																															
WELL HYDROFRACTURED Y N			SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to																															
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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> 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																															
DRILLERS LIC. NO. <u>M 50117</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>			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) well 20' 30' Prop Line																															
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) <u>[Signature]</u>																																		

B 1	8947	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516494 please print or type	STATE PERMIT NUMBER 40-94-3322 fill in this form completely
Date Received (APA) 01 28 02 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Fisher - Collins - Carter Inc		34 First Name		
36 Street or RFD 10272 BALT. NATIONAL PIKE		55		
57 Town ELLICOTT CITY MD 21042		76 Zip		
DRILLER INFORMATION				
Driller's Name RAUL E MAYNE		76 License No. MSD 112		
Firm Name RAUL E MAYNE Well Drilling				
Address 12024 Handy Rd Mt Airy MD 21771				
Signature <i>Raul E Mayne</i>		Date 1-24-02		
B 2 WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		8 5 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500 20		
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 150 FEET 24 28				
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) - <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> 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 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 DEEPMEN 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 4020026001				
PERMIT No. 40-94-3322				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				
B 3 LOCATION OF WELL		8 COUNTY Howard 23 SUBDIVISION MCCANN Prop SECTION 44 46 LOT 13 COOKSVILLE 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) I 73 M 76 77 78		
B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		11 NEAR WHAT ROAD SUSAN MARIE WAY ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> 34 500 37 DISTANCE FROM ROAD FL ENTER FT OR MI 38 39 TAX MAP: 8 BLK: 16 PARCEL 78		
1 2 TOWN 		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S → DATE ISSUED 02/29/02 Kacie Hoadley 02/29/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 545 000 EAST GRID 793 000 50 55 57 63		
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		000 000 N = 550 E = 793.8		
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				

Well Permit No. HO - 94-3322
Location of property (road) Susan Marie Way
Subdivision McCann Property Lot 13 Block Plat. Sec.
Well Driller Ralph Mayne Owner Fisher, Collins + Carter

Depth of well 140'
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 46 ft

Time pump started 8:30 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 74 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: 526 Obrecht Rd
Stylesville MD 21154

(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: Purple Homes Telephone #: _____
Subdivision: Walden Estates Lot #: 13 Well Tag #: HO-94-3322
Site Address: 14713 Susan Marie Way

Submersible Pump Data

Make: Grundfos
Model #: 79805422
Pump Capacity: 7 GPM
Well Yield: 10+ GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36 (36" min)
NSF 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: 140 (feet)
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 NA

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved 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: 10/29/03

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

Date Insp. Requested: 10/1/03

Date Insp. Approved: 10/1/03 (SO) SRK

Inspection Data: Pitless adapter and 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 installed inside of well 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 ✓