

C1 9506 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STAR MARYLAND WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER A56642C

ST/DO USE ONLY DATE Received 082997 DATE WELL COMPLETED 082997 Depth of Well 205 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-1R20

OWNER Souder Builders, Inc. last name first name TOWN Dayton  
 STREET OR RFD Twist + Turn Lane  
 SUBDIVISION Twist + Turn Estates SECTION \_\_\_\_\_ LOT 2

**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	28	
MICKA	28	65	
Sand Stone	65	70	✓
MICKA	70	205	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 8 NO. OF POUNDS 800  
 GALLONS OF WATER 48  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 27 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) 30

**OTHER CASING (if used)**  
 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

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.

TYPE: MWD/MSD/MGD  
 DRILLERS LIC. NO. 116  
Ruth Mays  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSO 117  
Ruth E. Mays

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

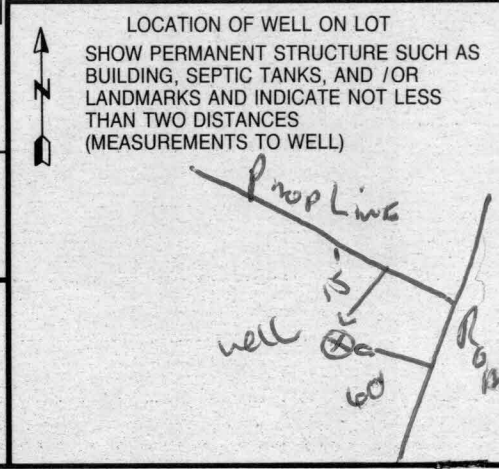
**C 2**  
 DEPTH (nearest ft.)  
 1 H0 2 28 3 205  
 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_  
 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_ 13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_ 18 \_\_\_\_\_ 19 \_\_\_\_\_ 20 \_\_\_\_\_  
 21 \_\_\_\_\_ 22 \_\_\_\_\_ 23 \_\_\_\_\_ 24 \_\_\_\_\_ 25 \_\_\_\_\_ 26 \_\_\_\_\_ 27 \_\_\_\_\_ 28 \_\_\_\_\_ 29 \_\_\_\_\_ 30 \_\_\_\_\_ 31 \_\_\_\_\_ 32 \_\_\_\_\_ 33 \_\_\_\_\_ 34 \_\_\_\_\_ 35 \_\_\_\_\_ 36 \_\_\_\_\_  
 37 \_\_\_\_\_ 38 \_\_\_\_\_ 39 \_\_\_\_\_ 40 \_\_\_\_\_ 41 \_\_\_\_\_ 42 \_\_\_\_\_ 43 \_\_\_\_\_ 44 \_\_\_\_\_ 45 \_\_\_\_\_ 46 \_\_\_\_\_ 47 \_\_\_\_\_ 48 \_\_\_\_\_ 49 \_\_\_\_\_ 50 \_\_\_\_\_ 51 \_\_\_\_\_  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (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 \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 \_\_\_\_\_ 75 \_\_\_\_\_ 76 \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 12  
 METHOD USED TO MEASURE PUMPING RATE Buck  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 28 ft.  
 WHEN PUMPING 67 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 WILL INSTALL 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 29 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)



B. 1 **8707** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-94-1220**  
 fill in this form completely

Date Received (APA) **06.13.97**  
**OWNER INFORMATION**  
**SOWER BUILDERS INC**  
 9335 OLD SCAYG SUICKE  
 LAUREL MD 20723

B. 3 LOCATION OF WELL  
 HOWARD COUNTY  
 TWISTE TURN EST.  
 SECTION 1 LOT 2  
 DAYTON  
 MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION  
 RALPH MAYNE  
 RALPH MAYNE WELL DRILLING  
 9120 BROWN CHURCH RD MT AIRY  
 RALPH MAYNE 6/13/97

B. 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD  
 ENTER FT OR MI  
 TAX MAP: 27 BLK: PARCEL 24

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)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 HOWARD A56642C  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED  
 070397 Kim Maister 7/3/98  
 NORTH GRID 506000 EAST GRID 0798000

APPROXIMATE DEPTH OF WELL 150 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

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  
 850798  
 5006  
 8/11/97  
 GROUT (to follow lot 1)  
 8/11/97  
 NO INSP.  
 ALM

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
 N  
 Trnephling mill rd  
 100'  
 well  
 Twiste Turn Ln.  
 Green Bridge rd

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER GAP  
 FORCE KM WRITE INITIALS IN BOX PERMIT No. HD-94-1220



**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: Ben Levesque Inc Telephone #: 3014883900  
Address: 23407 Fairbank Rd  
Charlestown Md 20871

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Mark Decker License# 117867  
\*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: Patricia Brown Telephone #: 4109975522  
Subdivision: Tweet n Town Lot #: 2 Well Tag #: HO-99-1220  
Site Address: 14100 Twisting Lane  
DARTON MD 21036

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Douglas</u>	Make: <u>Compex</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>1/3</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> 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: <u>500</u> (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>Piping to house</u>	<u>House Connection</u>
Type: <u>PEX 1"</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (150 psi min)	Approximate length of sleeve: <u>36"</u>
Depth of supply line: <u>33</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: [Signature] date: 10/15/01

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/12/01

- 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
- per builder



6/25/97  
 move well  
 off road 15'  
 ALM,

PERCOLATION TABLE

NORTH	EAST	RESULTS
568541.5	1309888.5	PASS
568473.2	1310003.9	FAIL
568362.3	1310060.2	FAIL
568049.3	1310122.5	FAIL
568059.8	1310057.3	PASS
568066.5	1309990.3	PASS
567972.2	1310063.9	FAIL
567962.8	1309929.5	PASS
567958.2	1309841.5	PASS
567968.9	1309771.9	PASS
567898.4	1309794.6	PASS
567817.8	1309819.7	PASS
567828.5	1309750.1	PASS
567688.9	1309808.7	PASS
567673.7	1309904.3	PASS
567567.0	1309870.4	PASS
567385.4	1309681.1	FAIL
567351.7	1309752.7	PASS
567200.2	1309729.3	PASS
567212.8	1309654.0	FAIL
567152.1	1309669.0	FAIL

7-8-97  
 ok to move staked well  
 location up to 20'  
 to provide adequate clearance  
 from road and power lines  
 (Km)