

C1	0734	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 NUMBER 58225 MM (BB)	
ST/CO-USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 5 24 01		Depth of Well 22 300 26 (TO NEAREST FOOT)		
OWNER Rachuba Home Builders		TOWN Glenwood		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3094		

STREET OR RFD	Cattail Creek Drive	SECTION	LOT 6
SUBDIVISION	Vineyards at Cattail Creek		

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 TO	check if water bearing
Brown slate	0 35	
Gray slate	35 270	
Brown	270 271	✓
Grayish white	271 300	

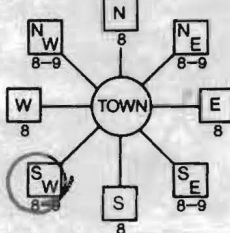
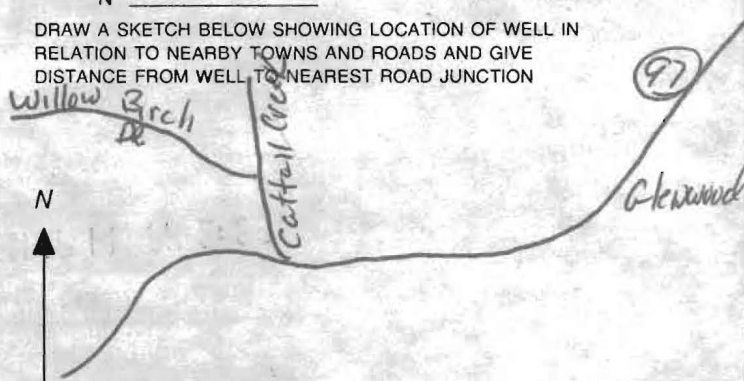
GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC		
NO. OF BAGS 22 NO. OF POUNDS 2068		
GALLONS OF WATER 132		
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft. (enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
	MAIN CASING TYPE	
	Nominal diameter top (main) casing (nearest inch): 0.6	
Total depth of main casing (nearest foot): 40		
OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to		

PUMPING TEST		
HOURS PUMPED (nearest hour)	03	
PUMPING RATE (gal. per min.)	10	
METHOD USED TO MEASURE PUMPING RATE	1901	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	35 ft.	
WHEN PUMPING	59 ft.	
TYPE OF PUMP USED (for test)		
<input type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS:	
WELL HYDROFRACTURED	yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> 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 M SD 0009	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO. 1 M D	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

SCREEN RECORD	
screen type or open hole	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> PL PLASTIC
insert appropriate code below	<input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> OT OTHER
DEPTH (nearest ft.)	
1 40 35 300	
2 23 24 26 30 32 36	
3 38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH) 56 60	
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	

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	31 35
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
CASING HEIGHT (circle appropriate box and enter casing height)	above <input checked="" type="checkbox"/> below <input type="checkbox"/>
LAND SURFACE (nearest foot)	01
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)	
NO Survey Station	

B 1 1 2 3 6 3298	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W515035 please print or type	STATE PERMIT NUMBER HO-94-3094 fill in this form completely
Date Received (APA) 4 11 01 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Owner First Name 34 Rachuba Home Builders 36 946-A Marimich CT. Street or RFD 55 57 Eldersburg Mo. 21784 Town State Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Vineyards Cattail Creek 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Glenwood 71 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78	
DRILLER INFORMATION 76 Driller's Name Allen Compton License No. MSD 009 81 580 Fogle's Well Drilling Firm Name 580 Obrecht Rd. Sparksville Address Allen Compton 4-11-01 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Cattail Creek DR. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 225 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 21 grid 8 PARCEL 224	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 58225 MM COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 05 01 01 Steven R. King 05 01 02 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 524 0 0 0 EAST 784 0 0 0 GRID 50 55 57 63	
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		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 7804 N 5204 5/24/01 - GROUT 10AM GROUT TAG LOC OK 5/24/01 000 000	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary 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 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 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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. HO-94-3094 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Depth of well 300
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 35'

HD-224

**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: 588 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# MSD009

*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: Rylee Homes Telephone #: _____
Subdivision: Cattail Creek Lot #: 6 Well Tag #: HO-94-3094
Site Address: 3563 Cattail Creek Drive Vineyards at

<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>75B07422</u>	Model#: <u>MA</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</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>300</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 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: 8-4-03

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

Date Insp. Requested: 7/31/03

Date Insp. Approved: 7/31/03 (50) 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 ☒

4/27/01

4/27/01
Buddy Crocker
company stated well
sites- licensed surveyor
that is on staff
No well site insp is
needed
AM

OK SRK

Health Dept.

UNITED STATES
MARSHAL SERVICE

