

C 1 14197 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 13 A 26050

ST/CO USE ONLY DATE Received 8/29/03

DATE WELL COMPLETED 6-6-03

Depth of Well 450 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3697

OWNER TWIGG J HOMER STREET OR RFD near 2550 Wellworth Way TOWN WEST FRIENDSHIP SUBDIVISION Friendship Manor SECTION LOT 38

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Mica, Gray Limestone, Brown, Gray Limestone, Dryhole Cement, Rock Cuttings.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 28 NO. OF POUNDS 2532 GALLONS OF WATER 168 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD MAIN CASING TYPE (S) T Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 42

OTHER CASING (if used) diameter inch depth (feet) from to

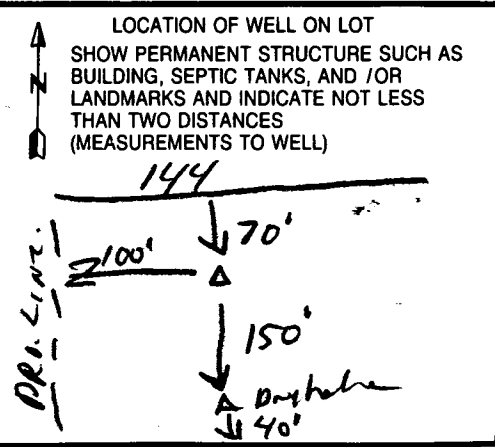
SCREEN RECORD screen type or open hole (H) O insert appropriate code below (S) T (B) R (H) O (P) L (O) T

DEPTH (nearest ft.) HO 42 450 A C H S C 3 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 06 PUMPING RATE (gal. per min.) 1.4 METHOD USED TO MEASURE PUMPING RATE 19AL WATER LEVEL (distance from land surface) BEFORE PUMPING 21 ft. WHEN PUMPING 121 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED 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. 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 () below LAND SURFACE 02 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 1 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. 1 M 5 D 001 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 6018

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518638 please type

STATE PERMIT NUMBER HD-94-3697 fill in this form completely

OWNER INFORMATION Date Received (APA) 4-24-03 Twigg, Thomas 12545 Frederick Rd West Friendship md 21794

LOCATION OF WELL Howard Friendship Manor SECTION 2 LOT 38 West Friendship MILES FROM TOWN 7

DRILLER INFORMATION Allen Compton M S D 009 Eagles Well Drilling 580 Obrecht RD

2550 Wellworth Way ON WHICH SIDE OF ROAD 200 FT DISTANCE FROM ROAD TAX MAP: 15 BLK: PARCEL 16

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A 26050 COUNTY NAME STATE SIGNATURE DATE ISSUED 5/21/03

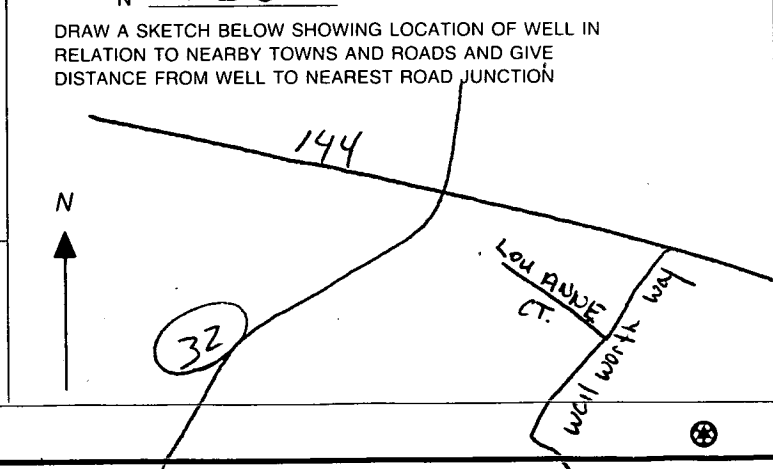
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) 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 WRITE THE BOX NUMBER FROM THE MAP HERE E 810 N 530

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. HD-94-3697

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3697
 Location of property (road) Wellworth Way
 Subdivision Friendship Manor Lot 38 Block _____ Plat _____ Sec. _____
 Well Driller Compton Owner Twigg, Thomas

Depth of well 450'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 21'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20
 Total time 15 min. to reach pumping water level 121 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	21	30		20
7:15	121	40		1.4
7:30	121	40		1.4
7:45	121	40		1.4
8:00	121	40		1.4
8:15	121	40		1.4
8:30	121	40		1.4
8:45	121	40		1.4
9:00	121	40		1.4
9:15	121	40		1.4
9:30	121	40		1.4
9:45	121	40		1.4
10:00	121	40		1.4
10:15	121	40		1.4
10:30	121	40		1.4
10:45	121	40		1.4
11:00	121	40		1.4
11:15	121	40		1.4
11:30	121	40		1.4
11:45	121	40		1.4
12:00	121	40		1.4
12:15	121	40		1.4
12:30	121	40		1.4
12:45	121	40		1.4
HD-224 1:00	121	40		1.4
1:15	121	40		1.4

**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: 580 Abrecht 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: Thomas Tunig Telephone #: _____
Subdivision: Friendship Manor Lot #: 38 Well Tag #: HO-94-3690
Site Address: 2550 Wellworth Way

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5SB10422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>31</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>1.5</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>450</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 17.84
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>1" Black Plastic Pipe</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: Allen Compton date: 8-10-04

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

Date Insp. Requested: _____ Date Insp. Approved: 5/5/04 50 BB
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

MD.

ROUTE

144

+ 568.

+ 559.

N71°48'50"W - VEHICULAR INGRESS & EGRESS IS RESTRICTED - 356.00

APPROX LOC EX WELL HO #14-3097

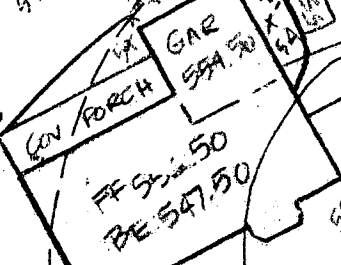
S26°48'18"E 42.43

AVG DE 592

AVG DE 890

1404

OT 38 992 AC+



550

548.

196.00

LLWORTH (50' RW) WAY

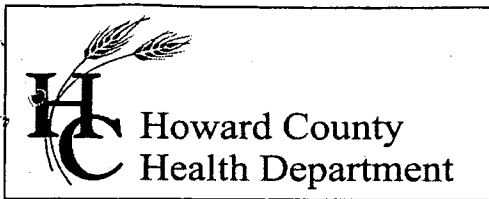
S18°11'10"W 118.15

N71°48'50"W

386.00

M DRAINAGE

12 54
11 54
10 54
9 54
8 54
7 54
6 54
5 54
4 54
3 54
2 54
1 54



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

September 16, 2004

Thomas J. Twigg
2425 Sandhill Road
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-799-7123

RE: Friendship Manor, Lot 38
2550 Wellworth Way
West Friendship, MD 21794
BP #: B0014298 7
Well Permit # HO-94-3697

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/06/2004. Final approval of the well line connection to the dwelling was approved on 05/05/2004.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-94-3697. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 08/23/2004, 08/26/2004 & 09/13/2004
Date of Well Completion: 06/06/2003

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Howard County
Health Department

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ATTENTION WELL DRILLERS!!!

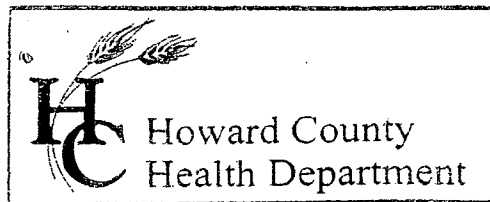
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Builder/owner on 4-8-03 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

5/21/03 Well site
location
insp. OK
(KN)



KEEP in file

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Penny E. Borenstein, M.D., M.P.H., Health Officer

June 3, 2003

TO: Mr. Twigg

FROM: Kacie Noonan, Howard County Health Department

RE: Well location

After reviewing records of surrounding septic systems, your new proposed well location of 100' from the west lot line and 100' off the south lot line is not acceptable. The adjacent property on the west side has an existing septic system with trenches directly upslope of the proposed well site. An approvable proposed well location would be west of the dry hole and 20' off the south property line.

Please fax back the new proposed well site with measurements from the west and south lot lines.

Thanks.

KN

11/12/04

Tom Twigg called re: location of well verified. ON 6-3-03 PROPOSED, staked well site was checked by (SO) and appears OK (on N side of swale) and not directly down slope of western neighbor's well. Well driller want to drill 20' farther north and OK location. ∴ well check and well driller's well site location are the same & correct.

KN