

C1 07746

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

Review ok 7/19/00 CW

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 2660

OWNER: BIG BRANCH LLC, STREET OR RFD: BIG BRANCH DRIVE, TOWN: DAYTON, SUBDIVISION: BIG BRANCH OVERLOOK, SECTION: , LOT: 6

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (440), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (39 ft.)

C3

PUMPING TEST

HOURS PUMPED (03), PUMPING RATE (8 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (596L), WATER LEVEL (18 ft. before, 79 ft. when pumping), TYPE OF PUMP USED (S - submersible)

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, Gray, Brown, Gray, White, Gray.

CASING RECORD (ST - STEEL, CO - CONCRETE, PL - PLASTIC, OT - OTHER)

MAIN CASING TYPE (ST), Nominal diameter top (main) casing (06), Total depth of main casing (45)

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

SCREEN RECORD (ST - STEEL, BR - BRASS, HO - OPEN HOLE, PL - PLASTIC, OT - OTHER)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 M SD 009, DRILLERS SIGNATURE (Allen Compton)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework)

C2 DEPTH (nearest ft.)

Table with columns: E A C H S C R E N, rows for casing and screen depths (e.g., HO 39, 250)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N.O Survey stakes





**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: 5800 Odrecht 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Toll Brothers Telephone #: 443-535-9296  
Subdivision: Big Branch Lot #: 6 Well Tag #: HO - 94-0000  
Site Address: 14029 Big Branch DR 2660

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Red Jacket</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>50F211812</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>8</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: <u>yes</u>	<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, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1" Black Plastic</u>	PVC sleeve 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: 10-2-01

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

Date Insp. Requested: 9/13/01 Date Insp. Approved: 11/7/01 Inspector: SRK

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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"/>

