

C1 07752

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ONSRN 10/4/00

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: BIG BRANCH OVERLOOK LLC
STREET OR RFD: BIG BRANCH DRIVE
TOWN: DAYTON
SUBDIVISION: BIG BRANCH OVERLOOK
SECTION:
LOT: 18

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Gray, Flint, Gray, White, Gray.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

WELL HYDROFRACTURED form with fields for NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER.

DEPTH (nearest ft.) table with columns for depth ranges and corresponding casing/pipe sizes.

DRILLERS LIC. NO. and SIGNATURE form with fields for DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

GRAVEL PACK and MDE USE ONLY form with fields for GRAVEL PACK, MDE USE ONLY.

LOCATION OF WELL ON LOT form with fields for SHOW PERMANENT STRUCTURES, LOCATION OF WELL ON LOT.

SITE SUPERVISOR form with fields for SITE SUPERVISOR (sign. of driller or journeyman).

TELESCOPE CASING form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

NO Survey stakes

1 0752

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

DATE RECEIVED

SEP 27 2000

DATE WELL COMPLETED

2/22/00

Depth of Well

300

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-94-2698

OWNER: BIG BRANCH OVERLOOK LLC
STREET OR RD: BIG BRANCH DRIVE
TOWN: DAYTON
SUBDIVISION: BIG BRANCH OVERLOOK
SECTION:
LOT: 18

WELL LOG table with columns: FEET FROM, FEET TO, check if water bearing. Rows include Brown shale, Gray shale, Flint, Gray Limestone, white, Gray limestone.

GROUTING RECORD
WELL HAS BEEN GROUTED (Y)
TYPE OF GROUTING MATERIAL: CEMENT (C) BENTONITE CLAY (B)
NO. OF BAGS: 9 NO. OF POUNDS: 846
GALLONS OF WATER: 57
DEPTH OF GROUT SEAL: 0 ft

CASING RECORD
casing types: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)
MAIN CASING TYPE: ST
Nominal diameter: 06
Total depth: 40

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

SCREEN RECORD
screen type: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER)
insert appropriate code below

DEPTH (nearest ft.)
HO 34 300
Casing height: + above, - below
LAND SURFACE: 02 (nearest foot)

PUMPING TEST
HOURS PUMPED: 07
PUMPING RATE: 2
METHOD USED TO MEASURE PUMPING RATE: 1926
WATER LEVEL BEFORE PUMPING: 50 ft
WHEN PUMPING: 252 ft
TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED
DRILLER INSTALLED PUMP: YES (NO)
TYPE OF PUMP INSTALLED:
CAPACITY: GALLONS PER MINUTE
PUMP HORSE POWER
PUMP COLUMN LENGTH
CASING HEIGHT

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
NO Survey stakes

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED: Y
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL
DRILLERS LIC. NO.: MSD 009
DRILLERS SIGNATURE: Allen Compton
LIC. NO.: D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING
LOG INDICATOR
OTHER DATA

B 1 13993

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-2698 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Big Branch Overlook LCC
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

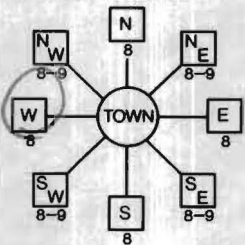
LOCATION OF WELL

B 3 Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Dayton 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81
Fogles Well Drilling
Firm Name
580 Obrecht RD Sykesville md 21784
Address
Allen Compton 5-18-00
Signature Date

B 4 Big Branch Dr
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 470 37
DISTANCE FROM ROAD 470 FT
ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL



B 2 WELL INFORMATION
APPROX. PUMPING RATE 5 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 05 26 00 Caldwell 5/25/01
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 511 000 EAST GRID 0796 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED 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 54 G A P 63
PERMIT No. 40-94-2698

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

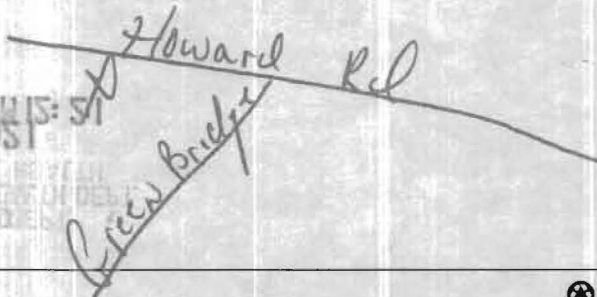
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800
N 510'

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



7/28/00 NO INSP
8/3/00 1PH
8/3/00 Fogles didn't show up.
(BA)

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 - 2698
 Location of property (road) Big Branch Drive
 Subdivision Big Branch Overlook Lot 18 Block _____ Plat _____ Sec. _____
 Well Driller Compton/Fogle Owner Big Branch Overlook LLC

Depth of well 300
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 50'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate 20
 Total time 30 MIN to reach pumping water level 252 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)
10:30	50	3		20
10:45	171	4		15
10:00	252	30		2
11:15	252	30		2
11:30	252	30		2
11:45	252	30		2
12:00	252	30		2
12:15	252	30		2
12:30	252	30		2
12:45	252	30		2
1:00	252	30		2
1:15	252	30		2
1:30	252	30		2
1:45	252	30		2
2:00	252	30		2
2:15	252	30		2
2:30	252	30		2
2:45	252	30		2
3:00	252	30		2
3:15	252	30		2
3:30	252	30		2
3:45	252	30		2
4:00	252	30		2
4:15	252	30		2

F
10/24/01
Referenced
11/22/01

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: 530 Odrecht Rd
Sylesville, 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 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 #: _____
Subdivision: Big Branch Lot #: 18 Well Tag #: HO-94-2699
Site Address: 1981 Big Branch Drive

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: no
Model #: 25B07422 Model#: N/A Screened, vented well cap: no
Pump Capacity: 7 GPM Depth: 42" (36" min) Cap secured to casing: no
Well Yield: 2 GPM NSF/WSC approved: yes Conduit min 18" B.G.: no
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: no
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 NA

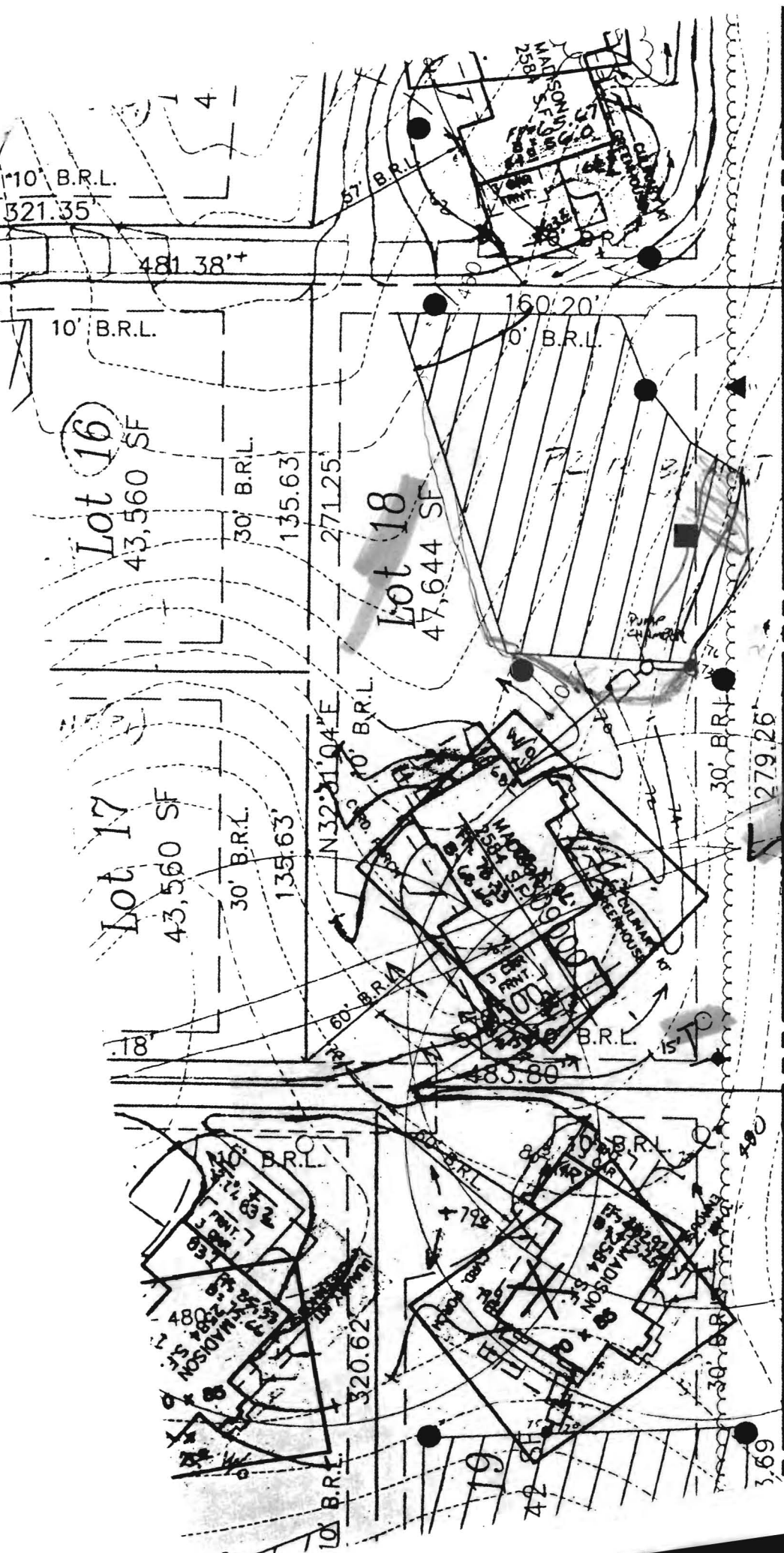
Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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: 10/23/01

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

Date Insp. Requested: 10/24/01 ^{Am} Date Insp. Approved: 10/24/01 Inspector: (50) SRK
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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



LOT 18
 well silt ok
 5/26/00 CW

* SEE ATTACHED
 FOR ALTERNATE
 GRADING