

C1 4112

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 58567 K

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-94-1756

OWNER HIGHLAND OIL & CHEMICAL COMPANY first name last name STREET OR RFD BIG BRANCH DR. TOWN DAYTON SUBDIVISION BIG BRANCH OVERLOOK SECTION 1 LOT 2120

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Handwritten entries: Sand 0-45, Gray Mica Rock 45-385.

NUMBER OF UNSUCCESSFUL WELLS: 0

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 MSD024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD027

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

GROUTING RECORD YES (Y) NO (N) WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 19 NO. OF POUNDS 1786 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 49

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 HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) table with rows A through N and columns 1-3. Handwritten values: H0 47, 385.

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft.

WHEN PUMPING 237 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 INSTALLED PUMP YES (Y) NO (N)

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

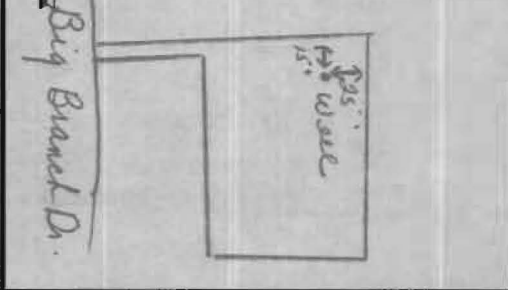
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

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



B 1 6732
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

Ho - 94 - 1756
70 fill in this form completely 79

Date Received (APA)

8 31 98
8 MM DD YY 13

OWNER INFORMATION

Highland Development CMC
15 Last Name Owner First Name 34
P.O. Box 228
36 Street or RFD 55
Clarksville Md. 21029
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

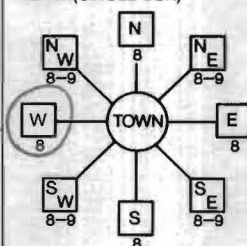
Howard
8 COUNTY 21
Big Branch Overlook
23 SUBDIVISION 42
SECTION 1 LOT 21 20
44 46 48 50
Dayton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 MI
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne M S D 024
Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy 21771
Address
Joseph L. Mayne 8/30/98
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Big Branch Dr.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 305 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 27 BLK: 6 PARCEL 141

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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 A58567K
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 9 23 98 9 23 99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 510 000 EAST GRID 790 000
50 55 57 63

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)

- 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 DEEPEM 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. Ho - 94 - 1756
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

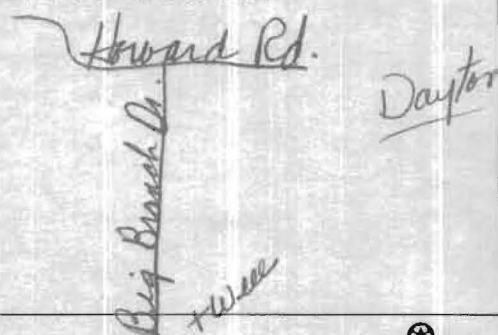
- 1. Well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790
N 510
000
000

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 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# 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 #: _____
Subdivision: Big Branch Lot #: 20 Well Tag #: HO 94-1485
Site Address: Big Branch DE

<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>105B07422</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>4</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>

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

<u>Piping to house</u>	<u>House Connection</u>
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.

Allen Compton Signature of company representative responsible for installation
date 10-3-01

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

Date Insp. Requested: 9/28/01 Date Insp. Approved: 10/1/01 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"/>

