

C1 07644

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/GO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 03 02 00

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 2595

OWNER MOBBERLY GNETCHEN STREET OR RFD PFEFFERKUN RD TOWN GLENELG SUBDIVISION MOBBERLY PROPERTY SECTION LOT 24

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. Rows include Brown, Brown-Gray, Brown-white, Gray, White, Gray.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1672 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 63 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 84

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table for DEPTH with columns for slot size and diameter of screen.

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) 03 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 192L WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 102 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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 02 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



No Survey stakes

B 1 13818

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho -94 - 2595 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 mobberley Gretchen 15 Last Name Owner First Name 34 Route 194 36 Street or RFD 55 West Friendship MD 21794 57 Town 70 State 72 Zip 76

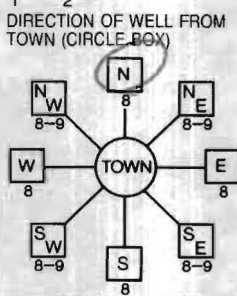
B 3 LOCATION OF WELL

8 COUNTY 21 Howard MOBBERLEY PRO. 23 SUBDIVISION 42 SECTION 44 46 LOT 24 48 50 GLENELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton M S D 009 76 License No. 81 Firm Name Foght's Well Drilling Address 580 Obrecht rd. Sykesville Signature Allen Compton Date 1-28-00

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 PFEFFERKORN ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 1385 37 DISTANCE FROM ROAD 38 39 ENTER FT OR MI FT TAX MAP: 22 BLK: 17 PARCEL 44-234

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 020700 C. Will 2/6/08 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 526 000 EAST 0805 000 GRID 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6" 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
39 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 GAP 63 PERMIT No. Ho -94 - 2595 70 71 72 73 74 75 76 77 78 79

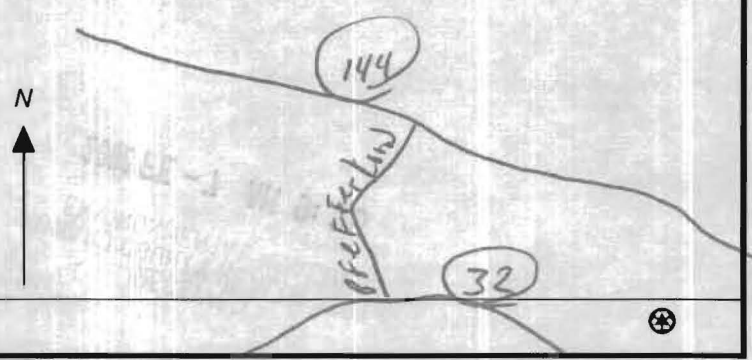
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 805 N 526 000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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 ODRICHT 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 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: Pulte Homes Telephone #: 410-644-5603
Subdivision: THE PADDocks Lot #: 24 Well Tag #: HO - 44-2595
Site Address: 13720 ~~Old~~ Boloventure

Submersible Pump Data

Make: Grundfos
Model #: 70867122
Pump Capacity 7 GPM
Well Yield: 15 GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 72' (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

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

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 21' (36" min)

House Connection

PVC sleeve 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.

Allen Compton
Signature of company representative responsible for installation

10-2-01
date

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

Date Insp. Requested: _____ Date Insp. Approved: 11/29/01 Inspector: 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 ✓

N11°20'02"W 322.77'

WELL SITE OK
2/7/00 curilla



578°39'58"W 201.00'