

C 1 1918 (MDE USE ONLY)
 1 2 3 6

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
 WELL IS COMPLETED.
 COUNTY NUMBER A58095B

ST/CO USE ONLY DATE Received MM DD YY 8 13
 DATE WELL COMPLETED MM DD YY 10 15 99
 Depth of Well 22 352 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2375

OWNER BPMP Assoc
 STREET OR RFD Bucks Run Road TOWN Etenwood
 SUBDIVISION Wellington West SECTION _____ LOT 3

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Dirt	0	1	
Clay & Br. Shale	1	2	
Soft Br. Shale	2	35	
Hard Blk. Sandstone	35	49	
Hard & Soft Blue Shale	49	56	X
Hard Blk. Sandstone	56	112	
Hard Br. Sandstone	112	113	X
Hard Blk. Sandstone	113	224	
Hard White Sandstone	224	228	X
Hard Blk. & White Sandstone	228	235	
Hard White Sandstone	235	237	X
Hard Blk. Sandstone	237	325	
Fracture	325	327	X
Hard White Sandstone	327	331	
Hard Blk. Sandstone	331	352	

GROUTING RECORD yes no
 Y N
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 24 NO. OF POUNDS 2256
 GALLONS OF WATER 144
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 59 ft. to 59 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 61
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)
 1 H O 61 352
 2 A 8 9 11 15 17 21
 3 C 23 24 26 30 32 36
 4 S 38 39 41 45 47 51
 5 R
 6 E
 7 N
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 56 from 60 to

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 12
 11 15
 METHOD USED TO MEASURE PUMPING RATE submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 44 ft.
 17 20
 WHEN PUMPING 104 ft.
 22 25
 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 NO
 (CIRCLE) (YES or 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. 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)
 49 50 51

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y 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

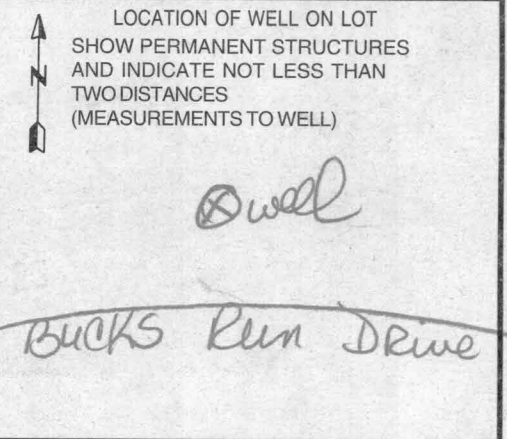
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 256
Dana Kyker Jr. II
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. IWD 334
Dana Kyker Jr. II
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 _____ 72 _____ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1	8572	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-2375 <small>70 fill in this form completely 79</small>
------------	-------------	--------------------------------	--	---

Date Received (APA)
072699

OWNER INFORMATION

APMB ASSOCIATES LLC
15 Last Name Owner First Name 34

15298 UNION CHAPEL
36 Street or RFD 55

WOODBINE MD 21797
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

HOWARD
8 COUNTY 21

WELLINGTON WEST
23 SUBDIVISION 42

SECTION **2** LOT **3**
44 46 48 50

GLENWOOD
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** M I
73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Dana Kyler Jr II **256**
Driller's Name 77 License No. 80

Westminster Rotary Well Drilling
Firm Name

P.O. Box 86 Westminster Md 21155
Address

Dana Kyler Jr II USA **7/26/99**
Signature Date

B 4

BUCKS RUN ROAD
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

50 **37**
34 DISTANCE FROM ROAD 37

ENTER FT OR MI **FT**
38 39

TAX MAP: **14** BLK: PARCEL **222**

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Amu M Miller **A58095B**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED **082699** **AM Miller** **082600**
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **539000** EAST GRID **790000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **180** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ **G A P** _____
54 63

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-2375**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- City**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

790
530

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

10/15/99 8:30
NO INS P
MR

Bucks Run Drive

**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: 588 Obrecht 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: Private Homes Telephone #: _____
Subdivision: Wellington West Lot #: 3 Well Tag #: HO-94-2375
Site Address: 15233 Bucks Run Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>TSB922</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>72'</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>7</u> GPM	NSF/WSC approved: <u>y</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>

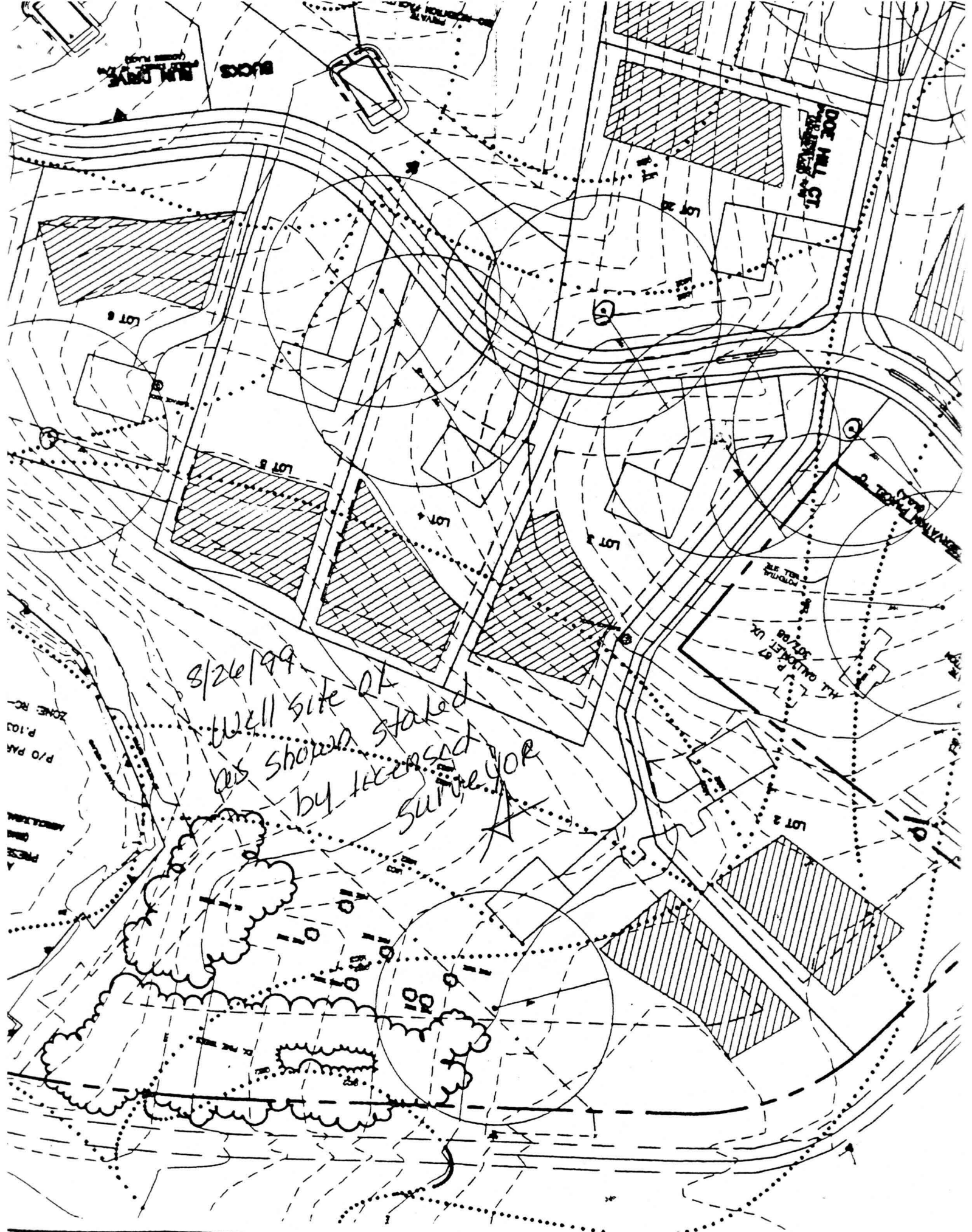
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 9-22-01

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

Date Insp. Requested: 8/10/01 Date Insp. Approved: 8/10/01 Inspector: KG/RJP ^{SRN}

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"/>



8/26/99
well site of
as shown stated
by licensed
surveyor