

C1 1912

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A58095D

ST/CO USE ONLY DATE Received 10 26 99

DATE WELL COMPLETED 10 06 99

Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2377

OWNER BPMP ASSOC STREET OR RFD Burk's Run Road TOWN Glenwood SUBDIVISION Wellington West SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Clay & Br. Shale, Soft Br. Shale, Hard Br. Shale, etc.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 32, NO. OF POUNDS 3008.

CASING RECORD. casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE. Nominal diameter top (main) casing (nearest inch): 6. Total depth of main casing (nearest foot): 54.

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

SCREEN RECORD. screen type or open hole. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

DRILLERS LIC. NO. I MWD 256 Dana Kyker Jr. II DRILLERS SIGNATURE

LIC. NO. I JWD 334

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

DEPTH (nearest ft.) table with columns 1-21. Row 1: 8, 9, 11, 15, 17, 21. Row 2: 23, 24, 26, 30, 32, 36. Row 3: 38, 39, 41, 45, 47, 51.

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 10. METHOD USED TO MEASURE PUMPING RATE: submersible. WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 64 ft. TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED. DRILLER INSTALLED PUMP (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. 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) 49 above LAND SURFACE 2 (nearest foot) below.

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). Includes a diagram of a well on a lot with a star symbol and the text 'Burk's Run Drive'.

EMERGENCY/TEMP NO. IF ANY

B 1 **8574** SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-2377
fill in this form completely

Date Received (APA) **072699**

OWNER INFORMATION

HAMA ASSOCIATES, LLC
Last Name Owner First Name

15298 UNION CHAPPEL E
Street or RFD

WOODBINE MD 211797
Town 70 State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

WELLINGTON WEST SUBDIVISION

SECTION **2** LOT **5**

GLENWOOD NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2 MI**

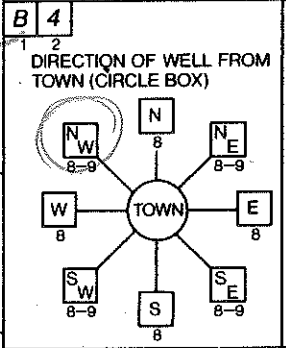
DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Dana Kuper II Driller's Name License No. **256**

Westminster Rotary Well Drilling Inc Firm Name

P.O. Box 861, Westminster, Md 21158 Address

Dana Kuper II Signature Date **7/26/99**



Bucks Run Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

25 DISTANCE FROM ROAD ENTER FT OR MI **FT**

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

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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

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

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO COUNTY NAME COUNTY NO. **A58095D**

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **082699** **A. M. Melle** CO SIGNATURE EXP. DATE **8/26/00**

NORTH GRID **530000** EAST GRID **790000**

APPROXIMATE DEPTH OF WELL **500** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- City**
-
-

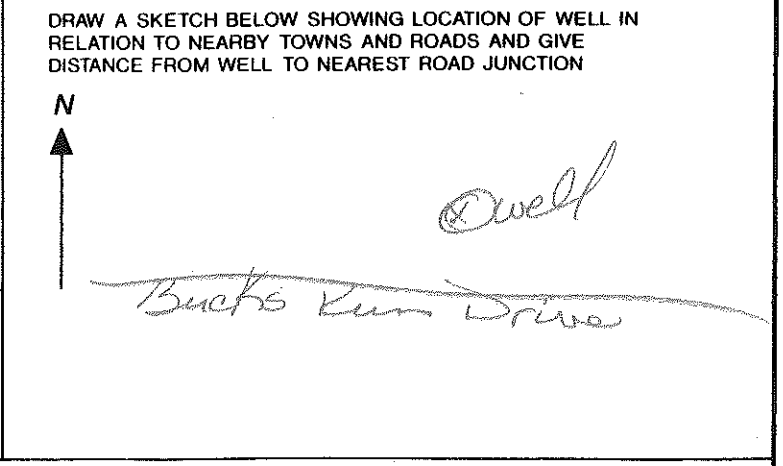
WRITE THE BOX NUMBER FROM THE MAP HERE

790 EAST GRID
530 NORTH GRID

10-6-99
8:00 GROUT

10/6/99
Messed Grout. (BB)

Dwell



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

APPROX. PERMIT NUMBER _____

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-2377**

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 Onrecht 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: Pulte Homes Telephone #: 410-644-5603
Subdivision: Wellington West Lot #: 5 Well Tag #: HO-94-2377
Site Address: 15241 Bucks Run Drive

| | | |
|--|------------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Goulds</u> | Make: <u>Compton</u> | Two piece watertight cap: <u>Yes</u> |
| Model #: _____ | Model #: _____ | Screened, vented well cap: <u>Yes</u> |
| Pump Capacity <u>7</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: <u>205</u> (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 <u>inside of well casing</u> <u>NO</u> | | |

| | |
|--|--|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>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> |

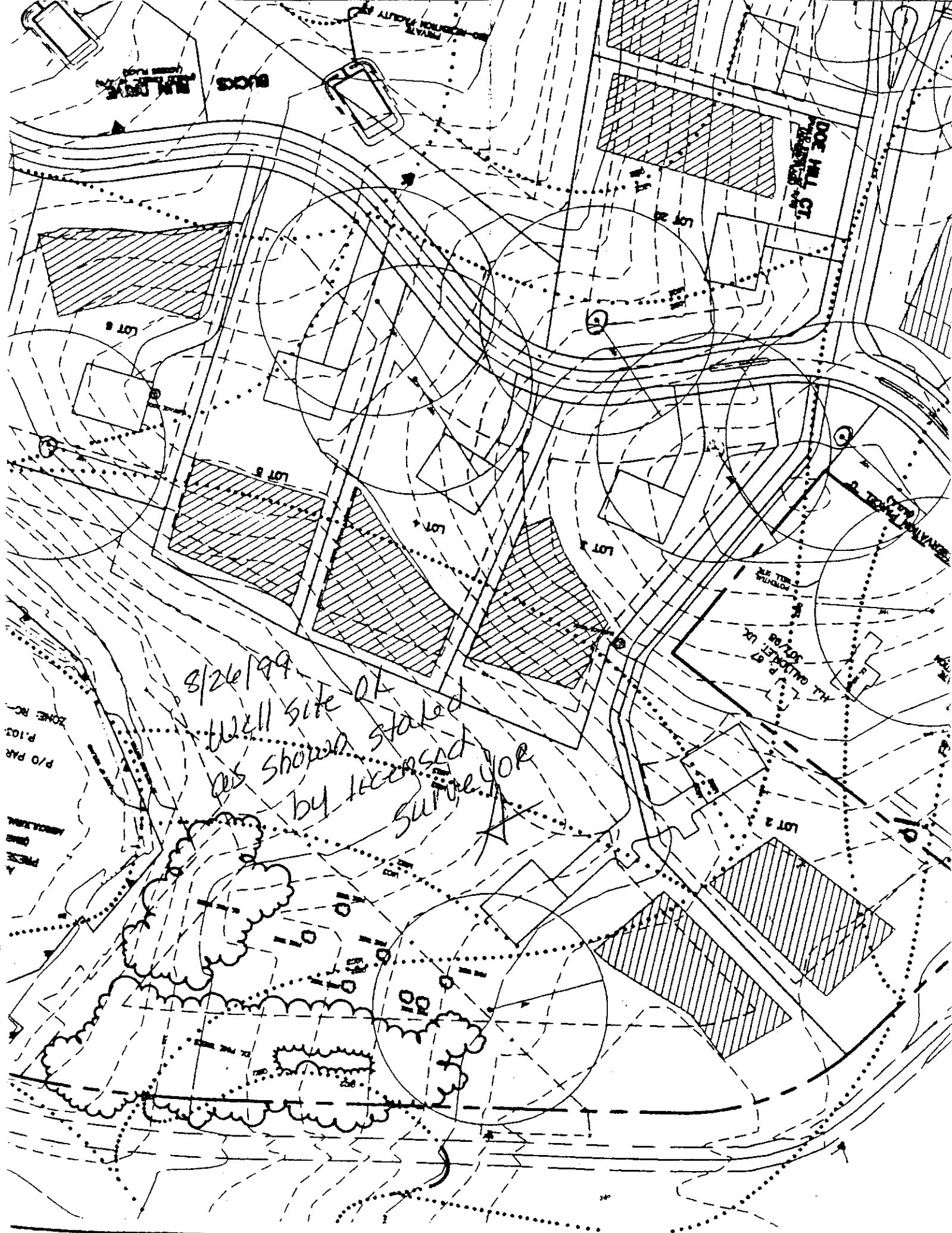
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 7-17-01

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

Date Insp. Requested: 6/27/01 Date Insp. Approved: 6/27/01 Inspector: DKC ^{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"/> |



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

P/O PAR
ZONE RC
P. 103
AMERICAN
MIL

DOE HILL CT

DOE HILL CT

SUNNYVALE DR

P/O PAR
ZONE RC
P. 103

AMERICAN
MIL

ALPINE ROAD

DOE HILL CT

SUNNYVALE DR

ALPINE ROAD

DOE HILL CT

SUNNYVALE DR