

C1 07556

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 A512694A

ST/CO USE ONLY DATE Received 04 17 00

DATE WELL COMPLETED 3 7 00

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2510

OWNER Brantwood LLC last name Butter fruit Way first name TOWN Ellicott City MD SUBDIVISION Brantwood 21 SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE (0-90) and BLUE SLATE (90-300).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. MWD 139 Robert Cline DRILLERS SIGNATURE LIC. NO. MWD 536 Robert Cline

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 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 100 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) 101

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

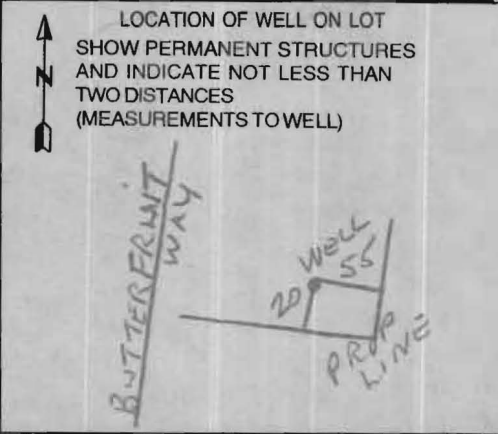
DEPTH (nearest ft.) 1 10 100 300 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51 5 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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 C 3 1 2 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5.45 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 120 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES (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) (+) above () below LAND SURFACE (nearest foot) 1



B 1 10794

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2510 fill in this form completely

Date Received (APA) 120299

OWNER INFORMATION

Brantwood, L.L.C. 8835- P Columbia, 100 Parkway Columbia, MD 21045

B 3

LOCATION OF WELL

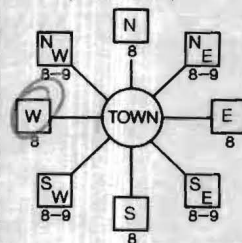
Howard Brantwood Pine Orchard NEAREST TOWN MILES FROM TOWN 2

DRILLER INFORMATION

Robert L. Cline M W D 139 Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Butterfruit Way

NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 23 BLK: PARCEL 16 214

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO 512694A COUNTY NAME COUNTY NO. DATE ISSUED 12/10/99 EXP. DATE 12/20/00

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTARY CABLE other JETTED AIR-PERCussion DRIVE-POINT Jetted & DRIVEN ROTARY (Hydraulic Rotary)

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 DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER 40986003 GAP 01

PERMIT No. HO-94-2510

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 820 N 520

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

Attn: Steve

**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: Van Sant Plumbing Telephone #: 301-829-0444
Address: 310 Marlboro
Mt. Airy MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Hanford Van Sant License # 14407
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: NV Homes Telephone #: 301-858-0522
Subdivision: Plantwood Lot #: 1001 Well Tag #: HO-44-2510
Site Address: 11405 Butterfruit Way
Ellicott City MD 21042

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Goulds Make: Campbell Two piece watertight cap:
Model #: LSB0922 (34HP) Model #: 510K Screened, vented well cap:
Pump Capacity _____ GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF approved: YEP Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house **House Connection**
Type: poly ethylene PVC sleeved to undisturbed soil at wall penetration: 15 ft
PSI: 200 (160 psi min) Approximate length of sleeve: 15 ft
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: YEP

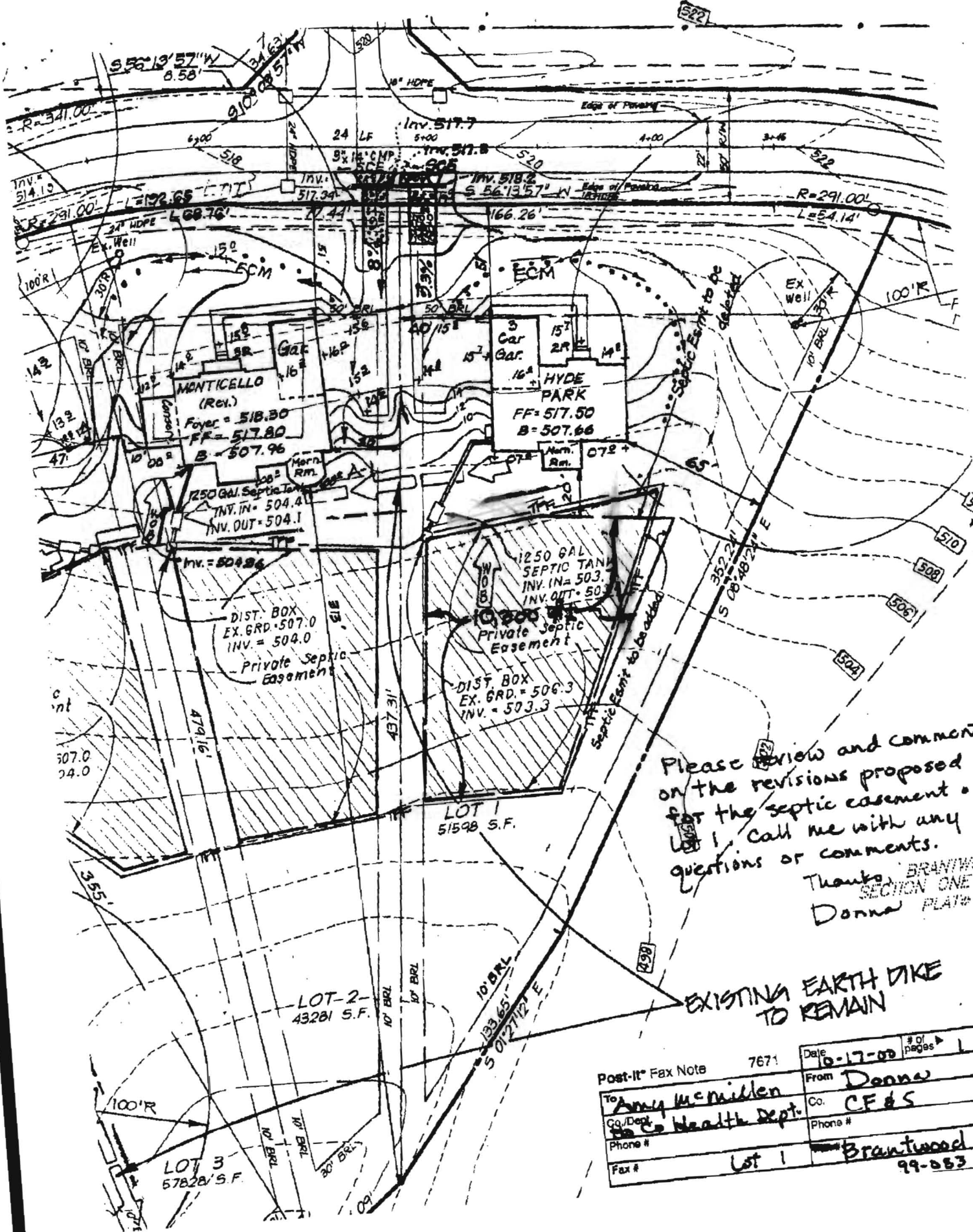
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Hanford Van Sant Signature of company representative responsible for installation 6.26.01 date

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

Date Insp. Requested: 6/19/01 Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well 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

MR SAR BB OK CONDUIT ATTACH. OK
8/7/01
SITE BACKFILLED
OK MR



Please review and comment on the revisions proposed for the septic easement on Lot 1. Call me with any questions or comments.

Thanks,
 BRANTWOOD
 SECTION ONE F-
 Donna PLATT

EXISTING EARTH DIKE TO REMAIN

Post-It® Fax Note	7671	Date	10-17-00	# of pages	1
To	Amy McMullen	From	Donna		
Co./Dept.	Co Health Dept.	Co.	CF&S		
Phone #		Phone #			
Fax #	Lot 1		Brantwood 2/1		99-053