

C1 15909

SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Trinity Builders last name 15541 first name CATAILL CREEK TOWN: GLENWELL SUBDIVISION: PEACE FIELD AT CATAILL CREEK SECTION: LOT: 6

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sandstone, MICKA Sand Stone, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 17 NO. OF POUNDS 1200

CASING RECORD MAIN CASING TYPE PL Nominal diameter 6 Total depth 65

SCREEN RECORD screen type or open hole (H) (O) (P) (L) (S) (T) (B) (R) (P) (L) (O) (T)

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

DEPTH (nearest ft.) 63 270

NUMBER OF UNSUCCESSFUL WELLS: 3 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A E P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE LIC. NO. D

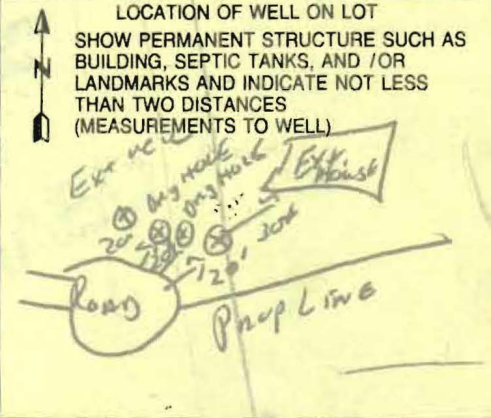
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 62 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 (2) (nearest foot) (-) below



B 1 8912

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3139

NO FEE please print or type

fill in this form completely

Date Received (APA)

7/18/01

OWNER INFORMATION

TBI Homes Inc, 7320 Grace Dr., Columbia Md, 21044

B 3 LOCATION OF WELL

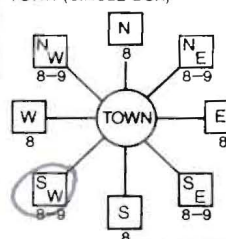
Howard COUNTY, Peace Field's Cattail Creek, SECTION 44-46, LOT 6, GLENGOOD, NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I

DRILLER INFORMATION

Ralph E Mayne M SD 112, Driller's Name, License No. 81, Firm Name: Ralph E Mayne Well Drilling, Address: 17224 Hardy Rd. Mt Airy Md, Signature: [Signature], Date: 7-16-01

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CATTAIL OAKS, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 35, ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 9 PARCEL 63

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), 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 COUNTY NAME, A59276-G COUNTY NO., STATE SIGNATURE, DATE ISSUED 7/18/01, CO SIGNATURE [Signature], EXP. DATE 7/18/02, NORTH GRID 522 000, EAST GRID 0790 000

APPROXIMATE DEPTH OF WELL 150 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

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 (circled), 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 HO-94-2341

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

APPROX. PERMIT NUMBER HO99-GBLS, PERMIT No. HO-94-3139

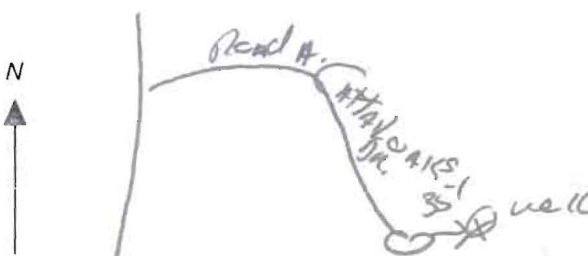
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well, 2., 3., WRITE THE BOX NUMBER FROM THE MAP HERE

E 50, N 522

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

yield Test required by Local Health Dept. 7/18/01

Date Aug 15 2001 WELL YIELD TEST DATA SHEET - Howard County Reviewed By _____

Maryland Well Permit No. HO-94-3139 Owner or Applicant Trinity Builders

Location of Property (Road) 15541 CATTAIL CREEK

Subdivision CATTAIL CREEK AT BEACFIELD Lot 6 Block _____ Plat _____ Sec. _____

Depth of Well 240 Height of Measuring Point Above Ground 2 ft

Static Water Level Below Measuring Point 43 ft

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins: Test Started at 8:00 Pumping 10 GPM
TOTAL TIME 15 min to reach water level off 62 ft

TIME (CHRONOLOGICAL)	WATER LEVEL Below M.P.	PUMPING RATE Time to Fill <u>I</u> Gal. Bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	43 ft	6 Sec		10 GPM
8:15	62 ft	15 Sec		4 GPM
8:30	62 ft	15 Sec		4 GPM
8:45	62 "	15 "		4 "
9:00	62 "	15 "		4 "
9:15	62 "	15 "		4 "
9:30	62 ft	15 Sec		4 GPM
9:45	62 ft	15 Sec		4 GPM
10:00	62 ft	15 Sec		4 GPM
10:15	62 "	15 "		4 "
10:30	62 "	15 "		4 "
10:45	62 "	15 "		4 "
11:00	62 ft	15 Sec		4 GPM
11:15	62 ft	15 Sec		4 GPM

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.

Signature of Well Driller

lot #6

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: SK Plumbing & Heating Inc Telephone #: 410-715-0322
Address: 1220 F.S. Highway
Kennett MD 21157

(Please circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Vincent Kozlowski License # 12285

* 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: Trinity Home Telephone #: 410-313-8722
Subdivision: Rosefields at Cottles Creek Lot #: 6 Well Tag #: BO-99-3139
Site Address: 1554 Cottles Crk

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: S&C 1221 Make: Unifit Two piece watertight cap: yes
Model #: _____ Model #: _____ Screened, vented well cap: yes
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: yes
Well Yield: 4 GPM NSF approved: yes Conduit min 1 1/2" E.G.: yes

Depth of well encountered at time of pump installation: 42" (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or Cable guards are required - Must circle one Sleeve
Safety rope, if used, attached to inside of well casing with eye bolt yes

Lines to house House Connection
Type: PE PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5' to 7'
Depth of supply line: 42" (36" min) 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.

Signature of company representative responsible for installation: [Signature] date: 9/20/01

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

Date Insp. Requested: 8/21/01 Date Insp. Approved: 8/22/01
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 No
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

8/22/01
Unable to
Inspect on
8/21/01 due
to time
limitations/staffing.
Covered by
excavator.
Talked to plumber
and confirmed
through him that
job was done
satisfactorily.

9/20/01 Ralph Mayne called
in to say that replacement
well tag is attached (BB)

(BB)

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Sept 10 2001 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

40-94-2541

* PERMIT NUMBER OF REPLACEMENT WELL

40-94-3139

* PERSON ABANDONING WELL: Ray E. MAYNE

~~TAG HAS TO BE MAILED TO WATER~~
 WELL DRILLERS LICENSE NUMBER: 117

* OWNER'S NAME: TBI HOMES INC

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: _____
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: PEACE FIELD AT CATAWILL CREEK
 SECTION: _____ LOT: 6

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SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 350
 BOX NUMBER
 N 522 ←

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

OK
 (Handwritten circle around OK)

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

* DEPTH OF WELL: 405 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CAVED IN	400	110
Blue Stone	110	75
# 4 Cement	75	1
Top Soil	1	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Ray E. Mayne

LICENSE # 117

CIRCLE ONE MWD/MSD/MGD

DATE Sept 10 2001

