

C1 2965

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/GO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD SUBDIVISION SECTION LOT

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Soil, Hard gray rock, Soft gray rock, Hard gray rock, 4x 385' geods.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (STEEL/CONCRETE/PLASTIC/OTHER), Nominal diameter top (main) casing, Total depth of main casing.

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

SCREEN RECORD: screen type or open hole (STEEL/BRASS/BRONZE/PLASTIC/OPEN HOLE/OTHER), DEPTH (nearest ft.).

PUMPING TEST

HOURS PUMPED, PUMPING RATE (gal. per min.), METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, other, jet, submersible).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted to production well).

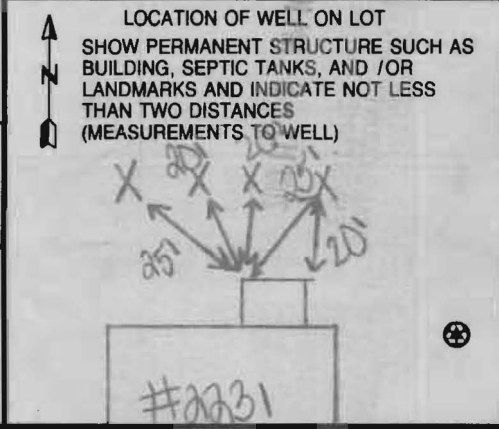
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO.: MW D 355, DRILLERS SIGNATURE, LIC. NO.: MW D 553, 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.

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), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot).



B 1 2117
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
531936 please type

STATE PERMIT NUMBER

HO-95-1823
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

GVC Group
15 Last Name Owner First Name 34
P.O. Box 1550
36 Street or RFD 55
Westminster MD 21158
57 Town 70 State 72 Zip 76

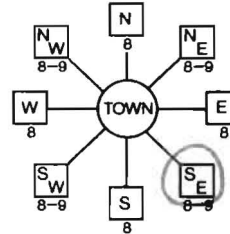
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 MI
73 76 77 78

DRILLER INFORMATION

Michael Barlow M W D 355
Driller's Name 76 License No. 81
Barlow Well Drilling
Firm Name
522 Underwood Lane 21014
Address
Signature Date 9/24/09

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2231 DASHY ROAD
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 14 BLK: 7 PARCEL 4

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 5 Bores 4 x 375'

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A529483
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/9/2010
CO SIGNATURE Brian Baker 10/9/2010 EXP. DATE
43 NORTH GRID 537 000 EAST GRID 783 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 375 FEET
24 28

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

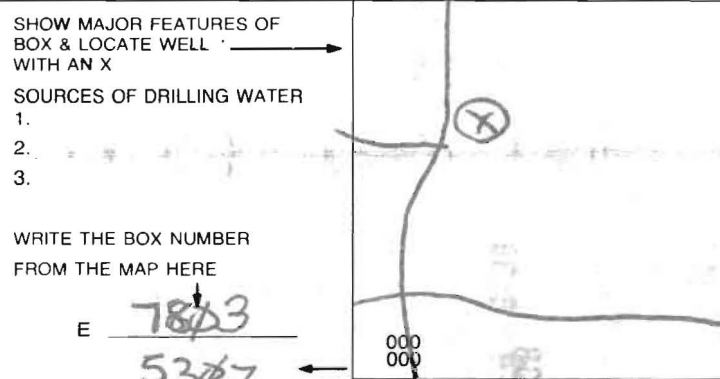
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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)

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-1823
70 71 72 73 74 75 76 77 78 79



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

Great Well With Tremie Pipe From Bottom Up

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 LLC Telephone #: 443-609-4195
Address: P.O. Box 203
Woodbine md 21797

(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# ms0009

***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: Mike Sincere Telephone #: 410-340-0800
Subdivision: Cook Property Lot #: _____ Well Tag #: HO-95-1823
Site Address: 2231 Daisy Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Franklin</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>10SPAP</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>16gpm</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>900'</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>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" black PVC</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve(s) minimum from foundation: <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve 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: 12/17/09

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

Date Insp. Requested: _____ Date Insp. Approved: 10/12/10 Inspector: BB

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 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