

C 1 4168

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

WELL IS COMPLETED. COUNTY NUMBER A58095AA

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM DD YY 08 21 98

Depth of Well 22 478 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 99 - 1671

OWNER Bpmb Assoc last name first name TOWN Greenwood STREET OR RFD Doe Hill Ct SUBDIVISION Wellington West SECTION II LOT 29

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 Dirt, Clay Br. Shale, Soft Blue & Br. Shale, Hard Blue Sandstone, Quartz & Blue Sandstone, Hard Blue Sandstone, Hard Br. Sandstone, Hard Blue Sandstone, Hard White Sandstone, Hard Blue Sandstone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD

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

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO 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. I M W D 256 Dana Kyker Jr. II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. I J W D 334 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

C 3

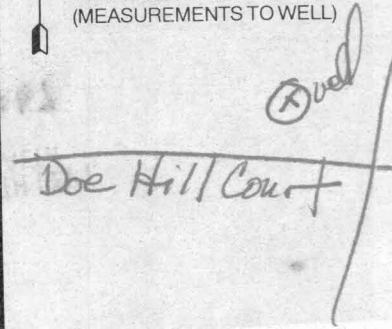
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 335 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 LAND SURFACE - below (nearest foot) 1 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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

Date Received (APA) **080698**

OWNER INFORMATION

ASSOCIATES LLC Owner
BPM B First Name

15298 Union Chapel Rd Street or RFD
Woodbine Md 21797 Town State Zip

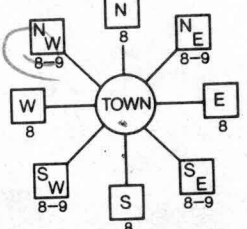
B 3 LOCATION OF WELL

Howard COUNTY
WELLINGTON West SUBDIVISION
 SECTION **44** LOT **29**
Eslenwood NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI


DRILLER INFORMATION

DANA RYKER SR Driller's Name
M D 256 License No.
WESTMINSTER Rotary Well Drilling Inc. Firm Name
P.O. Box 861 Westminister, Md 21157 Address
Dan Ryker Signature
7-30-98 Date

B 4

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


2 NEAR WHAT ROAD
Doe Hill CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)


34 DISTANCE FROM ROAD
30 ENTER FT OR MI
 TAX MAP: **14** BLK: _____ PARCEL: **22**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
405
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **14**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME
A58095 COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **8/6/98**
A McMillan CO SIGNATURE
8/6/99 EXP. DATE
 NORTH GRID **530** EAST GRID **790**
 50 55 57 63

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

APPROXIMATE DEPTH OF WELL **210** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
8/21/98 8:30 AM
No Insp. App

SOURCES OF DRILLING WATER
1. City
 2.
 3.

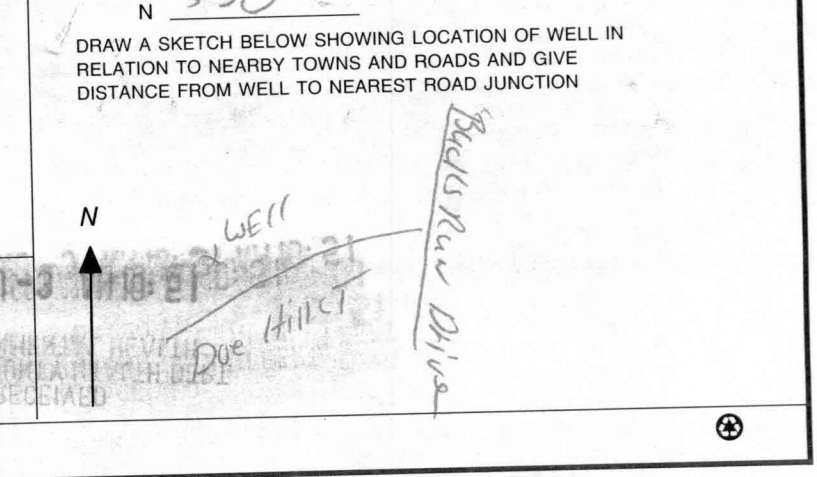
WRITE THE BOX NUMBER FROM THE MAP HERE
 E **790**
 N **530**

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) _____



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

APPROX. PERMIT NUMBER **54** G A P
 FORCE **AM** WRITE INITIALS IN BOX
 PERMIT No. **40-94-1671**
 SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-11671
 Location of property (road) Doe Hill Ct
 Subdivision Wellington West Lot 29 Block Plat Sec. 2
 Well Driller Dana Kyker Owner BPMB Assoc

Depth of well 478
 Distance of measuring point (M.P.) above ground 1 foot
 Static water level (S.W.L.) below M.P. 25 feet

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 am Pumping rate 6gpm
 Total time 3 hrs to reach pumping water level 335 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	25'	5 sec.		12
8:15	77'	5 sec.		12
8:30	117'	5 sec.		12
8:45	168'	6 sec.		10
9:00	212'	6 sec.		10
9:15	247'	7 sec.		8.5
9:30	294'	8 sec.		7.5
9:45	287'	8 sec.		7.5
10:00	301'	8 sec.		7.5
10:15	313'	8 sec.		7.5
10:30	320'	8 sec.		7.5
10:45	325'	9 sec.		6.6
11:00	329'	9 sec.		6.6
11:15	334'	9 sec.		6.6
11:30	335'	9 sec.		6.6
11:45	337'	9 sec.		6.6
12:00	339'	10 sec.		6
12:15	338'	10 sec.		6
12:30	337'	10 sec.		6
12:45	336'	10 sec.		6
1:00	335'	10 sec.		6
1:15	335'	10 sec.		6
1:30	335'	10 sec.		6
1:45	335'	10 sec.		6

**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 Odrecht Rd
Sylasville 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# MSD 009

*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 #: 29 Well Tag #: HO-94-1671
Site Address: 15320 Doe Hill Ct

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Coolb</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>CEB7 422</u>	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>6</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>487</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 inside of well casing

<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.

Allen Compton Signature of company representative responsible for installation 9-17-01 date

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

Date Insp. Requested: 9/12/01 Date Insp. Approved: 9/12/01 Inspector: (BB) 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"/>

