

C1 9662

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A59914E

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7 7 99

Depth of Well 22 380' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2164

OWNER HIGHLAND Develop ment last name Fox Creek Ct first name TOWN Glenwood SUBDIVISION Monticello - Knapp SECTION LOT 29

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-15, Gray Granite 15-380.

GROUTING RECORD Form. Includes fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (7), NO. OF POUNDS (638), GALLONS OF WATER (42), DEPTH OF GROUT SEAL (0-20 ft).

CASING RECORD Form. Includes fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (22).

OTHER CASING (if used) Form. Includes fields: diameter inch, depth (feet) from to.

SCREEN RECORD Form. Includes fields: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED (Y)

DEPTH (nearest ft.) Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22. Includes handwritten entry: Ho 20 380.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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. 1 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

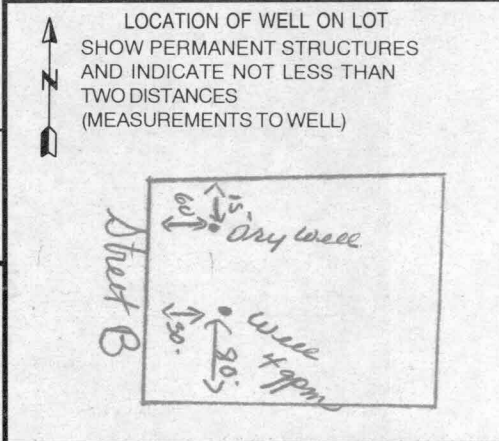
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST Form. Includes fields: HOURS PUMPED (3), PUMPING RATE (4 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (57 ft), WHEN PUMPING (257 ft), TYPE OF PUMP USED (for test) (S) submersible.

PUMP INSTALLED Form. Includes fields: DRILLER INSTALLED PUMP (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 LAND SURFACE, (-) below (nearest) foot 2.



B 1 4011

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2164 fill in this form completely

Date Received (APA) 3/1

OWNER INFORMATION

Highland Development P.O. Box 228 Clarksville Md. 21029

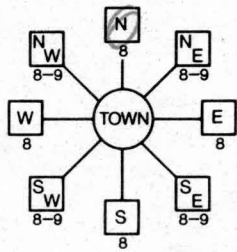
LOCATION OF WELL

Howard County Knapp Property Glenwood 6 miles from town

DRILLER INFORMATION

Joseph L. Mayne MS D 024 Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street B NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 50 FT TAX MAP: BLK: PARCEL

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County 13 STATE SIGNATURE DATE ISSUED 03/23/99 CO SIGNATURE 03/22/00 NORTH GRID 544 EAST GRID 0797

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERcussion Jetted & DRIVEN ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

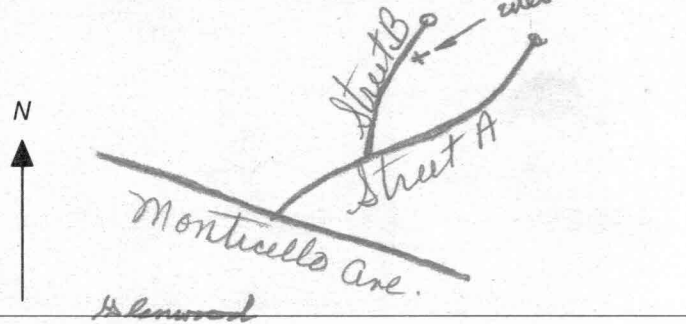
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE E 7987 N 544

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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. 40-94-2164

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: Foales Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht 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 Campbell License# MS0119

*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: D.R. Jordan Telephone #: _____
Subdivision: MOBILE 110 Lot #: 29 Well Tag #: HO-94-2164
Site Address: 14308 Fox Creek Court

Submersible Pump Data

Make: Goulds
Model #: _____
Pump Capacity _____ GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 42" (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 390 (feet)

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 No

Piping to house

Type: Black plastic
PSI: H.O. (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5
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.

Allen Campbell
Signature of company representative responsible for installation

6-22-01
date

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

Date Insp. Requested: 4/13/01 Date Insp. Approved: 7/9/01 Inspector: BB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade (BB) *cap still have 6/25 pp 5/16 screws back nuts*
Two piece cap installed and attached to casing securely (BB)
Elec. conduit extends at least 18" below grade/attached to cap properly (BB)
Safety rope not seen outside of well cap/casing (BB)
Correct well tag attached properly and casing 8" above finished grade (BB)
Water supply line sleeved adequately at house connection (BB)
Adequate grout observed below pitless adapter (BB)

HD-215

Rev. 12/00

6/25/01 Well cap check

6/26/01-TOLD SUPER (MARTY) TO TIGHTEN WELL CAP (SRU)

7/6/01 Cassell Testing reported cap to be O.K.

(BB)

FORSTHE ESTATES

N56°26'58"E

FOREST CONSERVATION
EASEMENT 8' 0.5± AC.
RETENTION

EXISTING
TREE LINE

171.51'

LOT 41
50,000± S.F.

LOT 42
46,748± S.F.

LOT 43
50,000± S.F.

LOT 27
54,000± S.F.

LOT 28
49,077± S.F.

LOT 40
49,488± S.F.

LOT 29
49,633± S.F.

LOT 39
50,000± S.F.

LOT 30
46,528± S.F.

LOT 38
49,373± S.F.

LOT 31
49,953± S.F.

LOT 33
49,994± S.F.

LOT 32
45,610± S.F.

STATION 210.62

