

C 1 9654 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

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 8 26 99

Depth of Well 22 400' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2156

OWNER: Highland Development first name last name STREET OR RFD: Fox Creek Court TOWN: Glenwood SUBDIVISION: Monte Carlo SECTION: LOT: 42

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 940 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 31 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 36

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

SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO PL OT

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 53 ft. WHEN PUMPING 315 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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 LAND SURFACE - below 3 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 4 WELL HYDROFRACTURED Y N

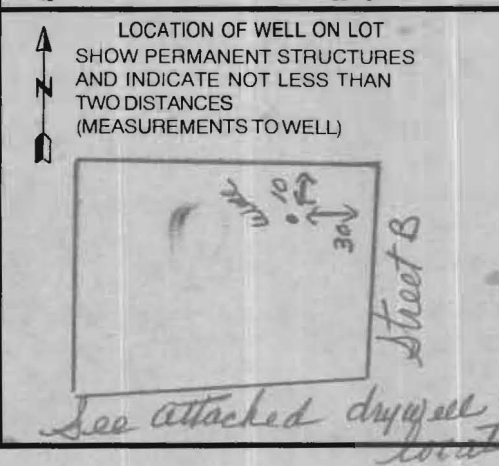
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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.: M S D 0 2 4 DRILLERS SIGNATURE: Joseph L. Mayne LIC. NO.: D

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



B 1 6747 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2156 fill in this form completely

Date Received (APA)

OWNER INFORMATION

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

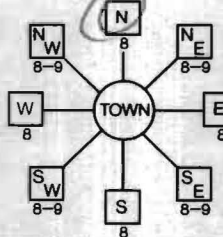
B 3 LOCATION OF WELL

Howard Knapp Property Calverwood SECTION 44 46 LOT 48 50 NEAREST TOWN 52 MILES FROM TOWN 3

DRILLER INFORMATION

Joseph L. Maype MS D 024 Joseph L. Maype Well Drilling 5512 Ridge Rd. Mt. Airy 21771 3/1/99

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street B NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 30 ENTER FT OR MI 30 FT TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 COUNTY NAME HOWARD COUNTY NO. 13 STATE SIGNATURE DATE ISSUED 03/23/99 CO SIGNATURE EXP. DATE 03/22/00 NORTH GRID 544 000 EAST GRID 0797 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

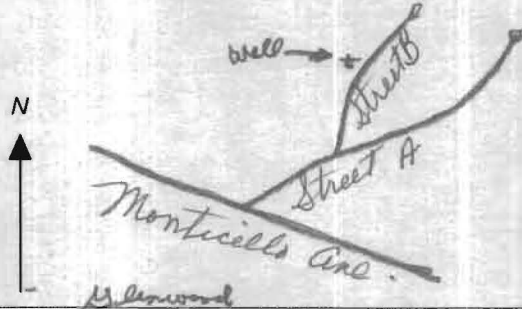
SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 799 N 5400

Handwritten notes: 7/9/99 not used 8/25/99 11:00 Missed field 31 ft open 36 ft casing 10 bags cement BB

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. 170-94-2156

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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 530 Obrecht Rd  
Sykesville, Md

(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# MSD009  
\*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. Horton Telephone #: \_\_\_\_\_  
Subdivision: Monticello Lot # 42 Lot #: 42 Well Tag #: HO - 94-0000  
Site Address: 14309 Fox Creek Ct 2156

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goolds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>75B07422</u>	Model #: <u>11A</u>	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>4.2</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>400'</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 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>12'</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.

Signature of company representative responsible for installation: Allen Compton date: 11-23-01

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

Date Insp. Requested: 10/1/01 Date Insp. Approved: 10/1/01 Inspector: (KG) SRK

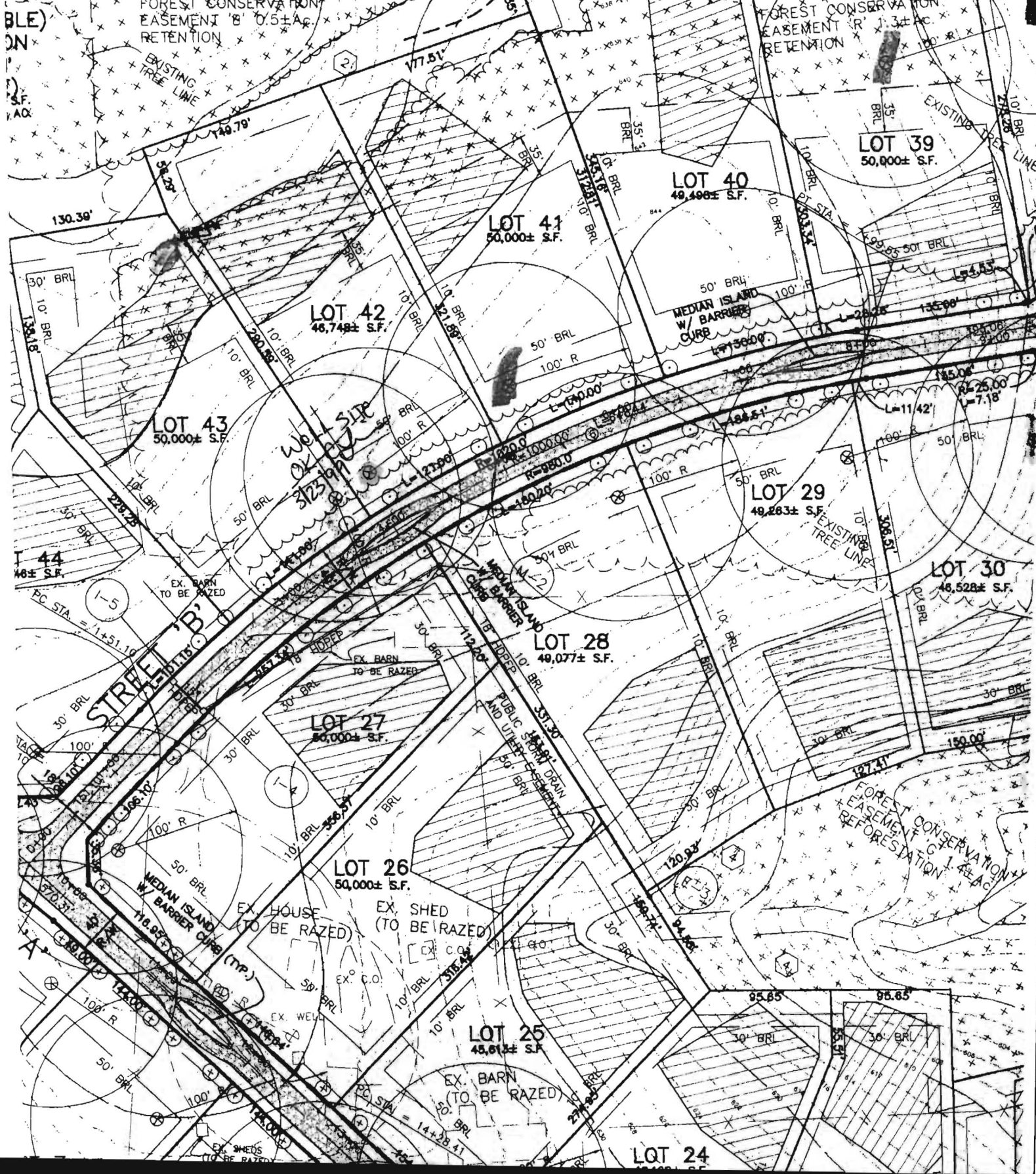
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" 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"/>

FORSYTHE ESTATES

N56°26'58"E

FOREST CONSERVATION EASEMENT 'B' 0.5± AC RETENTION

FOREST CONSERVATION EASEMENT 'R' 1.3± AC RETENTION



LOT 39  
50,000± S.F.

LOT 40  
49,498± S.F.

LOT 41  
50,000± S.F.

LOT 42  
46,748± S.F.

LOT 43  
50,000± S.F.

LOT 29  
49,263± S.F.

LOT 30  
48,528± S.F.

LOT 28  
49,077± S.F.

LOT 27  
50,000± S.F.

LOT 26  
50,000± S.F.

LOT 25  
45,61± S.F.

LOT 24

STREET B

MEDIAN ISLAND W/ BARRIER CURB

MEDIAN ISLAND W/ BARRIER CURB (TP.)

FOREST CONSERVATION EASEMENT 'C' 1.4± AC

EX. HOUSE (TO BE RAZED)

EX. SHED (TO BE RAZED)

EX. BARN (TO BE RAZED)

EX. BARN TO BE RAZED

EX. BARN TO BE RAZED

EX. WELLS

EX. WELLS

EX. WELLS

FC STA. = 1+51.10

FC STA. = 1+51.10

FC STA. = 1+51.10

FC STA. = 1+51.10

FC STA. = 1+51.10

FC STA. = 1+51.10

FC STA. = 1+51.10

FC STA. = 1+51.10

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

W. 1/2 S. 1/4

