

9661 (MDE USE ONLY)

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

THIS WELL MUST BE COMPLETED AFTER
WELL IS COMPLETED.
COUNTY
NUMBER

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

DATE WELL COMPLETED
MM DD YY
7 6 99
Depth of Well
22 525 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
OK 3/27/00
CW
HO - 94 - 2163
28 29 30 31 32 33 34 35 36 37

OWNER HIGHLAND Development
last name first name
STREET OR RFD Fox Creek Ct TOWN Stonewood
SUBDIVISION Monticello SECTION _____ LOT 30

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Sand | 0 | 21 | |
| Gray Granite | 21 | 525 | ✓ |

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
yes Y 44 no N 44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM 45 46 BENTONITE CLAY BC 45 46
NO. OF BAGS 7 NO. OF POUNDS 658
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 23 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE ST Nominal diameter top (main casing) (nearest inch)! 6 Total depth of main casing (nearest foot) 25
60 61 63 64 66 70

OTHER CASING (if used)
E A C H S I N G diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole (insert appropriate code below)
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC 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. MSD024
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D

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 | |
| | | | | | | | | | | | | | | | | | | | | | |
| E | 1 | 8 | 9 | 11 | 15 | 17 | 21 | | | | | | | | | | | | | | |
| A | 2 | 23 | 24 | 26 | 30 | 32 | 36 | | | | | | | | | | | | | | |
| C | 3 | 38 | 39 | 41 | 45 | 47 | 51 | | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | | | | |

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6
8 9

PUMPING RATE (gal. per min.) 1
11 15

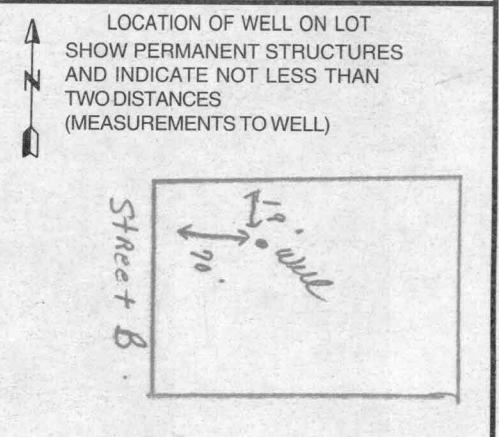
METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 46 ft.
17 20

WHEN PUMPING 390 ft.
22 25

TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP YES NO
(CIRCLE) (YES or 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)
49 50 51



B 1 4010

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2163 fill in this form completely

Date Received (APA)

OWNER INFORMATION

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

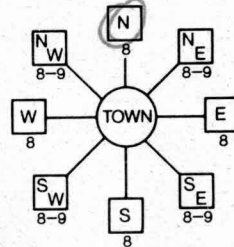
B 3 LOCATION OF WELL

Howard Knapp Property Glenwood

DRILLER INFORMATION

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

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street B ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 55 FT

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING 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 DATE ISSUED 03/23/99

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary CABLE

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

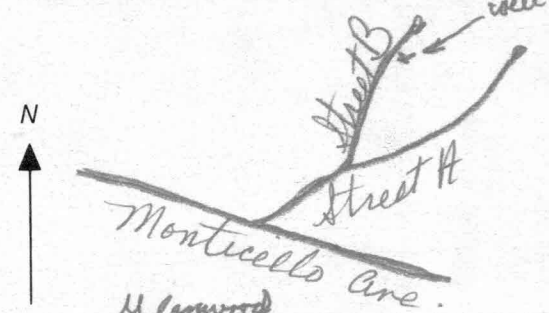
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7987 N 5484

7/6/99 Casing 25' Open 23' 7 Bags Grout Holding at 19pm

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. HO-94-2163

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

7/6/99

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2163
 Location of property (road) Fox Creek Ct
 Subdivision Monticello Lot 30 Block _____ Plat _____ Sec. _____
 Well Driller Joe Mayne Owner Highland Development

Depth of well 525'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 46'

I. High rate pumping -- reservoir drawdown

Time pump started 6:00 AM Pumping rate 20 gpm
 Total time 45min to reach pumping water level 390 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 5 /gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|--|------------------------------|--------------------------------------|
| 6:15 | 161' | 3 sec | N/A | 20 gpm |
| 6:30 | 290' | 4 | | 15 |
| 6:45 | 390' | 5 | | 12 |
| 7:00 | 389' | 60 | | 1 |
| 7:15 | 388' | 60 | | 1 |
| 7:30 | 388' | 60 | | 1 |
| 7:45 | 387' | 60 | | 1 |
| 8:00 | 387' | 60 | | 1 |
| 8:15 | 387' | 60 | | 1 |
| 8:30 | 387' | 60 | | 1 |
| 8:45 | 387' | 60 | | 1 |
| 9:00 | 387' | 60 | | 1 |
| 9:15 | 387' | 60 | | 1 |
| 9:30 | 387' | 60 | | 1 |
| 9:45 | 387' | 60 | | 1 |
| | | Casing 25' | | |
| | | Open 23' | | |
| | | 7 Bags Grout | | |
| | | Holding at 2 gpm | | |
| | | HO-94-2163 | | |
| | | Observed last three readings. | | |

7/6/99
 B.B.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2163
 Location of property (road) Fox Creek Ct
 Subdivision Monticello - Kinross Map Lot 30 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mauphe Owner HIGHLAND OBIT

Depth of well 525'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 46'

I. High rate pumping -- reservoir drawdown

Time pump started 6:00 Pumping rate 200gpm.
 Total time 45 min. to reach pumping water level 390 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 5 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 6:15 | 161 | 3 sec. | N/A | 200gpm. |
| 6:30 | 290 | 4 | | 150 |
| 6:45 | 390 | 5 | | 12 |
| 7:00 | 389 | 60 | | 1 |
| 7:15 | 388 | 60 | | 1 |
| 7:30 | 388 | 60 | | 1 |
| 7:45 | 387 | 60 | | 1 |
| 8:00 | 387 | 60 | | 1 |
| 8:15 | 387 | 60 | | 1 |
| 8:30 | 387 | 60 | | 1 |
| 8:45 | 387 | 60 | | 1 |
| 9:00 | 387 | 60 | | 1 |
| 9:15 | 387 | 60 | | 1 |
| 9:30 | 387 | 60 | | 1 |
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| 11:15 | 386 | 60 | | 1 |
| 11:30 | 386 | 60 | | 1 |
| 11:45 | 386 | 60 | | 1 |
| 12:00 | 386 | 60 | | 1 |
| 12:15 | 386 | 60 | | 1 |
| 12:30 | 386 | 60 | | 1 |
| 12:45 | 386 | 60 | | 1 |

**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 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 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: D.R. Horton Telephone #: 301-674-4922
Subdivision: Monticello Lot# 30 Lot #: 30 Well Tag #: HO 94-2163
Site Address: 14312 Fox Creek

Submersible Pump Data

Make: Gould's
Model #: 75B10
Pump Capacity 7 GPM
Well Yield: 1 GPM

Pitless Adapter

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

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: 525 (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

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 4' (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.

Signature of company representative responsible for installation: Allen Compton date: 4-30-01

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

Date Insp. Requested: 4/13/01 Date Insp. Approved: 7/30/01 Inspector: MR/BB/DRC
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 seen 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