

C1 0704 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 10/11/01 OK (BA)

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

NO - 94 - 3001

OWNER TKO first name TOWN West Friendship SECTION LOT 27

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: BROWN SHALE 0-26, BLUE MICA 26-300.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (12), NO. OF POUNDS (72), GALLONS OF WATER (1128), DEPTH OF GROUT SEAL (0-39 ft).

CASING RECORD form with fields: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (40).

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD form with fields: screen type (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

WELL HYDROFRACTURED (Y) and NUMBER OF UNSUCCESSFUL WELLS (0).

CIRCLE APPROPRIATE LETTER A (WELL WAS ABANDONED AND SEALED), 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...

DRILLERS LIC. NO. 1 MWD 139 Robert Cline

DRILLERS SIGNATURE (Robert Cline), LIC. NO. 1 MWD 530 Robert Cline

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

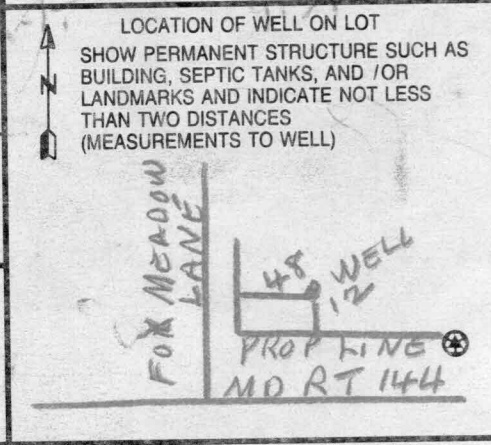
DEPTH (nearest ft.) table with columns for depth ranges (1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53) and handwritten values (NO, 39, 300).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields T, W, Q, 70, 72, 74, 75, 76.

PUMPING TEST form with fields: HOURS PUMPED (6), PUMPING RATE (2), METHOD USED TO MEASURE PUMPING RATE (TIME), WATER LEVEL (40 ft), BEFORE PUMPING (17-20 ft), WHEN PUMPING (22-25 ft), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).



B 1 0632

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

HO-94-3061 fill in this form completely

Date Received (APA) 02/21/01

OWNER INFORMATION

IKO-Tennant Development Owner First Name 34
3403 Olandwood Ct., Suite 101 Street or RFD 55
Olney, MD 20832 Town 70 State 72 Zip 76

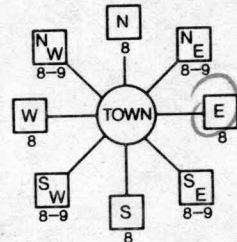
LOCATION OF WELL

Howard 8 COUNTY 21
Fox Creek 23 SUBDIVISION 42
SECTION 44 46 LOT 36 48 50 27
West Friendship 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 36 M I 73 76 77 78

DRILLER INFORMATION

Robert L. Cline M D 139 Driller's Name 76 License No. 81
Cline & Duvall, Inc. Firm Name
8093 Hillmark Ct., Frederick, MD 21704 Address
Robert L. Cline Signature Date 2-20-01

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Fox Meadow Lane 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 175 37 DISTANCE FROM ROAD ft. ENTER FT OR MI 38 39

TAX MAP: 15 BLK: PARCEL 183

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 300 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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 13 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 02/21/01
CO SIGNATURE EXP. DATE
NORTH GRID 535 000 EAST GRID 0817 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
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) 41

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

APPROP. PERMIT NUMBER HO 2001G001
PERMIT No. HO-94-3061

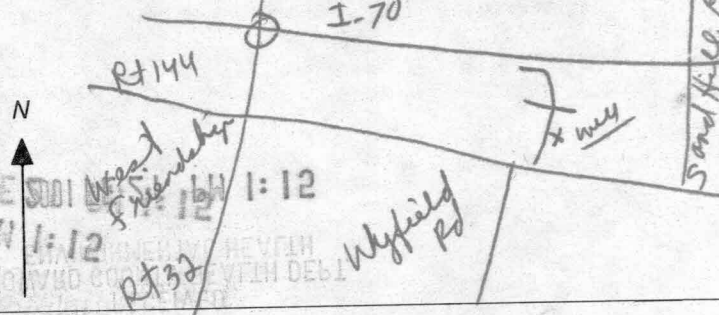
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8107 N 5305

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 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 Re required prior to Use and Occupancy approval)

Company Name: VAN SANT PLBG & HTG
Address: 3 N MAIN STREET
MT AIRY, MD 21771

phone #: 301-829-0444

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Larry Van Sant License # 16936
***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: NY Home Telephone #: 410-379-5956
Subdivision: fox Chapel Lot #: 27 Well Tag #: HO-94-3061
Site Address: 12320 Fox Meadow Lane
Ellicott City, MD 21043

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>7G-301422</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>Goulds</u>	Model #: <u>1510K</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>NO</u>		

Piping to house	House Connection
Type: <u>polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>15</u>
PSI: <u>20</u> (160 psi min)	Approximate length of sleeve: <u>15</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: [Signature] date: 8.28.03

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

Date Insp. Requested: 7/8/03 Anytime Date Insp. Approved: 7/8/03 (50) SRK

Inspection Data: Pitless adapter and 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 installed inside of well 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"/>

