

C1 0505 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13

THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 15 30 02

Depth of Well 22 425 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3241

OWNER IKO-Tennant Development first name TOWN West Friendship MD STREET OR RFD Fox Hunt Court SUBDIVISION Fox Creek SECTION LOT 26

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 FROM TO check if water bearing. BROWN SHALE 0 32 BLUE SLATE 32 425 WATER AT 58'

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 240 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 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 40

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

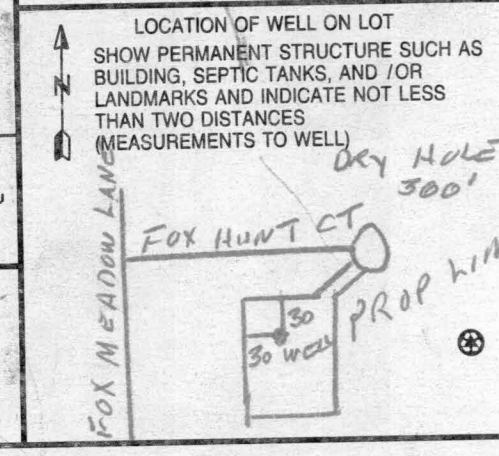
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.66 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 148 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 0668

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

70 10-94-3241 79 fill in this form completely

WS15019 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 IKO-Tennant Development 15 Last Name Owner First Name 34 36 3403 Oldwood Ct., Suite 101 55 Street or RFD 57 Olney, MD 20832 70 State 72 Zip 76

DRILLER INFORMATION

Robert L. Cline M W D 139 76 License No. 81 Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704 Robert L. Cline 3/28/01

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

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

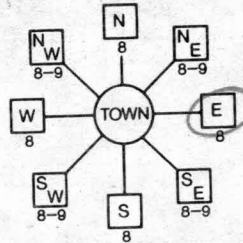
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER H02001G001 PERMIT No. H0-94-3241

LOCATION OF WELL Howard 8 COUNTY 21 Fox Creek 23 SUBDIVISION 42 SECTION 44 46 LOT 26 50 52 NEAREST TOWN West Friendship 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Fox Hunt Court 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 12 PARCEL 183

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 10/4/2001 Brian Baker 10/4/2002 CO SIGNATURE EXP. DATE NORTH GRID 535 000 EAST GRID 817 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

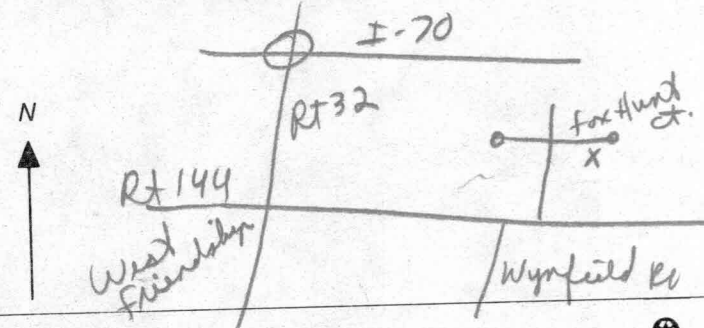
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3241
 Location of property (road) Fox Hunt Court
 Subdivision Fox Creek Lot 26 Block _____ Plat _____ Sec. _____
 Well Driller Cline and Duvall Owner IKO-Tennant Development

Depth of well 425
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 49

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10
 Total time 30 MIN to reach pumping water level 148 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)
8:30	49	30 SECONDS		10
8:45	108	30 "		10
8:59	147	30 "		10
9:00	148	3 MINUTES		1.6
9:15	148	3 "		1.66
9:30	148	3 "		1.66
9:45	148	3 "		1.66
10:00	148	3 "		1.66
10:15	148	3 "		1.66
10:30	148	3 "		1.66
10:45	148	3 "		1.66
11:00	148	3 "		1.66
11:15	148	3 "		1.66
11:30	148	3 "		1.66
11:45	148	3 "		1.66
12:00	148	3 "		1.66
12:15	148	3 "		1.66
12:30	148	3 "		1.66
12:45	148	3 "		1.66
1:00	148	3 "		1.66
1:15	148	3 "		1.66
1:30	148	3 "		1.66
1:45	148	3 "		1.66
2:00	148	3 "		1.66

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: Van Sant Abc + Htg Telephone #: 301.829.0444
Address: 300 Main St
Millersville MD 21101

(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# 6936

*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: NO Homes Telephone #: 410.309.5956
Subdivision: fox Creek Lot #: 26 Well Tag #: HO-94-3241
Site Address: 2224 Fox Meadows Lane
Ellicott City

Submersible Pump Data

Make: Saunder
Model #: 7G50
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Campbell
Model #: 5102
Depth: 45 (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 45 (feet)

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 NO

Piping to house

Type: Polyethylene
PSI: 500 (180 psi min)
Depth of supply line: 2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 15
Approximate length of sleeve: 15
Sleeve caulked and sealed properly: yes

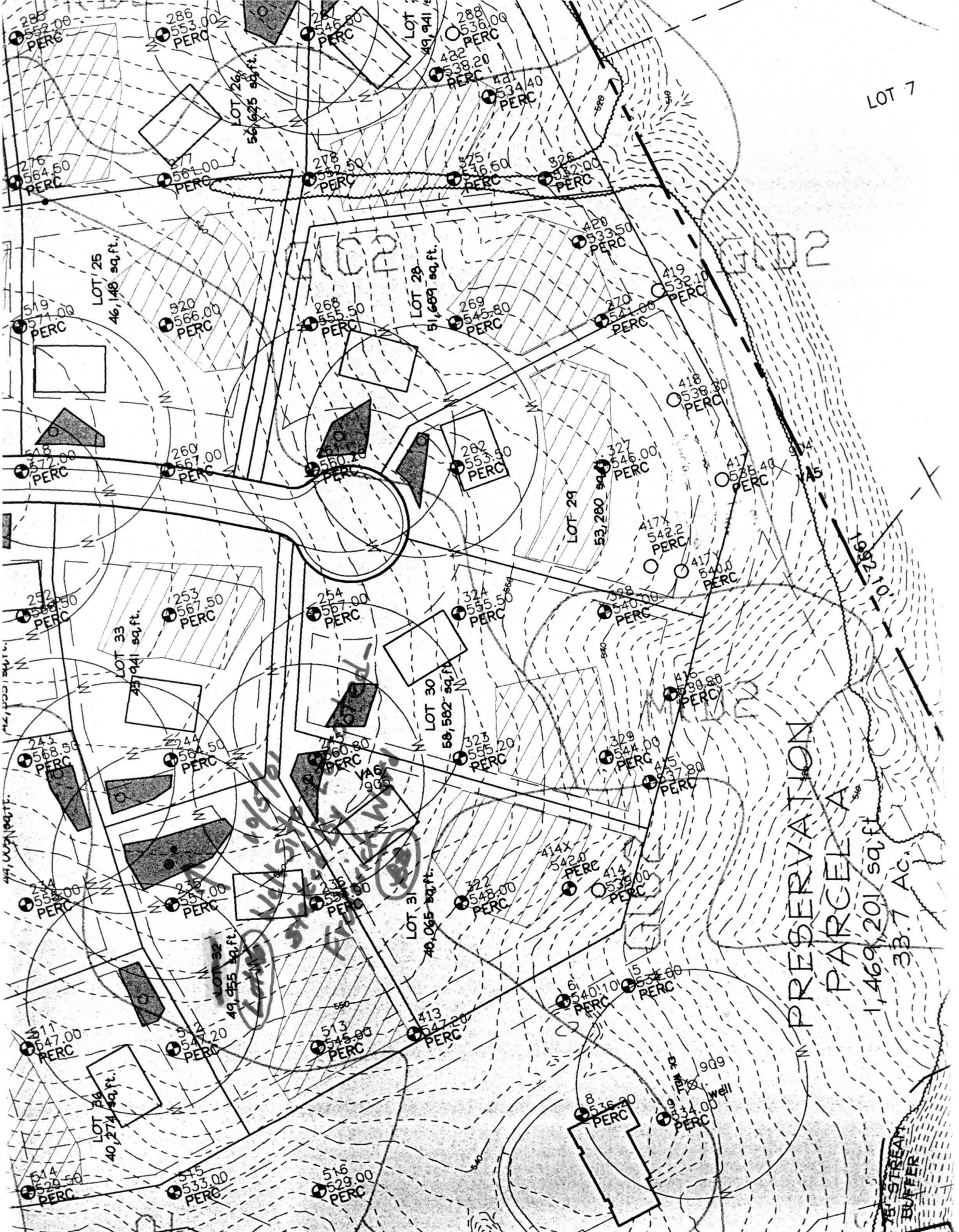
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 9.12.03

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

Date Insp. Requested: 8/5/03 Date Insp. Approved: 8/5/03 50

- Inspection Data: Pitless adapter and 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 installed inside of well 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



LOT 7

PRESERVATION
PARCEL A
1,469,201 sq. ft.
33.7 AC.

STREAM
BUFFER