

C1 0887

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 COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DO YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO-94-3047

OWNER IKO STREET OR RFD Fox Meadow Lane TOWN West Friendship SUBDIVISION Fox Creek SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

GROUTING RECORD form with fields for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type, diameter, depth.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES (Y) NO (N)

- 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...

DRILLERS LIC. NO. MWD 139 Robert Elme

LIC. NO. MWD 536 Robert Elme Jr.

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

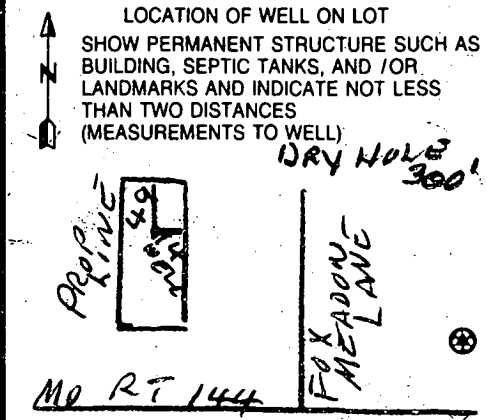
DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Includes handwritten values like 41, 300.

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

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



B 1 0623 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER HO-94-3047

70 fill in this form completely 79

Date Received (APA) 02/21/01

8 MM DD YY 13

OWNER INFORMATION

IKO-Tennant Development

15 Last Name Owner First Name 34

3403 Olandwood Ct., Suite 101

36 Street or RFD 55

Olney, MD 20832

57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard

8 COUNTY 21

Fox Creek

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

West Friendship

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M

73 76 77 78

DRILLER INFORMATION

Robert L. Cline M W D 139

76 Driller's Name License No. 81

Cline & Duvall, Inc.

Firm Name

8093 Hillmark Ct., Frederick, MD 21704

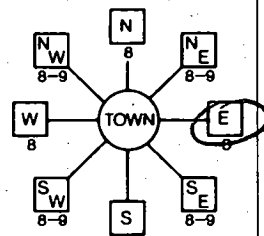
Address

Robert L. Cline 2-20-01

Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**


1 2



Fox Meadow Lane

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 225 37 DISTANCE FROM ROAD ft.

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: _____ PARCEL 183

B 2 **WELL INFORMATION**

1 2

APPROX. PUMPING RATE 5

(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 300

(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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 02/23/01 03/22/02

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 535 0 0 0 EAST GRID 0217 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

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

39 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 DEEPEM AN EXISTING WELL

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

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

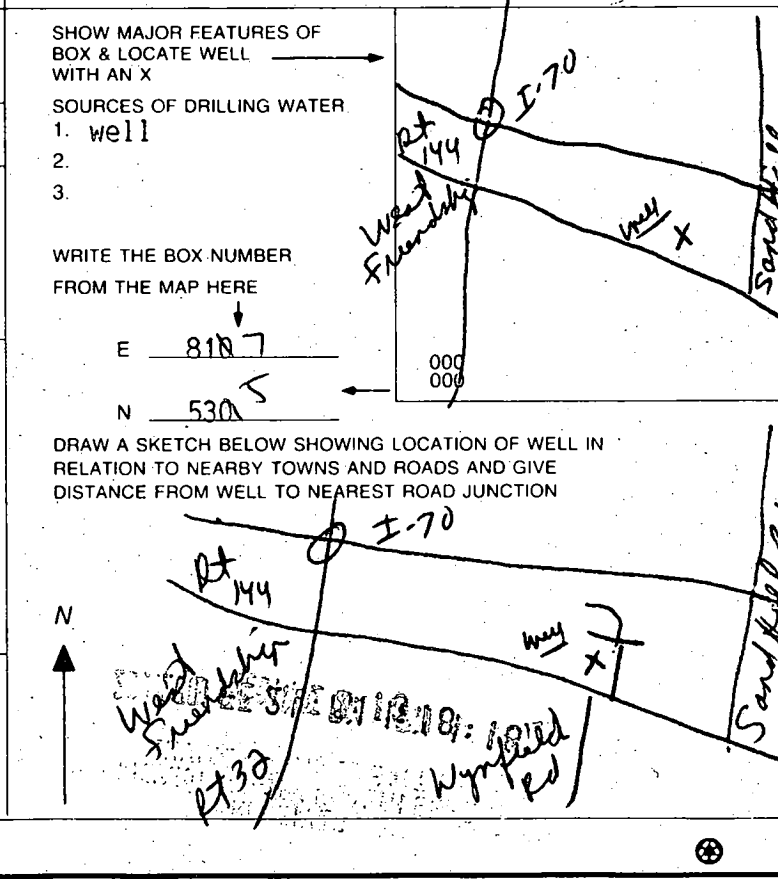
APPROP. PERMIT NUMBER H020016001

PERMIT No. HO-94-3047

70 71 72 73 74 75 76 77 78-79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3047
 Location of property (road) FOX MEADOW LANE
 Subdivision FOX CREEK Lot 6 Block Plat Sec.
 Well Driller CINE & DWALL Owner IKO

Depth of well 300
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 32

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12
 Total time 30 MIN to reach pumping water level 147 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 | 32 | 25 SECONDS | | 12 |
| 8:45 | 90 | 25 " | | 12 |
| 8:59 | 146 | 25 " | | 12 |
| 9:00 | 147 | 2 MIN 40 SEC | | 1.875 |
| 9:15 | 147 | 2 MIN 40 SEC | | 1.875 |
| 9:30 | 147 | 2 MIN 40 SEC | | 1.875 |
| 9:45 | 147 | 2 MIN 40 SEC | | 1.875 |
| 10:00 | 147 | 2 MIN 40 SEC | | 1.875 |
| 10:15 | 147 | 2 MIN 40 SEC | | 1.875 |
| 10:30 | 147 | 2 MIN 40 SEC | | 1.875 |
| 10:45 | 147 | 2 MIN 40 SEC | | 1.875 |
| 11:00 | 147 | 2 MIN 40 SEC | | 1.875 |
| 11:15 | 147 | 2 MIN 40 SEC | | 1.875 |
| 11:30 | 147 | 2 MIN 40 SEC | | 1.875 |
| 11:45 | 147 | 2 MIN 40 SEC | | 1.875 |
| 12:00 | 147 | 2 MIN 40 SEC | | 1.875 |
| 12:15 | 147 | 2 MIN 40 SEC | | 1.875 |
| 12:30 | 147 | 2 MIN 40 SEC | | 1.875 |
| 12:45 | 147 | 2 MIN 40 SEC | | 1.875 |
| 1:00 | 147 | 2 MIN 40 SEC | | 1.875 |
| 1:15 | 147 | 2 MIN 40 SEC | | 1.875 |
| 1:30 | 147 | 2 MIN 40 SEC | | 1.875 |
| 1:45 | 147 | 2 MIN 40 SEC | | 1.875 |
| 2:00 | 147 | 2 MIN 40 SEC | | 1.875 |

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 Plumbing Telephone #: 301-829-0444
Address: 11111 McLean Rd
McLean, MD 21771

(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# 169316

*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: AN HENSON Telephone #: 410-374-5856
Subdivision: Tax Creek Lot #: 6 Well Tag #: HO-94-3047
Site Address: 12329 Tax Meadow Lane
Emmitt City, MD 21043

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap:
Model #: 76509422 Model#: 5108 Screened, vented well cap:
Pump Capacity _____ GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF approved: _____ Conduit min 18" E.G.:
Depth of well encountered at time of pump installation 300 (feet) Conduit secured to well cap:

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 House Connection
Type: PVC schedule 40 PVC sleeved to undisturbed soil at wall penetration: 15
PSI: 20 (180 psi min) Approximate length of sleeve: 15
Depth of supply line: 12 (36" min) 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: 8/6/03

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

Date Insp. Requested: 7/22/03 Date Insp. Approved: 7/22/03 (KN) SRK
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