

C1 07867

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 59946-N

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10 9 2000

Depth of Well 22 385 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2778

OWNER GROUPEMENT DEVELOPMENT last name first name TOWN LISBON STREET OR RFD OLD SAWMILL RD SUBDIVISION WESTWOODS AT CHERRY GROVE SECTION LOT 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale + Clay mixed and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 22, NO. OF POUNDS 2088, GALLONS OF WATER 132, DEPTH OF GROUT SEAL 0 to 88 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S7), Nominal diameter top (main) casing 6, Total depth of main casing 100.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 98, 385.

PUMPING TEST: PUMPING TEST, HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 4, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft, WHEN PUMPING 195 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 2 (nearest foot) below.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y) (N)

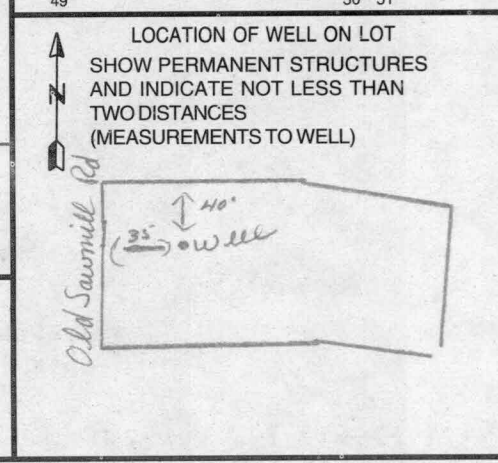
CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

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. 1 MSD024, DRILLERS SIGNATURE Joseph C. Mayne, LIC. NO. 1 D

DEPTH (nearest ft.) 98, 385, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 56 68, 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



B 1 5970

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO -94 - 2778

W514154

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Agrovement Development LLC

P.O. Box 417

Ellicott City Md 21041

B 3

LOCATION OF WELL

Howard COUNTY

The Westwoods of Cherry Grove

SECTION 44 46 LOT 14 48 50

Lisbon

MILES FROM TOWN (enter 0 if in town) 5 M I

DRILLER INFORMATION

Joseph R. Mayne MS DO 24

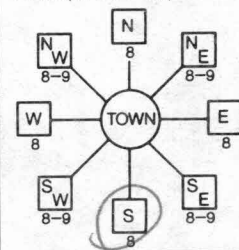
Joseph R. Mayne Well Drilling

5512 Ridge Rd Mt. Airy 21771

Joseph R. Mayne 7/26/2000

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Old Sawmill Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 25 FT

TAX MAP: BLK: PARCEL

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
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 59946-N COUNTY NO.

STATE SIGNATURE INSERT S DATE ISSUED

08 09 00 C. Williams 8/8/01

NORTH GRID 531 000 EAST GRID 0771 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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 DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER

PERMIT No. HO-94-2778

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

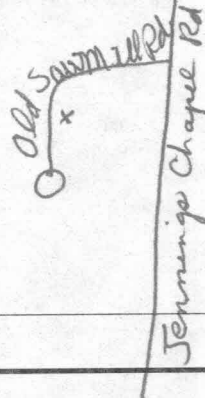
SOURCES OF DRILLING WATER

- 1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 770'
N 530'

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



**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 25.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Ben Lewis Inc Telephone #: 3014283500
Address: 23407 Frederick Rd
Charlottesville, MD 22031

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Mark Hinkle License# 17867

*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: D.R. Horton Inc Telephone #: 3016706144
Subdivision: Cherry Grove Lot #: 13 Well Tag #: HO-94-2778
Site Address: 16917 Old Sawmill Rd

Submersible Pump Data

Make: Southern
Model #: _____
Pump Capacity: 1/2 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 72 (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: 245 (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 _____

Piping to house

Type: Black 1"
PSI: 200 (150 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 36
Sleeve caulked and sealed properly: ✓

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.

Mark Hinkle Signature of company representative responsible for installation
date 11/4/02

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

Date Insp. Requested: _____ Date Insp. Approved: 11/4/02 (CO)
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 _____

N 51 28 E 265.40'

1111111111

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

10' B.R.L.

10' B.R.L.

10' B.R.L.

N 592500

E 1284250

LOT 13
48,717 sq.ft.

LOT 14
49,040 sq.ft.

LOT 15
52,787 sq.ft.

OLD SAWMILL ROAD

PUBLIC DRAINAGE
AND UTILITY EASEMENT
& TREE MAINTENANCE
EASEMENT

WELL SITE OK
8/2/00 CED

50' B.R.L.

50' B.R.L.

50' B.R.L.

618

61.00

614

612

81.00

806

94.00

902

900

50' B.R.L.

A-2

RROR
BOLLARDS

