

C1 14120 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 514944

DATE RECEIVED 05 01 03 DATE WELL COMPLETED 04 08 03 DEPTH OF WELL 180 PERMIT NO. FROM 'PERMIT TO DRILL WELL' 110-94-3643

OWNER LAND MARKETING CONSULTANTS STREET OR RFD Stiles Way TOWN WEST FRIENDSHIP SUBDIVISION TWIN PINES SECTION LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA Blue, and another Sand Stone layer.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (19), NO. OF POUNDS (1900), GALLONS OF WATER (114), DEPTH OF GROUT SEAL (0 to 40 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (60). Includes checkboxes for steel, concrete, plastic, and other casing types.

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below. Includes checkboxes for steel, brass, bronze, plastic, open hole, and other.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), 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'...

DRILLERS LIC. NO. 1 MSD 117 DRILLERS SIGNATURE (Must match signature on application) LIC. NO. 1 D

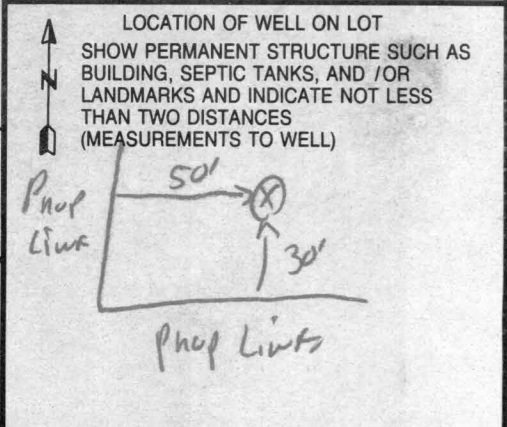
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 180. Includes a table for casing height with columns 1-6 and rows 1-3.

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (10 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (40 ft. before, 60 ft. when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 ft. below land surface).



B 1 2462

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
518535 please type

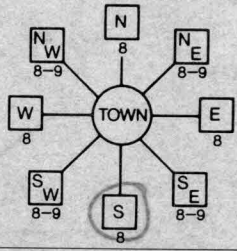
STATE PERMIT NUMBER
HO-94-3643
fill in this form completely

Date Received (APA) 02 03
8 MM DD YY 13
OWNER INFORMATION
15 Last Name Land Marketing Consultants Owner First Name
36 3060 Washington Rd Street or RFD 55
57 Glenwood MD 21238 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Twin Pines 42
SECTION 44 46 LOT 9 50
52 NEAREST TOWN West FRIEND Ship 71
MILES FROM TOWN (enter 0 if in town) I M 73 76 77 78

DRILLER INFORMATION
Driller's Name RALPH E. MAYNE M S D 110 76 License No. 81
Firm Name RALPH E. MAYNE WELL DRILLING
Address 17024 Handy Rd. Mt Airy MD 21771
Signature Ralph E. Mayne Date 2-4-03

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD Stiles Way 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W 34 37
DISTANCE FROM ROAD 325 ENTER FT OR MI 38 39
TAX MAP: 22 BLK: _____ PARCEL 17



B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 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

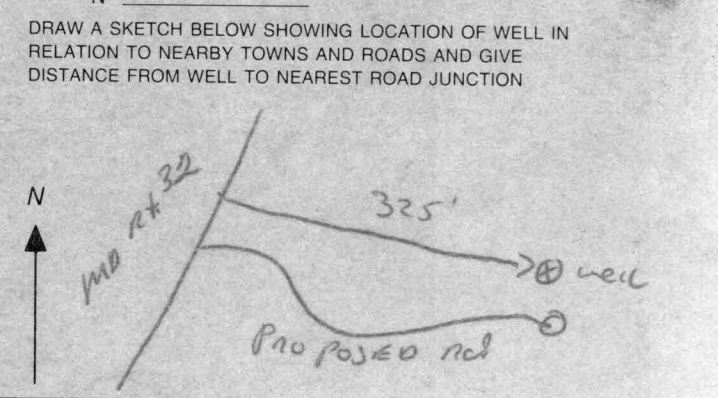
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A514944
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 02/21/03 Karen Noonan 02/21/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 810 000 EAST GRID 530 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 530
N 810
000
000

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)
APPROX. PERMIT NUMBER _____ G _____
PERMIT No. HO-94-3643
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 - 3643 Stiles Way
 Location of property (road) _____
 Subdivision Twin Pines Lot 7 Block _____ Plat _____ Sec. _____
 Well Driller R. Mayne Owner LAND MARKETING CONSULT.

Depth of well 180
 Distance of measuring point (M.P.) above ground 20
 Static water level (S.W.L.) below M.P. 40

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 60 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 <u>5</u> gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|--|------------------------------|--------------------------------------|
| 8:30 | 40 <u>ft</u> | 6 Sec | Test started | 10 GPM |
| 8:45 | 60 <u>ft</u> | 6 Sec | | 10 GPM |
| 9:00 | 60 <u>ft</u> | 6 Sec | | 10 GPM |
| 9:15 | 60 <u>ft</u> | 6 Sec | | 10 GPM |
| 9:30 | 60 <u>"</u> | 6 <u>"</u> | | 10 <u>"</u> |
| 9:45 | 60 <u>"</u> | 6 <u>"</u> | | 10 <u>"</u> |
| 10:00 | 60 <u>"</u> | 6 <u>"</u> | | 10 <u>"</u> |
| 10:15 | 60 <u>ft</u> | 6 Sec | | 10 GPM |
| 10:30 | 60 <u>ft</u> | 6 Sec | | 10 GPM |
| 10:45 | 60 <u>ft</u> | 6 Sec | | 10 GPM |
| 11:00 | 60 <u>"</u> | 6 <u>"</u> | | 10 <u>"</u> |
| 11:15 | 60 <u>"</u> | 6 <u>"</u> | | 10 <u>"</u> |
| 11:30 | 60 <u>ft</u> | 6 Sec | | 10 GPM |
| 11:45 | 60 <u>ft</u> | 6 Sec | | 10 GPM |
| | | | | |
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HD-224 50 FT casing 40' open
16 BAYS

**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: Fogle Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Stylesville, Md 21154

(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# MSD009

*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. License may be subjected to field verification.

Name of Property Owner: DR. Horton Telephone #: _____
Subdivision: Twin Pipes Lot #: 9 Well Tag #: HO-94-343
Site Address: 3127 Stiles Way

| | | |
|---|----------------------------|---|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Condu |
| Make: <u>Grundfos</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>Q75B05422</u> | Model#: <u>N/A</u> | Screened, vented well cap: <u>yes</u> |
| Pump Capacity <u>7</u> GPM | Depth: <u>36</u> (36" min) | Cap secured to casing: <u>yes</u> |
| Well Yield: <u>10</u> GPM | NSF approved: <u>yes</u> | Conduit min 18" B.G.: <u>yes</u> |
| Depth of well encountered at time of pump installation: <u>180</u> (feet) | | Conduit secured to well cap: <u>yes</u> |

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

| | |
|---|---|
| Piping to house | House Connection |
| Type: <u>1" Black Plastic</u> | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>160</u> (160 psi min) | Approximate length of sleeve: <u>5</u> |
| Depth of supply line: <u>42</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, sewer piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

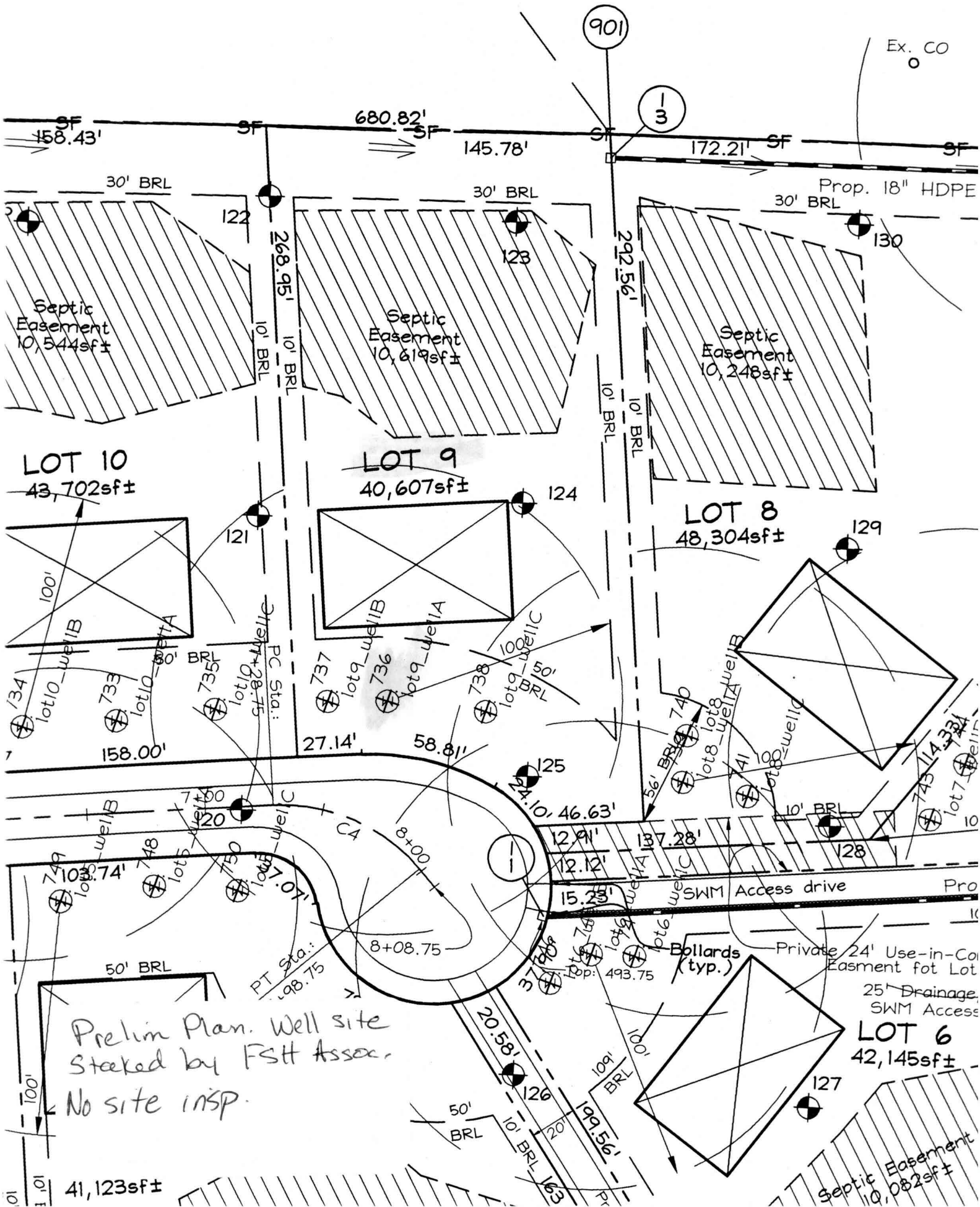
Signature of company representative responsible for installation: Allen Compton date: 10/26/04

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

Date Insp. Requested: _____ Date Insp. Approved: 10/26/04 **(BB)**

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"/> |



Ex. CO

901

3

LOT 10
43,702sf±

LOT 9
40,607sf±

LOT 8
48,304sf±

LOT 6
42,145sf±

Septic Easement
10,544sf±

Septic Easement
10,619sf±

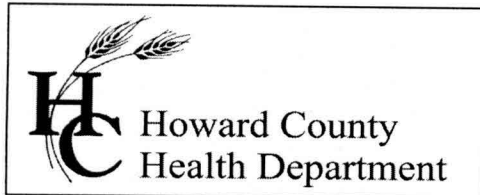
Septic Easement
10,248sf±

Prop. 18" HDPE

Prelim Plan. Well site
Staked by FST Assoc.
No site insp.

Private 24' Use-in-Corridor
Easement for Lot
25' Drainage,
SWM Access

Septic Easement
10,082sf±



7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 23, 2004

D. R. Horton, Inc.
1370 Piccard Drive, Suite 230
Rockville, MD 20850

SENT VIA FACSIMILE 410-489-5745

RE: Twin Pines, Lot 9
3127 Stiles Way
West Friendship, MD 21794
BP # B00147216
Well Permit # HO-94-3643

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 7/29/2004. Final approval of the well line connection to the dwelling was approved on 10/20/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3643. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 11/11/2004 & 11/15/2004
Date of Well Completion: 04/08/2003

Respectfully,

Brian Baker
Brian Baker, R. S.
Well and Septic Program

BB/sjn

cc: Building Inspector's Office
Community Services Program
File