

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 MM DD YY MM DD YY 22 200 26 28 29 30 31 32 33 34 35 36 37  
05 09 2001 15 20 2001 200 Ho-94-3098  
 (TO NEAREST FOOT)

OWNER Brantwood LLC STREET OR RFD Seneca Chief Trail TOWN Ellicott City  
 SUBDIVISION Ferguson Property SECTION \_\_\_\_\_ LOT 11

**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		check if water bearing
	FROM	TO	
Overburden	0	60	
Blue Slate	60	200	x
water at 100' & 120'			

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)  
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)  
 NO. OF BAGS 16 NO. OF POUNDS 1600  
 GALLONS OF WATER 1600  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP ft. to 64 BOTTOM ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
PL 6 64  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

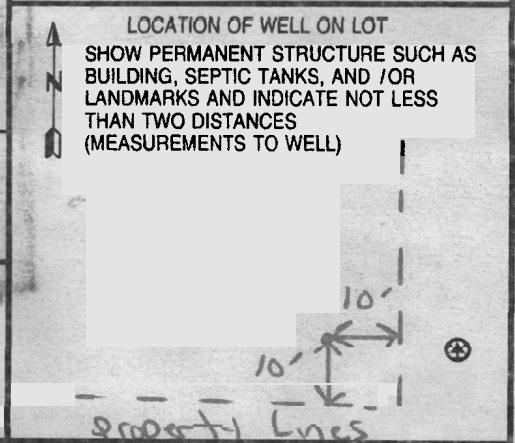
NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  YES  NO  
 CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

**C 2** DEPTH (nearest ft.)  
 1 HO 64 200  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

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

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 15.0  
 METHOD USED TO MEASURE PUMPING RATE Submersible  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 60 ft.  
 WHEN PUMPING 61 ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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. 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 (nearest foot)  
 - below ) \_\_\_\_\_



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. MWD 399  
 DRILLERS SIGNATURE Marty Dawson  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. M D 048  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 7075

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3098

fill in this form completely

W515 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Drantwood LLC Owner First Name 34

8835P Columbia 100 PKWY Street or RFD 55

Columbia MD 21045 Town State Zip 76

DRILLER INFORMATION

Paul M. Fabarak MWD399 Driller's Name License No. 81

G Edgar Harr Sons Corp Firm Name

12047 Falls Rd Cockeysville 21030 Address

Paul M. Fabarak Signature Date 4-18-01

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

B 3 HOWARD LOCATION OF WELL

8 COUNTY 21

Ferguson Property 23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

West Friendship 52 NEAREST TOWN 71

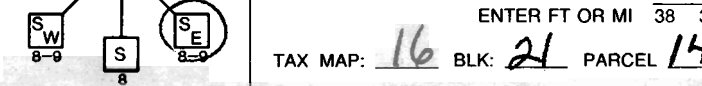
MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

B 4 Seneca Chief Trail 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

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

TAX MAP: 16 BLK: 21 PARCEL 147



USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
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 (13) A514251-A COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 5/3/2001 Brian Baker 5/3/2002 EXP. DATE

NORTH GRID 529 000 EAST GRID 826 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
AIR-ROTary
CABLE
other
JETTED (circled)
AIR-PERcussion
ROTARY (Hydraulic Rotary)
Drive-POINT
Jetted & DRIVEN

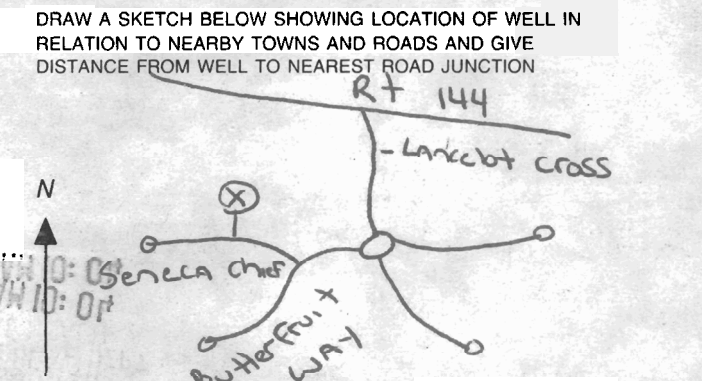
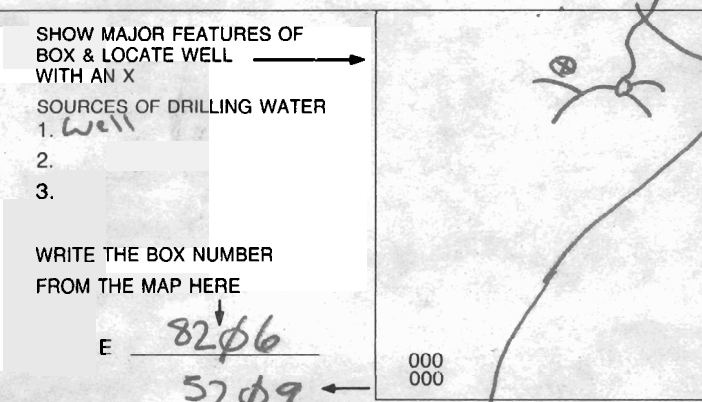
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D 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)

A PROP. PERMIT NUMBER G PERMIT No. HO-94-3098

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 Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: WTC III P+A Telephone #: 410 4894457  
Address: 1420 Gullis Falls Rd  
Woodbine MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): William T Combsland License# 7979  
\*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: Lake Telephone #: 410 854 7070  
Subdivision: Ferguson Lot #: 1 Well Tag #: HO -       
Site Address: 3024 Merlin Ct

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Mues</u>	Make: <u>    </u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>    </u>	Model#: <u>    </u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>4</u> GPM	Depth: <u>    </u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <u>    </u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>    </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>Piping to house</u>	<u>House Connection</u>
Type: <u>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>5ft</u>
Depth of supply line: <u>8</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      12-23-02 date

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

Date Insp. Requested: 7/19/02 Date Insp. Approved: 7/19/02 SO  
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 58° 30' W 208.70' (Deed)

Ex Well

LOT 26

TON FERGUSON  
227/335  
Zoned RC

60' BRL

#7

#6

#4B

Rock

#5

#4 Rock

#4A

Rock

#40

Rock

CgB2

505.00' (Deed)

30' BRL

#3

#2

N 28° 15' E

LOT 1  
3.00 Ac. ±

Proposed Dwelling

Prop. Well

G/B2

Ch B2

30' BRL

100'

LOT 25

5/3/01  
Well site to be  
staked by L.D.E.  
Proposed location  
BA

Ex Well

Relocated Well Site  
For Lot 1

S 63° E 227.70' (Deed)