

C1 14129 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 A516543

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 15 3 03

Depth of Well 22 220 26 (TO NEAREST FOOT) 6/16/03

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3648 28 29 30 31 32 33 34 35 36 37

OWNER Congedo John STREET OR RFD Hoods Mill Road TOWN Cooksville SUBDIVISION Mullinix Property SECTION LOT 2

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Yellow clay (0-56), Blue Rock (56-220).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [ ] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 15 NO. OF POUNDS 45.46 70 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 53 ft. (enter 0 if from surface)

CASING RECORD

casings types insert appropriate code below [CO] CONCRETE [PL] PLASTIC MAIN CASING TYPE S Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD

screen type or open hole insert appropriate code below [BR] BRASS [PL] PLASTIC [HO] OPEN

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED 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. MSD024

DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. MSD027

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

DEPTH (nearest ft.) 58 220

Table with columns: Casing height (8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51) and Slot size (1, 2, 3)

DIAMETER OF SCREEN (NEAREST INCH) 56 60 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) (E.R.O.S.) T W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

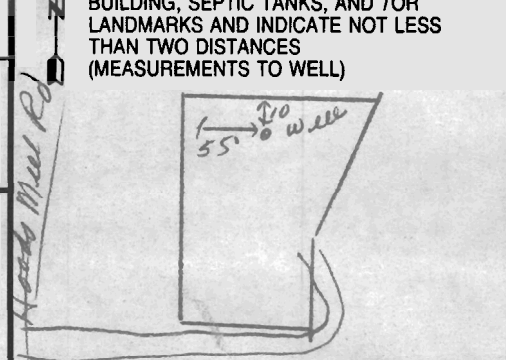
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 46 22 25 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 (CIRCLE) (YES or NO) YES [ ] NO [X] 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [ ] above [X] below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



B 1 **5145**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
518512 please type

STATE PERMIT NUMBER

**HO-94-3648**  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
**Congedo** Last Name  
**John** First Name  
34  
**10907 Guilford Rd** Street or RFD  
55  
**Annapolis Md 20701** Town State Zip  
57 70 72 76

B 3 LOCATION OF WELL

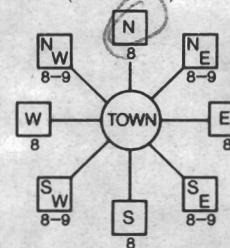
8 COUNTY **Howard** 21  
**Mulliner Property** SUBDIVISION 42  
SECTION 44 46 LOT **2** 48 50  
**Cooksuite** NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **2** M I  
73 76 77 78

DRILLER INFORMATION

**Joseph L. Mayne** Driller's Name  
**MSD 24** License No. 81  
**Joseph L. Mayne Well Drilling** Firm Name  
**5512 Ridge Rd. Mt Airy Md 21771** Address  
**Joseph L. Mayne** Signature  
**1/14/03** Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Md. 97 Woods Mill Road** NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 **510** 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI **38** 39  
TAX MAP: **8** BLK: **6** PARCEL **166**

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

**Howard** COUNTY NAME  
**(13) A516543** COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED **2/27/2003** **Brian Baker** 2/27/2004  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **550** 0 0 0 EAST GRID **797** 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 \_\_\_\_\_

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 **7947**

N **54050**

000  
000

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

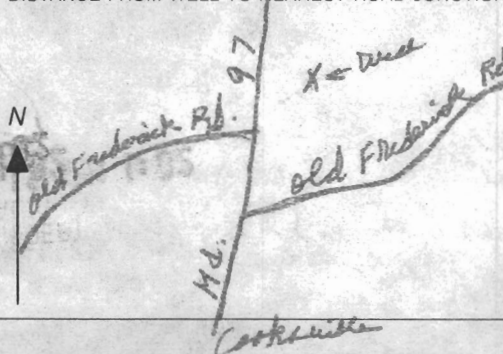
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. **HO-94-3648**  
70 71 72 73 74 75 76 77 78 79

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





HOODS MILL RD. (RTE. 97)

N 16°28'33" E  
675.55'

EX. ENTRANCE

PROP. DRIVE

2/27/03

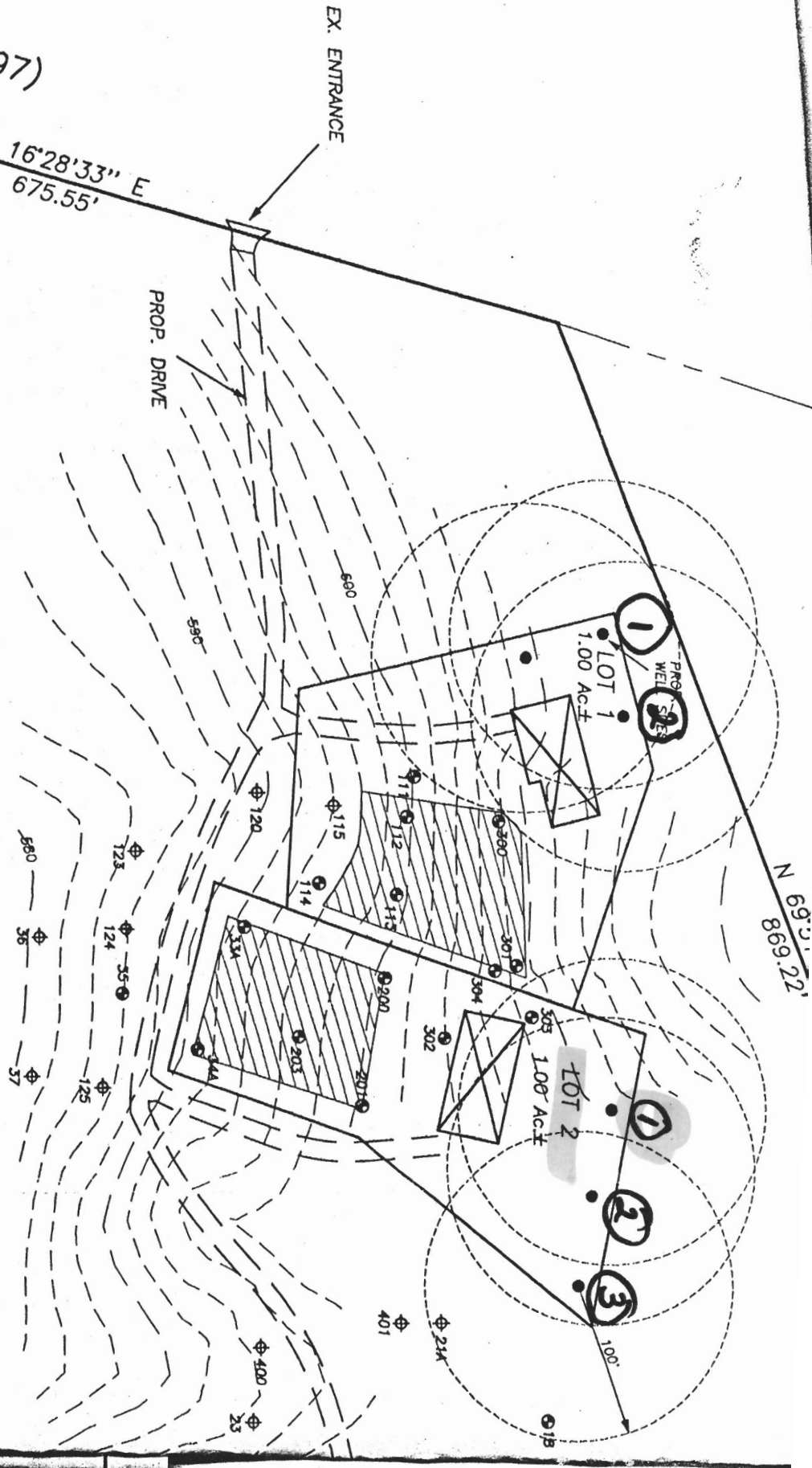
Well Sites Staked by  
Van Mar. Sites are  
Numbered According  
to Drilling Order.

BB

N 86°56'04" W

N 69°31'22" E  
869.22'

S 03°03'56" W  
150.00'



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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Orzech Rd  
Sylkesville, MD 21764

(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# MSD 009

\*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: Pulte Homes Telephone #: \_\_\_\_\_  
Subdivision: Noahs meadow or Lot #: 2 Well Tag #: HO-94-3648  
Site Address: Quartz Hill Estates  
1025 Hoods Mill Rd

Submersible Pump Data                      Pitless Adapter                      Well Cap and Electric Conduit  
Make: Coulds                                      Make: Campbell                                      Two piece watertight cap: yes  
Model #: 75307422                                      Model#: N/A    Screened, vented well cap: yes  
Pump Capacity 7 GPM                                      Depth: 36 (36" min)                                      Cap secured to casing: yes  
Well Yield: \_\_\_\_\_ GPM                                      NSF approved: yes                                      Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 330 (feet)                                      Conduit secured to well cap: yes  
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 N/A

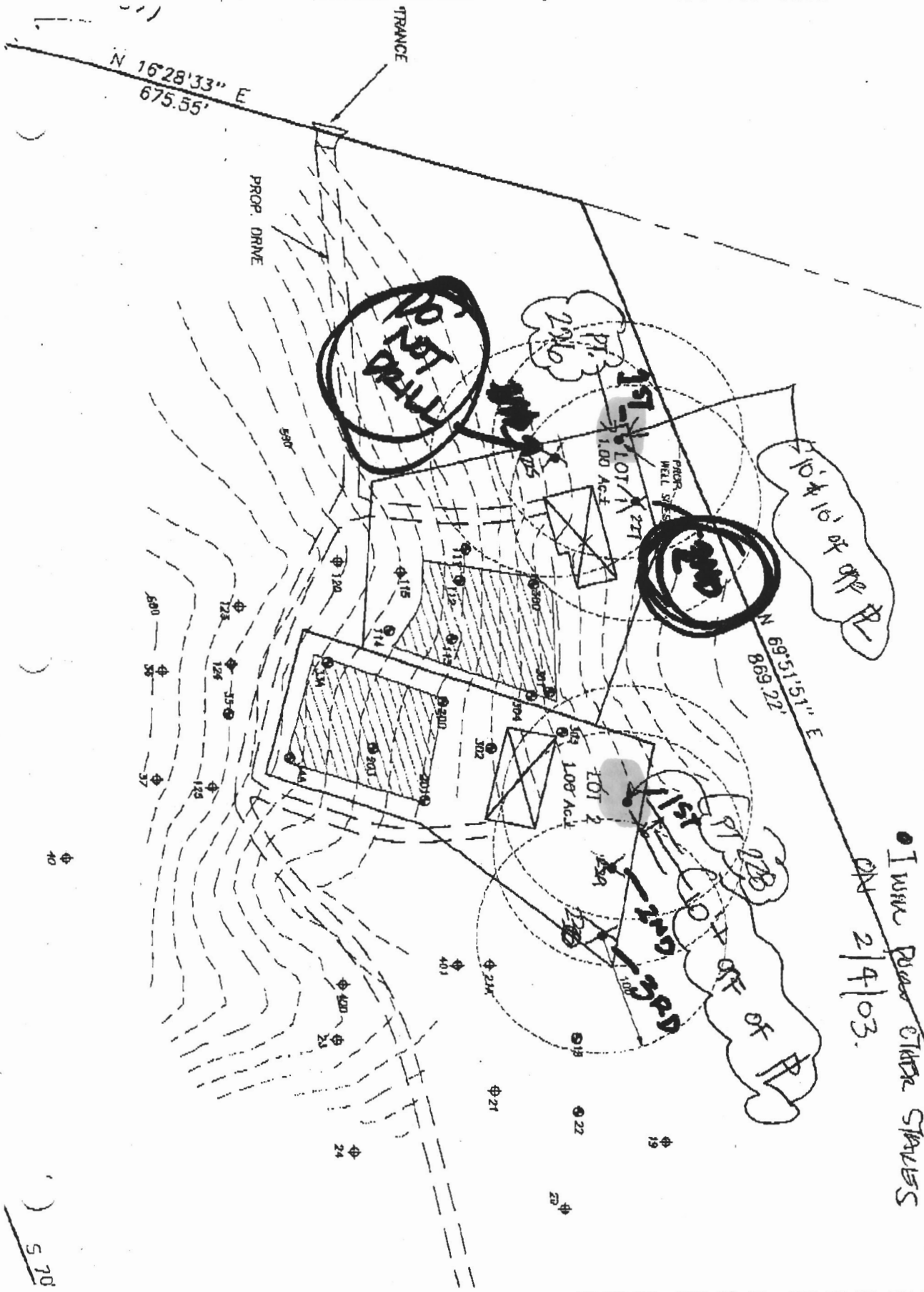
Piping to house                                      House Connection  
Type: 1" Black Plastic                                      PVC sleeved to undisturbed soil at wall penetration: yes  
PSI: 160 (160 psi min)                                      Approximate length of sleeve: 5  
Depth of supply line: 42 (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.

Allen Compton                                      12-8-03  
Signature of company representative responsible for installation                                      date

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

Date Insp. Requested: 11/13/03                                      Date Insp. Approved: 11/14/03                                      SRK  
Inspection Data: Pitless adapter and water supply line at least 36" below grade                                                                            BB  
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



AS INDICATED TO MIKE WASSONT  
 ON 2/3/03  
 I WILL PULL OTHER STAPLES  
 ON 2/4/03.

5 70