

C 1 06788 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 OK 8/3/99 (DKS)

ST/CO USE ONLY DATE RECEIVED MM DD YY B 13

DATE WELL COMPLETED MM DD YY 7 22 99

Depth of Well 22 220' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 2292

OWNER Highland Development first name last name STREET OR RFD Street A TOWN Glenwood SUBDIVISION Knapp Property SECTION LOT Parcel D

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1598 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 46

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

SCREEN RECORD screen type or open hole insert appropriate code below DEPTH (nearest ft.)

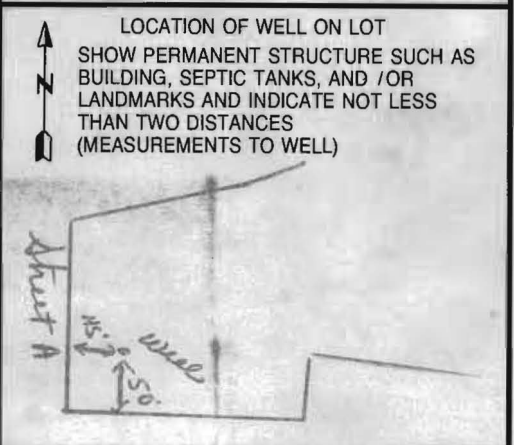
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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 F. Mayne LIC. NO. 1 M D 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

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 41 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO 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 below 3 (nearest foot)



B 1 7409 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 - 2292
 70 fill in this form completely 79

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Highland Development
 15 Last Name Owner First Name 34
P.O. Box 228
 36 Street or RFD 55
Clarksville Md. 21029
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21
 23 SUBDIVISION Knapp Property 42
 SECTION 44 46 LOT 48 50
Glennwood
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 M I
 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne M S D O 24 76 License No. 81
 Firm Name Joseph L. Mayne Well Drilling
 Address 5512 - Ridge Rd. Mt. Airy 21771
 Signature Joseph L. Mayne Date 6/9/99

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

1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Street A 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 40 37
 DISTANCE FROM ROAD 40 FT
 ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED 6/21/99 CO SIGNATURE Chris Williams EXP. DATE 6/30/00
 43 MM DD YY 48
 NORTH GRID 544 0 0 0 EAST GRID 0798 0 0 0
 50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 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 7908
 N 5404

7/20/99
 8.30 Groot

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRive-POINT
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

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

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

APPROP. PERMIT NUMBER 54 _____ GAP _____ 63

PERMIT No. HO - 94 - 2292
 70 71 72 73 74 75 76 77 78 79

F
10-21-02
Retaxed
11-13-02

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 Circumance approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht RD
Sylasville Md 21784

(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#: M5D009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #: _____
Subdivision: Monticello Parcel D Lot #: Parcel Well Tag #: HO 94-2292
Site Address: 1734 Dardale Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Brusec Make: Campbell Two piece watertight cap: yes
Model #: 95605 Model#: _____ Screened, vented well cap: yes
Pump Capacity: 8 GPM Depth: 42" (36" min) Cap secured to casing: yes
Well Yield: 15 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 220 (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, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: yes
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 G. To 10-28-02
signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: 10/24/02 (50)
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

LOT 7
49,979± S.F.

LOT 22
48,182± S.F.

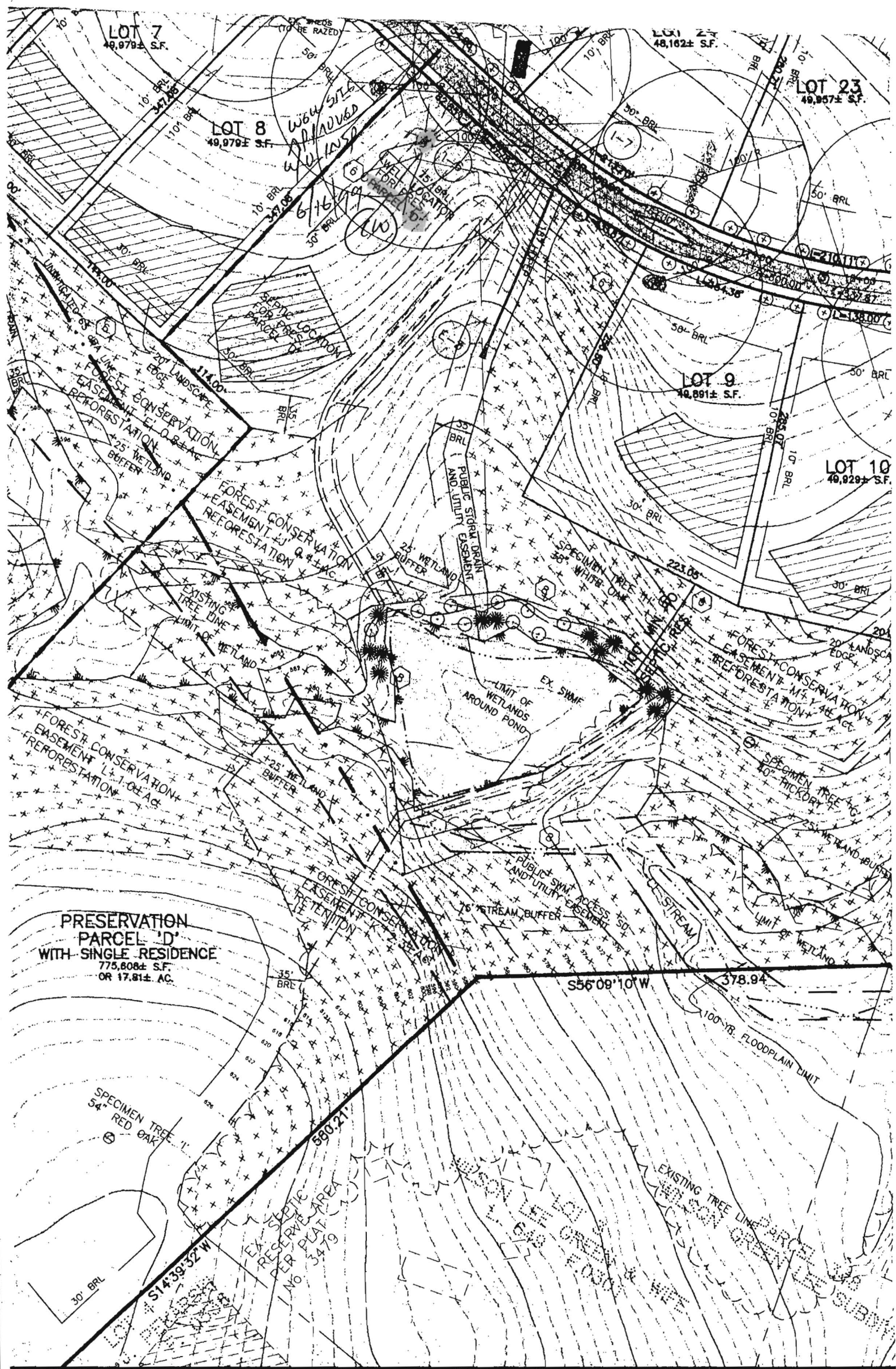
LOT 23
49,957± S.F.

LOT 8
49,979± S.F.

LOT 9
49,891± S.F.

LOT 10
49,929± S.F.

**PRESERVATION
PARCEL 'D'
WITH SINGLE RESIDENCE**
775,808± S.F.
OR 17.81± AC.



W64 SITE
APPROVED
6/16/19
610

20' LANDSCAPE
EDGE
REFORESTATION
EASEMENT
25' WETLAND
BUFFER

FOREST CONSERVATION
EASEMENT
REFORESTATION

FOREST CONSERVATION
EASEMENT
REFORESTATION

FOREST CONSERVATION
EASEMENT
REFORESTATION

FOREST CONSERVATION
EASEMENT
REFORESTATION

SPECIMEN TREE
40' THICKY

PUBLIC SWM
ACCESS
EASEMENT

SPECIMEN TREE
54' RED OAK

EX. SWM
RESERVE
AREA
3479

EXISTING TREE LINE
GREEN