

B 1 13824

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2665

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

MOGBERLEY GRETCHEN

RT 144

WEST FRIENDSHIP RD 21794

B 3

LOCATION OF WELL

HOWARD 8 COUNTY 21

MOGBERLEY PROP 23 SUBDIVISION 42

SECTION 44 46 LOT 18 48 50

GREENE 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION

MAEN COMPTON M S D 009

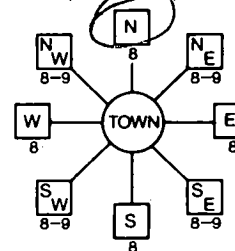
FOGLES WELL DRILLING

580 OBRECHT RD SYNEVILLE

Allen Compton 2-22-00

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



PERIPHERAL 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

230P 34 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP 22 BLK 1-7 PARCEL 4-331

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S DATE ISSUED

03 02 00 G. WILSON 3/1/01

525 000 0806 000 GRID

APPROXIMATE DEPTH OF WELL 200 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 DEEPEMED 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 54 G A P 63

PERMIT No. HO - 94 - 2665

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

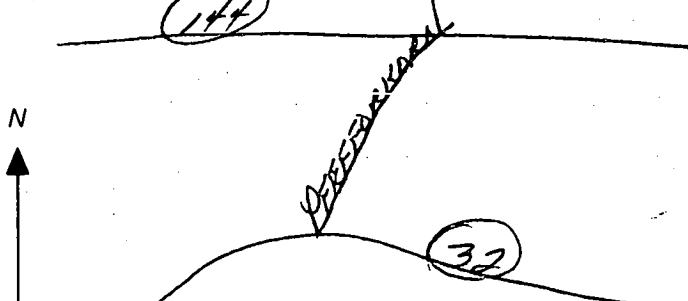
SOURCES OF DRILLING WATER

- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

6
E 800
N 5005

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2665
 Location of property (road) PFEFFER-KOAN RD
 Subdivision MOBBELY PROPERTY Lot 18 Block _____ Plat _____ Sec. _____
 Well Driller COMPTON/FOGLE Owner GASTCHEN MOBBELY

Depth of well 300'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 30

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15
 Total time 1 hr 45 min to reach pumping water level 275 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	30	4		15
8:15	109	4		15
8:30	137	4		15
8:45	197	4		15
9:00	242	5		12
9:15	271	5		12
9:30	275	10		6
9:45	275	10		6
10:00	275	10		6
10:15	275	10		6
10:30	275	10		6
10:45	275	10		6
11:00	275	10		6
11:15	275	10		6
11:30	275	10		6
11:45	275	10		6
12:00	275	10		6
12:15	275	10		6
12:30	275	10		6
12:45				
1:00				
1:15				
1:30				
1:45				

8/14/02
Check Tag
After Lot 29

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 Obrecht RD
Sykesville 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# MSD009
*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: Pulte Homes Telephone #: _____
Subdivision: The Paddocks Lot #: 18 Well Tag #: HO-94-2665
Site Address: 3805 Head Play Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 155B07422 Model#: _____ Screened, vented well cap: yes
Pump Capacity 10 GPM Depth: 42' (36" min) Cap secured to casing: yes
Well Yield: 6 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: _____ (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 N/A

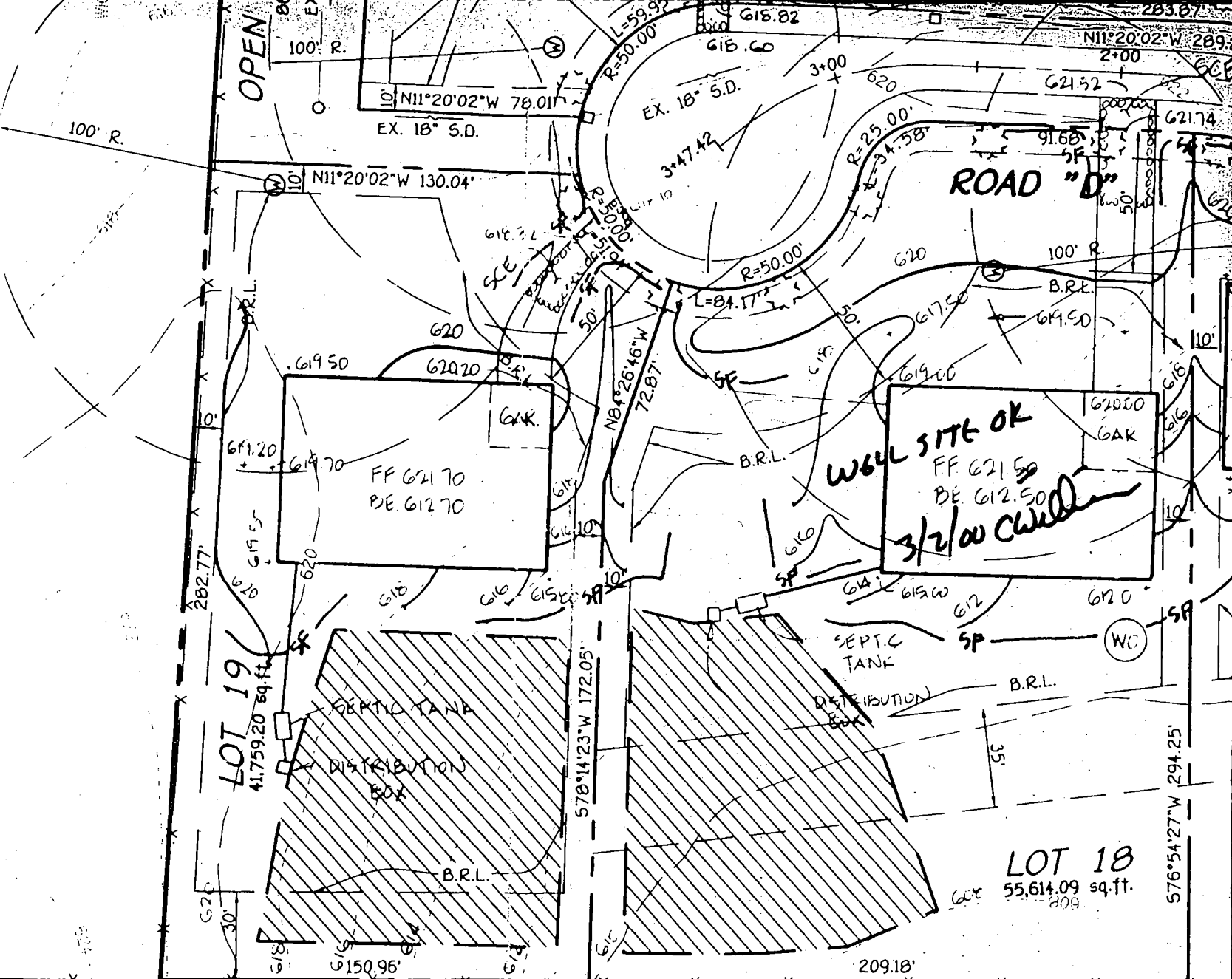
Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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 10-3-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 10/1/01 Date Insp. Approved: _____ Inspector: 6/4/02 (SO)
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: ✓ No Tag
Water supply line sleeved adequately at house connection: ✓
Adequate grout observed below pitless adapter: ✓



LOT 2
PROPERTY OF
CHRISTIAN L. SMITH
PLAT No. 7431

LOT INFORMATION CHART	LOT 11
INVERT SEPTIC SYSTEM AT HOUSE	638.50