

C1 7556 (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

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

DATE WELL COMPLETED
MM DD YY
7 1 99

Depth of Well
22 245 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40 - 94 - 2158

OWNER HIGHLAND Development last name first name
STREET OR RFD Fox Brook Ct
SUBDIVISION Monticello - Knapp SECTION _____ TOWN Stenwood
LOT 33

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	
Sand	0	116	
Gray Granite	116	245	

GROUTING RECORD yes no
 Y N
(Circle Appropriate Box)

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 40 NO. OF POUNDS 3760

GALLONS OF WATER 240

DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 48 52 ft. to 105 BOTTOM 54 58 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 ST Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 120

OTHER CASING (if used)

EACH CASING	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 Y N

CIRCLE APPROPRIATE LETTER
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. MS DO 24

DRILLERS SIGNATURE Paul P. Mayne
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C 2

DEPTH (nearest ft.)

1	2	3	4	5	6
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)
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)

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.) 8.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.
WHEN PUMPING 75 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 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 _____

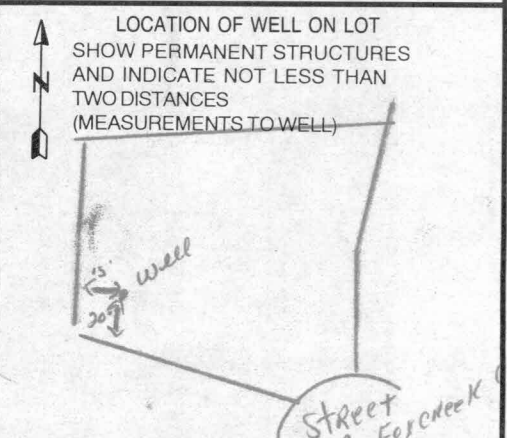
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35

PUMP HORSE POWER _____ 37 _____ 41

PUMP COLUMN LENGTH (nearest ft.) _____ 43 _____ 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } 2 (nearest foot)



B 1 0301

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2158 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Highland Development P.O. Box 228 Clarksville Md. 21029

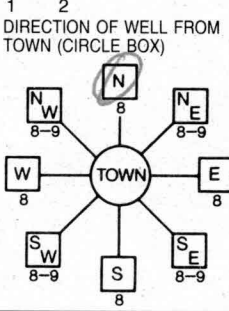
LOCATION OF WELL

Howard County Knapp Property Glenwood 33 3 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Maype M S D 024 Joseph L. Maype Well Drilling 5512 Ridge Rd. Mt. Airy 21111 3/1/99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street B NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

300 FT DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME 13 COUNTY NO. DATE ISSUED 03/23/99 CO SIGNATURE EXP. DATE 03/22/00 NORTH GRID 545 EAST GRID 0797

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) 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 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)

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

APPROX. PERMIT NUMBER GAP PERMIT No. HO-94-2158

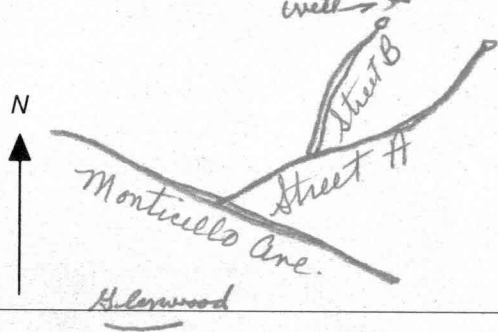
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. WELL 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 794 N 5405

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

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: Foale Well Drilling Telephone #: 410-795-5670
 Address: 580 Obrecht Rd
Stylesville 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: D.R. Horton Telephone #: _____
 Subdivision: Monticello Lot #: 33 Well Tag #: HO-94-2158
 Site Address: 14329 Fox Creek Ct

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Oboulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>105007422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>225</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 17.8.4
 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
 Type: 1" Black Plastic
 PSI: 160 (160 psi min)
 Depth of supply line: 42 (36" min)

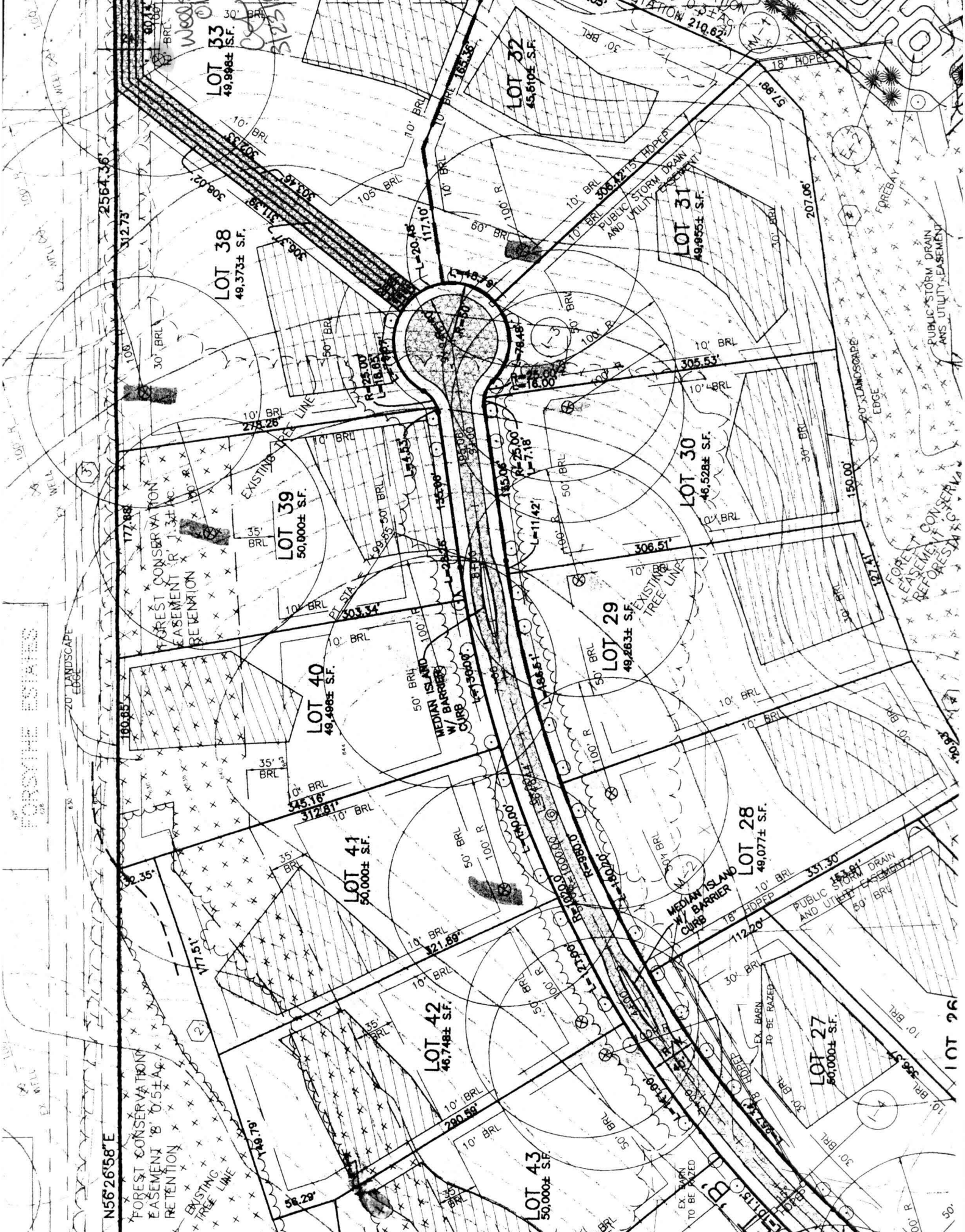
House Connection
 PVC sleeve to undisturbed soil at wall penetration: yes
 Approximate length of sleeve: 5'
 Sleeve caulked and sealed properly: yes

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 _____
 Signature of company representative responsible for installation date 11/26/01

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

Date Insp. Requested: 10/9/01 Date Insp. Approved: 10/13/01 Inspector: (BB) SRK
 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



N56°26'58"E

FOREST CONSERVATION EASEMENT 8' 0.51 AC. RETENTION

EXISTING TREE LINE

LOT 33
49,898± S.F.

LOT 38
49,373± S.F.

LOT 39
50,000± S.F.

LOT 40
49,496± S.F.

LOT 41
50,000± S.F.

LOT 42
46,748± S.F.

LOT 43
50,000± S.F.

LOT 32
45,810± S.F.

LOT 31
49,955± S.F.

LOT 30
46,528± S.F.

LOT 29
49,263± S.F.

LOT 28
48,077± S.F.

LOT 27
50,000± S.F.

ELEVATION STATION 210.62'

18 HOPE

305.53'

308.51'

331.30'

346.57'

351.30'

PUBLIC STORM DRAIN AND UTILITY EASEMENT

EXISTING TREE LINE

PUBLIC STORM DRAIN AND UTILITY EASEMENT

EX. BARN TO BE RAZED

EX. BARN TO BE RAZED

30' BRL

10' BRL

10' BRL

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FORSYTHE ESTATES

EX. WELL

EX. WELL

20' LANDSCAPE EDGE

20' LANDSCAPE EDGE

20' LANDSCAPE EDGE

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