

C1 7288

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 16530

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11 26 07

Depth of Well 22 500 26 (TO NEAREST FOOT)

OK 6/19/SSC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1350

OWNER last name first name STREET OR RFD TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown shale, Gray Limestone, 0-55, 55-500.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (14), NO. OF POUNDS (136), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (0 to 45 ft).

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (06), Total depth (60).

OTHER CASING (if used) form with fields: diameter, depth (feet).

SCREEN RECORD form with fields: screen type (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

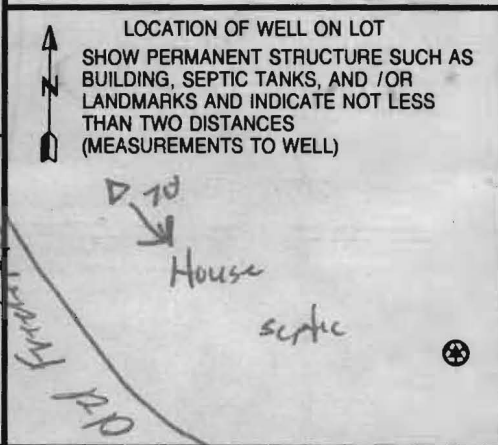
DEPTH (nearest ft.) table with rows A-C, S-R, E-E, N and columns 1-21. Includes DIAMETER OF SCREEN (56-60).

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

PUMPING TEST form with fields: HOURS PUMPED (01), PUMPING RATE (2), METHOD USED TO MEASURE PUMPING RATE (1 gal.), WATER LEVEL (160 ft before, 500 ft when pumping), TYPE OF PUMP USED (A, P, T, C, R, O, J, S).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (5), PUMP HORSE POWER (5), PUMP COLUMN LENGTH (480), CASING HEIGHT (above), LAND SURFACE (DI).



Administrative fields: NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), DRILLERS LIC. NO. (M D 009), LIC. NO. (D), SITE SUPERVISOR.

B 1 8028

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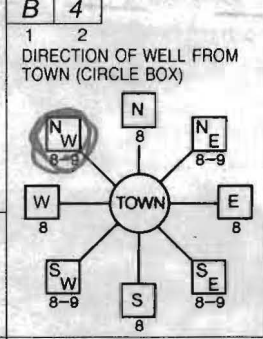
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527911 please type

STATE PERMIT NUMBER 140-95-1350 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 15 Last Name 17000 Old Frederick rd. 36 Street or RFD 45 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 HOWARD COUNTY 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN LISBON MILES FROM TOWN (enter 0 if in town) 5 MI

DRILLER INFORMATION Driller's Name Allen Campbell M S D 009 Firm Name Fogler Well Drilling 580 Obrecht rd. Address Signature Date 11-13-07



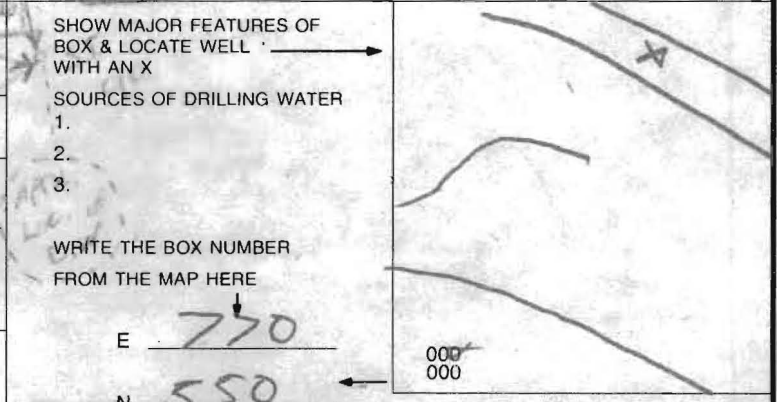
DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 17000 Old Frederick NEAR WHAT ROAD 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 200 37 DISTANCE FROM ROAD FT 38 39

WELL INFORMATION B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 13 COUNTY NO. A 16530 STATE SIGNATURE DATE ISSUED 11/14/07 CO SIGNATURE EXP. DATE 11/14/08 NORTH GRID 550 000 EAST GRID 0740 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH



METHOD OF DRILLING (circle one) BORED (or Augered) 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 140-95-1350

SPECIAL CONDITIONS Ex. Well to be sealed per COMAR. * Casing Depth to be determined where upper fracture starts. Minimum 60' of casing.

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 1350
Site Address: 17000 Rd 99

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 11/21/07 Date Insp. Approved: 11/21/07 KW
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

*approved.
Told contractor to
cover up in phone
conversation w/ Driller.
couldn't make it out
to insp. KW*