

1 2 3 6
98050

SEQUENCE NO. (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 **13** A57577

DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
10 20 00

DEPTH OF WELL
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2868
28 29 30 31 32 33 34 35 36 37

OWNER **Big Branch Overlook LLC**
STREET OR RFD **14069 Big Branch Drive** TOWN **Dayton**
SUBDIVISION **Big Branch Overlook** SECTION _____ LOT **15**

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	
Brown shale	0	53	
Gray slate	53	110	
Flint	110	111	✓
Gray slate	111	300	

GROUTING RECORD yes no
 Y N
44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
45 46 47 48

NO. OF BAGS **10** NO. OF POUNDS **440**

GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **34** ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL
 CO CONCRETE
 PL PLASTIC
 OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	06	60
60 61	63 64	66 70

OTHER CASING (if used)

EACH CASING	diameter (inch)		depth (feet)	
	inch	from	from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL
 BR BRASS
 PL PLASTIC
 HO OPEN HOLE
 OT OTHER

C 2 1 DEPTH (nearest ft.)
1 HO 34 300
2 300

EACH CASING	diameter (inch)		depth (feet)	
	inch	from	from	to

PUMPING TEST

HOURS PUMPED (nearest hour) **07**
8 9

PUMPING RATE (gal. per min.) **2**
11 15

METHOD USED TO MEASURE PUMPING RATE **190L**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **26** ft.
17 20

WHEN PUMPING **240** ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27

C centrifugal R rotary O other (describe below)
27 27 27

J jet S submersible
27 27

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

GASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
49

- below } **02** (nearest foot)
49 50 51

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED YES NO

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

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 OBTAINED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MSD 009**

DRILLERS SIGNATURE *Arthur Compton*

LIC. NO. **D**

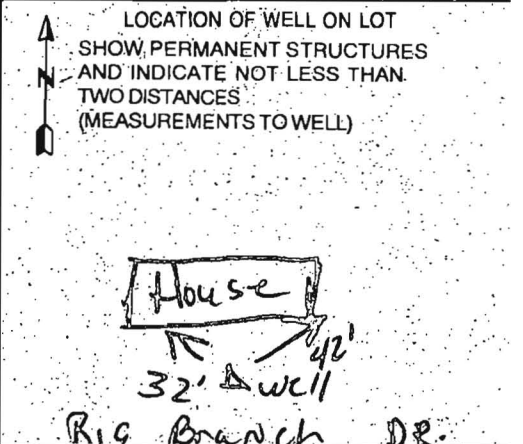
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68

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 _____



1 13632

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL W51427 please print or type

STATE PERMIT NUMBER HO-94-2868 fill in this form completely

Date Received (APA) 90/28/2000

OWNER INFORMATION

Big Branch Overlook LLC, 7164 Columbia Gateway Dr, Columbia MD 21046

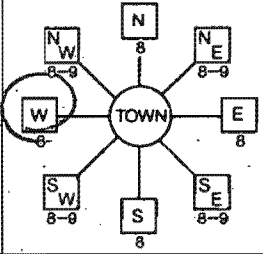
LOCATION OF WELL

Howard, Big Branch Overlook, Dayton, 2 miles from town

DRILLER INFORMATION

Allen Compton, Fogles Well Drilling, 580 Obrecht rd, Sykesville MD 21784

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, EAST, SOUTH. DISTANCE FROM ROAD 400 FT.

WELL INFORMATION

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

TAX MAP: 27 BLK: 11 PARCEL 140

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY, TEST, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, A57577, Brian Baker, 10/13/2001, NORTH GRID 512 000, EAST GRID 797 000

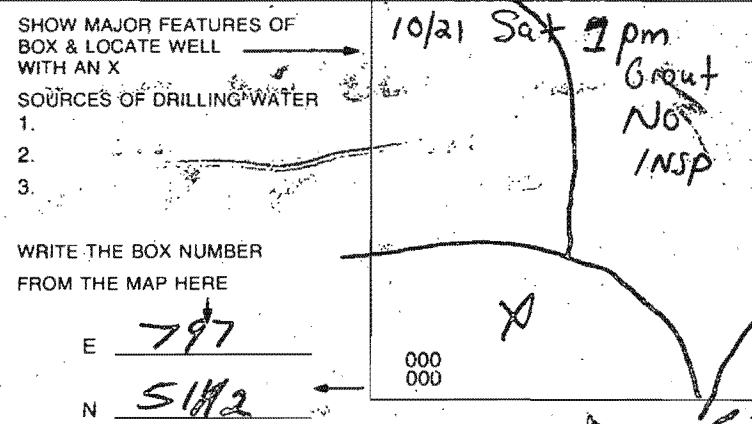
APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), AIR-ROTARY (circled), JETTED, ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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



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 GAP, PERMIT No HO-94-2868

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2868
 Location of property (road) 14069 Big Branch Dr.
 Subdivision Big Branch Overlook Lot 15 Block _____ Plat _____ Sec. _____
 Well Driller Eagles/Allen Compton Owner Big Branch Overlook LLC
 Depth of well 300'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 20'

I. High rate pumping -- reservoir drawdown

Time pump started 10:45 Pumping rate 13
 Total time 60 min to reach pumping water level 240' 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	26	23		13
11:00	112	25		12
11:15	116	30		10
11:30	206	40		7.5
		190L bucket		
11:45	240	30		2
12:00	240	30		2
12:15	240	30		2
12:30	240	30		2
12:45	240	30		2
1:00	240	30		2
1:15	240	30		2
1:30	240	30		2
1:45	240	30		2
2:00	240	30		2
2:15	240	30		2
2:30	240	30		2
2:45	240	30		2
3:00	240	30		2
3:15	240	30		2
3:30	240	30		2
3:45	240	30		2
4:00	240	30		2
4:15	240	30		2

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: Fooks 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: Toll Brothers Telephone #: 443-535-9296
Subdivision: Tridelonia Ridge Lot #: 15 Well Tag #: HO-94-2868
Site Address: Big Branch Dr

Submersible Pump Data
Make: Goulds 1/2HP
Model #: 55A05412
Pump Capacity: 5 GPM
Well Yield: 2 GPM

Pitless Adapter
Make: Campbell
Model#: _____
Depth: 4' (36" min)
NSF approved: yes

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

Depth of well encountered at time of pump installation: 300 feet
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, other - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt. NO

Piping to house
Type: Black Plastic 1"
PSI: 200 (360 psi min)
Depth of supply line: 4' (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.

Signature of company representative responsible for installation: Allen Compton date: 2-15-01

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

Date Insp. Requested: 2/7/01 Date Insp. Approved: 2/7/01 Inspector: 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



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

**REQUEST FOR TEMPORARY DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 2/15/01 WELL PERMIT #: HO - 94 - 2868

PROPERTY OWNER: STULL
SUBDIVISION & LOT #: BIG BRANCH OVERLOOK - LOT 15
PROPERTY ADDRESS: 14069 BIG BRANCH DRIVE
DAYTON, MD 21036

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

CHLORINATION OF EXISTING WELL. BACTERIA LEVELS HAVE
NOT MET COUNTY REQUIREMENTS. RECHLORINATED 2/15.
WAITING FOR RESULTS. DUE 2/16.

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

RECHLORINATION OF WELL UNTIL BACTERIA LEVEL MEETS
HOWARD COUNTY HEALTH DEPT. STANDARDS. INSTALLATION
OF AN ULTRAVIOLET DISINFECTION SYSTEM SHOULD BACTERIA
LEVELS UNABLE TO BE REDUCED BY CHLORINATION.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO-94-2868 will be bacteriologically free resulting from approved disinfection procedures.
- 2) If condition #1 is not met through disinfection techniques, then either:
 - a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED** (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

OR

b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO-~~94-2868~~ I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

[Signature] *Sherry Stull*

Prospective Owner's Day Time Phone Number(s)

410-804-4999 410-259-1293

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773

Director (410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH