

C1 14309

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 A517978

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

DATE RECEIVED 12 26 02

DATE WELL COMPLETED 12 6 02

DEPTH OF WELL 220

PERMIT NO. HO-94-3558

OWNER CURLETT CHRIS STREET OR RFD 1370 OLD ROVER ROAD TOWN WEST FRIENDSHIP SUBDIVISION LICHENDALE SECTION LOT 2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Shale, Gray Limestone, Brown, Gray Limestone, White, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 23 NO. OF POUNDS 2162

CASING RECORD

casings types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (S) (T) (C) (O) (P) (L) (O) (T)

OTHER CASING (if used)

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

DEPTH (nearest ft.)

Table with columns: E A C H S C R E E N, 1 2 3, 4 5 6, 7 8 9, 10 11 12, 13 14 15, 16 17 18, 19 20 21, 22 23 24, 25 26 27, 28 29 30, 31 32 33, 34 35 36, 37 38 39, 40 41 42, 43 44 45, 46 47 48, 49 50 51, 52 53 54, 55 56 57, 58 59 60, 61 62 63, 64 65 66, 67 68 69, 70 71 72, 73 74 75, 76 77 78, 79 80 81, 82 83 84, 85 86 87, 88 89 90, 91 92 93, 94 95 96, 97 98 99, 100

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 196L WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 20 TYPE OF PUMP USED (for test) (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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (O) LAND SURFACE (-) below (01) (nearest) foot

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See Plat

B 1 7491

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3558 fill in this form completely

517980 please type

Date Received (APA)

10 30 02

OWNER INFORMATION

Chris Cuellett Owner First Name Last Name
6030 Daybreak Circle Street or RFD
Clarksville MD 21029 Town State Zip

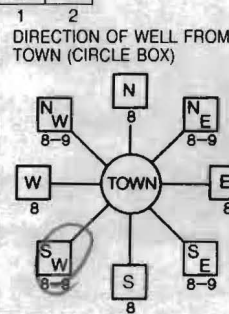
B 3 LOCATION OF WELL

Howard County
Lichen Dale Subdivision
West Friendship Nearest Town
4 Miles from town

DRILLER INFORMATION

Allen Compton M SD 009 Driller's Name License No.
Eagles Well Drilling Firm Name
580 Obrecht Rd. Address
10-21-02 Signature Date

B 4



Old River Rd. Near what road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Distance from road 50 FT
TAX MAP: 15 BLK: 13 PARCEL 108

B 2 WELL INFORMATION

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

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 County Name County No. A 517978
STATE SIGNATURE INSERT S
DATE ISSUED 11 4 02 Steven R. Krieg 11 9 03
CO SIGNATURE EXP. DATE
NORTH GRID 530 0 0 0 EAST GRID 800 0 0 0

APPROXIMATE DEPTH OF WELL 300 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 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 G
PERMIT No. HO-94-3558

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

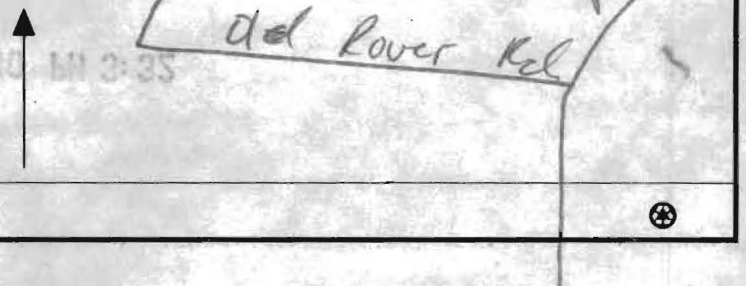
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800
N 530

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

N



axed
7/16/03
Re-Called
9-3-03

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: Fogle 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# MSD 009

*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: JST Builders Telephone #: _____
Subdivision: Lichendale Farm Lot #: 42 Well Tag #: HO-94-3558
Site Address: 13710 Old Rover Rd
West Friendship MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: YES
Model #: 75B 0572 2 Model#: _____ Screened, vented well cap: YES
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: YES
Well Yield: 20 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 200 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved 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.

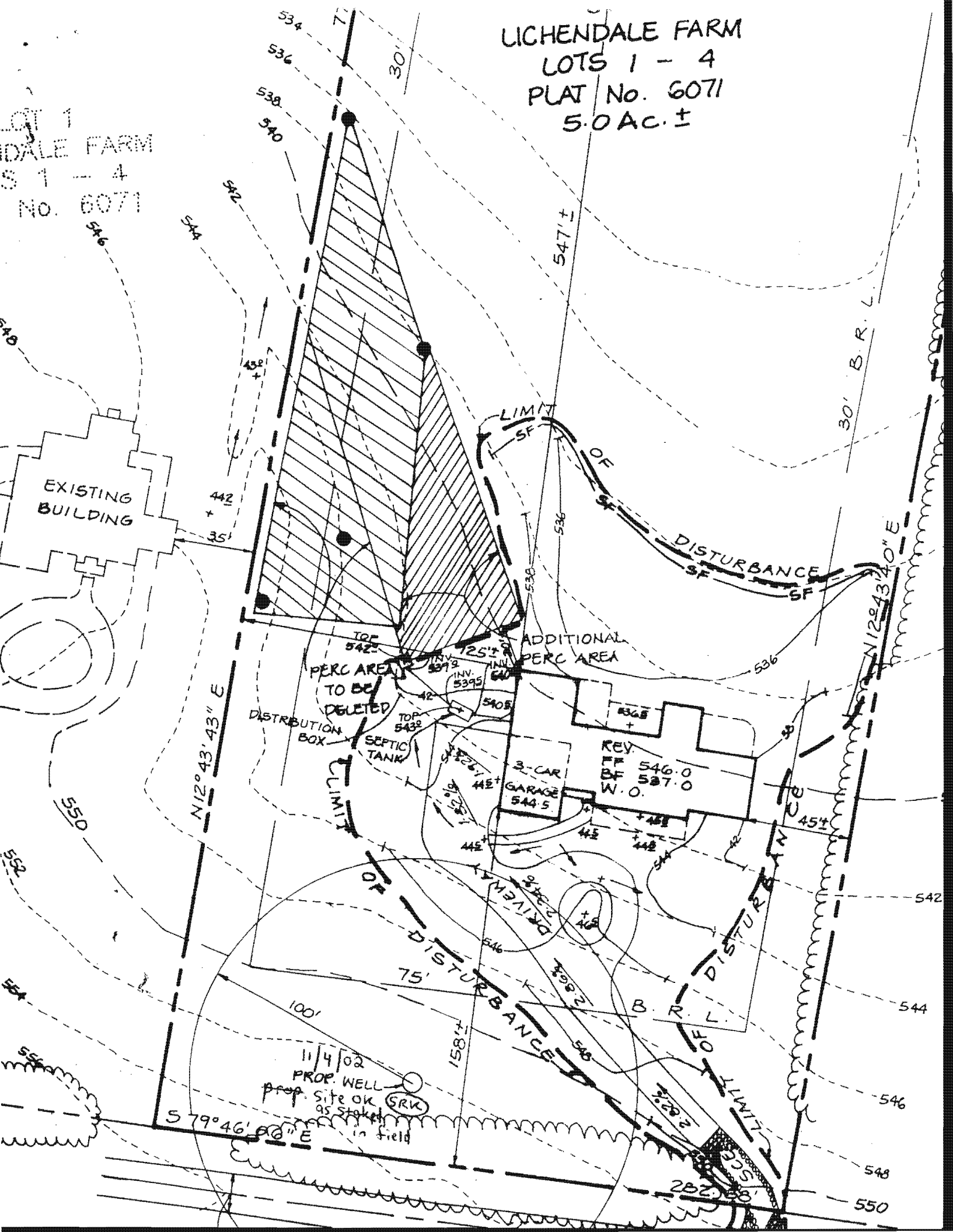
Allen Compton 7-16-03
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/14/03 Date Insp. Approved: 7/14/03 (50) SRK
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

LICHENDALE FARM
 LOTS 1 - 4
 PLAT No. 6071
 5.0 AC. ±

LOT 1
 LICHENDALE FARM
 S 1 - 4
 No. 6071



C1 8204

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

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Schneider, Marvin; STREET OR RFD: 13710 Old River Rd; TOWN: West Friendship MD; SUBDIVISION: SECTION LOT 2

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Overbarden, Soft Gray Shale, Med Hard Gray Granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (Cement/Bentonite Clay); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL); Nominal diameter top (main) casing; Total depth of main casing

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

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); insert appropriate code below

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N; rows for slot size and diameter of screen

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; PUMPING RATE; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL; BEFORE PUMPING; WHEN PUMPING; TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); TYPE OF PUMP INSTALLED PLACE; CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT; LAND SURFACE

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M SD 106

DRILLERS SIGNATURE; LIC. NO. H D 873

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

B 1 6726 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-95-1949
 1 2 3 6 APPLICATION FOR PERMIT TO DRILL WELL 533302 please type 70 fill in this form completely 79

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
Schneider Marvin J.
 15 Last Name Owner First Name 34
13710 Old Rover Road
 36 Street or RFD 55
West Friendship Rd 21794
 57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY Howard 21
Richendale Farm
 23 SUBDIVISION 42
 SECTION 2 LOT 2
 44 46 48 50
West Friendship
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 0 M I
 73 76 77 78

DRILLER INFORMATION
Marshal Arnette M S D 106
 Driller's Name 76 License No. 81
Allied Environmental Svcs
 Firm Name
PO Box 12422, Mellersville Md 21108
 Address
Mark Smith 6/18/10
 Signature Date

B 4
 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 2 13710 N. Old Rover Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 34 DISTANCE FROM ROAD 37
 ENTER FT OR MI 38 39
 TAX MAP: 15 BLK: 13 PARCEL 168

B 2 **WELL INFORMATION**
 1 APPROX. PUMPING RATE (GAL. PER MIN.) _____
 2 _____
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) _____
 14 _____ 20

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 3 Closed Loops

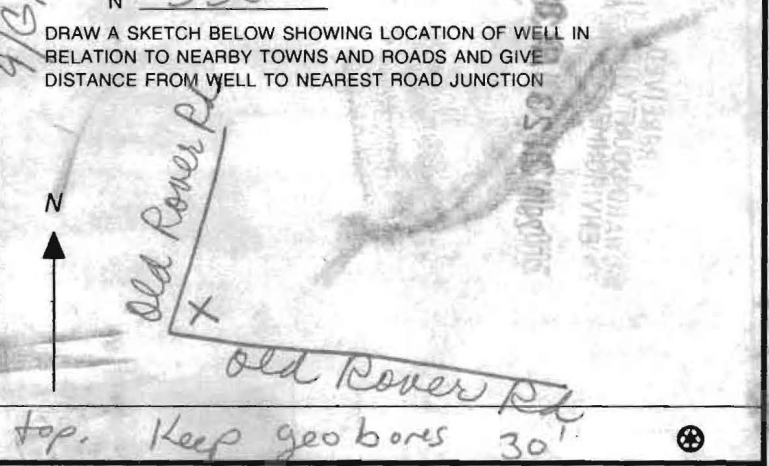
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME 13 COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 7/8/10
 43 MM DD YY 48 CO SIGNATURE Kevin Kay EXP. DATE 7/8/11
 NORTH GRID 530 0 0 0 EAST GRID 0801 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 350 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Driller Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8001
 N 530
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

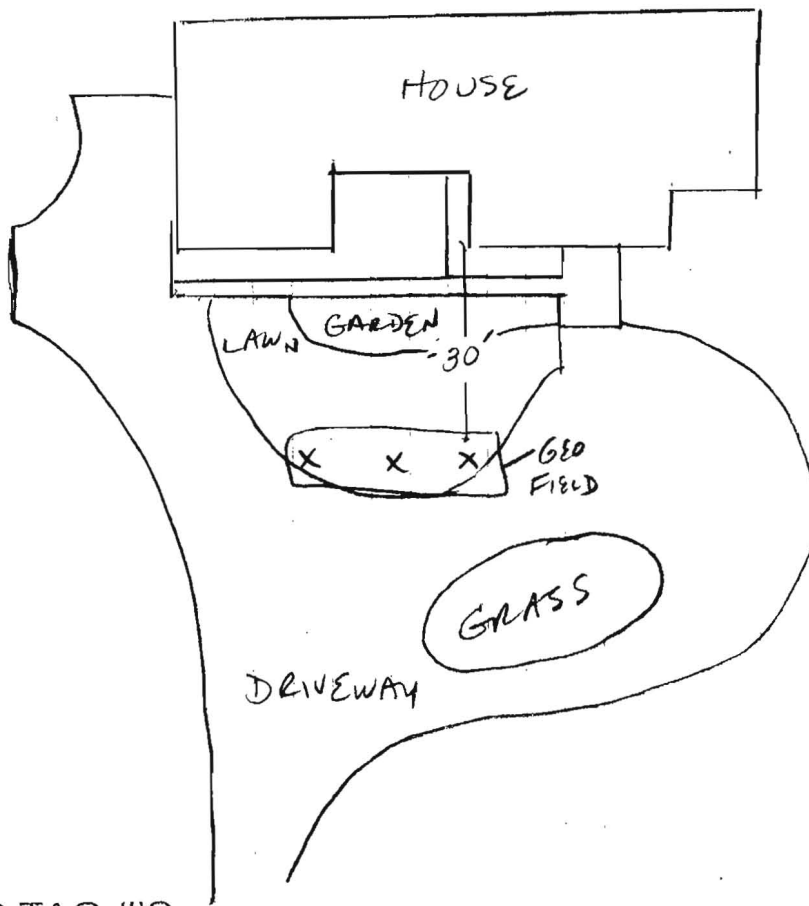


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ **G** _____
 PERMIT No. HO-95-1949
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Grout from bottom to top. Keep geo bores 30'
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ALLIED WELL DRILLING SITE PLAN

BACK YARD



7/8/10
geo bore
locations
approved

KW

OWEM
NEIGHBORING TAG #'S:

DISTANCE FROM HOUSE: 30
 FROM SEPTIC: 100
 FROM SEWER: N/A
 FROM PROPERTY LINE: 80 +
 FROM STREET: 130

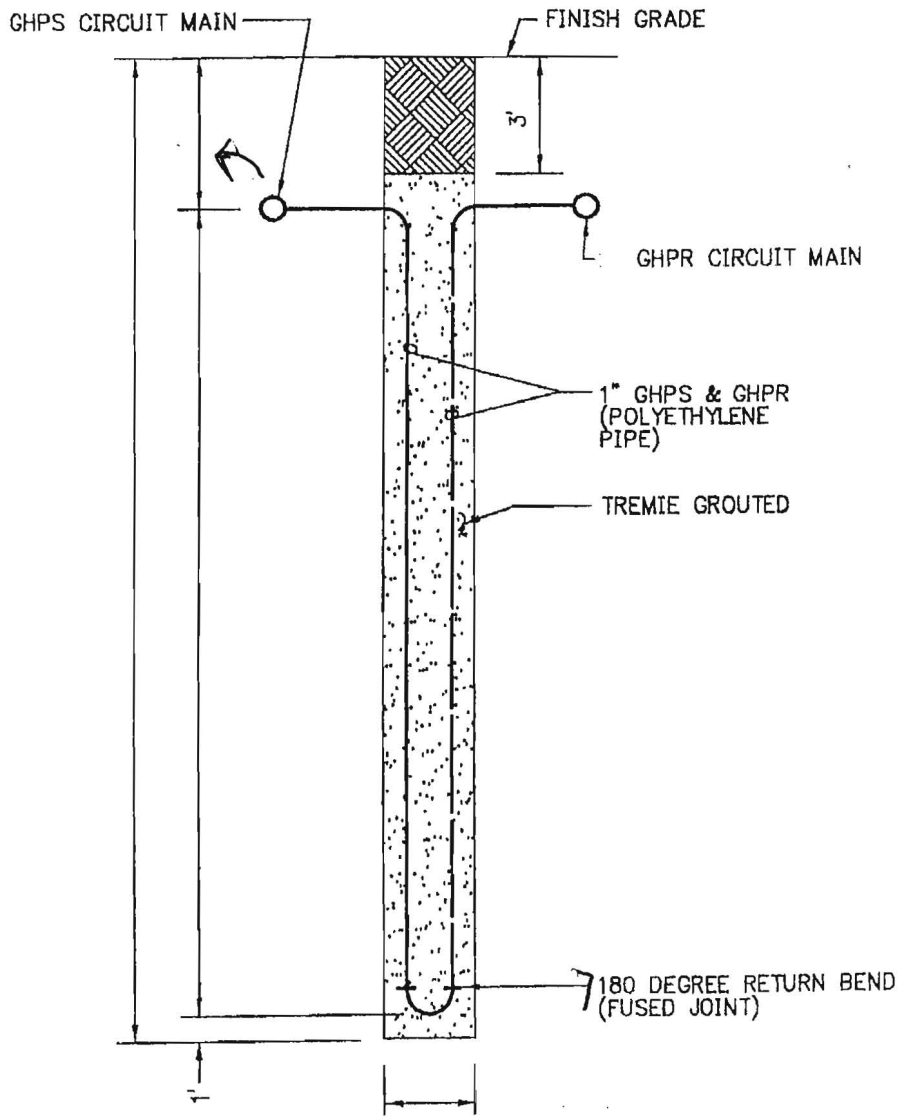
TREES NEARBY: NO
 UTILITY ISSUES: PRIVATE ELECTRIC TO OVAL IN DRIVE
 MATS NECESSARY: YES - TO LEAVE ASPHALT
 ACCESS FOR H/U: HAND DIG UNDER SIDEWALK

COMMENTS:

PERSON COMPLETING FORM: GUIZZARDI

DETAIL (1/M0.1)

TYPICAL GHPS/GHPR CIRCUIT MAINS BELOW GRADE
NOT TO SCALE



DETAIL (2/M0.1)

TYPICAL VERTICAL BOREHOLE
NOT TO SCALE

53 11 8:38