

C1 14193

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER A513359-I

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 5 30 03

Depth of Well 2265 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 6/1/03 HO-94-3693

OWNER Williamsburg Group STREET OR RFD Cedarview CT TOWN W Friendship SUBDIVISION FOX CHASE EST SECTION LOT 9

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-36), Gray Mica Rock (36-265).

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS (15), NO. OF POUNDS (1490), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0-37).

CASING RECORD form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (40).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

DRILLERS LOG NO. 1 MSD024; DRILLERS SIGNATURE Joseph L. Mayne; LIC. NO. 1 D

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

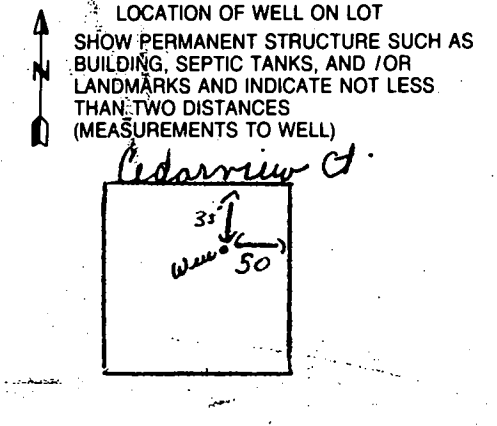
Table with columns: C 2, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76. Includes handwritten entries: 38, 265.

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 form: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (42), BEFORE PUMPING (17-20), WHEN PUMPING (97-25), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below), LAND SURFACE (2).



B-1	<b>7707</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516923 please print or type	STATE PERMIT NUMBER <b>HO-94-3693</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 04 11 02  
8 MM DD YY 13

Williamsburg Group  
15 Last-Name Owner First Name 34

5485 Harpers Farm Rd  
36 Street or RFD 55

Columbia Md 21044  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

Fox Chase Estates  
23 SUBDIVISION 42

SECTION      LOT 9  
44 46 48 50

West Friendship  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0, if in town) 1 M I  
73 76 77 78

**DRILLER INFORMATION**

Joseph L Mayne M 5 D 0 2 4  
76 License No. 81

Joseph L Mayne Well Drilling  
First Name

5512 Ridge Rd Mt. Airy Md 21771  
Address

Joseph L Mayne 4/10/02  
Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

Cedarview Ct.  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

W  N  NE  E  SE  S

DISTANCE FROM ROAD 30 FT  
ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 22 PARCEL 25

**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 A513359-I  
COUNTY NAME COUNTY NO.

STATE SIGNATURE Mark E. Riffin 5/16/04  
DATE ISSUED CO SIGNATURE EXP DATE

NORTH GRID 531 000 EAST GRID 0810 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**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 810  
 N 53X1

**METHOD OF DRILLING (circle one)**

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary)  
30

CABLE REverse-ROTary DRive-POINT  
37 other

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

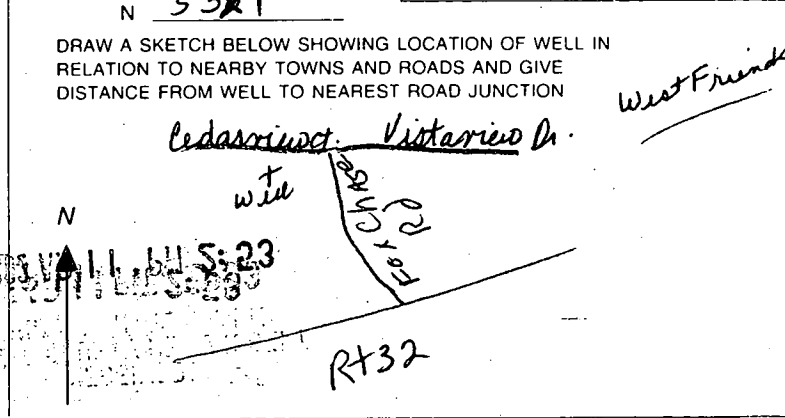
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)      41 52



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

APPROP. PERMIT NUMBER      **G**     

PERMIT No. HO-94-3693  
70 71 72 73 74 75 76 77 78 79



**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 required 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 (Code of Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: Fogles Well Drilling Telephone #: 410-795-5270  
Address: 580 Abbott Rd  
Sylkesville, Md

(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: Williamsburg Group Telephone #: \_\_\_\_\_  
Subdivision: Fox Chase Estates Lot #: 9 Well Tag #: HO-94-393  
Site Address: 13001 Cedar View Ct

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Caulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>FT7507422</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>265</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.  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt no

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

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewer piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 11-18-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: BB 11/3/04

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



NO INSP  
MR 5/16/03  
Well Site OK  
460  
~~Added to Move~~  
~~Building Envelope~~

Ex. Building  
20'x30'  
Slope and  
Around Ex  
ing Driveway

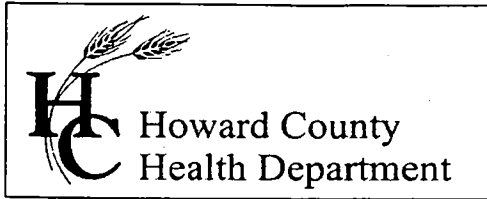
Temp. Ho. Co. Stmb.  
Temporary Connection Per  
Ho. Co. Stmb.  
Existing Driveway  
to be removed

FF: 475.10  
B: 465.10

VIEW COUR  
Public Access

FF: 482.60  
B: 472.60

10' BRL  
N-74°00'00" W  
263.75



7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 21, 2004

Williamsburg Group LLC  
5485 Harpers Farm Road, #200  
Columbia, MD 21044

**SENT BY FACSIMILE 410-997-4358**

RE: Fox Chase Estates, Lot 9  
13001 Cedarview Court  
West Friendship, MD 21794  
BP # B00147963  
Well Permit # HO-94-3693

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 12/15/2004. Final approval of the well line connection to the dwelling was approved on 11/03/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

**INTERIM CERTIFICATE OF POTABILITY**

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3693. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/16/2004  
Date of Well Completion: 05/30/2003

Respectfully,

*Brian Baker*  
Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File