

3442 (MDE USE ONLY)

# WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.  
COUNTY NUMBER **(13)** A515228

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

DATE WELL COMPLETED  
MM DD YY  
4 22 04

Depth of Well  
22 300 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-3909  
28 29 30 31 32 33 34 35 36 37

OWNER Moberly Gretchen (Pulte Homes)  
STREET OR RFD 3205 Route 32 TOWN West Friendship  
SUBDIVISION Paddocks East SECTION \_\_\_\_\_ LOT 10

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown-shale-sand	0	63	
Gray Limestone	63	95	
Brown	95	96	✓
Gray Limestone	96	260	
White	260	261	✓
Gray Limestone	261	300	

**GROUTING RECORD**  yes  no  
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **(CM)** BENTONITE CLAY **(BC)**  
 NO. OF BAGS <sup>45 46</sup> 34 NO. OF POUNDS <sup>45 46</sup> 3196  
 GALLONS OF WATER 209  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 48 TOP 52 ft. to 54 BOTTOM 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 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
**(ST)** 06 68  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to  
 E A C H C A S I N G

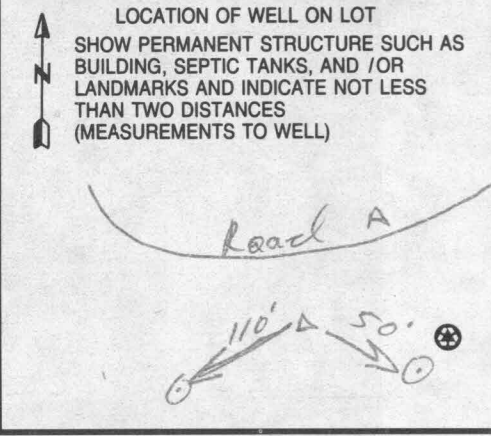
**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**(ST)** STEEL **(BR)** BRASS **(HO)** OPEN HOLE  
**(PL)** PLASTIC **(OT)** OTHER

**C 2** DEPTH (nearest ft.)  
 T 2  
 1 40 68 300  
 E A C H S R E E N  
 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 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) 03  
 8 9  
 PUMPING RATE (gal. per min.) 15  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE 196L  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 29 ft.  
 17 20  
 WHEN PUMPING 80 ft.  
 22 25  
 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 (CIRCLE) (YES or NO) 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 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 } 02 (nearest foot)  
 49 50 51

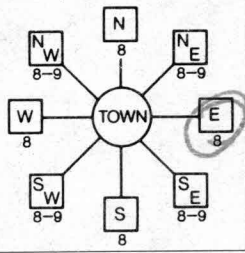
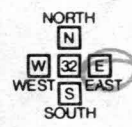


NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  yes  no  
 CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL  
 I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE 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. 1 M S D 009  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 D  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Date Received (APA) 3/11/2004 OWNER INFORMATION  
 8 MM DD YY 13  
MORBERLEY Gretchen  
 15 Last Name Owner First Name 34  
Summer Hill Farm B194  
 36 Street or RFD 55  
West Friendship Md 21784  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
 8 COUNTY Howard 21  
 23 SUBDIVISION Padlocks East 42  
 SECTION      LOT 10  
 44 46 48 50  
Glencly  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 2 M I  
 73 76 77 78

DRILLER INFORMATION  
Allen Compton M S D 009  
 76 Driller's Name License No. 81  
Fogles Well Drilling  
 Firm Name  
580 Obercht Rd  
 Address  
Allen Compton 1-31-04  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 11 NEAR WHAT ROAD Sylva-sville Rd. 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 22 BLK: 8 PARCEL 7

B 2 WELL INFORMATION  
 1 2 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard (13) A515228  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 3/18/2004 Bruce Baker 3/18/2005  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 525 000 EAST GRID 805 000  
 50 55 57 63

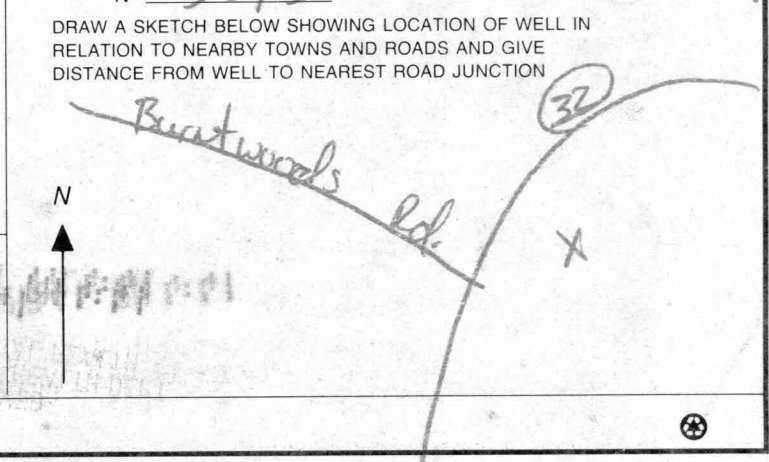
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET  
 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. 4122104  
 2. Yield + Grout  
 3. 2:00 PM  
3 Hour  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 8065  
 N 5205  
 No Insp. BB  
 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)  
 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 H02002G009  
 PERMIT No. 40-94-3909  
 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 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: Fogles 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 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: Puddle Hoped Telephone #: \_\_\_\_\_  
Subdivision: The Paddocks East Lot #: 10 Well Tag #: HO-94-3909  
Site Address: 3205 Rt 32

1337 JULIA MANAR WAY

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goetts</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>SSB07422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</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>300</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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt: N/A

Piping to house  
Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection  
PVC sleeved 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.

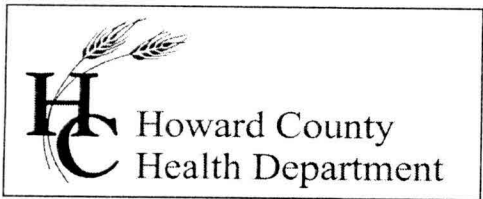
Signature of company representative responsible for installation: Allen Compt date: 5-4-05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/8/05 BB  
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

5/20/05  
Refax  
8-5-05  
Refax  
8-9-05





7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 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

August 10, 2005

Pulte Homes, Inc.  
1501 S. Edgewood Street  
Baltimore, Maryland 21227

*063*  
**SENT VIA FACSIMILE 410-489-0462**

RE: Paddocks East, Lot 10  
13557 Julia Manor Way  
West Friendship, MD 21794  
BP #: B00151038  
Well Permit # HO-94-3909

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 5/31/2005. Final approval of the well line connection to the dwelling was approved on 8/08/2005.**

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-94-3909. 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: 8/02/2005  
Date of Well Completion: 4/22/2004

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**CASSELL TESTING, INC.**

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

REPORT DATE: Aug 3, 2005

County Howard

Lab Number T-0974

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Pulte Home Corporation  
1501 South Edgewood Street  
Baltimore, Maryland 21227  
Attn: Accounts Receivable

Property Sampled: U&amp;O: 13557 Julia Manor Way

Station Sampled: Powder Room and Pressure Tank Taps Tax Map #: 22

Date/Time Sampled: Aug 2, 2005 12:05 pm Parcel #: 7

Owner, Telephone No.: Kang Sampler: 67246P

Subdivision Name: The Paddocks East Lot Number: 10

Building Permit No.: B00151083

Well Number: HD-94-3903

Observation: 2-Piece Cap  
Cap Tight  
1 Bolt Loose

**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	1.3 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Raw)	2.9 NTU	EPA 180.1	*10 NTU	Pass
pH	5.2 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Sharon K. Cassell

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level