

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3982	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>516887</u>

ST/CO USE ONLY DATE Received <u>08 19 03</u>	DATE WELL COMPLETED <u>8 8 03</u>	Depth of Well <u>600</u> (TO NEAREST FOOT) <i>OK K2 8/15/03</i>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO - 42 - 3762</u>
--	--------------------------------------	---	--

OWNER Adams Morgan
 STREET OR RFD 15015 Kenwood Ct TOWN Cooksville
 SUBDIVISION NA SECTION NA LOT Daniel 34

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)	FROM TO		check if water bearing
	Brown silt	0	
Gray Limestone	58	140	
White	140	141	✓
Gray Limestone	141	600	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 44 44
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS <u>3</u>	NO. OF POUNDS <u>150</u>
GALLONS OF WATER <u>18</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> TOP	ft. to <u>42</u> BOTTOM
(enter 0 if from surface)	

CASING RECORD		
(casing types insert appropriate code below)		
<input checked="" type="checkbox"/> CO CONCRETE		
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
<u>S</u>	<u>06</u>	<u>63</u>
60 61	63 64	66 70

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

SCREEN RECORD	
screen type or open hole	(insert appropriate code below)
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
<input type="checkbox"/> PL PLASTIC	<input checked="" type="checkbox"/> HO OPEN

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **N**

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
T 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. M 3 D 0 0 2
 DRILLERS SIGNATURE Allen Corpton
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman)

DEPTH (nearest ft.)	
T 2	<u>63</u> <u>600</u>
E 1	8 9 11 15 17 21
A 2	23 24 26 30 32 36
S 3	38 39 41 45 47 51
R 4	
E 5	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
58	60
from	to

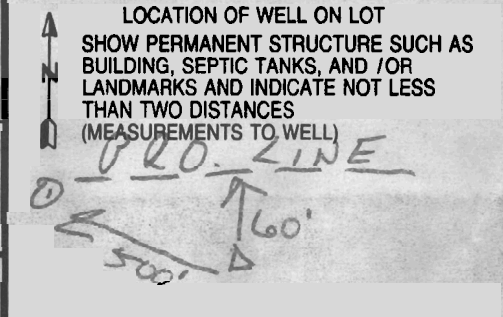
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q

70	72	74 75 76
----	----	----------

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>106</u>
PUMPING RATE (gal. per min.)	<u>1.2</u>
METHOD USED TO MEASURE PUMPING RATE	<u>190L</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>50</u> ft.
WHEN PUMPING	<u>114</u> ft.
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	31 35
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
ING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE	
below <u>01</u> (nearest foot)	50 51



B 1 6053

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519048 please type

STATE PERMIT NUMBER

HO-94-3762 fill in this form completely

Date Received (APA) 7 11 03

OWNER INFORMATION

JST Builders Morgan Adams Property 6030 Daybreak Circle Box 146 Clarksville md 21029

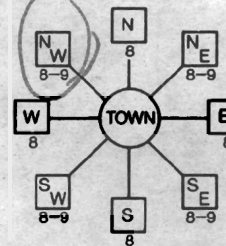
LOCATION OF WELL

Howard Morgan Adams Property SECTION 2 LOT 2 Cooksville MILES FROM TOWN 3

DRILLER INFORMATION

Allen Compton M S D 009 Fogles Well Drilling 580 Obrecht RD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kenwood Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150 DISTANCE FROM ROAD

TAX MAP: 14 BLK 344 PARCEL 24

WELL INFORMATION

APPROX PUMPING RATE 5 APPROX DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 516877 COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S DATE ISSUED 7 21 03 Steven R. Krieg 7 21 04 NORTH GRID 791 000 EAST GRID 539 000

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 other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER G

PERMIT No. HO-94-3762

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

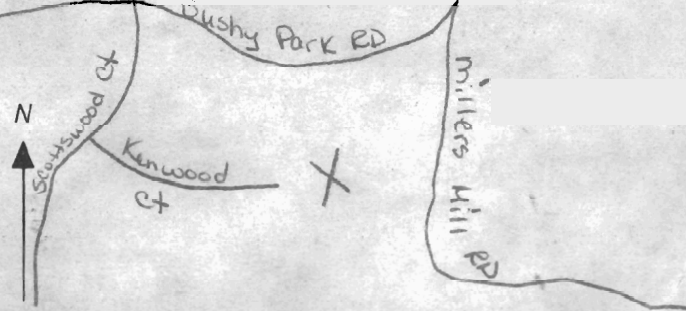
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 54839

N 7901

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

No Inspection

Review OK KAJ
8/15/03

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3762
 Location of property (road) off of Kenwood Ct
 Subdivision NA Parcel 24 Lot 379 Block 14 Plat _____ Sec. _____
 Well Driller Fogles Owner Morgan Adams

Depth of well 600'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 50'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 20
 Total time 15 MIN. to reach pumping water level 114 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 \$1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	50	3		20
8:15	114	47		1.2
8:30	114	47		1.2
8:45	114	47		1.2
9:00	114	47		1.2
9:15	114	47		1.2
9:30	114	47		1.2
9:45	114	47		1.2
10:00	114	47		1.2
10:15	114	47		1.2
10:30	114	47		1.2
10:45	114	47		1.2
11:00	114	47		1.2
11:15	114	47		1.2
11:30	114	47		1.2
11:45	114	47		1.2
12:00	114	47		1.2
12:15	114	47		1.2
12:30	114	47		1.2
12:45	114	47		1.2
1:00	114	47		1.2
1:15	114	47		1.2
1:30	114	47		1.2
1:45	114	47		1.2

3/12/04
Delayed
8/13/04

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 Obercht Rd
Sykesville, 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: JST Builders Telephone #: _____
Subdivision: Morgan Adams Property Lot #: 24 Well Tag #: HO 94-3962
Site Address: 15015 Kenwood Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Camco Two piece watertight cap: Yes
Model #: 54S15422 Model#: N/A Screened, vented well cap: Yes
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: Yes
Well Yield: 1.2 GPM NSF approved: Yes Conduit min 18" B.G.: Yes
Depth of well encountered at time of pump installation: 600(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

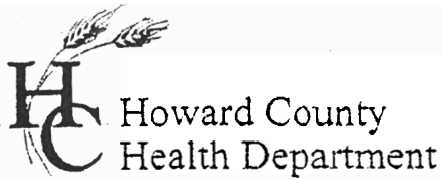
Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42(36" min) Sleeve caulked and sealed properly: Yes

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 5-12-04
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/30/04
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 ✓



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

TO ALL INTERESTED PARTIES

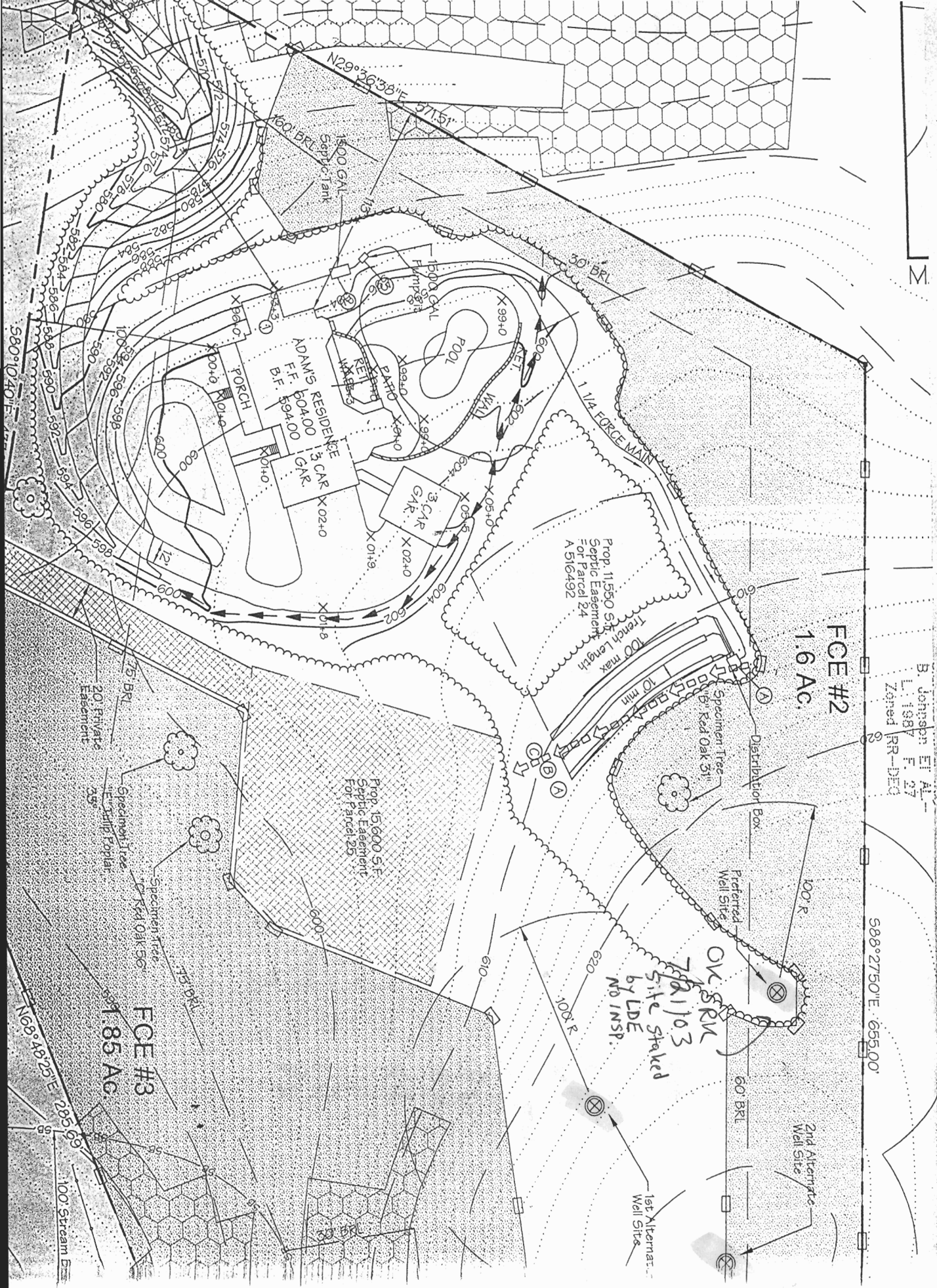
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by LDE, Inc,
(professional land surveyor or company employing professional land surveyors)
on 7-7-03 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03





B. Johnson Et Al
 L. 1987 F. 27
 Zoned RR-DEC

FCE #2
 1.6 AC.

Prop. 15,600 SF
 Septic Easement
 For Parcel 25

Prop. 11,550 SF
 Septic Easement
 For Parcel 24
 A 516492

OK SRM
 7/21/03
 Site staked
 by LDE
 NO INSP.

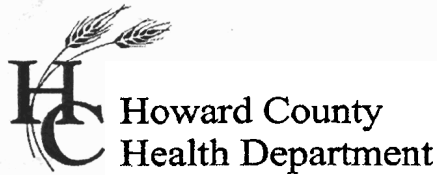
Health Dept. Copy

S88°27'50"E 655.00'

FCE #3
 1.85 AC.

N93°49'25"E 235.93'

100' Stream Easement



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

August 3, 2004

Morgan Adams
15055 Bushy Park Road
Woodbine, MD 21797

SENT VIA FACSIMILE 410-884-3983

RE: 15015 Kenwood Court
Woodbine, MD 21797
BP #: B00142433
Well Permit # HO-94-3762

Dear Mr. & Mrs. Adams:

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 07/23/2004. Final approval of the well line connection to the dwelling was approved on 04/30/2004.**

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-94-3762. 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: 07/21/2004 & 07/29/2004
Date of Well Completion: 08/08/2003

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

2/26/04
 well site of
 Staked by LPE (89)

1"=50'

