

1 0153 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.

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

COUNTY NUMBER 13 A520813

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

DATE WELL COMPLETED MM DD YY 12 13 05 Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0178

OWNER Shoffeitt Paul STREET OR RFD Jennings Chapel Road TOWN Woodbine SUBDIVISION Chapel View Farm SECTION LOT 4

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Blue Slate, etc.

GROUTING RECORD Y N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 16 NO. OF POUNDS 1600

CASING RECORD PL PL PL MAIN CASING TYPE PL Nominal diameter 6 Total depth 65

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

SCREEN RECORD ST BR HO PL OT screen type or open hole insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0 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. 1 MSD 112 DRILLERS SIGNATURE LIC. NO. 1 D

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

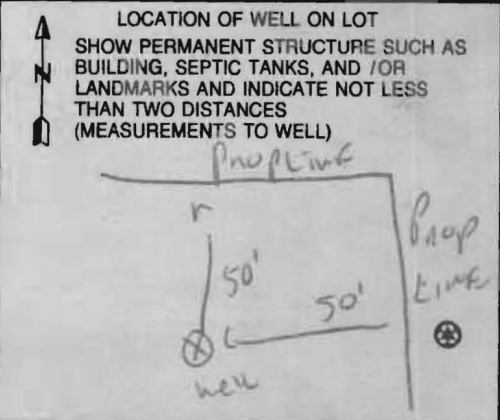
DEPTH (nearest ft.) 170 63 180 A 8 9 11 15 17 21 C 23 24 26 30 32 36 S 38 39 41 45 47 51 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH) from to

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 1 2 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 17 20 ft. WHEN PUMPING 65 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet 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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)



B 1 2335

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 523625

STATE PERMIT NUMBER

HO-95-0178 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Trinity Builders Last Name Owner First Name 34 36 3675 Park Ave Street or RFD 55 57 57 Ellicott City MD. 21043 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

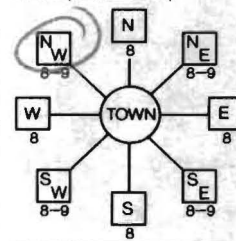
Howard COUNTY 8 21 Charles View Farm SUBDIVISION 23 42 SECTION 44 46 LOT 4 48 50 Florence NEAREST TOWN 52 71 MILES FROM TOWN (enter 0 if in town) I MI 73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M SD 112 Driller's Name 76 License No. 81 Ralph E. Mayne Inc Firm Name 17024 Handy Rd Mt Airy MD. 21771 Address 765 11-01-05 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jennings Chartered NEAR WHAT ROAD 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 650 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 13 BLK: 14 PARCEL 339

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520813 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 12/5/2005 Brian Baber 12/5/2006 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 533 000 EAST GRID 771 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

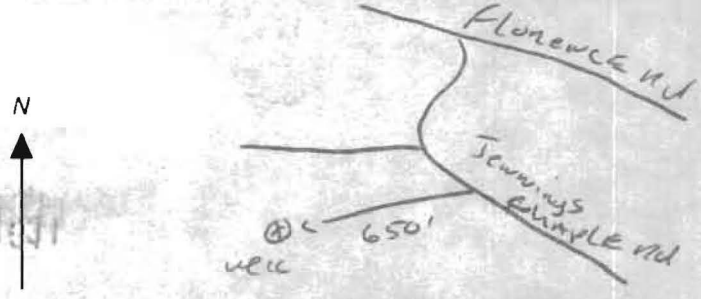
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 771 N 533

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 523625 G PERMIT No. HO-95-0178

SPECIAL CONDITIONS

Well Must Be at Least 15' from Access Easement

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 1203 PATRICK DR
SEAFSVILLE, MD 21138

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License #: 6992

*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: PAUL SHOFFEIT Telephone #: 410-489-6112
Subdivision:
Site Address: 2410 JENNINGS CHAPEL RD
WOODBINE, MD Lot #: 4 Well Tag #: HO 95-0178

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GRUNDFOS Make: HARVARD Two piece watertight cap: [checked]
Model #: Model #: Screened, vented well cap: [checked]
Pump Capacity: 5 GPM Depth: 48" (36" min) Cap secured to casing: [checked]
Well Yield: 7 1/2 GPM NSF/WSC approved: Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 130 (feet) Conduit secured to well cap: [checked]
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, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house House Connection
Type: PEX-ALB Type: PVC sleeve to undisturbed soil at wall penetration: [checked]
PSI: 1" (160 psi min) Length of sleeve (5' minimum from foundation): 2
Depth of supply line: [checked] (36" min) Sleeve sealed properly: [checked]

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: Chris Willoughby date: 11/12/09

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

Date Insp. Requested: Date Insp. Approved: 2/25/10 Inspector: (KW)
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 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

Handwritten note: Should be o.k. covered, but opened up cap, under footing.

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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Company Name: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
 Address: LAD3 PATRICK DR
SEAFORD, MD 21738

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation: # 6992
 Name (Print): CHRIS WILLOUGHBY License# 6992

***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: PAUL SHOFFETT Telephone #: 410-489-6112
 Subdivision: _____ Lot #: 4 Well Tag #: HO 45-0178
 Site Address: 2610 JENNIFERS CHAPEL RD
WOODBINE, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOS</u>	Make: <u>HARVARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1 1/2</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>130</u> (feet)	Conduit secured to well cap: <input checked="" type="checkbox"/>	
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, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CRESTLINE</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1" (160 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>2'</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: Chris Willoughby date: 11/12/09

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____

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Elec. conduit extends at least 18" below grade/attached to cap properly _____

Safety rope not 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 _____

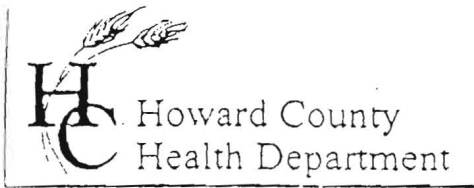


FSH Associates
 Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Oct. 18, 2003
 W.O. No.: 3235
 SHEET No.: 1 OF 1

WELL PERMIT PLAN
CHAPEL VIEW FARM

LOT 4
 TAX MAP 13 GRID 14
 4TH ELECTION DISTRICT
 PARCEL 339
 HOWARD COUNTY, MARYLAND



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 FSH Associates,
(professional land surveyor or company employing professional land surveyors)
on May 2005 (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



Howard County
Health Department

Bureau of Environmental Health
7178 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

Peter Beilenson, M.D., M.P.H., Health Officer

March 3, 2010

Homeowner
2610 Jennings Chapel Road
Woodbine, MD 21797

RE: Chapel View Farm, Lot 4
2610 Jennings Chapel Road
BP #: B09002286
Well Permit # HO-95-0178

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 03/02/2010.**
Final approval of the well line connection to the dwelling was approved on 02/25/2010.

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.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

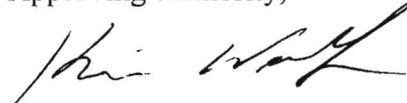
INTERIM CERTIFICATE OF POTABILITY

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-95-0178. 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: 01/28/2010
Date of Well Completion: 12/13/2005

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

REPORT OF ANALYSIS

Laboratory ID #: 76022	Account #: 12946
Reference: Paul Schoffeitt	Company: CASH ACCOUNT
Location: 2610 Jennings Chapel Road Woodbine, MD 21797	Requested By: Paul Schoffeitt
Date/ Time Collected: 7/14/2010 1200	Source: Well Water
Date/Time Rec'd: 7/14/2010 1356	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: Sediment Filter**
Collected By: J.Yeager 6176JY	pH: 6.2
	Well #: HO-95-0178

PARAMETERS	RESULTS	UNITS	REFERENCE	LABORATORY	DATE/TIME
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/15/2010 / 0830 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/15/2010 / 0830 / KME

NOTES

- 1 **Sample collected prior to Sediment Filter
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy 2nd Consecutive
 Building Permit # : B09002286

Date Reported: 7/15/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 74207 Account #: 6321
 Reference: Wendell Bly Company: Cash Account
 Location: 2610 Jennings Chapel Road Requested By: Wendell Bly
 Woodbine, MD 21797 Source: Well Water
 Date/ Time Collected: 1/28/2010 1445 Site: Pressure Tank
 Date/Time Rec'd: 1/28/2010 1655 Treatment: Sediment Filter**
 Chlorine ppm: Free: ND Total: ND pH: 5.5
 Collected By: C. Mooshian 7268CM Well #: HO-95-0178

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/29/2010 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/29/2010 / 1100 / CCH
Nitrate	1.46	mg/L	10	601	1/29/2010 / 1345 / CCH
Turbidity	0.38	NTU	<10	SM18 2130B	1/29/2010 / 1100 / CCH
Sand	NS	mg/L	5	Visual/Gravimct	1/29/2010 / 1000 / CCH

NOTES

- 1 **sample collected prior to sediment filter
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B09002286

Date Reported: 1/29/2010