

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

ST/CO USE ONLY  
DATE RECEIVED  
MM DD YY

DATE WELL COMPLETED  
MM DD YY

Depth of Well  
22 400 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO - 95 - 1195

OWNER Brantly Development  
STREET OR RFD. Lime Kiln Road TOWN Fulton  
SUBDIVISION Lime Kiln Valley SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**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)	FEET		check if water bearing
	FROM	TO	
Boal	0	14	
Brown Shale	14	37	
Soft Shale	37	58	
Soft Gray Rock	58	400	x

water at 110' & 290'

**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 15 NO. OF POUNDS 1300

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 60 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 PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70

**OTHER CASING (if used)**

diameter inch depth (feet) from to

**SCREEN RECORD**

screen type or open hole insert appropriate code below

**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

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. M S D 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
David Hale  
LIC. NO. AW D 766

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

**C 2** DEPTH (nearest ft.)

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

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (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 \_\_\_\_\_  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.03

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 ft.

WHEN PUMPING 302 ft.

TYPE OF PUMP USED (for test)

air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  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

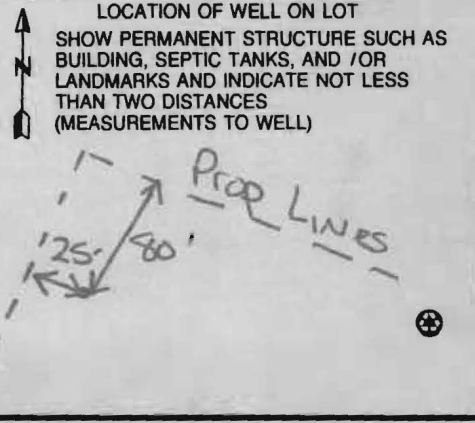
CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_ 31 \_\_\_\_\_ 35

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 } (nearest foot)



B 1 9825  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
527237 please type

STATE PERMIT NUMBER  
HO-95-1195  
fill in this form completely

Date Received (APA)  
8 MM DD YY 13  
OWNER INFORMATION  
15 Brantly Development  
Last Name Owner First Name 34  
36 8835 N. Columbia 100 Pkwy  
Street or RFD 55  
57 Columbia MD 21045  
Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY Howard 21  
23 SUBDIVISION Lime Kiln Valley 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN Fulton 71  
MILES FROM TOWN (enter 0 if in town) 1 M 1  
73 76 77 78

DRILLER INFORMATION  
61 Michael Isom M SD162  
Driller's Name 76 License No. 81  
65 G Edgar Harr Sons Corp  
Firm Name  
68 12047 Falls Rd Cockeysville  
Address  
Signature Date  
6-11-07

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
Lime Kiln Road  
11 NEAR WHAT ROAD 30  
34 300 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 40 BLK: 2 PARCEL 12

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE  
(GAL. PER MIN.) 5  
8 12  
AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY) 14 750 20

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

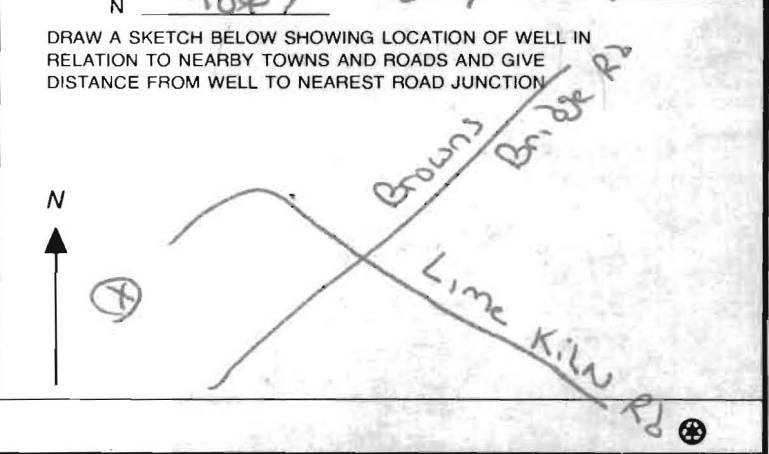
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard AS19584  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 8/10/07  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 481 0 0 0 EAST GRID 811 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 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 8101  
N 4801

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  
39  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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER HO 2004-G 013(02)  
PERMIT No. HO-95-1195  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

# HARR WELL DRILLING

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 9-13-07      Permit Number: HO-95-1195  
Address: Lime Kiln Road      Subdivision: Lime Kiln Valley L#1  
Owner Name: Brantly Development      Election District:  
Well Depth: 400 Ft      Static Water Level: 41 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 gallon bucket	Calculated Flow-Gallons Per Minute
0900	41 ft		3 sec	20.00
0915	136		4	15.00
0930	302		58	1.03
0945	302		58	1.03
1000	302		58	1.03
1015	302		58	1.03
1030	302		58	1.03
1045	302		58	1.03
1100	302		58	1.03
1115	302		58	1.03
1130	302		58	1.03
1145	302		58	1.03
1200	302		58	1.03
1215	302		58	1.03
1230	302		58	1.03
1245	302		58	1.03
1300	302		58	1.03
1315	302		58	1.03
1330	302		58	1.03
1345	302		58	1.03
1400	302		58	1.03
1415	302		58	1.03
1430	302		58	1.03
1445	302		58	1.03
1500	302		58	1.03

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4685  
Address: 6321 Barnhart Ave.  
Sylkesville, 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): Robert L. Feezer License# 2122

\*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: NV HOMES Telephone #: 410-379-5956  
Subdivision: MAPLE WOODS Lot #: 1 Well Tag #: HO 95-1195  
Site Address: 12761 LIME KILN RD  
FULTON, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-RETE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SI04H507221-0</u>	Model#: <u>PT800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1</u> GPM	NSP/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>

Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap:   
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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

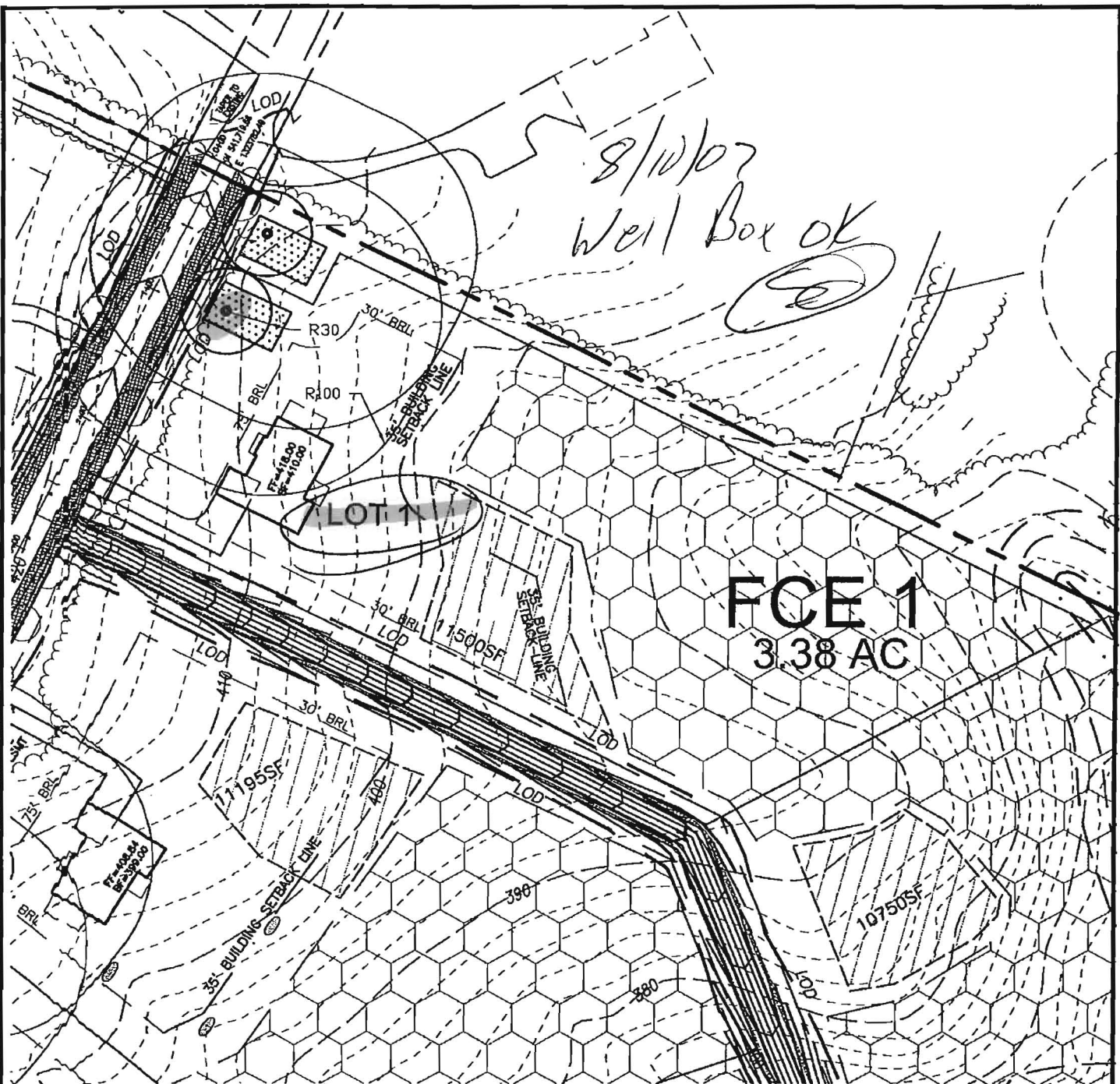
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 1/24/11  
INSPECTION CALLED IN FOR 1/17/11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/20/2011 Inspector: BB  
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



8/10/07  
Well Box OK



FCE 1  
3.38 AC

**VA** **ROBERT H. VOGEL**  
**ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS  
8407 MAIN STREET TEL: 410.461.7666  
ELLIOTT CITY, MD 21043 FAX: 410.461.8961

SCALE: 1"=100'

WELL PLAT LEGEND	
	SEPTIC EASEMENT
	PROPOSED WELL AREA

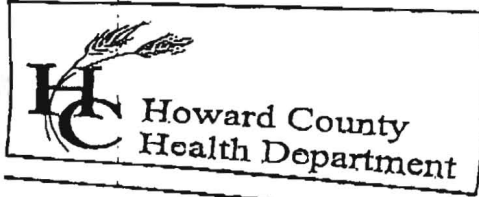
SCALE: AS SHOWN  
DRAWN BY: JCO  
CHECKED BY: RHV  
DATE: JUNE 2007  
PROJECT NO.: 04-21  
SHEET NO. 1 OF 1

LIME KILN VALLEY II  
PHASE 1 & 2 (LOT 1)

PROPOSED WELL LOCATION EXHIBIT

TAX MAP 40 & 45  
5TH ELECTION DISTRICT

PARCEL 114 & 12  
HOWARD COUNTY, MARYLAND



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2640  
 TDD (410) 313-2323 Toll Free 1-866-313-2640  
 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:

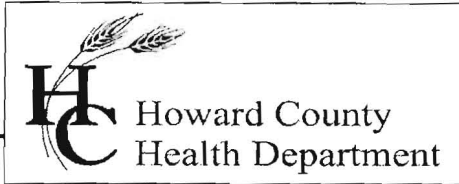
Well Site Location:	LOTS	
<u>Lime Kiln Valley II</u>	<u>1-37</u>	<u>Lime Kiln Rd</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Robert Vogle  
 (professional land surveyor or company employing professional land surveyors)  
 on \_\_\_\_\_ (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 3/11/05



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](http://www.hchealth.org)

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

February 22, 2011

Homeowner  
12761 Lime Kiln Road  
Woodbine, MD 21797

RE: Lime Kiln Valley, Lot 1  
12761 Lime Kiln Road  
BP #: B10003007  
Well Tag: HO-95-1195

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 01/24/2011. Final approval of the well line connection to the dwelling was approved on 01/20/2011.**

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, is a copy 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-95-1195. 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: 02/07/2011  
Date of Well Completion: 09/07/2007

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R. S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

## CERTIFICATE OF ANALYSIS

## Requester:

NV Homes, Inc.  
6085 Marshalee Drive Suite 130  
Elkridge, Maryland 21075

S/O Number: 80301

Report Date: February 8, 2011

Property Sampled: 12761 Lime Kiln Road, 20777  
Sample Location: Pressure Tank  
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003007  
Sampler ID #: 9813AM  
Samples Iced: Yes

County: Howard  
Map: 40

Subdivision: Maple Woods  
Parcel: 114

Lot #: 1

Date/Time Collected in Field: February 7, 2011 @ 12:10 pm

Date/Time Received in Lab: February 7, 2011 @ 3:30 pm

Well Tag #: HO-95-1195

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Neutralizer

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	5.6 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	6.7 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.7 Units	***
Sand		Negative	Negative	

*Katherine C. Higgs*  
Katherine C. Higgs  
Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

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