

C1 0812 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13 11

DATE WELL COMPLETED
 MM DD YY
 11 06 2007
 Depth of Well
 22 400 26
 (TO NEAREST FOOT)
 7/30/08
 OK (50)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO - 95 - 1201
 28 29 30 31 32 33 34 35 36 37

OWNER Brantly Development
 STREET OR RFD Lime Kiln Road TOWN Fulton
 SUBDIVISION Lime Kiln Valley SECTION _____ LOT 7

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	
Soil	0	12	
Brown Shale	12	33	
Soft Shale	33	57	
Gray Rock	57	400	x

water at 176'

#1 well 500' backfilled

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 17 NO. OF POUNDS 1700
 GALLONS OF WATER 102
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 48 52 ft. to 61 54 58 BOTTOM 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)
PL 6 61
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H 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

NUMBER OF UNSUCCESSFUL WELLS: 1
 WELL HYDROFRACTURED Y N

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 D 162
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 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
8	9	11	15	17	21
23	24	28	30	32	36
38	39	41	45	47	51

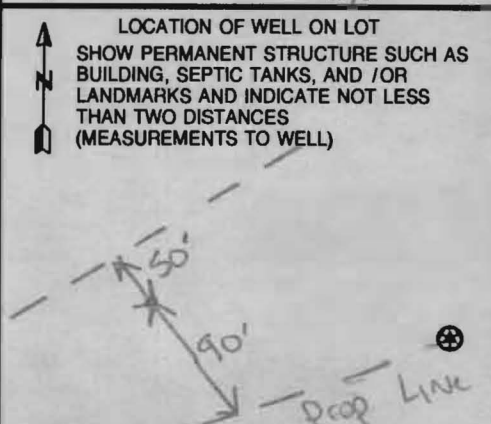
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
 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) 6
 PUMPING RATE (gal. per min.) 2.14
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 25 ft.
 WHEN PUMPING 305 ft.
 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
 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)
 49 _____ 50/51 _____



B 1 9831
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD - 95 - 1201
fill in this form completely 79

527237 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Brantley Development
15 Last Name Owner First Name 34
8835 N. Columbia 100 Pkwy
36 Street or RFD 55
Columbia MD 21045
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

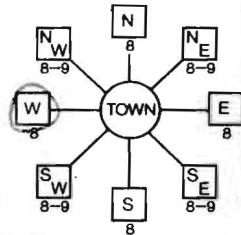
Howard
8 COUNTY 21
Lime Kiln Walley
23 SUBDIVISION 42
SECTION 44 46 LOT 7 48 50
Fulton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

Michael D. Isom M S D 162
76 Driller's Name License No. 81
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature 6/11/07
Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Lime Kiln Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 300 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 45 BLK: 4 PARCEL 12

B 2 WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.) 5
8 750 12
AVERAGE DAILY QUANTITY NEEDED
(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 AS19584
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 8/10/07 8/10/08
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 480 000 EAST GRID 811 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 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 DEEPEMED 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 HD 2004 G 01 3/02
PERMIT No. HD - 95 - 1201
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

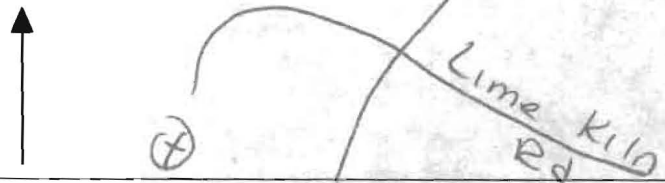
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810
N 480

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

N



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: 11-13-07
Address: Lime Kiln Road
Owner: Brantly Development
Well Depth: 400 Ft

Permit Number: HO-95-1201
Subdivision: Lime Kiln Valley L#7
Election District:
Static Water Level: 25 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1gallon bucket	Calculated Flow-Gallons Per Minute
0830	25 ft		3 sec	20.00
0845	130		4	15.00
0900	210		4	15.00
0915	290		21	2.85
0930	290		21	2.85
0945	290		21	2.85
1000	290		21	2.85
1015	290		21	2.85
1030	290		21	2.85
1045	305		28	2.14
1100	305		28	2.14
1115	305		28	2.14
1130	305		28	2.14
1145	305		28	2.14
1200	305		28	2.14
1215	305		28	2.14
1230	305		28	2.14
1245	305		28	2.14
1300	305		28	2.14
1315	305		28	2.14
1330	305		28	2.14
1345	305		28	2.14
1400	305		28	2.14
1415	305		28	2.14
1430	305		28	2.14

**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. Feozer Co. Inc Telephone #: 410-781-4655
Address: 6321 Barnett Ave.
Sylarville, 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. Feozer 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: NY HOMES Telephone #: 410-379-5956
Subdivision: MAPLE WOODS Lot #: 7 Well Tag #: HO-95-1201
Site Address: 12797 Lime Kiln Rd
FULTON, MD 20759

Submersible Pump Data

Make: STA-RIE
Model #: S10PY NS07221-01
Pump Capacity 10 GPM
Well Yield: 2-1 GPM

Pitless Adapter

Make: CAMPBELL
Model #: PT800
Depth: 42" (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 400 (feet)

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

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 10'
Sleeve sealed properly:

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. Feozer

date: 1/24/11

INSPECTION CALLED IN FOR 1/11/11

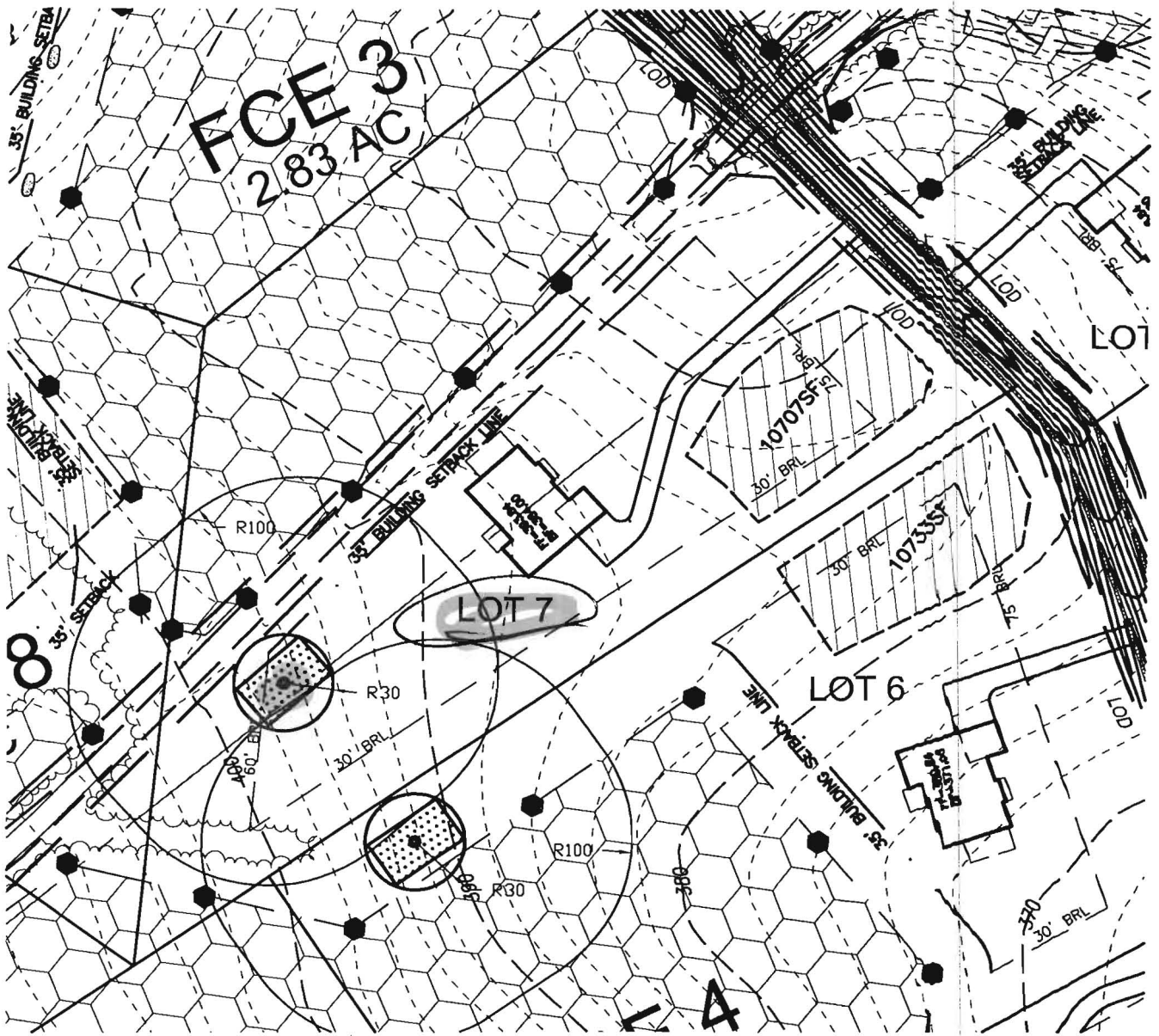
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: 1/24/2011 (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

→ Need to
Glue Cap
On

2/24/2011
Called Rick, Said
he would glue cap on
(BB)



SCALE: 1"=100'

8/10/09 Well site OK (signature)

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

WELL PLAT LEGEND	
	SEPTIC EASEMENT
	PROPOSED WELL AREA

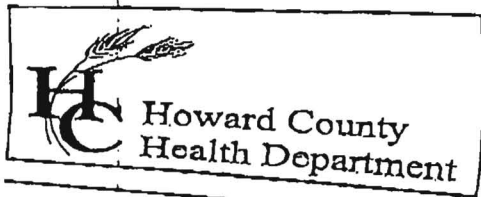
SCALE: AS SHOWN
 DRAWN BY: JCO
 CHECKED BY: RHV
 DATE: JUNE 2007
 PROJECT NO.: 04-21
 SHEET NO. 1 OF 1

LIME KILN VALLEY II
 PHASE 1 & 2 (LOT 7)

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:

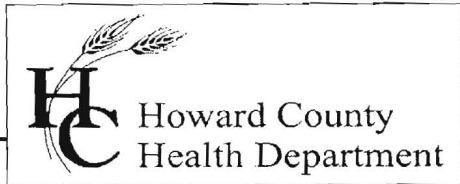
Well Site Location:	Lots	
<u>Lime Kiln Valley II</u>	<u>1-37</u>	<u>Lime Kiln Rd</u>
Subdivision/Property Name	Lot#	Road Name

The well sites 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

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

February 22, 2011

Homeowner
12797 Lime Kiln Road
Woodbine, MD 21797

RE: Lime Kiln Valley, Lot 7
12797 Lime Kiln Road
BP #: B10002994
Well Tag: HO-95-1201

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 01/31/2011. Final approval of the well line connection to the dwelling was approved on 01/24/2011.**

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-95-1201. 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: 11/06/2007

Approving Authority,



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: 80300

Report Date: February 8, 2011

Property Sampled: 12797 Lime Kiln Road, 20777
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002994
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 40

Subdivision: Maple Woods
Parcel: 114

Lot #: 7

Date/Time Collected in Field: February 7, 2011 @ 12:00 pm
Date/Time Received in Lab: February 7, 2011 @ 3:30 pm

Well Tag #: HO-95-1200
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	4.5 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.5 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.