

C 1 0818 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 11 14 2007

Depth of Well 22 300 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 1271

OWNER Brantly Development last name first name STREET OR RFD Lime Kiln Road TOWN Fulton SUBDIVISION Lime Kiln Valley SECTION LOT 17

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown Shale, Soft Shale, Gray Rock, and water at 236'.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. MSD 162 DRILLERS SIGNATURE LIC. NO. AD 766

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1200

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 45

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

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

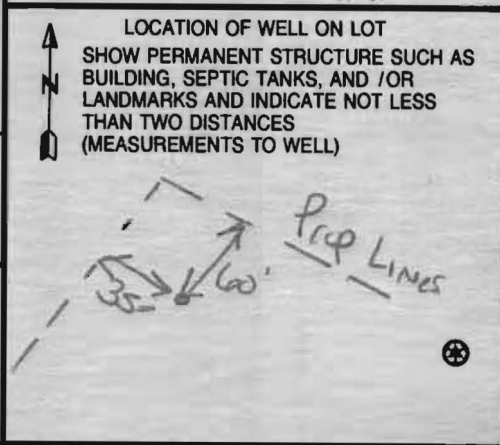
DEPTH (nearest ft.) 45 300

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 257 ft. TYPE OF PUMP USED (for test) 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 49 - below 49 LAND SURFACE 1 (nearest foot)



B 1 9841

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

90-95-1271 fill in this form completely

527237 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Brantly 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

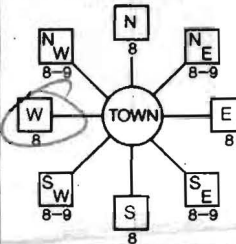
Howard 8 COUNTY 21 Lime Kiln Valley 23 SUBDIVISION 42 SECTION 44 46 LOT 17 48 50 Fulton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

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 6/11/07 Date Signature

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



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

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 750 (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 AS19 584 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/25/07 CO SIGNATURE EXP. DATE 9/25/08 NORTH GRID 480 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

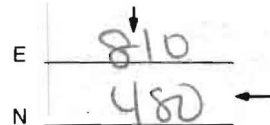
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

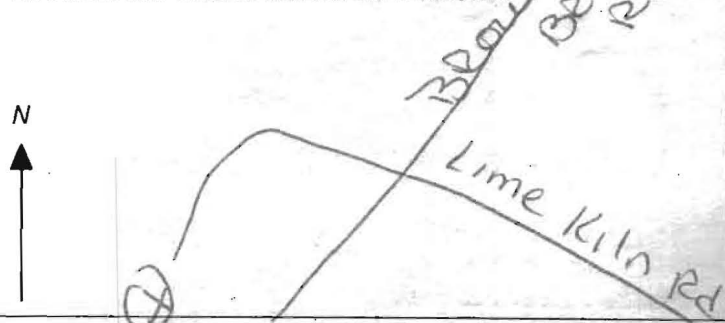
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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 H02004 G 013 (02) PERMIT No. MD-95-1271

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: 11-30-07  
Address: Lime Kiln Road  
Owner: Brantly Development  
Well Depth: 300 Ft

Permit Number: HO-95-1271  
Subdivision: Lime Kiln Valley lot 17  
Election District:  
Static Water Level: 39 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1gallon bucket	Calculated Flow-Gallons Per Minute
0815	39 ft		3 sec	20.00 gpm
0830	180		4	15.00
0845	238		16	3.75
0900	257		20	3.00
0915	257		20	3.00
0930	257		20	3.00
0945	257		20	3.00
1000	257		20	3.00
1015	257		20	3.00
1030	257		20	3.00
1045	257		20	3.00
1100	257		20	3.00
1115	257		20	3.00
1130	257		20	3.00
1145	257		20	3.00
1200	257		20	3.00
1215	257		20	3.00
1230	257		20	3.00
1245	257		20	3.00
1300	257		20	3.00
1315	257		20	3.00
1330	257		20	3.00
1345	257		20	3.00
1400	257		20	3.00
1415	257		20	3.00
1430	257		20	3.00

**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 #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): 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 #: 17 Well Tag #: HO - 95 - 1271  
Site Address: 12857 Lime Kiln Road  
Highland, MD 20777

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Sta-Rite</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>S10P4HS07221-01</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>3</u> GPM	NSF/WSC 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, 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>N/A</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
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: <u>Yes</u>

**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.**

Robert L. Feezer CyPump Adapter by Robert L. Feezer  
Date: 01/19/11 11:15:23 AM 9/19/2011  
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: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 \_\_\_\_\_

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Luxon Park Lot #: 17 Well Tag #: HO - ~~95-1271~~  
Site Address: \_\_\_\_\_ 95-1271

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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: \_\_\_\_\_ (feet)  
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**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

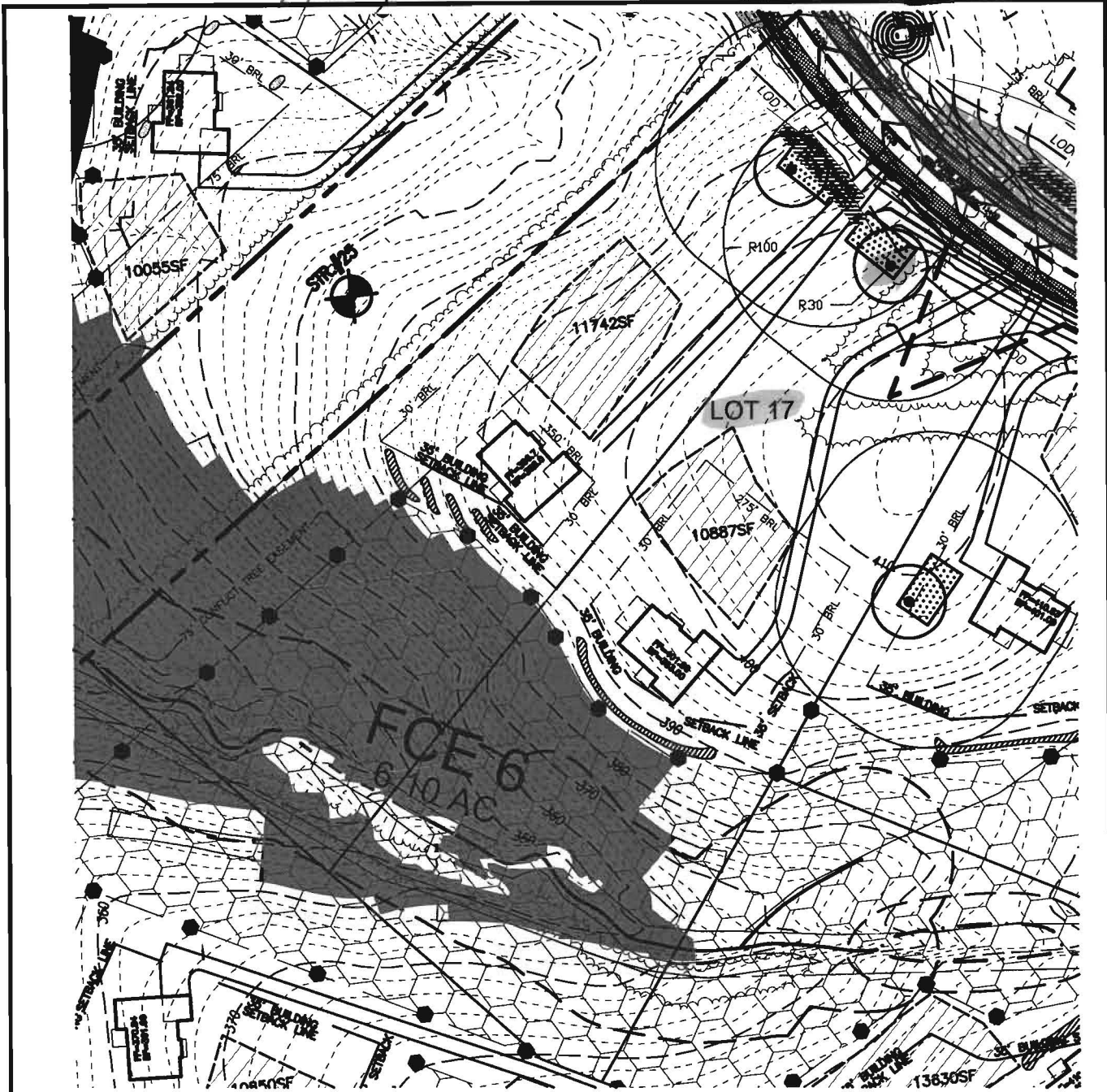
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 9/12/11 Date Insp. Approved: 9/12/11 OK (RW)  
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

9/25/07 well site OK (D)



SCALE: 1"=120'

**ROBERT H. VOGEL ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET TEL: 410.461.7666  
 ELLICOTT CITY, MD 21043 FAX: 410.461.6961

**WELL PLAT LEGEND**

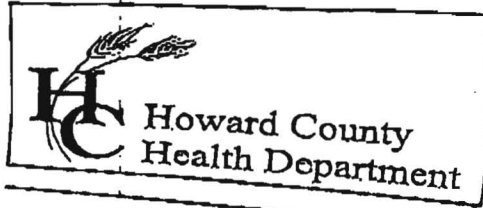
	SEPTIC EASEMENT
	PROPOSED WELL AREA

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 17)**

**PROPOSED WELL LOCATION EXHIBIT**

TAX MAP 40 & 45 PARCEL 114 & 12  
 5TH ELECTION DISTRICT 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:

Subdivision/Property Name	Lot#	Road Name
Lime KILN VALLEY	1-39	Lime KILN VALLEY

The well site has been staked by <sup>Sites</sup> Robert Vogel Inc,  
 (professional land surveyor or company employing professional land surveyors)  
 on 7/24/07 (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

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

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – March 30,2012

09/30/2011

Homeowner  
12857 Lime Kiln Road  
Highland, MD,20777

**RE: Lime Kiln Valley, Lot 17  
12857 Lime Kiln Road  
Building Permit: B11001375  
Well Permit: HO-95-1271**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/22/2011**. Final approval of the well line connection to the dwelling was granted on **09/12/2011**. The well construction was completed on **11/14/2007**. Water samples were collected on **9/23/2011, & 9/29/2011**.

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. 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-95-1271. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire six months from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Jeff Williams  
Sanitarian Supervisor  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

NV Homes  
C/O Robert Feezer Company  
6321 Barnett Avenue  
Sykesville, MD 21784

Reporting Date: 9/30/2011  
Report #: K7608

Submitted Sample Address: Maple Woods, Lot 17  
12857 Lime Kiln Road  
Highland, MD 20777  
Submitted Sample Source: Bathroom sink  
Date / Time Collected: 9/29/2011 01:30 PM  
Sample Type: Drinking Water  
Sampler/Company: A. Arnold 8892AA, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn


## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B

### Notes:

1. Bacteriological analysis of this sample indicates this water is  safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: SNB

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

NV Homes  
c/o Robert Feezer Company  
6321 Barnett Avenue  
Sykesville, MD 21784

Reporting Date: 9/26/2011  
Report #: K7584

Submitted Sample Address: 12857 Lime Kiln Road  
Highland, MD 20777  
Submitted Sample Source: Holding tank  
Date / Time Collected: 9/23/2011 11:30 AM  
Sample Type: Drinking Water  
Sampler/Company: T. Brown 8026TB, WTL of MD

## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Nitrates + Nitrites	2.2	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	1.4	NTU	0.5	10	SM 2130B
pH	6.9	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H <sup>+</sup> B

### Notes:

1. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
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Reported by,



S. Besterfeldt, Quality Assurance Manager

Reviewed by: 