

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

DATE WELL COMPLETED 11 02 2007

Depth of Well 22 300 28 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1275

OWNER Brantly Development STREET OR RFD Lime Kiln Road TOWN Fulton SUBDIVISION Lime Kiln Valley SECTION LOT 26

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Brown Shale, Gray Rock, and water at 218'.

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. M S D 1 6 2

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. A U 0 7 6 6 6

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

GROUTING RECORD WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL (Circle one) CEMENT C M BENTONITE CLAY B C NO. OF BAGS 10 NO. OF POUNDS 600 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP ft. to 32 BOTTOM ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 32

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

SCREEN RECORD

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

DEPTH (nearest ft.) 32 300

DIAMETER OF SCREEN (NEAREST INCH) 56 60 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)

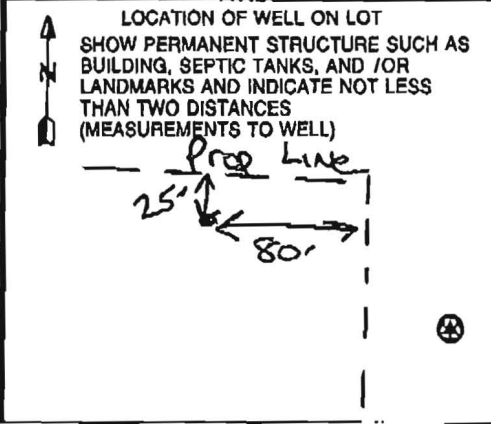
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.00 METHOD USED TO MEASURE PUMPING RATE SUMMERSIBLE WATER LEVEL (distance from land surface) BEFORE PUMPING 6.8 ft. WHEN PUMPING 2.14 ft. TYPE OF PUMP USED (for test) 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 LAND SURFACE (nearest foot) - below



B 1 9850
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
70 HO-95-1275 79
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 26
44 46 LOT 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
Driller's Name 76 License No. 81

G. Edgar Harr Sons Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

6/11/08
Signature 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)

34 300 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 22 PARCEL 114

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (CAL. PER DAY) 750
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. 1519584

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 9/25/07 9/25/08 41
CO SIGNATURE _____ EXP. DATE

43 MM DD YY 48 NORTH GRID 483 000 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 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-95-1275
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 810/1
N 4180/3

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 -



NOV. 17. 2005 11:39AM

MASTERS INC.

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: Tricounty Pump Service, Inc Telephone #: 301-931-8331
Address: 6911 Old Harbor Rd
Baltimore, Md. 21133

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): William G. Smith License #: 20135

*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: Craftmark Homes Telephone #: 410-932-0587
Subdivision: Maple Woods Lot #: 26a Well Tag #: HO-951213
Site Address: 17901 Lime Glen Rd
Highland, Md 20997

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Fluitt Walling Make: P1800 Two piece watertight cap: YES
Model #: 4F07509205 Model #: American Gravity Screened, vented well cap: YES
Pump Capacity: 7 GPM Depth: 6" (36" min) Cap secured to casing: YES
Well Yield: 15 GPM NSF/WSC approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 200 (NSPC) Conduit secured to well caps: YES

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: Poly PVC sleeve to undisturbed soil at well penetration:
PSI: 160 (160 psi min) Approximate length of sleeve:
Depth of supply line: 6" (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.

Signature of company representative responsible for installation: William E. Smith date: 8-10-2011

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

Date Insp. Requested: Date Insp. Approved: 8/10/11 Inspector: (S)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope not seen outside of well cap/casing [check]
Correct well tag attached properly and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection [check]
Adequate grout observed below pitless adapter [check]

**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: _____ Lot #: 26 Well Tag #: HO-95-1275
Site Address: 12901 Limekiln Rd

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.

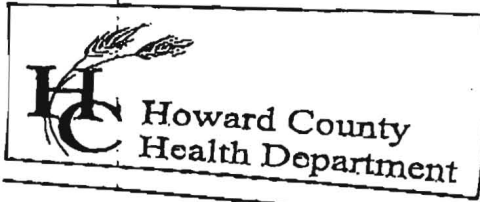
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 8/10/2011 **BB**

- 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

95-1273
Wrong Tag
corrected
9/28/11



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 ^{Sites} has been staked by 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



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

September 29, 2011

Homeowner
12901 Lime Kiln Road
Highland, MD 20777

RE: Lime Kiln Valley, Lot 26
12901 Lime Kiln Road
BP #: B11000611
Well Tag: HO-95-1275

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 09/28/2011. Final approval of the well line connection to the dwelling was approved on 08/10/2011.**

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.

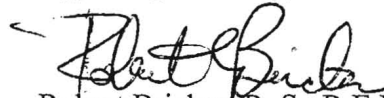
INTERIM CERTIFICATE OF POTABILITY

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-95-1275. 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: 09/15/2011,09/22/2011
Date of Well Completion: 11/02/2007

Approving Authority,



Robert Bricker, R. S., R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

Sep 23, 2011 2:48PM FREDERICKTOWNE LABS

No.0674 P. 1



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 246 • Myersville, MD 21778 • 800-882-2346 • FAX 301-293-2356
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 643-1

Field Record

Site visit performed on: Thursday, September 15, 2011 9:51 AM
 by: William Griffith, Jr. State ID No. 7325WG
 Affiliation: Tri-County Pump Service
 Property Owner: Craftmark Homes
 Property Address: Lot 26 Lime Kiln Rd.
 Highland, MD 20777
 Sample Source: Kitchen Faucet
 Treatment Devices Noted: No Treatment Devices
 Sample taken after treatment: No
 Well No.: HO-95-1273

Laboratory Report

Sample Received at laboratory: 9/15/2011 11:05 AM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
5.3	<1	09/15/11	17:02	09/16/11	11:51	9223B	JD

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
 Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Chlorine - Total Residu	<0.1	ppm		9/15/2011	SM 4500-Cl G	JD
Nitrate-Nitrogen	0.4	mg/l	10	9/15/2011	300.0	JD
Nitrite Nitrogen	<0.2	mg/l	1	9/15/2011	300.0	JD
pH	6.3			9/15/2011	4500-H+B	KB
Sand	<2	mg/l	5	9/16/2011	0.065mm Filter	JD
Turbidity	0.1	NTU	10	9/15/2011	180.1	KB

Reported by: Gloria Phelps 9/21/11
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 118 Virginia Cert. No. 00444
 MDOT WQE Cert. No.: 91-158

09/29/2011 09:28
Sep. 23, 2011 2:40PM

3014321988

FREDERICKTOWNE LABS

TRICOUNTYPUMP

PAGE 02/03

No. 0674 P. 2



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myerstown, MD 21775 • 800-332-5340 • FAX 301-293-2885
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 643-2

Field Record

Site visit performed on: Wednesday, September 21, 2011 2:00 PM
by: William Griffith, Jr. State ID No. 7325WG
Affiliation: Tri-County Pump Services
Property Owner: Craftmark Homes
Property Address: Lot 26 Lime Kiln Rd.
Highland, MD 20777
Sample Source: Powder Room Faucet
Well No.: HO-95-1273
Field pH: 7.1
Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 9/22/2011 9:00 AM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	09/22/11	15:00	09/23/11	15:00	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Reported by:

Pat White 9/23/11
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 118 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158

9/23/2011 3:04:51 PM

Sep. 26, 2011 8:19AM

FREDERICKTOWNE LABS

No. 0690 P. 2



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrle Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-292-2800
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 643-3

Field Record

Site visit performed on: Friday, September 23, 2011 1:30 PM
by: Don Thomas State ID No. 8705DT
Affiliation: Tri-County Pump Service Inc.
Property Owner: Craftmark Homes
Property Address: Lot 26 Lime Kiln Rd.
Highland, MD 20777
Sample Source: Powder Room Faucet

Well No.: HO-95-1273
Field pH: 7.1
Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 9/23/2011 3:15 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	09/23/11	15:15	09/24/11	15:52	9223B	WH

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Reported by: Alivia Phelan 9/26/11
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 118 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 81-158