

**C 1 3444** (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED  
 IN COLS. 3-6 ON ALL CARDS)

**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **(13) A515228**

ST/CO USE ONLY DATE Received MM DD YY  
 DATE WELL COMPLETED MM DD YY  
 Depth of Well 22 300 26  
 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL"  
140-94-3911  
 28 29 30 31 32 33 34 35 36 37

OWNER Moberly Gretchen (Pulte Homes)  
 last name first name  
 STREET OR RFD 3205 Route 32 TOWN West Friendship  
 SUBDIVISION Paddocks East SECTION \_\_\_\_\_ LOT 12

**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	
Brown-sand & shale	0	75	
Gray Limestone	75	105	
Brown sandstone	105	125	✓
Gray limestone	125	260	
Brown sandstone	260	262	✓
Gray limestone	262	300	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 30 NO. OF POUNDS 2820  
 GALLONS OF WATER 180  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 79 ft.  
 (enter 0 if from surface)  
 48 TOP 52 54 BOTTOM 58

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 84  
 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

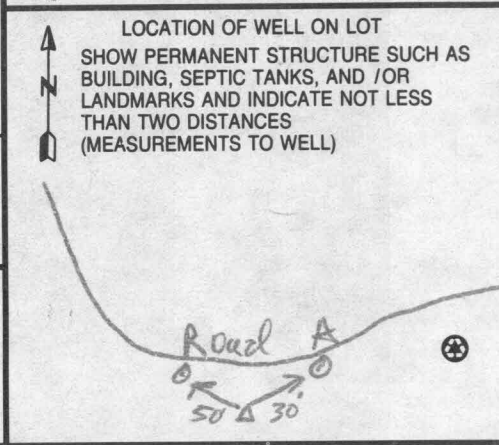
**C 2** DEPTH (nearest ft.)  
 1 HO 2 84 3 300  
 E 1 8 9 11 15 17 21  
 A 2 23 24 26 30 32 36  
 C 3 38 39 41 45 47 51  
 S R E E N  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 56 60  
 from \_\_\_\_\_ to \_\_\_\_\_

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**  
 1 2  
 HOURS PUMPED (nearest hour) 03  
 8 9  
 PUMPING RATE (gal. per min.) 15  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE 194L  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 27 ft.  
 17 20  
 WHEN PUMPING 60 ft.  
 22 25  
 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 YES  NO   
 (CIRCLE) (YES OR 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 } 02 (nearest foot)  
 49 50 51

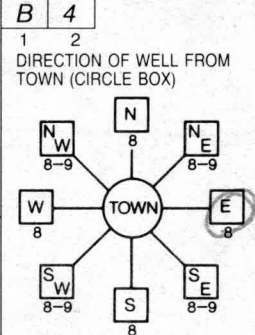


NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED yes  no   
 CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL  
 I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH 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 009  
 DRILLERS SIGNATURE \_\_\_\_\_  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Date Received (APA) 3/11/2004 OWNER INFORMATION  
 8 MM DD YY 13  
MOBBERLEY Owner Bretchen First Name 34  
Summer Hill Farm RT148 Street or RFD 55  
West Friendship MD 21784 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard COUNTY 21  
Paddocks East SUBDIVISION 42  
 SECTION 44 46 LOT 12 50  
Glenclg NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION  
Allen Compton Driller's Name 76 License No. MSD 009 81  
Foghts Well Drilling Firm Name  
580 Obrecht Rd. Address  
Allen Compton Signature Date 1-31-04



Sykesville Rd. NEAR WHAT ROAD 11 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 550 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 22 BLK: 8 PARCEL 7

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME (13) A51522B COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 3/18/2004 Brian Baker CO SIGNATURE 3/18/2005 EXP. DATE  
 NORTH GRID 525 000 EAST GRID 805 000  
 50 55 57 63

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

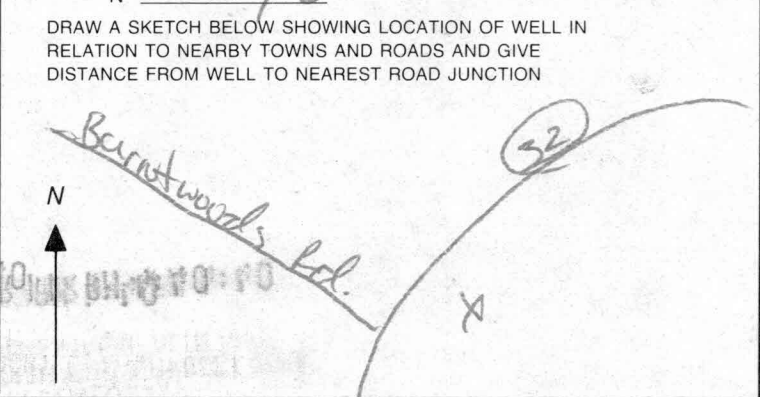
APPROXIMATE DEPTH OF WELL 300 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. 4/12/04 No success (50)  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 80φ5 000 000  
 N 52φ5

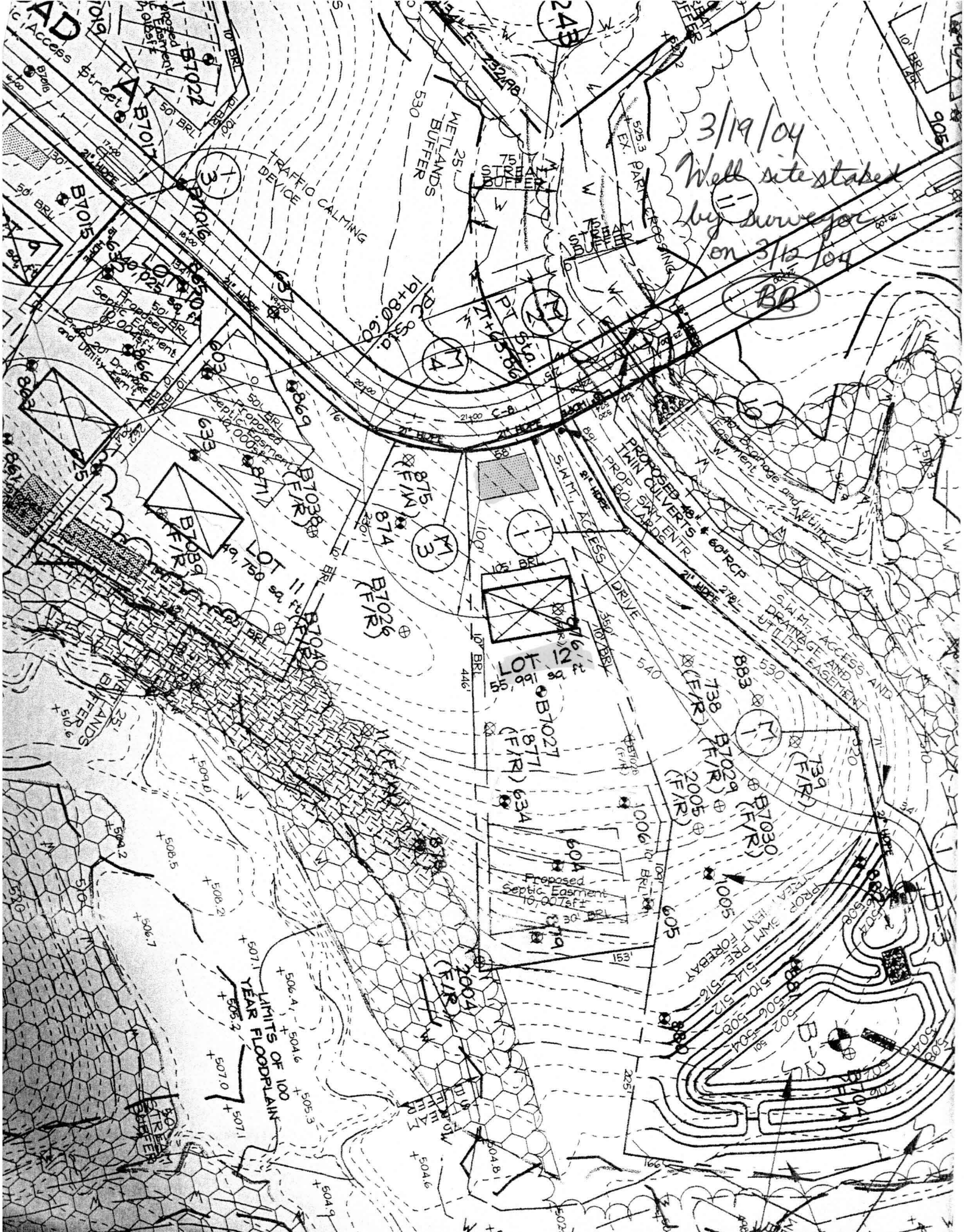
METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTary DRIVE-POINT  
 other \_\_\_\_\_

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  
 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 HO2002G009  
 PERMIT No. HO-94-3911  
 70 71 72 73 74 75 76 77 78 79

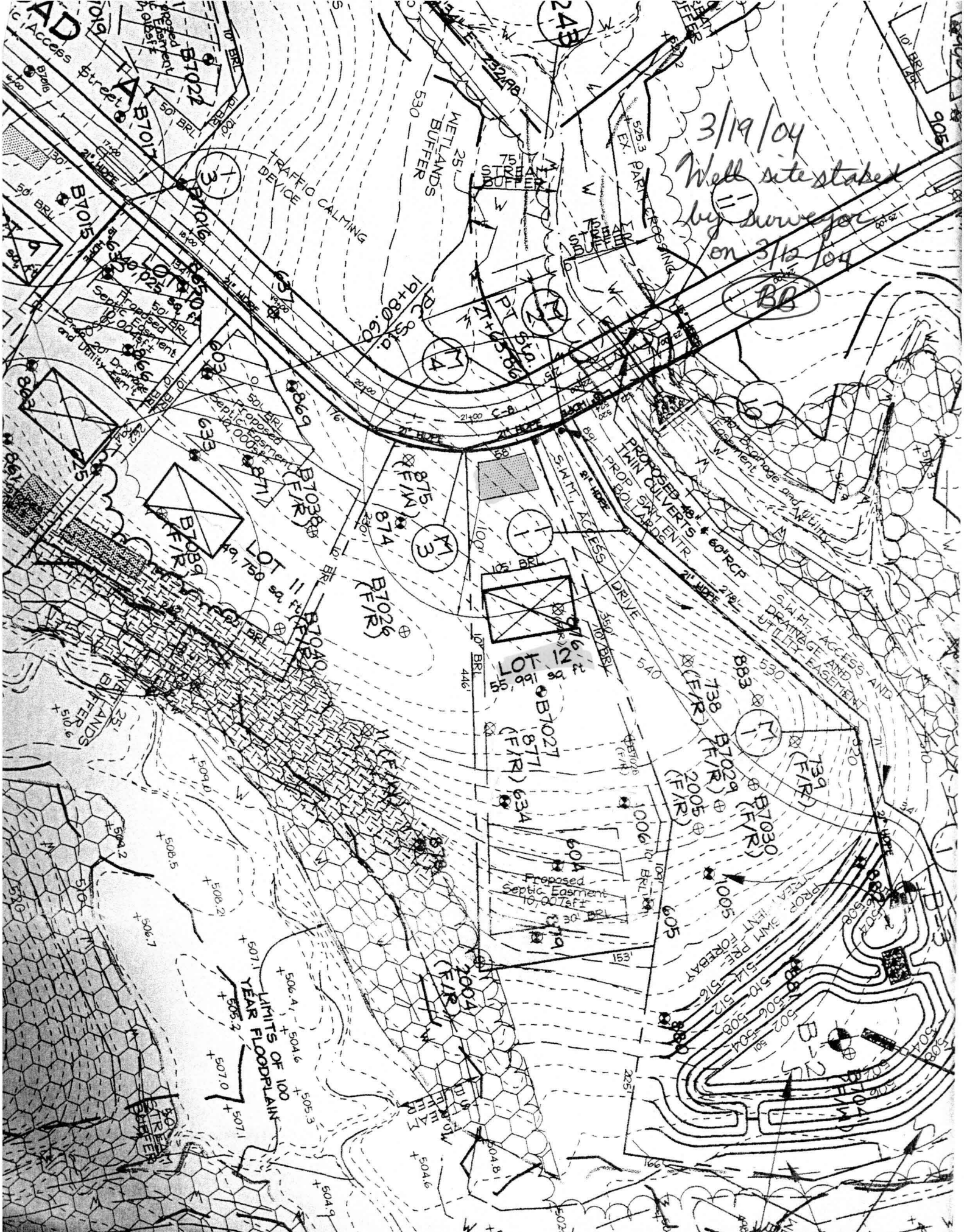






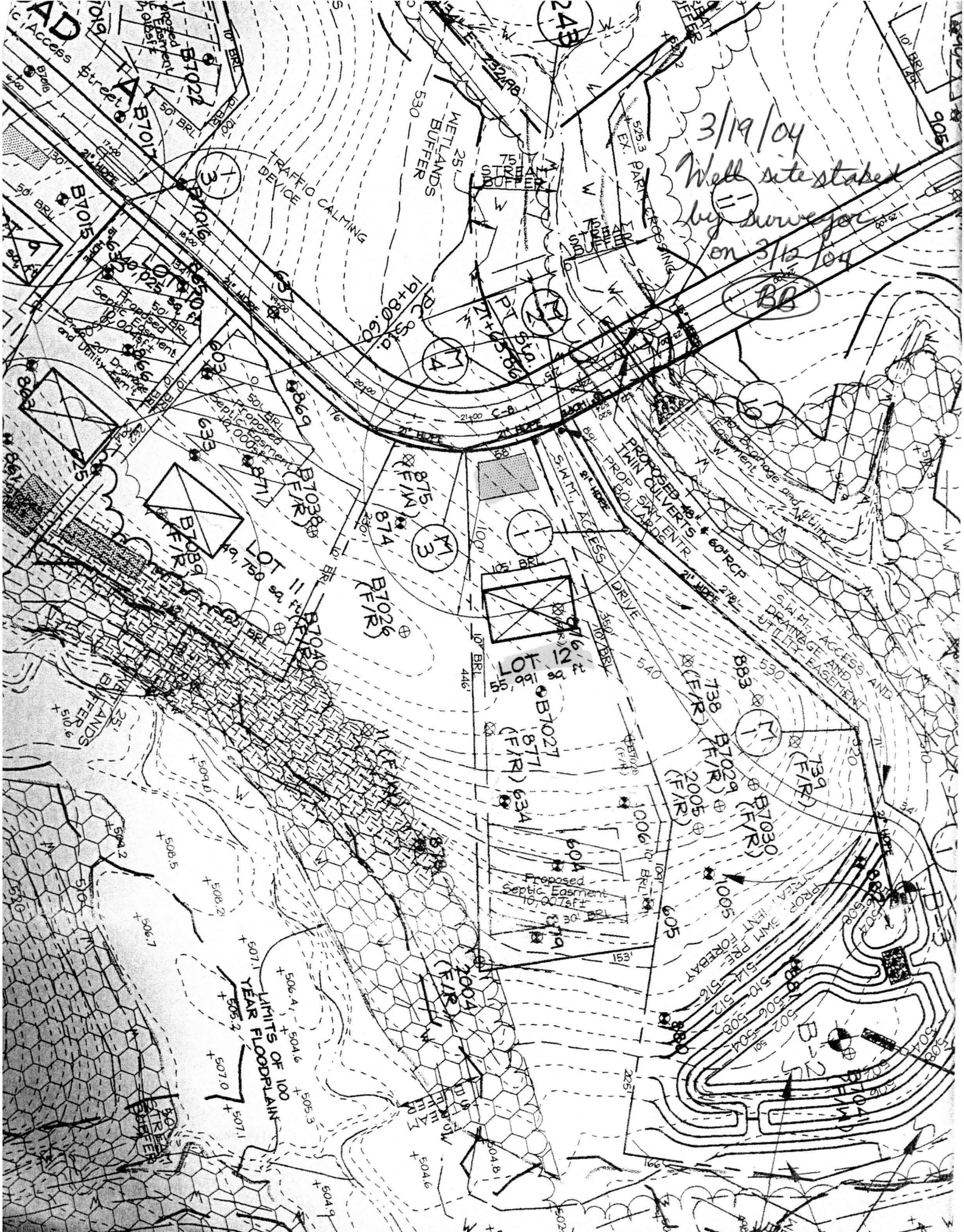
3/19/04  
Well site staked  
by surveyor  
on 3/12/04

BB



3/19/04  
Well site staked  
by surveyor  
on 3/12/04

BB



3/19/04  
Well site staked  
by surveyor  
on 3/12/04

BB

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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
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): Allen Compton License# MSD 009

\*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: Paula Homer Telephone #: \_\_\_\_\_  
Subdivision: The Paradox East Lot #: 12 Well Tag #: HO-94-3941  
Site Address: 13545 Sula Manor Way

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Camball</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>TSB07422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>no</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 or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and 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.

Signature of company representative responsible for installation: Allen Compton date: 5/3/05

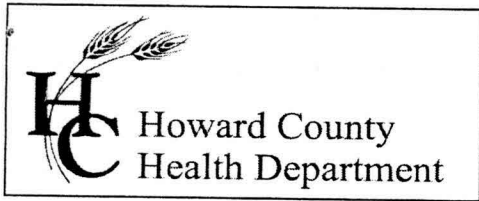
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/18/05

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

BB/GC



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

July 19, 2005

Pulte Homes, Inc.  
1501 S. Edgewood Street  
Baltimore, MD 21227

RE: Paddocks East, Lot 12  
13545 Julia Manor Way  
West Friendship, MD 21794  
BP #: B00150288  
Well Permit # HO-94-3911

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 03/25/2005. Final approval of the well line connection to the dwelling was approved on 07/18/2005.**

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.

#### 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-94-3911. 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: 07/12/2005  
Date of Well Completion: 04/12/2004

Approving Authority,

*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

REPORT DATE: Jul 13, 2005

County Howard

Lab Number T-0608

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Pulte Home Corporation  
1501 South Edgewood Street  
Baltimore, Maryland 21227  
Attn: Accounts Receivable

Property Sampled: U&O: 13545 Julia Manor Way

Station Sampled: Powder room tap

Tax Map #: 22

Date/Time Sampled: Jul 12, 2005 11:40 am

Parcel #: 7

Owner, Telephone No.: Choi

Sampler: 6724GP

Subdivision Name: The Paddocks East

Lot Number: 12

Building Permit No.: B0015288

Well Number: HO-94-3911

Observation: 2-Piece Cap  
Cap tight  
1 bolt loose

### RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	1.8 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	8.2 NTU	EPA 180.1	*10 NTU	Pass
pH	6.4 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: None

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

RECEIVED JUL 13 2005 3:55

*Sharon K. Cassell*

Sharon K. Cassell

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level