

C1 3443

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 13 A515228

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 200 26

520/04 O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3910

OWNER Moberly Gretchen (Pulte Homes) STREET OR RFD 3205 Route 32 TOWN West Friendship SUBDIVISION Paddocks East SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown-sand Shale, Gray Limestone, Brown, Gray Limestone, Brown, Gray Limestone, White, Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 34, NO. OF POUNDS 209, DEPTH OF GROUT SEAL 65 to 61 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 06, Total depth of main casing 68.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

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...

DRILLERS LIC. NO. 1 M S D 0 0 9 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

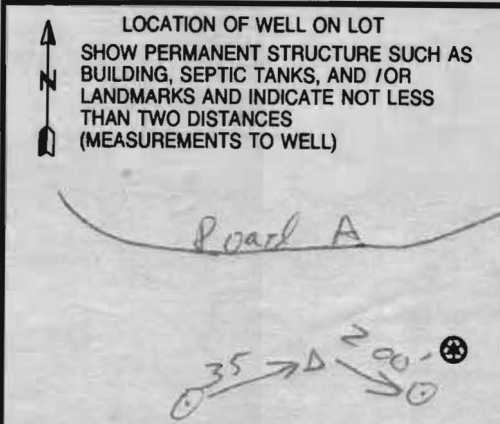
DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Values: 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

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 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 03, PUMPING RATE (gal. per min.) 15, METHOD USED TO MEASURE PUMPING RATE 199L, WATER LEVEL (distance from land surface) BEFORE PUMPING 21 ft, WHEN PUMPING 36 ft, TYPE OF PUMP USED (for test) C centrifugal, R rotary, O other, J jet, 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, - below, LAND SURFACE 02 (nearest) foot.



B 1 0943 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520092

STATE PERMIT NUMBER HO-94-3910 fill in this form completely

Date Received (APA) 3/11/2004 OWNER INFORMATION MORBERLEY - Gretchen Summer Hill Farm Rt 144 West Friendship MD 21784

B 3 LOCATION OF WELL Howard COUNTY 21 Paddocks East SUBDIVISION SECTION 44 46 LOT 48 50 GLENDY NEAREST TOWN MILES FROM TOWN 2

DRILLER INFORMATION Allen Compton M S D 009 Driller's Name License No. Fogles Well Drilling Firm Name 580 Obercht Rd Address Adh Cpt Date 1-31-04

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Sykesville Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 500 FT ENTER FT OR MI TAX MAP: 22 BLK: 8 PARCEL 7

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

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 COUNTY NAME 13 COUNTY NO. STATE SIGNATURE DATE ISSUED 3/18/2004 Brian Baker 3/18/2005 EXP DATE

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8005 N 5205

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) 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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Burntwoods Rd 32

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO2002G009 PERMIT No. HO-94-3910

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

F. 7-7-05
Relayed
7-15-05

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 #: 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: Pulte Homes Telephone #: _____
Subdivision: Paddocks East Lot #: 11 Well Tag #: HO-94-3910
Site Address: _____

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Goulds Make: Carnoball Two piece watertight cap: yes
Model #: 75B05422 Model#: NA Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 15 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: yes
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 NA

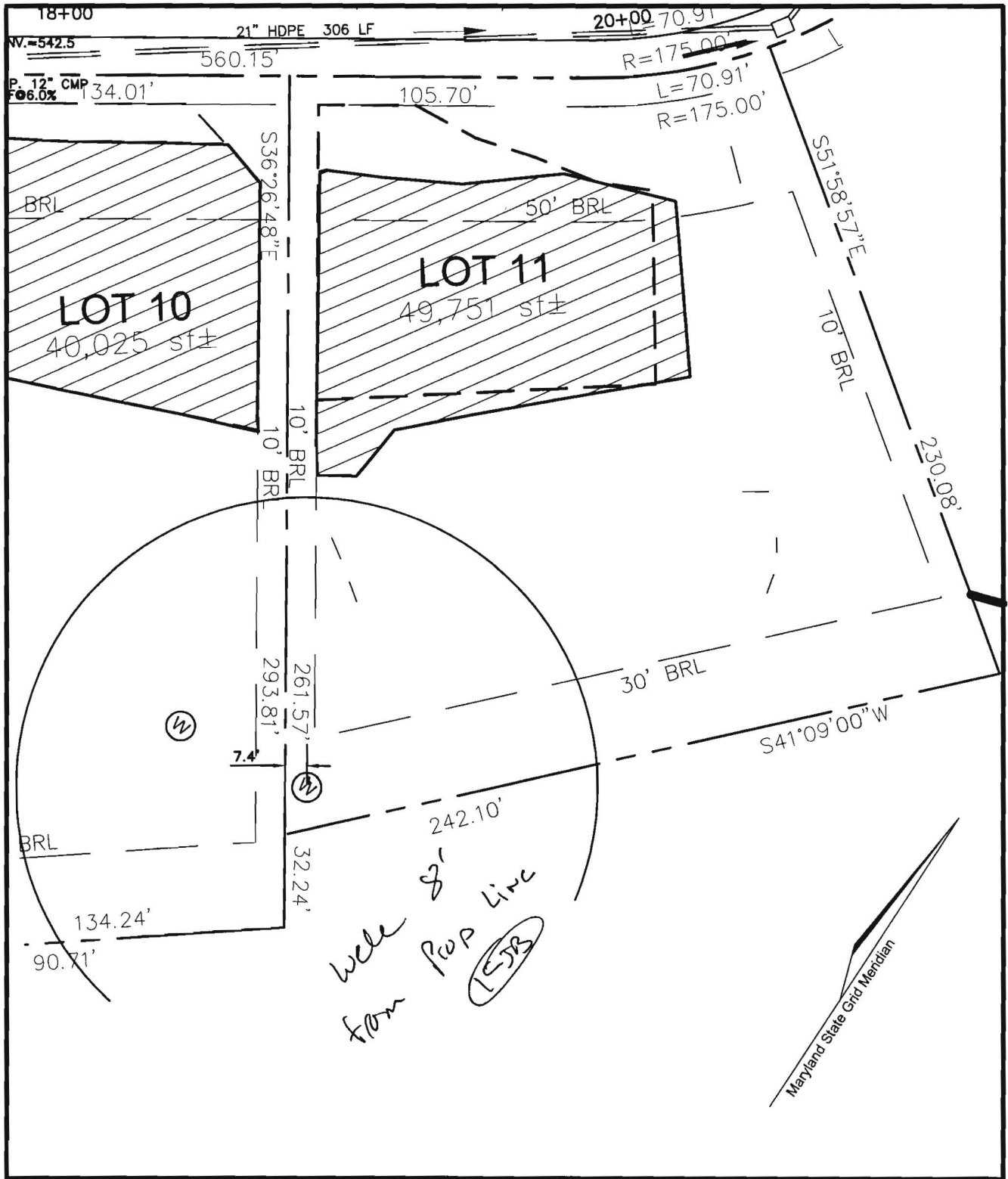
Piping to house **House Connection**
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42(36" min) Sleeve caulked and sealed properly: yes

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.

Allen Compton 7-7-05
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: 7/18/05 BB/GC
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



SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE OCT.18, 2004
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22
 3RD ELECTION DISTRICT

PULTE HOMES
 PADDOCKS EAST
 LOT 11 WELL EXHIBIT

PARCEL 7
 HOWARD COUNTY, MARYLAND

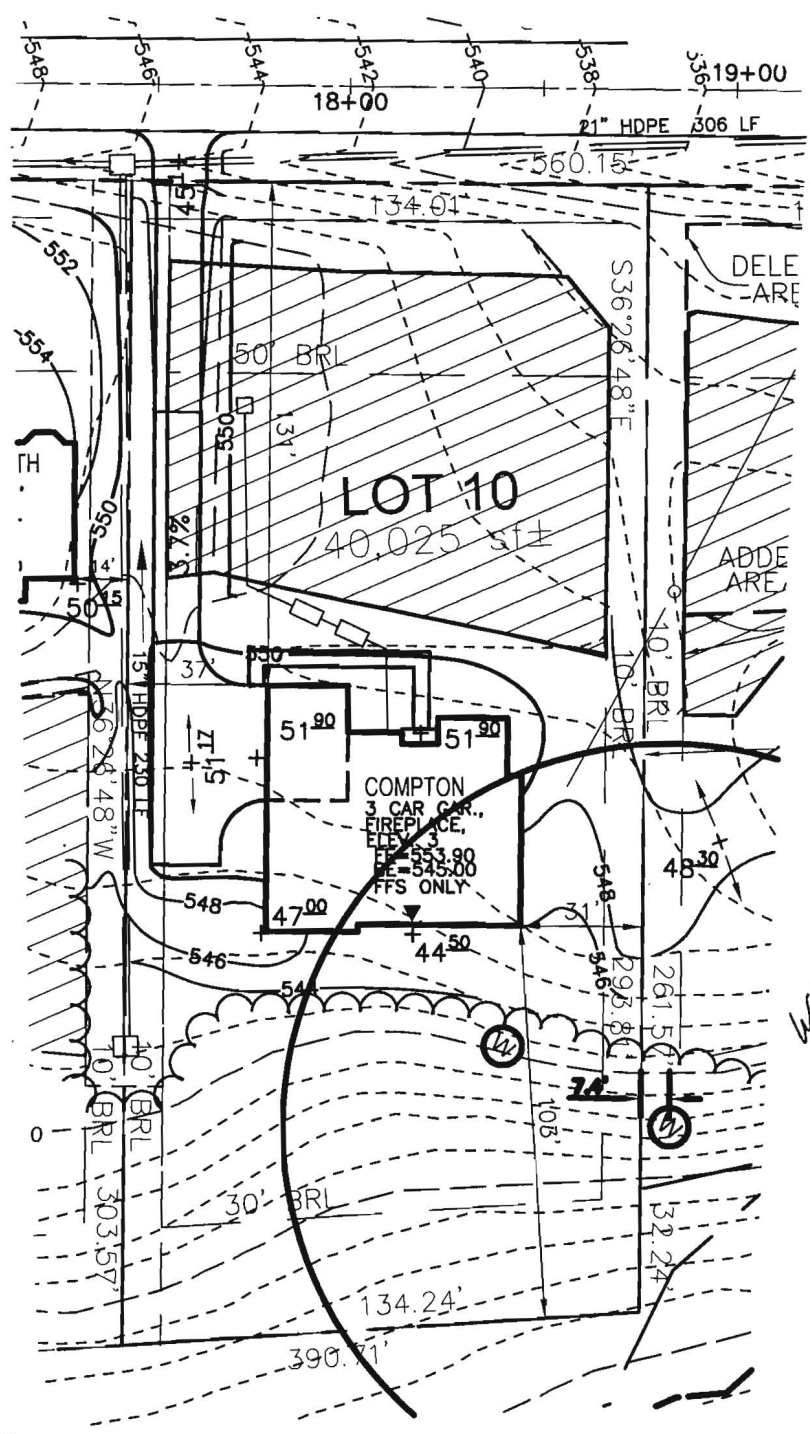
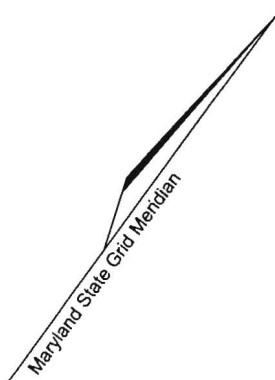


**ROBERT H. VOGEL
 ENGINEERING, INC.**

ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET
 ELLICOTT CITY, MD 21043

TEL: 410.461.7666
 FAX: 410.461.8961



SEPTIC DATA:
 HOUSE:
 INV. OUT=548.8
 SEPTIC TANK(1200GAL)
 TOP GRADE:550.0
 INV. IN=548.0
 INV. OUT=547.7
 PUMP TANK(1000GAL)
 TOP GRADE:549.5
 INV. IN=547.6
 INV. OUT=547.5
 DISTRIBUTION BOX:
 TOP GRADE:550.0
 INV. IN=547.0
 INV. OUT=546.5

THE EXISTING WELL SHOWN ON THIS PLAN () HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

JAMES ROBERT MEEKS, PLS #10857 DATE

SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 REV. NOV., 2004
 DATE AUG. 11, 2004
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22
 3RD ELECTION DISTRICT

PULTE HOMES
 PARCEL 7
 PADDOCKS EAST HOWARD COUNTY, MARYLAND



LOT 10
ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961



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

Penny 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 11
13553 Julia Manor Way
West Friendship, MD 21794
BP #: B00150522
Well Permit # HO-94-3910

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 05/17/2005. 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-94-3910. 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: 04/23/2004

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-0607

Sample iced Yes

Residual Cl₂ <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: 13553 Julia Manor Way

Station Sampled: Powder room Tap

Tax Map #: 22

Date/Time Sampled: Jul 12, 2005 11:20 am

Parcel #: 7

Owner, Telephone No.: Fortson

Sampler: 67246P

Subdivision Name: The Paddocks East

Lot Number: 11

Building Permit No.: B0015288

Well Number: HO-94-3910

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	1.1 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Raw)	3.5 NTU	EPA 180.1	*10 NTU	Pass
pH	5.6 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: Sediment Filter

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

Sharon K. Cassell

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level