

C1 3441

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A515228

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 4 12 04

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3908

OWNER Moberly Gretchen (Public Homes) STREET OR RFD 3205 Route 32 TOWN West Friendship SUBDIVISION Paddocks East SECTION LOT 7

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 40, NO. OF POUNDS 360, DEPTH OF GROUT SEAL 0 to 77 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter 06, Total depth of main casing 84.

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

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

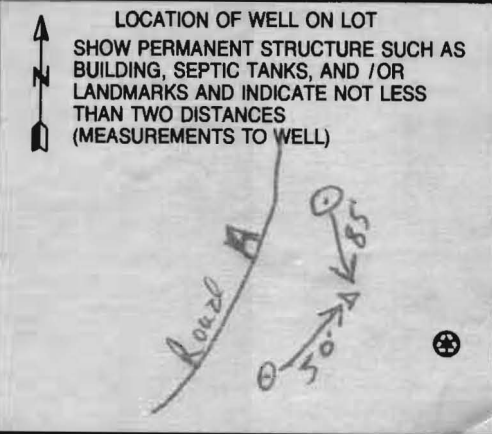
DEPTH (nearest ft.) table with rows 1-5 and columns 8-11, 15-17, 21-23, 26-28, 30-32, 36-38, 41-43, 45-47, 51-53.

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

PUMPING TEST: HOURS PUMPED 03, PUMPING RATE 5.4, MEASURE PUMPING RATE 1906, WATER LEVEL 28 ft before, 113 ft when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43-47.



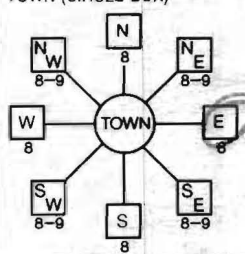
NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y), DRILLERS LIC. NO. 1 M SD 009, DRILLERS SIGNATURE, LIC. NO. 1 D, SITE SUPERVISOR

B 1 **0998** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6
520092 APPLICATION FOR PERMIT TO DRILL WELL please type **40-94-3908**
 70 fill in this form completely 79

Date Received (APA) **3/11/2004**
 8 MM DD YY 13
OWNER INFORMATION
 15 **MOORELLEY** Last Name Owner **Greatchen** First Name 34
 36 **Summer Hill Farm RT 194** Street or RFD 55
 57 **West Friendship MD 21794** Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Paradocks East** 42
 SECTION **44** 46 LOT **9** 50
 52 NEAREST TOWN **Glenely** 71
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78

DRILLER INFORMATION
 1 **Allen Compton** Driller's Name 76 **M S D 009** License No. 81
 2 **Fogles Well Drilling** Firm Name
 3 **580 Obrecht + Lab** Address
 4 **Allen Compton** Signature Date **1-31-04**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 **Sylkesville Rd** NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **1.75** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **22** BLK: **8** PARCEL **7**

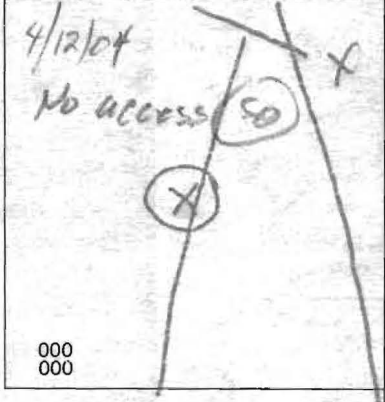
B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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 COUNTY NAME **(13) A515228** COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **3/18/2004** **Brian Baker** CO SIGNATURE **3/18/2005** EXP. DATE
 43 NORTH GRID **525 000** 55 EAST GRID **805 000** 57 63

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

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



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
 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 DEEPEEN 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 **H02002G009**
 PERMIT No. **40-94-3908**
 70 71 72 73 74 75 76 77 78 79

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

**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 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: _____ Telephone #: _____

Subdivision: Paddocks East Lot #: 9 Well Tag #: HO-94-3908

Site Address: 13561 Julia Manor Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve 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: 6/9/05 Inspector: 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 seen 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

ps/bs
dated 8/18/05

HOWARD COUNTY HEALTH DEPARTMENT
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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: Fogle 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# NSD 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 #: 9 Well Tag #: HO-94-3908
Site Address: 13561 Julia Manor Way

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 75B07422 Model#: N/A Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 5.4 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 300 (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 N/A

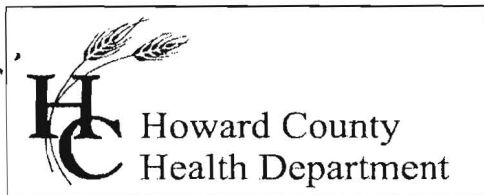
Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42(36" min) Sleeve caulked and sealed properly: yes

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 6/25/05
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: 6/9/05 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 ✓



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

August 18, 2005

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

RE: Paddocks East, Lot 9
13561 Julia Manor Way
West Friendship, MD 21794
BP #: B00150999
Well Permit # HO-94-3908

Dear Sirs:

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 06/24/2005. Final approval of the well line connection to the dwelling was approved on 06/09/2005.**

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-94-3908. 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 Sample(s): 08/17/2005
Date of Well Completion: 04/12/2004

Approving Authority


Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASSELL TESTING, INC.

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

REPORT DATE: Aug 18, 2005

County Howard

Lab Number T-1277

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: 13561 Julia Manor Way

Station Sampled: Powder Room Tap

Tax Map #: 22

Date/Time Sampled: Aug 17, 2005 10:30 am

Parcel #: 7

Owner, Telephone No.: Lee

Sampler: 6724GP

Subdivision Name: The Paddocks East

Lot Number: 9

Building Permit No.: B00150999

Well Number: HQ-94-3908

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	3.4 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	2.4 NTU	EPA 180.1	*10 NTU	Pass
pH	6.0 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.

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level