

C1 3438

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)

COUNTY NUMBER 13 A515228

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

DEPTH OF WELL (TO NEAREST FOOT)

5/20/04 O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3905

OWNER Moberly Gretchen (Pulte Homes) STREET OR RFD 3205 Route 32 TOWN West Friendship SUBDIVISION Paddocks East SECTION LOT 6

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Brown-sand & shale, Gray Limestone, Brown, Gray Limestone, and Gray & white.

GROUTING RECORD section including YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD section including casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, and Total depth.

OTHER CASING (if used) section for diameter and depth.

SCREEN RECORD section including screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER) and DEPTH (nearest ft.).

PUMPING TEST section including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, and TYPE OF PUMP USED.

PUMP INSTALLED section including DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, and PUMP COLUMN LENGTH.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES/NO

CIRCLE APPROPRIATE LETTER A, E, P

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. M SD 007

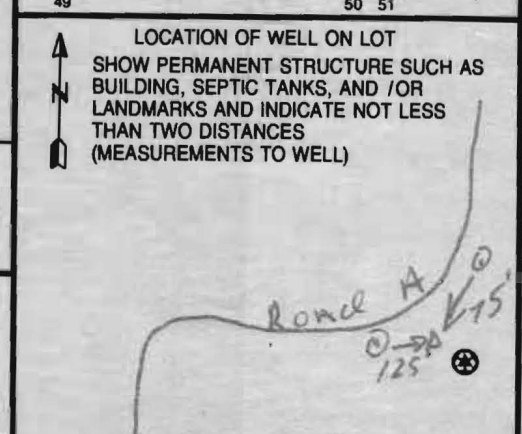
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

DEPTH (nearest ft.) table with columns for casing diameter and depth.

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



B 1 0995 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER
 1 2 3 6 520092 please type 70 79 HO-94-3905
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 3/11/2004
 8 MM DD YY 13
 15 MOBERLEY Last Name Gretchen Owner First Name 34
 36 Summer Hill Farm RT 1440 Street or RFD 55
 57 Wkst Friendship MD 21794 Town 70 State 72 Zip 76

LOCATION OF WELL
B 3
 8 COUNTY Howard 21
 23 SUBDIVISION Rocklocks East 42
 SECTION 44 46 LOT 6 50
 52 NEAREST TOWN Friendship 71
 MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION
 Driller's Name Allen Compton M S D 009 76 License No. 81
 Firm Name Egles Well Drilling
 Address 580 Obercht Rd.
 Signature Allen Compton Date 1-31-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2
 11 Sykesville NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH
 WEST WEST EAST EAST
 SOUTH SOUTH
 34 1000 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: 22 BLK: 8 PARCEL 7

WELL INFORMATION
B 2
 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 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

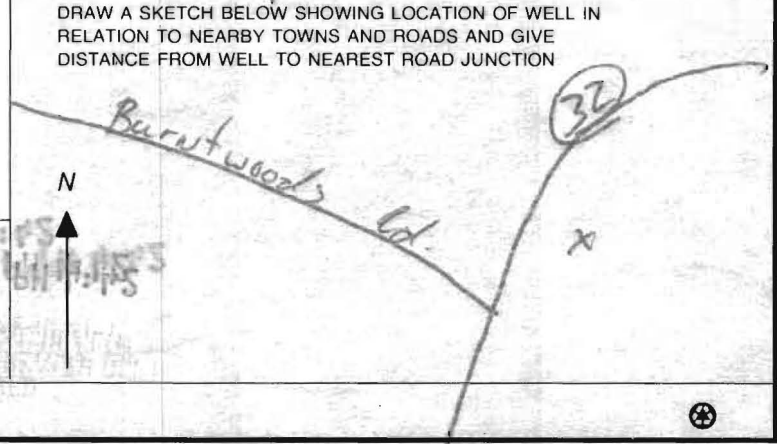
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME (13) A515228 COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 3/18/2004 Brian Baber 3/18/2005
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 525 000 EAST GRID 805 000
 50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. 1pm 3hr 1/5 4/7/04
 2. 300 deep
 3. 94 casing
94 open
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8005
 N 5205
 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 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-94-3905
 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: 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# ms0009

*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: Public Homes Telephone #:
Subdivision: Paddocks East Lot #: 6 Well Tag #: HO-99-3905
Site Address:

Submersible Pump Data

Make: Goulds
Model #: 7S605422
Pump Capacity: 7 GPM
Well Yield: 8.5 GPM

Pitless Adapter

Make: Cambell
Model#: N/A
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 300 (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 N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

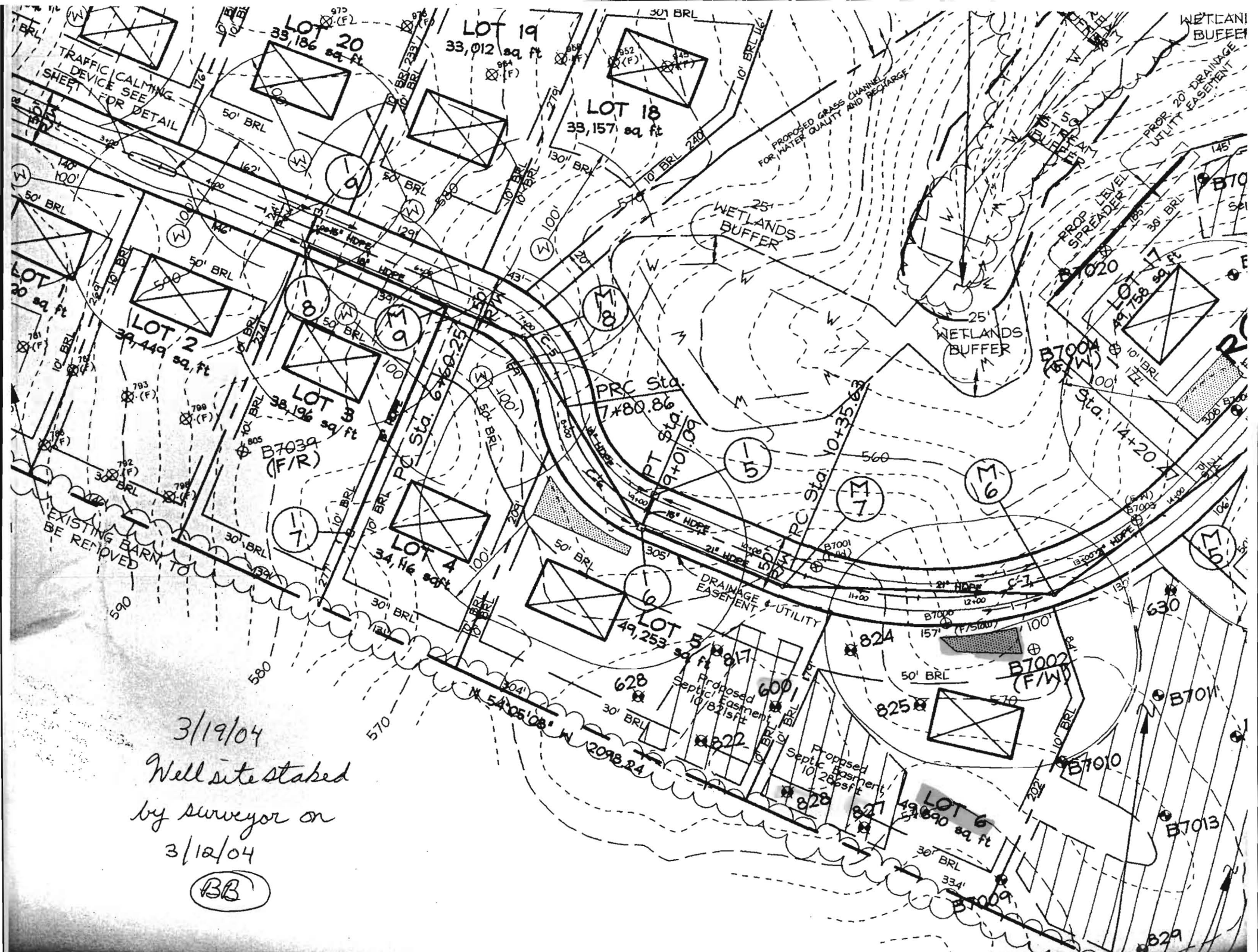
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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 Compt 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: 10/21/05 (PAY)
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 ✓



3/19/04
 Well site staked
 by surveyor on
 3/12/04
 (BB)



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

October 21, 2005

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

SENT VIA FACSIMILE 410-489-0462

RE: Paddocks East, Lot 6
13575 Julia Manor Way
West Friendship, MD 21794
BP #: B00152376
Well Permit # HO-94-3905

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 10/18/2005. Final approval of the well line connection to the dwelling was approved on 10/21/2005.**

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.

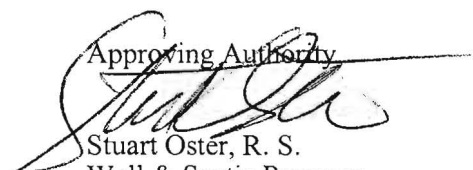
INTERIM CERTIFICATE OF POTABILITY

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-94-3905. 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: 10/19/2005
Date of Well Completion: 04/07/2004

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: Oct 20, 2005

County Howard

Lab Number 06-688

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&D: 13575 Julia Manor Way

Station Sampled: Powder Room Tap

Tax Map #: 22

Date/Time Sampled: Oct 19, 2005 11:30 am

Parcel #: 7

Owner, Telephone No.:

Sampler: 6724GP

Subdivision Name: The Paddocks East

Lot Number: 6

Building Permit No.: B00152376

Well Number: Tag not visible

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.8 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.2 NTU	EPA 180.1	*10 NTU	Pass
pH	5.7 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter - Filter Out

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



Heather R. Beam

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