

C1 0106 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **(13) A515228**

ST/CO USE ONLY  
 DATE Received  
 MM DD YY  
 8 13

DATE WELL COMPLETED  
 MM DD YY  
 10 18 05  
 Depth of Well  
 22 300 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 H0-95-0123  
 28 29 30 31 32 33 34 35 36 37

OWNER Pulte Homes  
 STREET OR RFD 13383 Julia Manor Way TOWN West Friendship  
 SUBDIVISION Paddocks East SECTION \_\_\_\_\_ LOT 4

**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 shell	0	50	
Gray Limestone	50	300	✓

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 18 NO. OF ROUNDS 1622  
 GALLONS OF WATER 108  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 56 ft.  
 (enter 0 if from surface)

**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) 63  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch 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

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MSD 009  
 DRILLERS SIGNATURE \_\_\_\_\_  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D

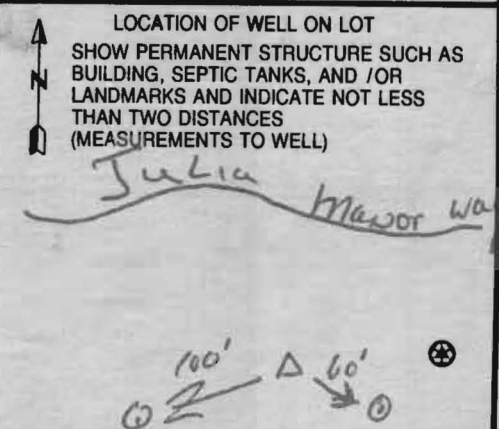
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**C 2** DEPTH (nearest ft.)  
 1 2  
 H0 63 300  
 1 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 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**  
 HOURS PUMPED (nearest hour) 03  
 8 9  
 PUMPING RATE (gal. per min.) 12  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE 194L.  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 9 ft.  
 17 20  
 WHEN PUMPING 56 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 (CIRCLE) (YES or NO) 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. 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



B 1 0866  
2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

HO-95-0123  
70 fill in this form completely 79

523426

Date Received (APA)

10/5/2005  
8 MM DD YY T3

OWNER INFORMATION

15 Last Name Pulte Owner First Name Homes 34

36 1501 S Edgewood ST. 55  
Street or RFD

57 Baltimore MD 21227 76  
Town State Zip

B 3

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Paddock's East 42

SECTION 44 46 LOT 4 48 50

52 NEAREST TOWN Glenely 71

MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

DRILLER INFORMATION

Driller's Name Alko Company M S D 009 81 License No.

Firm Name Eagles Well Drilling

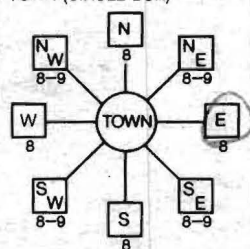
Address 580 Obrecht rd.

Signature Date 10-5-05

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

13583 Julia Manorway 11 NEAR WHAT ROAD 30



ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 4 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

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 (13) A515228  
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 10/7/2005 Brian Baber 10/7/2006  
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 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)

- 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 HO-94-3903

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO2002G009

PERMIT No HO-95-0123  
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.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 805  
N 525

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

N



SPECIAL CONDITIONS

NOTE - APPLYING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



F-11-05

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 26.04.84 (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: 57th Abbott Rd  
Sylvestri, Md 21784

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
License # and name of individual responsible for the 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: Pull to Yanner Telephone #: \_\_\_\_\_  
Subdivision: Hudders Part Lot #: 4 Well Tag #: HO-45-0123  
Site Address: 13583 Julia Manorway

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>Camoball</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>55B074A2</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</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: N/A

<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>48</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.

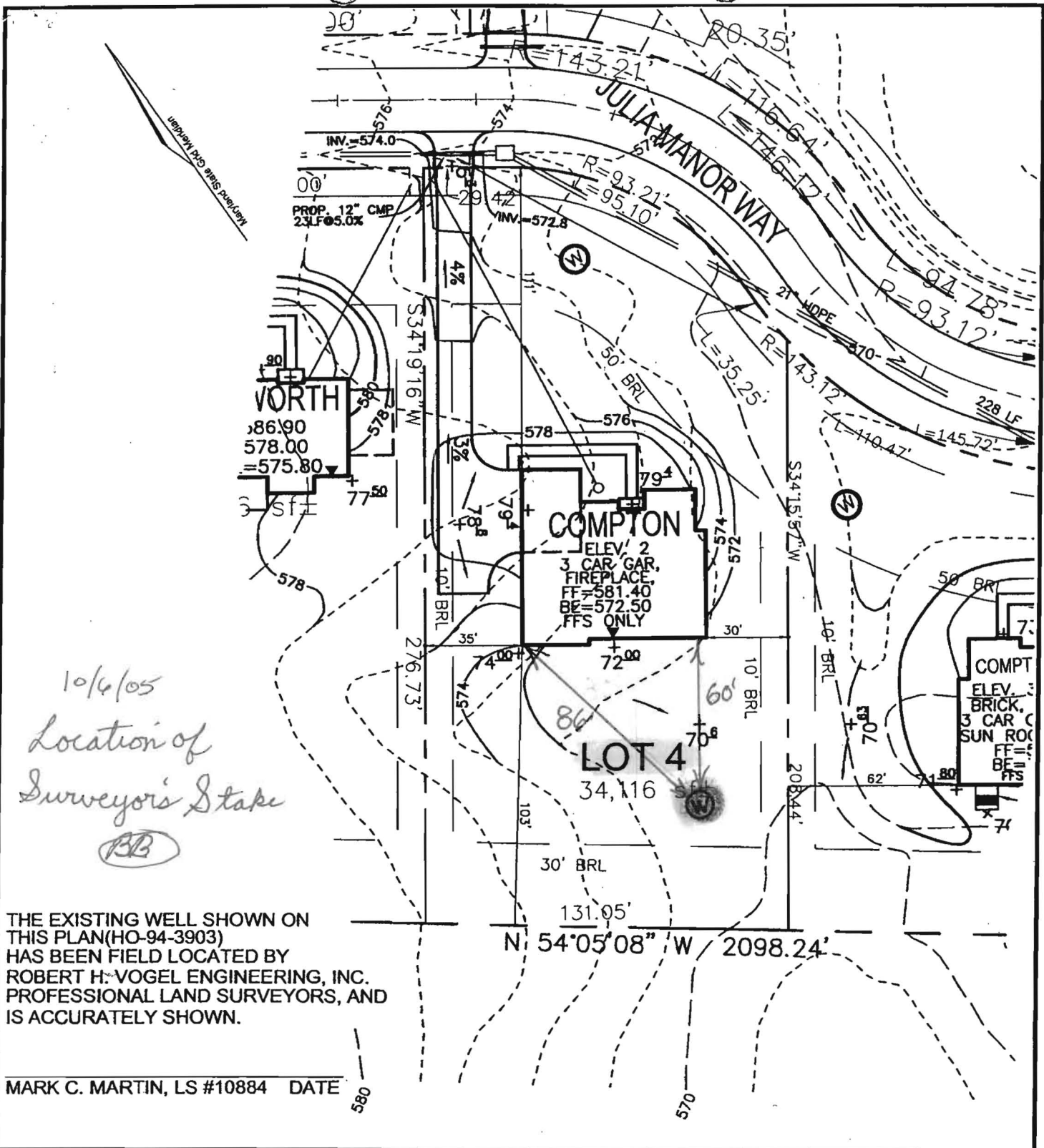
Signature of company representative responsible for installation: Allen Compton date: 10/26/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/10/05 **GAC** **BB**

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

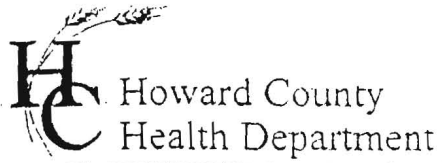


SCALE 1"=50'  
 DRAWN BY JCO  
 CHECKED BY JCO  
 DATE DECEMBER, 2004  
 W. O. # 2034058  
 SHEET# 1 OF 1

TAX MAP 22  
 3RD ELECTION DISTRICT

**PULTE HOMES  
 PADDOCKS EAST**  
 LOT 4

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
 (410) 313-2640 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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Robert H. Vogel,  
 (professional land surveyor or company employing professional land surveyors)  
 on 10-4-05 (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 6/10/03



**HOWARD COUNTY HEALTH DEPARTMENT**

0523426

DATE  
10/05/05

Received From \_\_\_\_\_ PHONE # 410 795 32

CASH  
 CHECK  
 NO. 8203

For Well Permit - Replenishment Wells  
Shelburne Farm - Lot 19 - Upper Moccasin  
2-18 700 5 4  
 \_\_\_\_\_ Dollars

\$ 300

Received By Thomas L. [unclear]

C1 3436

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13 AS15228

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

ST/CO USE ONLY DATE RECEIVED MM DD YY 4 15 04

DATE WELL COMPLETED MM DD YY 3 31 04

Depth of Well 22 300 26 (TO NEAREST FOOT)

4/27/04 OK (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3903

OWNER Moberly last name, Gretchen (Pulte Homes) first name, STREET OR RFD 13205 Route 92, TOWN West Friendship, SUBDIVISION Paddocks East, SECTION, LOT 4

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT, BENTONITE CLAY (BC), NO. OF BAGS 12, NO. OF POUNDS 1128, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 37 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 06, Total depth of main casing 41.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), 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. 1 M SD 009, DRILLERS SIGNATURE, LIC. NO. 1 D

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

DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80.

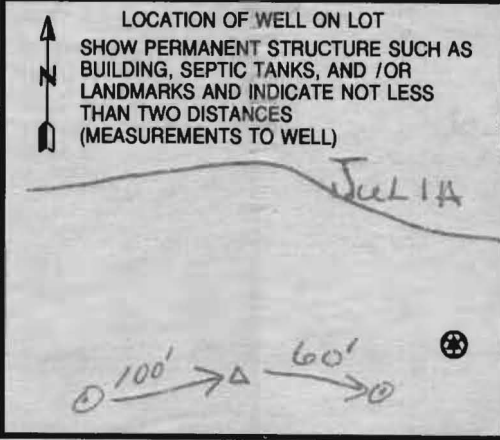
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 03, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE 196L, WATER LEVEL (distance from land surface) BEFORE PUMPING 9 ft, WHEN PUMPING 33 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) 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).



\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10-18-05 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 94 - 3903

\* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 0123

\* PERSON ABANDONING WELL: Allen Compton

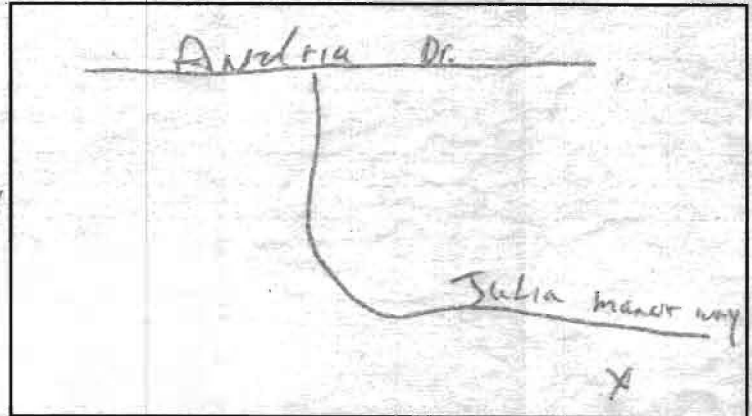
WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Pete Hernandez

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Glenely  
 TAX MAP 22 BLOCK 8 PARCEL 7  
 SUBDIVISION: Parducks EAST  
 SECTION: \_\_\_\_\_ LOT: 4  
 NEAREST ROAD: 13583 Julia Manor way



\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 300' FEET DEEP

\* WAS ANY CASING REMOVED?  YES 3' NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>300</u>
VOLUME OF MATERIAL USED		
<u>30 bags</u>		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: [Signature] LICENSE # 009 MWD/MSD/MGD CIRCLE ONE DATE 10-18-05

B 1 0942

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-94-3903 fill in this form completely

Date Received (APA) 3/11/2004

OWNER INFORMATION

MORBELLEY, Gretchen Summer Hill Farm Ct 144 West Friendship MD 21794

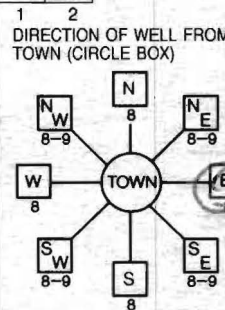
LOCATION OF WELL

Howard County Paddock's East Section 44-46 Lot 48-50 Glenelg

DRILLER INFORMATION

Allan Compton M S D 009 Foytes Well Drilling 580 Obrrecht Rd. 1-31-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sykesville Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



525 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 22 BLK: 8 PARCEL 7

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A515228 COUNTY NAME COUNTY NO. DATE ISSUED 3/18/2004 Brian Baker 3/18/2005

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

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERCussion (circled) ROTARY (Hydraulic Rotary) CABLE DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

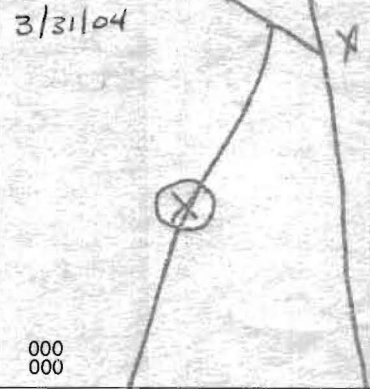
- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

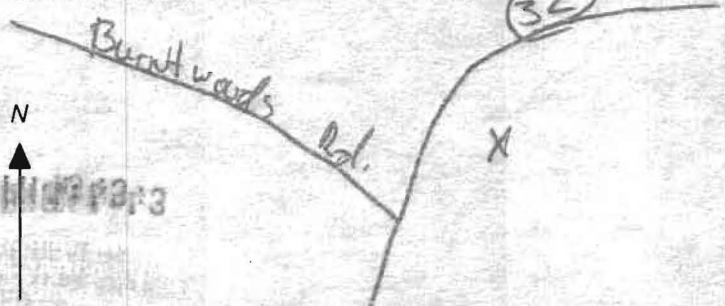
SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 80φ5 N 52φ5



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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H02002G009 PERMIT No. HO-94-3903

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**CASELL TESTING, INC.**

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

REPORT DATE: Nov 9, 2005

County Howard

Lab Number 06-989

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: 13583 Julia Manor Way

Station Sampled: Pressure Tank Tap

Tax Map #: 22

Date/Time Sampled: Nov 8, 2005 12:50 pm

Parcel #: 7

Owner, Telephone No.: Aramugaswamy

Sampler: 67246P

Subdivision Name: The Paddocks East

Lot Number: 4

Building Permit No.: B00151921

Well Number: HQ-95-0123

Observation: 2-Piece Cap  
 Satisfactory

**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	1.2 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.9 NTU	EPA 180.1	*10 NTU	Pass
pH	6.2 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



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

**Penny E. Borenstein, M.D., M.P.H., County Health Officer**

December 14, 2005

Pulte Homes  
1501 S. Edgewood Street  
Baltimore, MD 21227

**SENT VIA FACSIMILE 410-489-6057**

RE: Paddocks East, Lot 4  
13583 Julia Manor Way  
West Friendship, MD 21794  
BP # B00151921  
Well Tag # HO-95-0123

Dear Sirs or Madam:

This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Shared Septic System serves this dwelling. **Final approval was granted on 12/13/2005 by HCHD for the house connection with approval from the Bureau of Utilities on 12/13/2005. Final approval of the well line connection to the dwelling was approved on 11/10/2005.**

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-95-0123. 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: 11/08/2005  
Date of Well Completion: 10/18/2005

Respectfully,

Stuart F. Oster, R. S.  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File