

C1 0821

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

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

DATE WELL COMPLETED MM DD 11 27 2007

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1275

OWNER Brantly Development last name first name STREET OR RFD Lime Kiln Road TOWN Fulton SUBDIVISION Lime Kiln Valley SECTION LOT 21

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Soil (0-15), Brown Shale (15-36), Soft Shale (36-45), Gray Rock (45-300).

water at 210'

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 10 NO. OF POUNDS 10000 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 60 61 63 64 66 70 Total depth of main casing (nearest foot) 48

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) (O) (T)

Table for screen depth and diameter with handwritten entries: HO 48 300

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. A W D 766

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.71 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 228 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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) LAND SURFACE (nearest foot) 1

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Location to be provided by Customer

B 1 9845
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
527237 please type

STATE PERMIT NUMBER
10-95-1273
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Brantly Development
15 Last Name Owner First Name 34
8835 N. Columbia 100 Pkwy
36 Street or RFD 55
Columbia MD 21045
57 Town 70 State 72 Zip 76

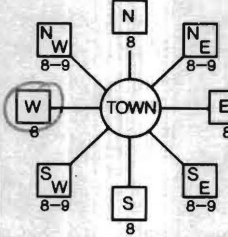
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Lime Kiln Valley
23 SUBDIVISION 42
SECTION 44 46 LOT 21 48 50
Fulton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION

Michael D. Isom M S D 162
Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature Date 6/11/07

B 4
1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Lime Kiln Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
34 300 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 22 PARCEL 114

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 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 1519584
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/2/07 STATE DATE 10/2/08
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH 484 0 0 0 EAST 810 0 0 0
GRID 50 55 GRID 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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)

- 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)

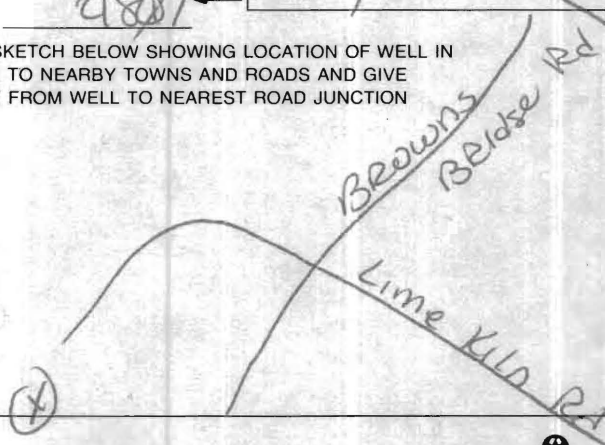
APPROX. PERMIT NUMBER HD 2004-G 013 (or)
PERMIT No. HD - 95 - 1273
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE 810
E 810
N 484

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 11-26-07
Address: Lime Kiln Road
Owner: Brantly Development
Well Depth: 300 Ft

Permit Number: HO-95-1275
Subdivision: Lime Kiln Valley L#21
Election District:
Static Water Level: 44 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0845	44 ft		17 sec	17.64
0900	74		17	17.64
0915	92		17	17.64
0930	104		20	15.00
0945	113		20	15.00
1000	130		20	15.00
1015	168		20	15.00
1030	198		20	15.00
1045	210		20	15.00
1100	219		25	12.00
1115	228		28	10.71
1130	228		28	10.71
1145	228		28	10.71
1200	228		28	10.71

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: _____ Lot #: 21 Well Tag #: HO - 25 - 1275
Site Address: 12881 Limestone Rd

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: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

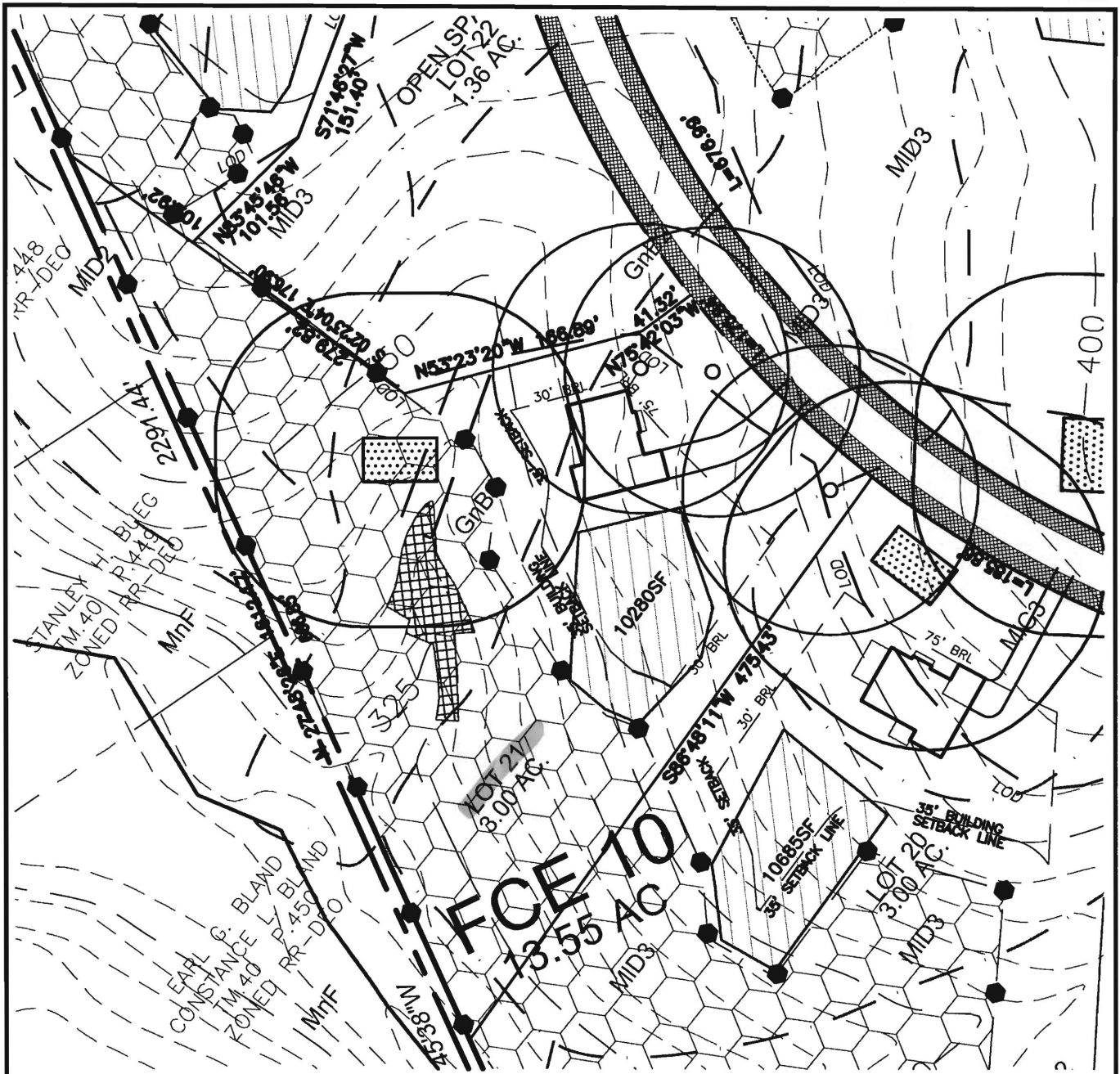
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 4/2/12 Date Insp. Approved: 4/12/12 Inspector: (KJ)
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 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

10/2/07 Well Box OKSD



SCALE: 1"=100'

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

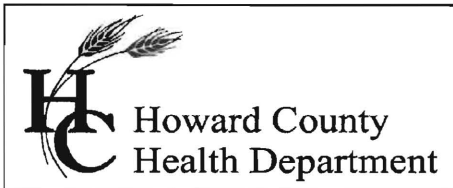
WELL PLAT LEGEND	
	SEPTIC EASEMENT
	PROPOSED WELL AREA

SCALE: _____ AS SHOWN
 DRAWN BY: _____ JCO
 CHECKED BY: _____ RHV
 DATE: _____ JUNE 2007
 PROJECT NO.: _____ 04-21
 SHEET NO. _____ 1 OF 1

LIME KILN VALLEY II
 PHASE 1 & 2 (LOT 21)

PROPOSED WELL LOCATION EXHIBIT

TAX MAP 40 & 45 PARCEL 114 & 12
 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 30th, 2012

May 30th, 2012

Homeowner
12881 Lime Kiln Road
Highland, MD 20777

**RE: Lime Kiln Valley II, Lot 21
12881 Lime Kiln Rd.
Building Permit: B11003539
Well Permit: HO-95-1275**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **4/12/2012**. Final approval of the well line connection to the dwelling was granted on **4/12/2012**. The well construction was completed on **11/27/2007**. Water samples were collected on **5/23/2012**.

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. 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-95-1275. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myeraville, MD 21773 • 800-332-3340 • FAX 301-293-2368
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 740-1

Field Record

Site visit performed on: Wednesday, May 23, 2012 11:05 AM
 by: Chris Moore State ID No. 4644CM
 Affiliation: Tri-County Pump Service
 Property Owner: Craftmark Homes (Lot 21)
 Property Address: 12881 Lime Kiln Rd
 Highland, MD 20777
 Sample Source: Powder Room Faucet
 Well No.: HO-95-1272
 Field pH: 7.2
 Res. Cl.: 0.0 mg/l

*Results OK
5-30-12 H8*

Laboratory Report

Sample Received at laboratory: 5/24/2012 8:35 AM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	05/24/12	13:49	05/25/12	11:32	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	0.4	mg/l	10	5/24/2012	300.0	PH
Sand	<2	mg/l	5	5/24/2012	0.065mmFilter	JD
Turbidity	0.2	NTU	10	5/24/2012	180.1	KMW

Reported by: Gloria Phelps 5/29/12
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158