

C1 5191

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10 19 2007

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1261

OWNER Brantly Development, STREET OR RFD Lime Kiln Road, TOWN Fulton, SUBDIVISION Lime Kiln Valley, SECTION, LOT 23

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown Shale, Gray Rock, and water at 473'.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (38).

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

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

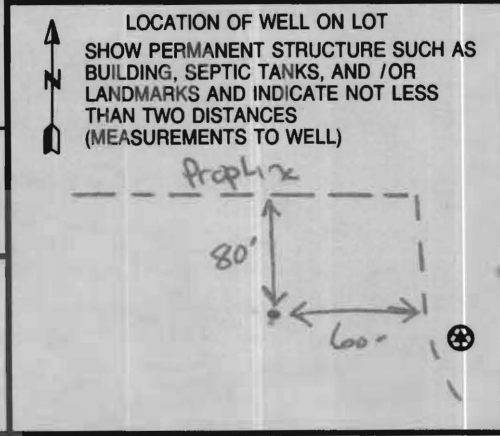
DEPTH (nearest ft.) 38, 500, A C H S R E N, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 56 60.

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 (3), PUMPING RATE (4.00), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (31 ft. before, 29.5 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above).



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, 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).

B 1 9847

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

40-95-1261 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Brantly Development 8835 N. Columbia 100 Pkwy Columbia MD 21045

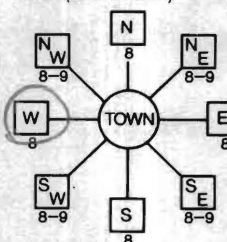
LOCATION OF WELL

Howard 8 COUNTY 21 Lime Kiln Valley 23 SUBDIVISION SECTION 44 46 LOT 23 48 50 Fulton 52 NEAREST TOWN MILES FROM TOWN 1 MI 73 76 77 78

DRILLER INFORMATION

Michael D. Isom MSD 162 Driller's Name License No. G. Edgar Harr Sons' Corp. 12047 Falls Road, Cockeysville 21030 6/11/07

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



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

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 A 519584 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 9/19/07 CO SIGNATURE EXP. DATE NORTH GRID 482 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

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 Hd 2004 G 01 3(02) PERMIT No. Hd-95-1261

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

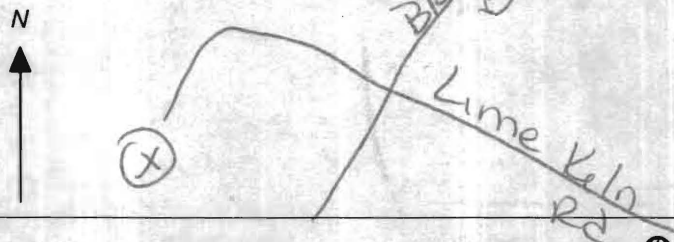
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 482

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: 11-21-07
Address: Lime Kiln Road
Owner: Brantly Development
Well Depth: 500 Ft

Permit Number: HO-95-1261
Subdivision: Lime Kiln Valley L#23
Election District:
Static Water Level: 31 Ft

| Time | Water Level | PSI Existing Pump | Pumping Rate Seconds to fill 1 gallon bucket | Calculated Flow-Gallons Per Minute |
|------|-------------|----------------------|--|--|
| 1100 | 31 ft | | 3 sec | 20.00 |
| 1115 | 133 | | 4 | 15.00 |
| 1130 | 235 | | 5 | 12.00 |
| 1145 | 295 | | 15 | 4.00 |
| 1200 | 295 | | 15 | 4.00 |
| 1215 | 295 | | 15 | 4.00 |
| 1230 | 295 | | 15 | 4.00 |
| 1245 | 295 | | 15 | 4.00 |
| 1300 | 295 | | 15 | 4.00 |
| 1315 | 295 | | 15 | 4.00 |
| 1330 | 295 | | 15 | 4.00 |
| 1345 | 295 | | 15 | 4.00 |
| 1400 | 295 | | 15 | 4.00 |
| 1415 | 295 | | 15 | 4.00 |
| 1430 | 295 | | 15 | 4.00 |
| 1445 | 295 | | 15 | 4.00 |
| 1500 | 295 | | 15 | 4.00 |

**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: Tri County Pump Service, Inc Telephone #: 301-831-9331
Address: 6711 Old Marlboro Rd
Donahoe, MD 21021

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): William Griffith License #: 20135

*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: Craftmark Home Telephone #: 703-932-0582
Subdivision: Mane Woods Lot #: 23 Well Tag #: HO-95-1261
Site Address: 12889 Limekiln Rd
Highland, Md

| | | |
|--|---------------------------------|---------------------------------------|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>ANCO</u> | Make: <u>PT 400</u> | Two piece watertight cap: <u>Y</u> |
| Model #: <u>711CA/2SV</u> | Model #: <u>American Granby</u> | Screened, vented well cap: <u>Y</u> |
| Pump Capacity: <u>7</u> GPM | Depth: <u>76"</u> (36" min) | Cap secured to casing: <u>Y</u> |
| Well Yield: <u>12</u> GPM | NSF/WSC approved: <u>Y</u> | Conduit min 18" B.G.: <u>Y</u> |
| Depth of well encountered at time of pump installation: <u>500</u> (ft) | | Conduit secured to well cap: <u>Y</u> |
| If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 | | |
| Torque wrenches, Cable guards, or other acceptable method used- Must circle one | | |
| Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> | | |

Pipes to house

Type: PVC
PSI: 11.5 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at well penetration: Y
Approximate length of sleeve: 140"
Sleeve caulked and sealed properly: Y

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: William Griffith date: 9-22-2011

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

Date Insp. Requested: _____ Date Insp. Approved: 9/22/11 Inspector: (KW)
Inspection Data:
Pitless adapter watertight & water supply line at least 36" below grade Y
Two piece cap installed and attached to casing securely Y
Elec. conduit extends at least 18" below grade/attached to cap properly Y
Safety rope not seen outside of well cap/casing Y
Correct well tag attached properly and casing 8" above finished grade Y
Water supply line sleeved adequately at house connection Y
Adequate grout observed below pitless adapter Y

9/19/07 Well site OK (C)



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 |

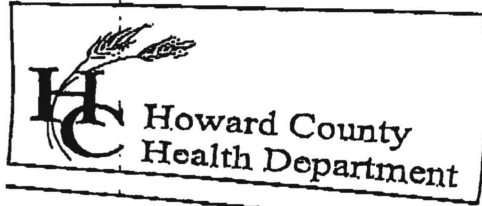
SCALE: _____ AS SHOWN
 DRAWN BY: _____ JCO
 CHECKED BY: _____ RHV
 DATE: _____ JUNE 2007
 PROJECT NO.: _____ 04-21
 SHEET NO. _____ 1 OF 1

**LIME KILN VALLEY II
 PHASE 1 & 2 (LOT 23)**

PROPOSED WELL LOCATION EXHIBIT

TAX MAP 40 & 45
 5TH ELECTION DISTRICT

PARCEL 114 & 12
 HOWARD COUNTY, MARYLAND



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2640
 TDD (410) 313-2323 Toll Free 1-866-313-2640
 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:

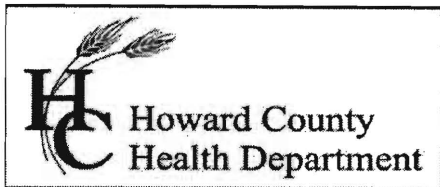
| | | |
|----------------------------|-------------|---------------------|
| Well Site Location: | Lots | |
| <u>Lime KILN VALLEY II</u> | <u>1-37</u> | <u>Lime KILN RD</u> |
| Subdivision/Property Name | Lot# | Road Name |

The well site has been staked by Robert Vogle
 (professional land surveyor or company employing professional land surveyors)
 on _____ (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 3/11/05



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 – May 9, 2012

November 9, 2011

Homeowner
12889 Lime Kiln Road
Highland, MD 20777

**RE: Lime Kiln Valley, Lot 23
12889 Lime Kiln Road
Building Permit: B11001163
Well Permit: HO-95-1261**

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 **9/29/2011**. Final approval of the well line connection to the dwelling was granted on **9/22/2011**. The well construction was completed on **10/19/2007**. Water samples were collected on **10/25/2011**.

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-95-1261. 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,

Jeff Williams
Program Supervisor
Well & Septic Program

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

Nov. 1, 2011, 1:52PM

FREDERICKTOWNE LABS

No. 1118 P. 2



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrif Court • P.O. BOX 248 • Myersville, MD 21775 • 800-338-3340 • FAX 301-298-8366
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 655-1

Field Record

Site visit performed on: Tuesday, October 25, 2011 1:00 PM
by: Don Thomas State ID No. 8765DT
Affiliation: Tri-County Pump Service Inc.
Property Owner: Craftmark Homes / Lot 23
Property Address: 12889 Lime Kiln Rd.
Highland, MD 20777
Sample Source: First Floor Powder Room
Treatment Devices Noted: No Treatment Devices
Sample taken after treatment: No
Well No.: HO-95-1261
Field pH: 8.6
Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 10/25/2011 2:25 PM

Bacteriological results:

| Total Colif. (/100ml) | E.coli. (/100ml) | Start | | End | | Method | Analyst |
|-----------------------|------------------|----------|-------|----------|-------|--------|---------|
| | | Date | Time | Date | Time | | |
| <1 | <1 | 10/25/11 | 15:30 | 10/26/11 | 15:34 | 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 | <0.2 mg/l | 10 | 10/26/2011 | 300.0 | PH |
| Sand | <2 mg/l | 5 | 11/1/2011 | 0.065mm Filter | JD |
| Turbidity | 0.5 NTU | 10 | 10/25/2011 | 180.1 | KB |

Reported by:

Name

Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory

Maryland Cert. No. 116 Virginia Cert. No. 00444

MDDOT WBE Cert. No.: 81-158

11/1/2011 2:05:47 PM

Page 1 of 1

No Regulatory Reports Required