

C1 227 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 A520785

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

ST/CO USE ONLY DATE RECEIVED MM DO YY 8 13

DATE WELL COMPLETED MM DO YY 3 9 05 DEPTH OF WELL 22 360 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4123

OWNER Schultz Jeffrey and Kirsten STREET OR RFD 1510 Long Corner Road TOWN Mount Airy SUBDIVISION Schultz (Formerly Mullinix) SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Brown Shale 0 84, Blue Slate 84 360.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 23 ft.

CASING RECORD

MAIN CASING TYPE S.T. Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 88

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

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 291 ft. 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 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) + above LAND SURFACE - below (nearest foot) 2

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

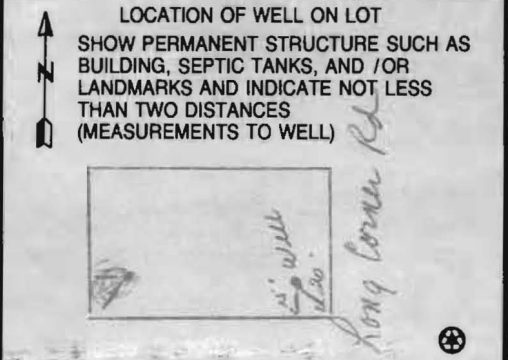
LIC. NO. D

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, rows 1-3, values for depth intervals.

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



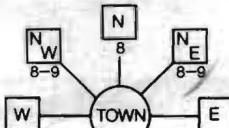
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 8169 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL W521992 please type HO-94-4123
1 2 3 6 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 02 05 05
8 MM DD YY 13
G and S Builders LLC
15 Last Name Owner First Name 34
3517 Falling Green Rd
36 Street or RFD 55
Olney Md 20832
57 Town 70 State 72 Zip 76

LOCATION OF WELL
B 3 Howard
8 COUNTY 21
Schultz Property
23 SUBDIVISION 42
 SECTION 44 LOT 48
44 46 48 50
Mt. Airy
52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 1/2 M I
78 76 77 78

DRILLER INFORMATION
Joseph L. Mayne MS DO 24
76 License No. 81
Joseph L. Mayne Well Drilling
57 Firm Name
5512 Ridge Rd. Mt Airy Md 20871
58 Address
Joseph L. Mayne 2/15/05
59 Signature Date

B 4 1519
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Long Corner Rd
11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 12 37 DISTANCE FROM ROAD 12 FT
38 39 ENTER FT OR MI
 TAX MAP: 6 BLK: 10 PARCEL 122

WELL INFORMATION
B 2 APPROX. PUMPING RATE 4
1 2 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
14 20 (GAL. PER DAY)

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 (13) A520785
41 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 3/1/2005 Brian Baber 3/1/2006
43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 546 0 0 0 EAST GRID 756 0 0 0
50 55 57 63

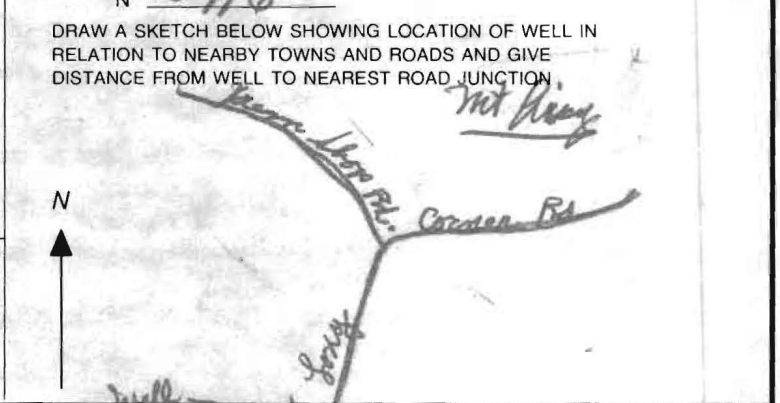
APPROXIMATE DEPTH OF WELL 200 FEET
24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 7506
 N 5406
 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 _____ **G** _____
 PERMIT No. HO-94-4123
70 71 72 73 74 75 76 77 78 79



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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4123
 Location of property (road) 1510 Long Corner Road
 Subdivision Schultz Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Schultz - G+S Builders

Depth of well 360'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 291 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	161	3 sec	N/A	20 gpm
7:30	291	4		15
7:45	291	39 sec		1.6
8:00	291	37		1.6
8:15	291	37		1.6
8:30	291	37		1.6
8:45	290	37		1.6
9:00	290	37		1.6
9:15	290	37		1.6
9:30	290	37		1.6
9:45	290	37		1.6
10:00	290	37		1.6
10:15	290	37		1.6
10:30	290	37		1.6
10:45	290	37		1.6
11:00	290	37		1.6
11:15	290	37		1.6
11:30	290	37		1.6
11:45	290	37		1.6
12:00	290	37		1.6
12:15	290	37		1.6
12:30	290	37		1.6
12:45	290	37		1.6
1:00	290	37		1.6
HD-224 1:15	290	37		1.6
1:30	290	37		1.6
1:45	290	37		1.6

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Mr Schultz on Feb. 15, 2005 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN must BE Sigh and Dated to obtain A well Permit from Howard Co. Health Dept.

Staking well site #1 for drilling

**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: CHARLES COOK & SONS, INC. Telephone #: 301-370-0314
Address: 8924 NORTH WESTLAND DRIVE
BETHESDA, MD 20877

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): GILBERT H. SCHULTZ License# 18181

*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: ABEERY A SCHULTZ Telephone #: 301-806-9086
Subdivision: NONE Lot #: 2 Well Tag #: HO-94-4128
Site Address: 1510 LONG CORNER ROAD PARCEL # 122
Mt. Airy, MD 21771

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: GRUNDFOS Make: _____ Two piece watertight cap: _____
Model #: 15SBE10C-220 Model #: _____ Screened, vented well cap: X
Pump Capacity 4-20 GPM Depth: _____ (36" min) Cap secured to casing: YES
Well Yield: 1.6 GPM NSF approved: _____ Conduit min 18" B.G.: X
Depth of well encountered at time of pump installation: 360 (feet) Conduit secured to well cap: _____
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 YES

Piping to house **House Connection**
Type: _____ PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 200 (100 psi min) Approximate length of sleeve (5 foot minimum): 10 FT

Depth of supply line: 48" (36" min) Skirt 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.

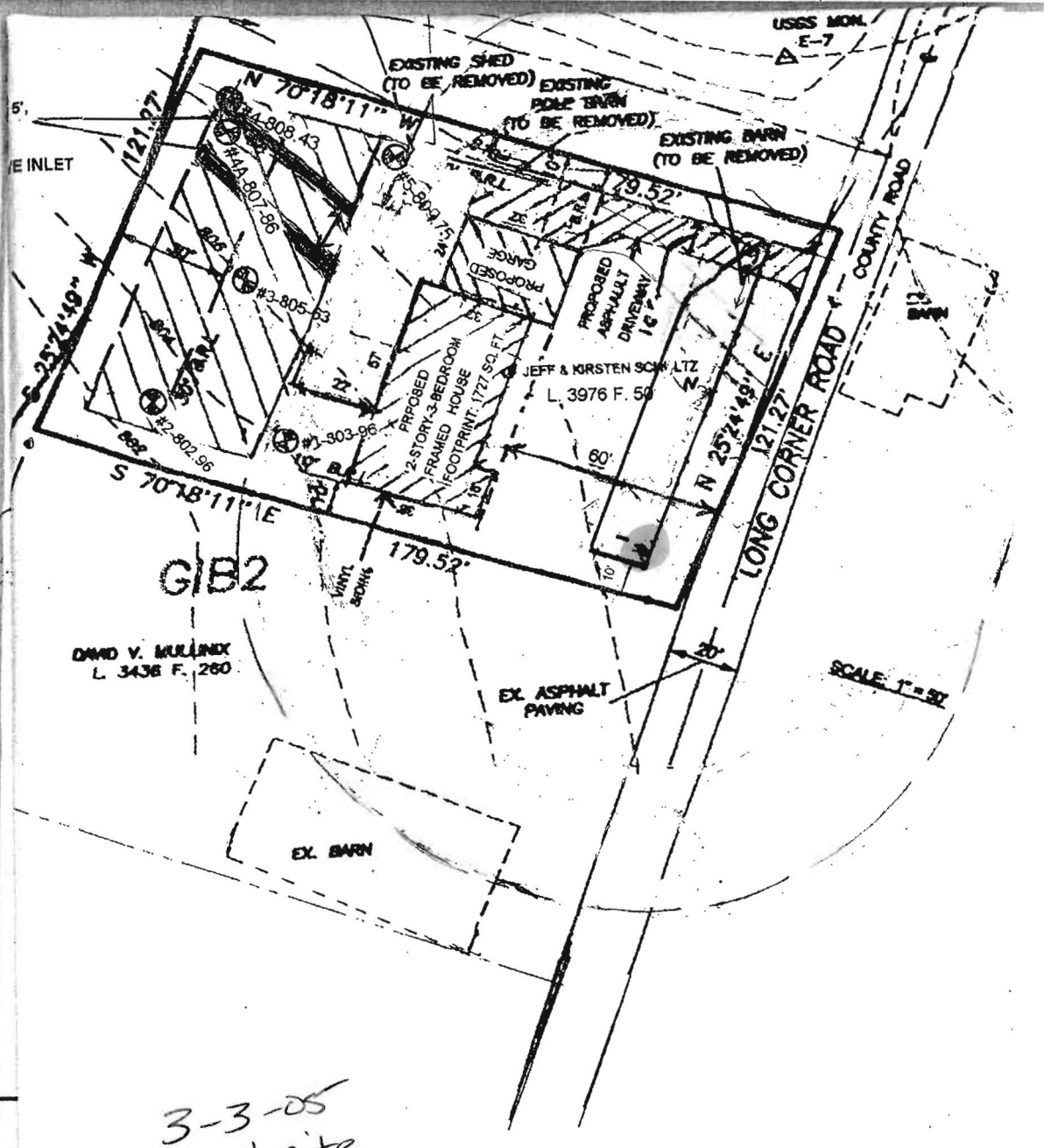
Gilbert H. Schultz
Signature of company representative responsible for installation date 7-18-06

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

Date Insp. Requested: _____ Date Insp. Approved: 7/21/06 **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 5 min
- Adequate grout observed below pitless adapter

10' per Gilbert Schultz
Not Seen -
Covered By Schultz

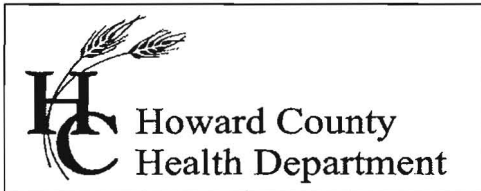


3-3-05
 Well site
 inspected;
 Per plan
 (KN)

RAGE SYSTEMS
 RD COUNTY

17/05
 Date

OWNER:
 Jeffery & Kirsten Schultz
 10409 Windfall Court
 Damascus, Md. 20872



7178 Columbia 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

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

July 21, 2006

Gil Schultz
3517 Falling Green Road
Olney, Maryland 20832

SENT VIA FACSIMILE 301-774-2247

RE: 1510 Long Corner Road
Mt. Airy, MD 21771
BP # B00154445
Well Permit # HO-94-4123

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 3/23/2006. Final approval of the well line connection to the dwelling was approved on 7/21/2006.**

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-94-4123. 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: 4/25/2006
Date of Well Completion: 3/09/2005

Respectfully,

Brian Baker, R. S.
Well and Septic Program

cc: Building Inspector's Office
Community Services Program
File

G and S Builders, L.L.C.

3517 Falling Green Road Olney, Md. 20832 Phone: (301)924-5117-Cell: (301)806-9086-Fax: 301-774-2247

Environmental Health Department
7178 Columbia Gateway Drive
Columbia, MD 21048-2147

July 20, 2006

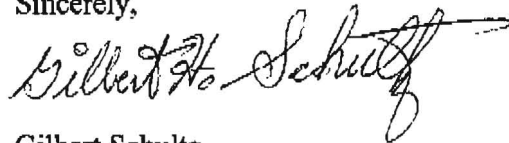
ATTENTION: Mike Davis, Director

SUBJECT: 1510 Long Corner Road Mt. Airy, MD 21771

I, Gilbert Schultz attest to the fact that I properly installed the well pump, pitless adapter and supply piping in accordance with the Health Department's specifications and take full responsibility for the well and it's potability at the above mentioned property.

The pitless adapter and water supply line is at least 3 feet below grade. The electric conduit extends at least 2 feet below grade and is properly attached to the well cap.

Sincerely,



Gilbert Schultz



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION
 OF A WATER SAMPLE**

MD Cert. #102

VA Cert. #00080 PA Cert. #68-189

TO: Gilbert Schultz
 GS Builders LLS
 3517 Long Green Road
 Olney, MD 20832

Sample Ident. No.: 603-7706
 Type of Water: Drinking Water
 Date (Time) Collected: 04-25-06 (0945)
 Date (Time) Received: 04-25-06 (1320)
 Date (Time) Examined: 04-25-06 (1350)

Nature of Submission: Routine Sample Preservation Method: Refrigeration

Name of Sample Source: Utility Sink Source Type: Well
 Mun.,Inst.,Co.,Owner: Gilbert Schultz
 Address: 1510 Long Corner Road Chlorine Residual: 0.0 mg/L
 City,County: Mt. Airy pH (pH Units)(Field) = 6.5
 State,Zip Code: MD 21771 Disinfection: None
 Turbidity (NTU's) = 4.4
 Sand (as mg TSS/L) = 2

Well Tag# HO-94-4123

Collector's Name: JS Moulton 1059-JM Affiliation: Kappe Associates, Inc.

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Absent**	Absent		0.3 mg/L
EXAMINATION METHOD USED	Colilert	Colilert	SM 9215	
THIOSULFATE IN SAMPLE:	Present	SAMPLE HOLDING TIME:		Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE							
TEST *							
COLIFORM							
CONFIRMED							
TEST							
	Total						
	48HR #						
	FECAL						
	24HR ##						

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: **This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligrams nitrate nitrogen per liter.

BACTERIOLOGIST'S SIGNATURE: *Julia M. Patel* BACTERIOLOGIST'S NAME: Julia M. Patel DATE: 05/02/06