

C13445

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 CQLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A515228

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 450

5/20/04 O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3912

OWNER Moberly Gretchen (Pulte Homes) STREET OR RFD 3205 Route 32 TOWN West Friendship SUBDIVISION Paddocks East SECTION LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Sand-shale, Gray Limestone, Brown, Gray Limestone, White, Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (40), NO. OF POUNDS (300), GALLONS OF WATER (240), DEPTH OF GROUT SEAL (80 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (83).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (83, 450).

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 MSD 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 rows 1-5 and columns 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

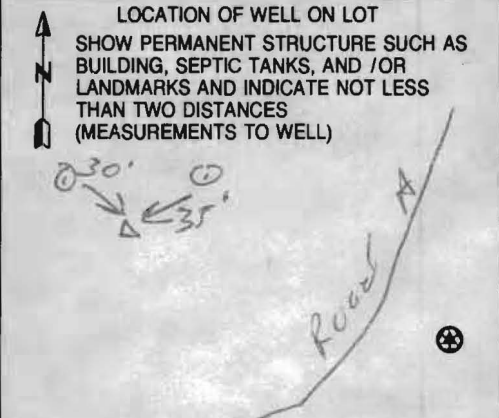
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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 (06), PUMPING RATE (1.3), METHOD USED TO MEASURE PUMPING RATE (196L), WATER LEVEL (46 ft), TYPE OF PUMP USED (A, P, T, C, R, O, J, S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (02).



B 1 0945 SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-94-3912 fill in this form completely

DATE RECEIVED (APA) 3/11/2004 OWNER INFORMATION MOBBLEY, Gretchen Summer Hill Farm RT 144 West Friendship MD 21794

LOCATION OF WELL HOWARD COUNTY 23 SUBDIVISION Badlocks East SECTION 44 46 LOT 13 48 50 NEAREST TOWN Glenely MILES FROM TOWN 2 MI

DRILLER INFORMATION Allen Compton MSD 009 FOGLES WELL DRILLING 580 OBRUCHT RD All Compton 1-31-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) SYKESVILLE RD. DISTANCE FROM ROAD 500 FT ENTER FT OR MI 500 TAX MAP: 22 BLK: 8 PARCEL 7

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD (13) A515228 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 3/18/2004 Brian Baker 3/18/2005 CO SIGNATURE EXP. DATE NORTH GRID 525 000 EAST GRID 805 000

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

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

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 8045 N 5245

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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 HQ 2002G009 PERMIT No. HO-94-3912

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Burntswords Rd. 32

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3912
 Location of property (road) East Ivory Road off Route 32
 Subdivision Paddocks East Lot 13 Block _____ Plat _____ Sec. _____
 Well Driller Fogles Owner Gretchen Moberly (Pulte)

Depth of well 450'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 46'

I. High rate pumping -- reservoir drawdown

Time pump started 2:00 Pumping rate 20
 Total time 15 min. to reach pumping water level 227' 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 \$1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
2:00	46	3		2.0
2:15	227	45		1.3
2:30	227	45		1.3
2:45	227	45		1.3
3:00	227	45		1.3
3:15	227	45		1.3
3:30	227	45		1.3
3:45	227	45		1.3
4:00	227	45		1.3
4:15	227	45		1.3
4:30	227	45		1.3
4:45	227	45		1.3
5:00	227	45		1.3
5:15	227	45		1.3
5:30	227	45		1.3
5:45	227	45		1.3
6:00	227	45		1.3
6:15	227	45		1.3
6:30	227	45		1.3
6:45	227	45		1.3
7:00	227	45		1.3
7:15	227	45		1.3
7:30	227	45		1.3
7:45	227	45		1.3
HD-224 8:00	227	45		1.3
8:15	227	45		1.3

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

4/7/05
Referenced
5/19/05

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: 588 Dorset 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# MSD006

*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: Pete Homea Telephone #: _____
Subdivision: The Paddocks East Lot #: 13 Well Tag #: HO-94-3912
Site Address: 13535 Julia Manor Way

Submersible Pump Data

Make: Goold
Model #: NSB10422
Pump Capacity: 7 GPM
Well Yield: 1.3 GPM

Pitless Adapter

Make: Campbell
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: _____ (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.

Signature of company representative responsible for installation: Allen Compton date: 4-7-05

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

Date Insp. Requested: _____ Date Insp. Approved: 5/18/05 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
Adequate grout observed below pitless adapter

MATCH LINE

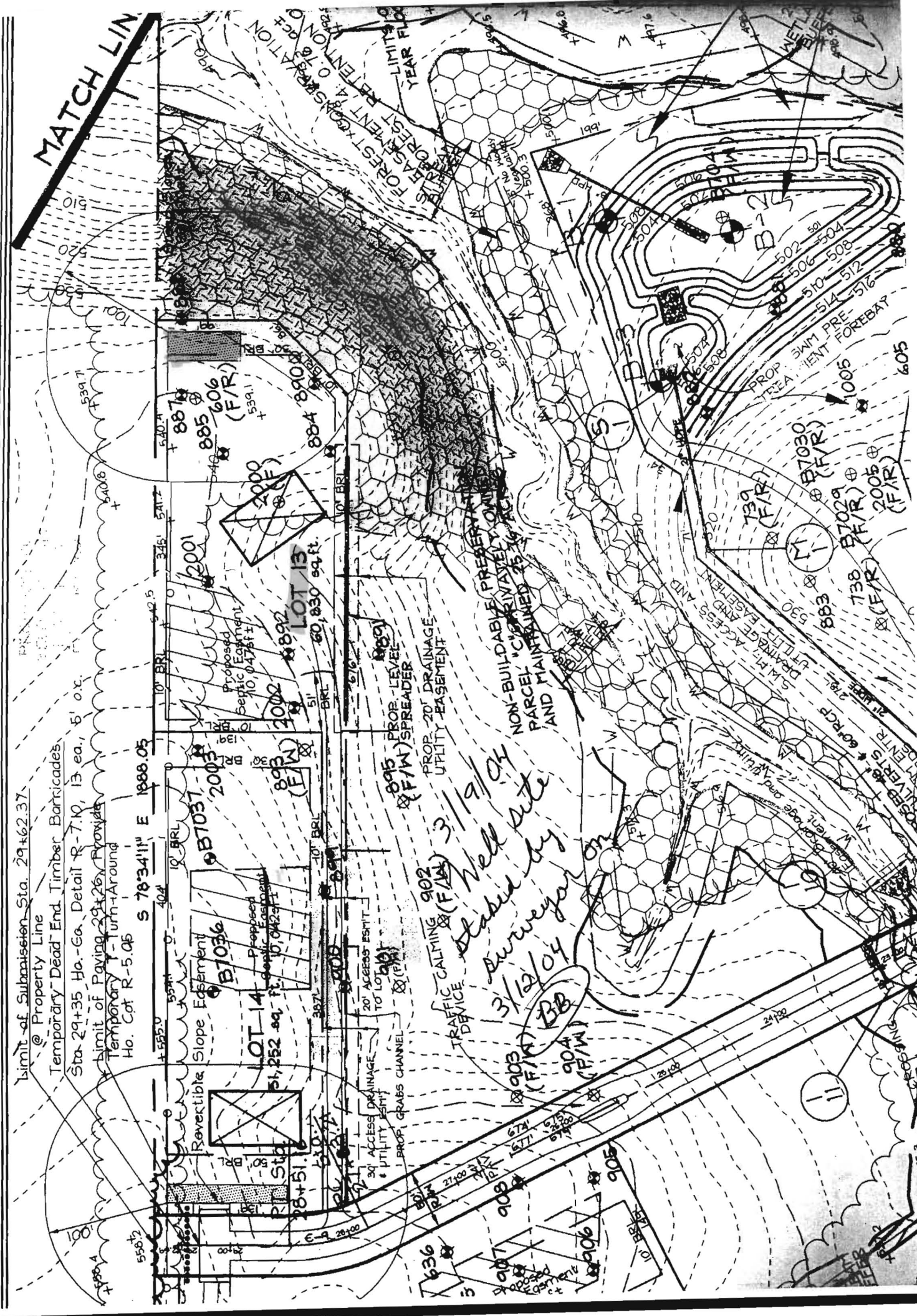
Limit of Subdivision Sta. 29+62.37
@ Property Line
Temporary Dead End Timber Barriades
Sta. 29+35 Ho.-Ca. Detail R-7.10, 13 ea., 6' o.c.
Limit of Paving 29+26 Provises
Temporary Turn-Around
Ho. Cat R-5.05
S 78°34'11" E 1886.05

Reversible Slope Easement
LOT 14
51,252 sq. ft. 10,042 sq. ft.
Proposed
Septic Easement

LOT 13
60,830 sq. ft.

PROF. GRABS CHANNEL
30' ACCESS DRAINAGE
& UTILITY ESMT.
TO LOT 14
TRAFFIC CALMING
& (F/W) DEVICE
3/12/04
Stabilized
Well site
Surveyor on

905 (F/W) PROP. LEVEL-
& (F/W) SPREADER
PROP. 20' DRAINAGE
UTILITY EASEMENT
NON-BUILDABLE PRESERVE
& (F/W) ONLY
PARCEL CONTAINED 25%
AND MAINTAINED 25%
WETLANDS



CASSELL TESTING, INC.

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

REPORT DATE: May 19, 2005

County Howard

Lab Number 05-2469

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&O: 13535 Julia Manor Way, Retest #1

Station Sampled: Pressure Tank Tap

Tax Map #: 22

Date/Time Sampled: May 18, 2005 12:40 pm

Parcel #: 7

Owner, Telephone No.: Moon

Sampler: 67246P

Subdivision Name: The Paddocks East

Lot Number: 13

Building Permit No.: B00150096

Well Number: HO-94-3912

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment filter - filter removed



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC.

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

REPORT DATE: May 10, 2005

County: Howard

Lab Number: 05-2229

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: 13535 Julia Manor Way

Station Sampled: Pressure Tank Tap

Tax Map #: 22

Date/Time Sampled: May 9, 2005 12:30 pm

Parcel #: 7

Owner, Telephone No.: Moon

Sampler: 67246P

Subdivision Name: The Paddocks East

Lot Number: 13

Building Permit No.: B00150096

Well Number: HQ-94-3912

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	3.9 NTU	EPA 180.1	*10 NTU	Pass
pH	7.3 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

Treatment/Conditioning: None

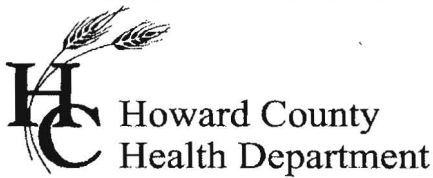
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



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

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

May 20, 2005

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

SENT VIA FACSIMILE 410-489-0462

RE: Paddocks East, Lot 13
13535 Julia Manor Way
West Friendship, MD 21794
BP #: B00150096
Well Permit # HO-94-3912

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 5/4/2005. Final approval of the well line connection to the dwelling was approved on 5/18/2005.**

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.

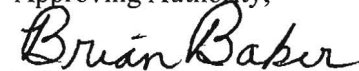
INTERIM CERTIFICATE OF POTABILITY

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-94-3912. 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: 5/9/2005 & 5/18/2005
Date of Well Completion: 4/21/2004

Approving Authority,


Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File