

C1 3454

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A511503

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 520

5/20/09

PERMIT NO. HO-94-3920

OWNER Pulte Homes, Inc. STREET OR RFD 3205 Route 32 TOWN West Friendship SUBDIVISION Paddock East SECTION LOT 21

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 14, NO. OF POUNDS 1316, DEPTH OF GROUT SEAL 37 ft.

CASING RECORD: casing types insert appropriate code below (ST), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 06, Total depth of main casing 40.

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

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

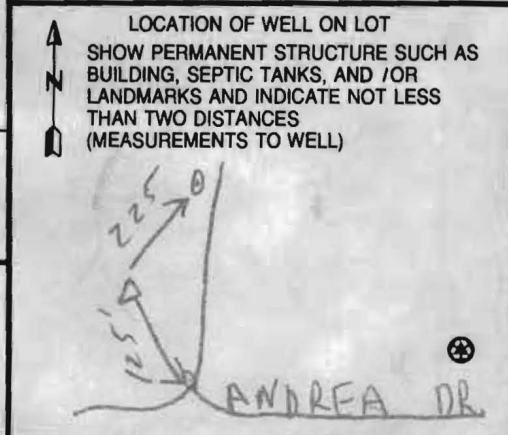
DEPTH (nearest ft.) table with columns 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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.

PUMPING TEST: HOURS PUMPED 06, PUMPING RATE 1.7 gal. per min., METHOD USED TO MEASURE PUMPING RATE 19AL, WATER LEVEL 6 ft. BEFORE PUMPING, 157 ft. WHEN PUMPING.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES NO, TYPE OF PUMP INSTALLED (C), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 02 ft.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, 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...

DRILLERS LIC. NO. 1 M S D 001

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 0992 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL please type 520092 HO-94-3920
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 3/11/2004
 8 MM DD YY 13
 15 MODBERLEY Last Name Owner Gretchen First Name 34
 36 Summer Hill Farm RT 144 Street or RFD 55
 57 West Friendship Md 21794 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY Howard 21
 23 SUBDIVISION Paddocks East 42
 SECTION 44 46 LOT 21 48 50
 52 NEAREST TOWN Plencoy 71
 MILES FROM TOWN (enter 0 if in town) 2 M 1) 73 76 77 78

DRILLER INFORMATION
 76 Aiken Compton Driller's Name License No. 81 MSD 009
 Firm Name Fogles Well Drilling
 Address 580 Obrecht Rd.
 Signature Aiken Compton Date 1-31-04

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

 11 Syk-sville Rd. NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH
 WEST WEST EAST EAST
 SOUTH SOUTH
 34 165.0 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 22 BLK: 8 PARCEL 7

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 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

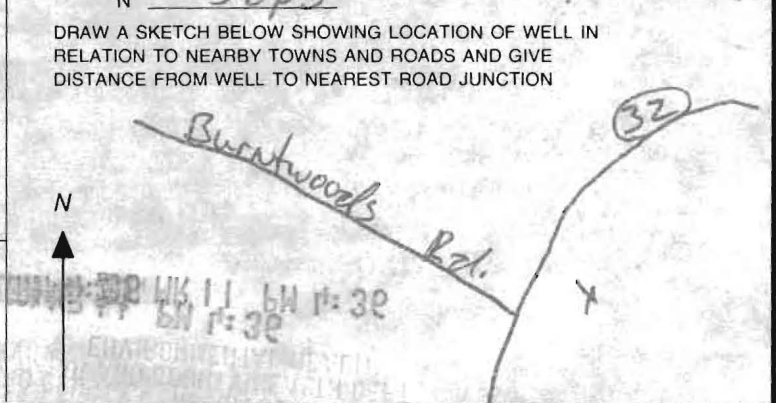
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME (13) A511503 COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 3/18/2004 Bruce Baker CO SIGNATURE 3/18/2005 EXP. DATE
 43 MM DD YY 48 NORTH GRID 525 000 EAST GRID 805 000
 50 55 57 63

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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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

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 8005
 N 5205
 000
 000



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO2002G009
 PERMIT No. HO-94-3920
 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 - 94-3920
 Location of property (road) 3205 Rt. 32, Near East Ivory Road
 Subdivision Paddocks East Lot 21 Block _____ Plat _____ Sec. _____
 Well Driller Fogles Owner Gretchen Moberly (Palte Homes)
 Depth of well 500'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 6

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 20
 Total time 30 min. to reach pumping water level 157 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)
8:00	6	3		20
8:15	98	10		6
8:30	157	35		1.7
8:45	157	35		1.7
9:00	157	35		1.7
9:15	157	35		1.7
9:30	157	35		1.7
9:45	157	35		1.7
10:00	157	35		1.7
10:15	157	35		1.7
10:30	157	35		1.7
10:45	157	35		1.7
11:00	157	35		1.7
11:15	157	35		1.7
11:30	157	35		1.7
11:45	157	35		1.7
12:00	157	35		1.7
12:15	157	35		1.7
12:30	157	35		1.7
12:45	157	35		1.7
1:00	157	35		1.7
1:15	157	35		1.7
1:30	157	35		1.7
1:45	157	35		1.7
HD-224 2:00	157	35		1.7
2:15	157	25		1.7
2:30	157	25		1.7

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Overcut 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# MSD009

*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: Rud to Home Telephone #:
Subdivision: The Paddock East Lot #: 21 Well Tag #: HO-99-3920
Site Address: Juba manor way Enclosed

Submersible Pump Data

Make: Cowlds
Model #: 75B07422
Pump Capacity 7 GPM
Well Yield: 1.7 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: 500(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.

Allen Compton 12-7-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/10/05 Date Insp. Approved: 11/10/05 GAC (50)

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 ✓

Sleeved under driveway

3/19/04
Well site staked
by surveyor on
3/12/04

BB

NIS 01'15" E 4'

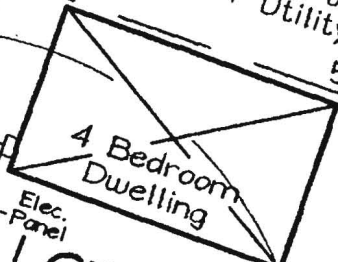
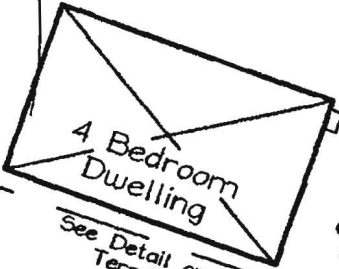
S 13°25'40" E 28.43'
S 74°58'44" E 150.00'

LOT 21
41,884 SF±

LOT 20
33,186 SF±

LOT
36,320 SF±

LOT



ANDREA DRIVE
(Access Street)

Reservation Parcel "A" for
S.H.A. Road Right of Way
a = 35,595 sq.ft. (0.82 ac.±)

See Detail on Sheet 6 of 7
Terminal Flushing
Connection
at Sta. 11+78.05

Detection Vault
See Pressure Sewer Detail
on Sheet 6 of 7

Detection Vault
See Pressure Sewer Detail
on Sheet 6 of 7

10'x10' Public
Sewer & Utility Esmt.

10'x10' Public
Sewer & Utility Esmt.

10'x20' Public
Sewer & Utility Esmt.

18'

74'

34'

24'

100'

30' BRL

315'

2+00

140'

100'

10' BRL

50' BRL

Elec. Panel

Ex. 15"

199'

172'

176'

30' BRL

30' BRL

Elec. Panel

Elec. Panel

10' BRL

10' BRL

10' BRL

10' BRL

100'

50' BRL

10'x20' Public
Sewer & Utility Esmt.

1-1/2" OPS

2" OPS

(2 Req.) 1/8HB

3+00

1/8HB

1/8HB

1/8HB

1-1/2" OPS

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FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	57846	Account #:	1930
Reference:	Pulte Lot 21	Company:	Fogle's Well Drilling
Location:	13596 Julia Manor Way Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	1/18/2006 1200	Source:	Well Water
Date/Time Rec'd:	1/18/2006 1505	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-3920

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/19/2006 / 0945 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/19/2006 / 0945 / CCH
Nitrate	8.24	mg/L	10	601	1/19/2006 / 0900 / BCD
Turbidity	3.98	NTU	<10	SM18 2130B	1/19/2006 / 0850 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	1/19/2006 / 0850 / BCD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

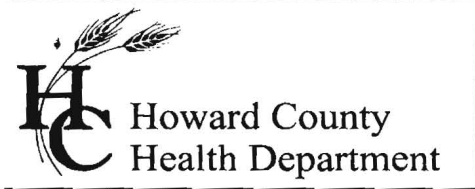
Reason for Test : Use & Occupancy
 Building Permit # : B00154674

Date Reported: 1/19/2006

Laboratory Director:



Charles Mooshian, B.S.,M.T.



Bureau of Environmental Health
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

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

January 25, 2006

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

SENT VIA FACSIMILE 410-644-2643

410-644-0145

RE: Paddocks East, Lot 3
13596 Julia Manor Way
West Friendship, MD 21794
BP #: B00154674
Well Permit # HO-94-3920

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the house connection to the septic system was granted on 1/25/2006 by HCHD and Howard County Bureau of Utilities. 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.

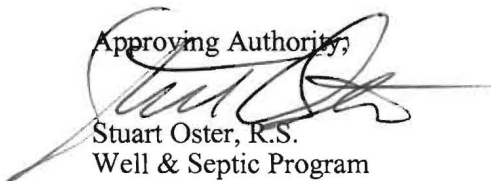
INTERIM CERTIFICATE OF POTABILITY

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-94-3920. 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: 1/18/2006
Date of Well Completion: 3/29/2004

Approving Authority,


Stuart Oster, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File