

ci 3453

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.

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

COUNTY NUMBER 13 A511503

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Pulte Homes, Inc. STREET OR RFD 3205 Route 32 TOWN West Friendship SUBDIVISION Paddocks East SECTION LOT 20

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 form with fields: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields: diameter, depth (feet).

SCREEN RECORD form with fields: screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

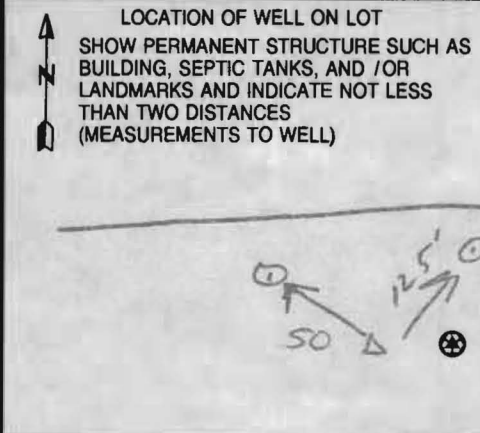
WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P), I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04.

DEPTH (nearest ft.) table with columns 1-21 and rows A-H, S, R, E, N.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 0990

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-94-3919 fill in this form completely

OWNER INFORMATION Date Received (APA) 3/11/2004 OWNER INFORMATION 8 MM DD YY 13 MOGBERLEY Gretchen 15 Last Name Owner First Name 34 Summer Hill Farm RT144 36 Street or RFD 55 West Friendship Md 21794 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard 8 COUNTY 21 23 SUBDIVISION Paddock's East 42 SECTION 44 46 LOT 20 48 50 52 NEAREST TOWN GLENCLY 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION Allen Compton M SD 009 76 Driller's Name License No. 81 Fogles Well Drilling Firm Name 580 Obrrecht Rd. Address 8/11/04 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD Sykesville Rd 11 30 DISTANCE FROM ROAD 6.75 34 37 ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 8 PARCEL 7

WELL INFORMATION B 2 APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A511503 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 3/18/2004 Brian Baker 3/18/2005 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 525 0 0 0 50 55 EAST GRID 805 0 0 0 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 80φ5 000 000 N 52φ5

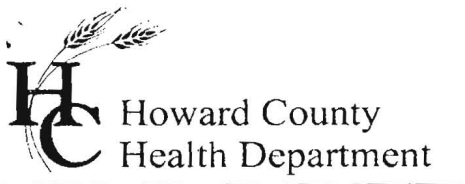
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 30 37 CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO2002G009 PERMIT No. HO-94-3919 70 71 72 73 74 75 76 77 78 79

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



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

December 28, 2005

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

SENT VIA FACSIMILE 410-644-2643

RE: Paddocks East, Lot 20
13592 Julia Manor Way
West Friendship, MD 21794
BP #: B00154405
Well Permit # HO-94-3919

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 shared septic system was granted on 12/19/2005 by HCHD and Howard County Bureau of Utilities. Final approval of the well line connection to the dwelling was approved on 12/27/2005.**

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.

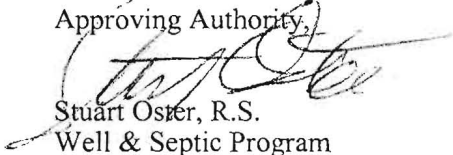
INTERIM CERTIFICATE OF POTABILITY

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-94-3919. 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: 12/16/2005 & 12/27/2005
Date of Well Completion: 3/27/2004

Approving Authority,


Stuart Oster, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

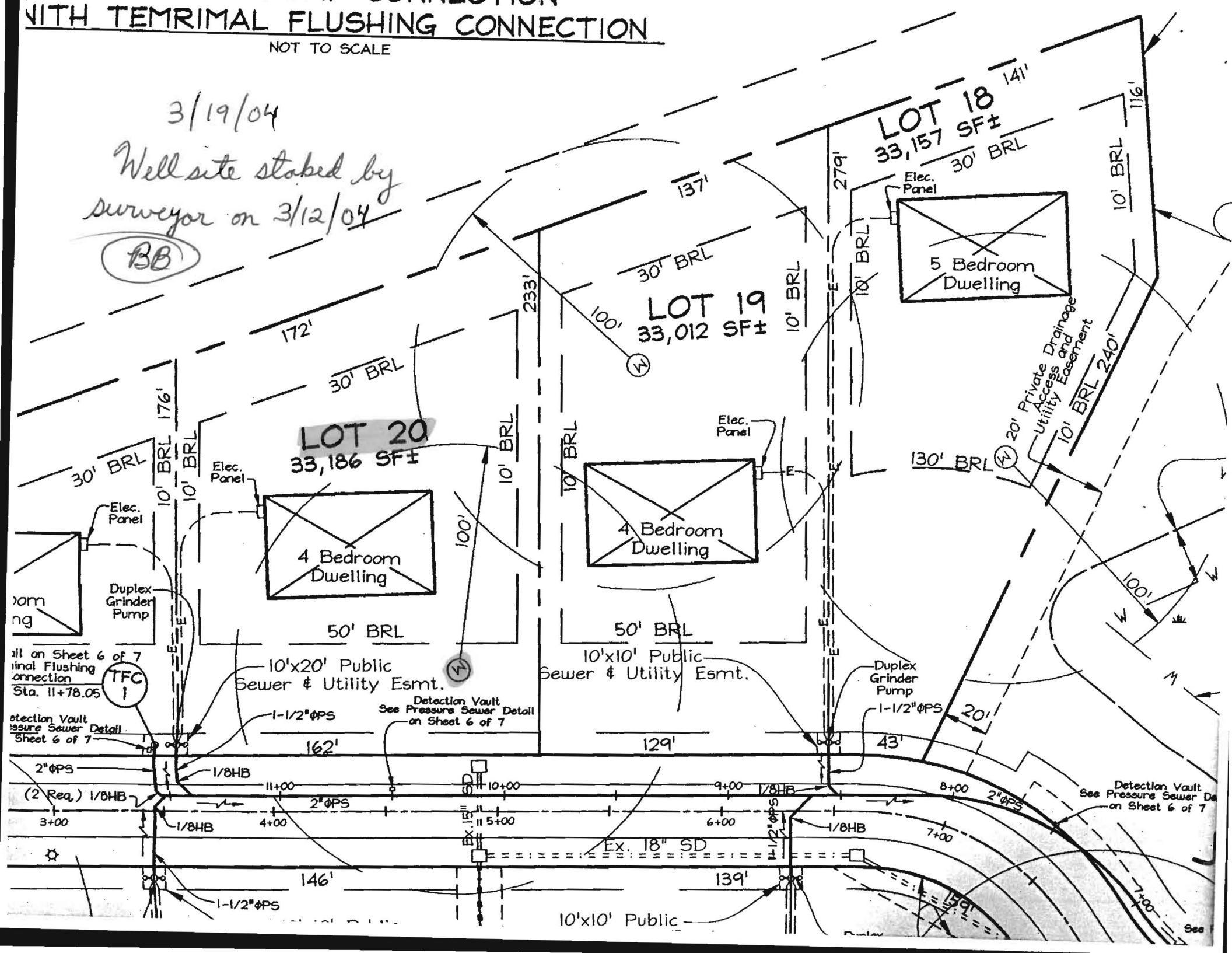
WELL SITE WITH TERRITORIAL FLUSHING CONNECTION

NOT TO SCALE

3/19/04

Well site staked by
surveyor on 3/12/04

BB



F
11/17/05

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 Obrecht 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# MSD 009

*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: Puro Homes Telephone #: 410-644-5603
Subdivision: The Paddocks East Lot #: 20 Well Tag #: HO-94-3919
Site Address: 13592 Julia Manor Way

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap: yes
Model #: 75B07422 Model#: N/A Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 10 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 30(feet) Conduit secured to well cap: yes
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 House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42(36" min) 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 11/10/05
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 12/27/05 GC + 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

CASELL TESTING, INC.

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

REPORT DATE: Dec 30, 2005

County Howard

Lab Number 06-1721

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: 13592 Julia Manor Way, Retest #2

Station Sampled: Powder room & Kitchen R/O Taps Tax Map #: 22

Date/Time Sampled: Dec 29, 2005 10:40 am Parcel #: 7

Owner, Telephone No.: Sampler: 67246P

Subdivision Name: The Paddocks East Lot Number: 20

Building Permit No.: B00154405

Well Number: HQ-94-3919 Observation: 2-Piece Cap Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate (Raw)	11.0 mg/L as N	SM 4500D	*10 mg/L as N	HIGH
Nitrate (R/O)	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter & R/O System



Sharon K. Caspell

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

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 #:	57581	Account #:	1930
Reference:	Pulte Homes Lot 20	Company:	Fogle's Well Drilling
Location:	13592 Villa Julie Way West Friendship, MD 21794	Requested By:	Dave Fogle
Date/ Time Collected:	12/27/2005 1200	Source:	Well Water
Date/Time Rec'd:	12/27/2005 1410	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	HO-94-3919

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Nitrate	<1.0	mg/L	10	601	12/28/2005 / 0820 / BCD

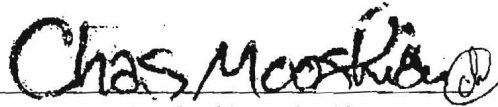
NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00154405

Date Reported: 12/28/2005

Laboratory Director:



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

MD State Certification # 133

CASSELL TESTING, INC.

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

REPORT DATE: Dec 19, 2005

County Howard

Lab Number 06-1590

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: 13592 Julia Manor Way

Station Sampled: Powder Room & Pressure Tank Taps

Date/Time Sampled: Dec 16, 2005 10:00 am

Owner, Telephone No.:

Subdivision Name: The Paddocks East

Building Permit No.: B00154405

Well Number: HO-94-3919

Tax Map #: 22

Parcel #: 7

Sampler: 6724GP

Lot Number: 20

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	11.0 mg/L as N	SM 4500D	*10 mg/L as N	HIGH
Turbidity (Raw)	2.1 NTU	EPA 180.1	*10 NTU	Pass
pH	6.0 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: Sediment Filter

***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