

C1 0108

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 COPIES 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A511503

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 10 25 05

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0126

OWNER Pulte Homes STREET OR RFD 13588 Julia Manor Way TOWN West Friendship SUBDIVISION Paddocks East SECTION LOT 19

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Rows include Brown Shale (0-71) and Gray Limestone (71-300).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO Y N

- CIRCLE APPROPRIATE LETTER 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 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. 1 MSD009 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)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 27 NO. OF POUNDS 2538 GALLONS OF WATER 162 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 70 BOTTOM 58 ft.

CASING RECORD

screen type or open hole insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 77

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 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 1 2 HO 77 300

Table with 3 columns: DEPTH (nearest ft.), 1, 2, 3. Rows include 8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA 74 75 76

C 3

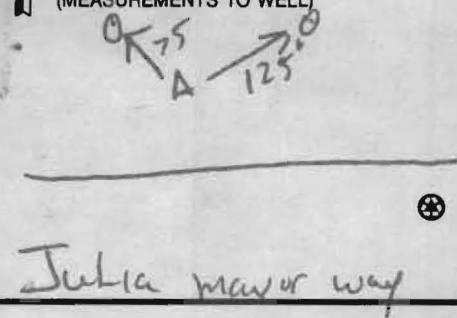
PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE 196L WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 48 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO 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 below LAND SURFACE 02 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 0869

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

523426 please type

40-95-0126 fill in this form completely

Date Received (APA) 10/5/2005

OWNER INFORMATION

8 MM DD YY 13 PULTE 15 Last Name Owner Homes 34 First Name 36 Street or RFD 1501 S Edgewood ST 55 Baltimore MD 21227 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

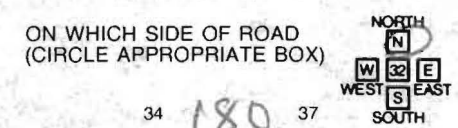
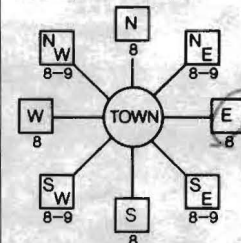
8 COUNTY Howard 21 23 SUBDIVISION Parlocks East 42 SECTION 44 46 LOT 19 48 50 52 NEAREST TOWN Glenely 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton MS D 009 76 License No. 81 Firm Name Fogles Well Drilling Address 580 Obrecht rd. Signature Date 10-5-05

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 13588 Julia Manor Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 180 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.) 3 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

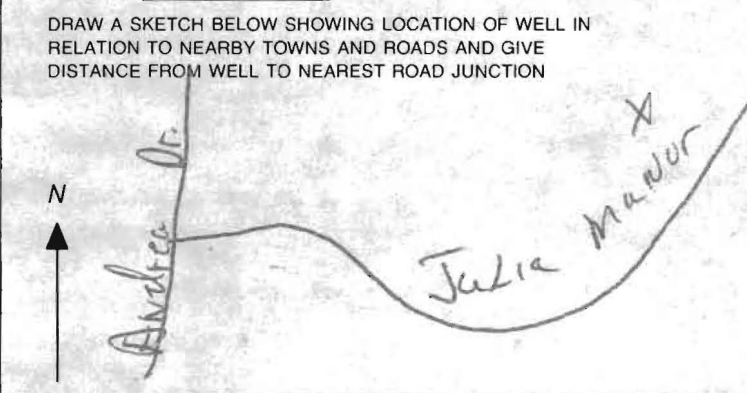
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A511503 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/7/2005 Brian Baker 10/7/2006 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 525 0 0 0 55 EAST GRID 57 805 0 0 0 63

- 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

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Grout 10/25/05 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 805 N 525



METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 30 CABLE REVERSE-ROTary DRIVE-POINT 37 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 39 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 40-94-3918

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER H02002G009 PERMIT No. H0-95-0126 70 71 72 73 74 75 76 77 78 79

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

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 Orient Rd
Sylesville, 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: Fulte Homes Telephone #: _____
Subdivision: Radocks East Lot #: 19 Well Tag #: HO-95-0126
Site Address: 13588 Julia Manor Way

Submersible Pump Data

Make: Goulds
Model #: 75B05422
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Camoball
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: 300 (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 Compt 10/26/05
Signature of company representative responsible for installation date

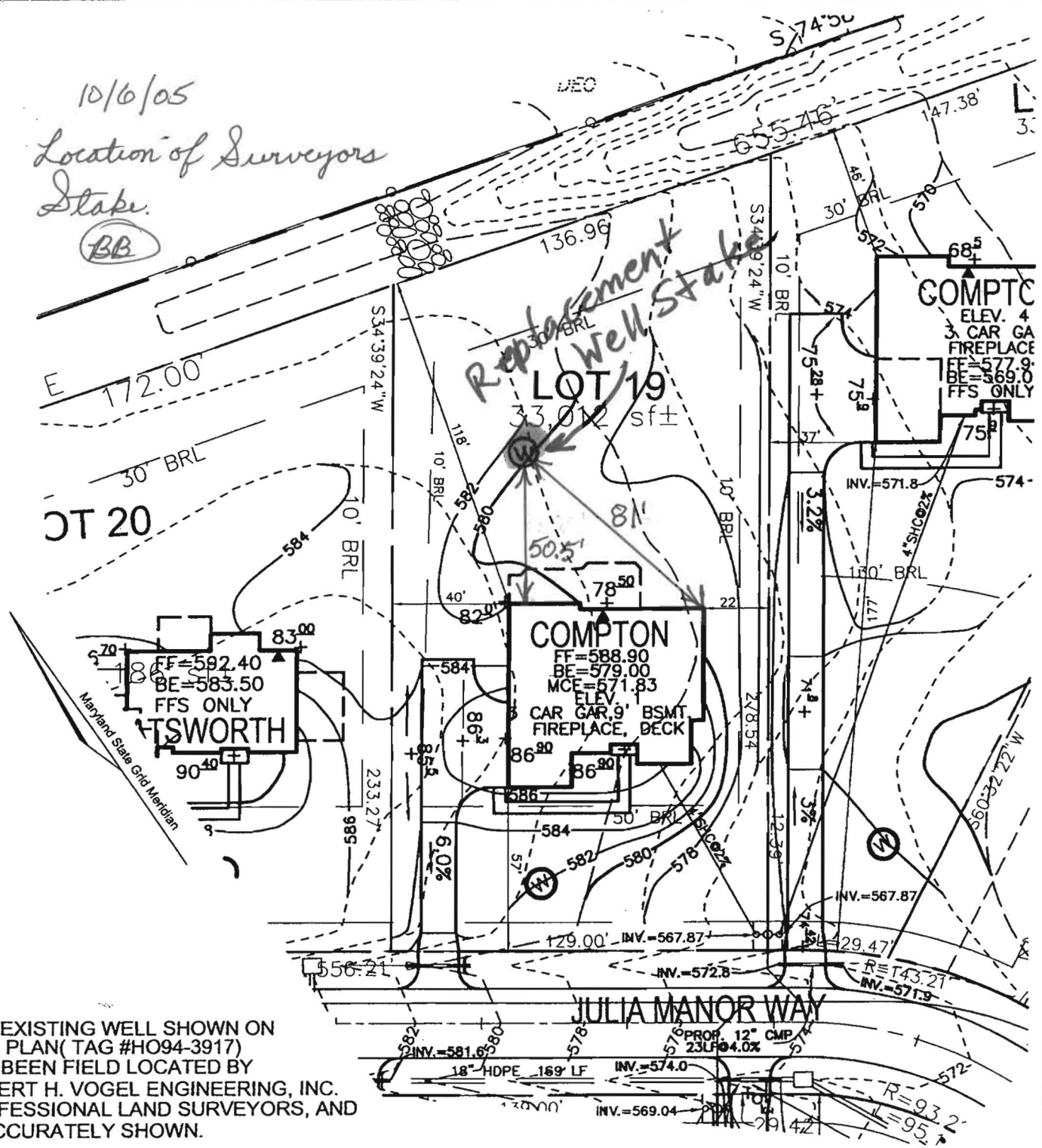
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 11/10/05 GAC
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 ✓

10/6/05
 Location of Surveyors
 Stake.

(BB)

Replacement
 Well Stake



THE EXISTING WELL SHOWN ON THIS PLAN (TAG #HO94-3917) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

MARK C. MARTIN, LS #10884 DATE

SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE MAY, 2005
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22
 3RD ELECTION DISTRICT

PULTE HOMES
 PADDOCKS EAST

PARCEL 7
 HOWARD COUNTY, MARYLAND



LOT 19
**ROBERT H. VOGEL
 ENGINEERING, INC.**

ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10-19-05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

H0 - 94 - 3918

* PERMIT NUMBER OF REPLACEMENT WELL

H0 - 95 - 0126

* PERSON ABANDONING WELL: Allen Compton

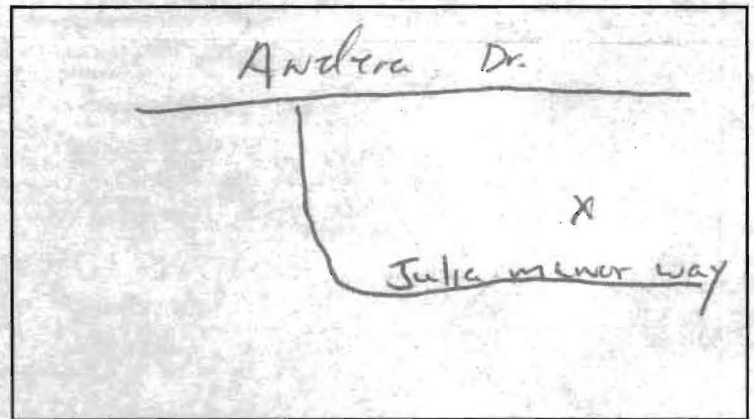
WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Pulte Homes

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Glenwold
 TAX MAP 22 BLOCK 8 PARCEL 7
 SUBDIVISION: Parducks EAST
 SECTION: _____ LOT: 19
 NEAREST ROAD: Julia minor way



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 300' FEET DEEP

* WAS ANY CASING REMOVED? YES 3' NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>300</u>
VOLUME OF MATERIAL USED		
<u>30 bags</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature]

LICENSE # 009

CIRCLE ONE MWD/MSD/MGD

DATE 10-19-05



C1 3452

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

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 19

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, 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/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE, Nominal diameter, Total depth

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

SCREEN RECORD

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

C 3

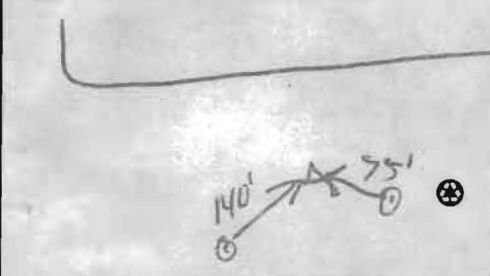
PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 8 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 16 WHEN PUMPING 78 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 41 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 02 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M SD 009 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)

Table with columns: DEPTH (nearest ft.), A, C, H, S, R, E, N. Rows include 61, 300, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51, 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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

B 1 0989

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-3918 fill in this form completely

520092 please type

Date Received (APA)

3/11/2004

OWNER INFORMATION

MOBBERLEY Gretchen Hill Farm #1148 West Friendship Md. 21794

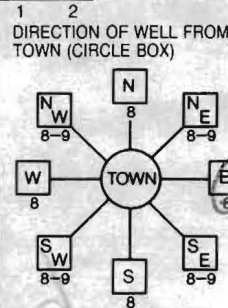
LOCATION OF WELL

Howard Padricks East Blencly 2 MI

DRILLER INFORMATION

Allen Compton M S D 009 Fogles Well Drilling 580 Obrecht Rd. 1-31-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Syk-sville Rd. NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 22 BLK: 8 PARCEL 7

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 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 A511503 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/18/2004 Brian Baber 3/18/2005 NORTH GRID 525 000 EAST GRID 805 000

APPROXIMATE DEPTH OF WELL 300 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 DEEPEN 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)

APPROX. PERMIT NUMBER H02002G009

PERMIT No. H0-943918

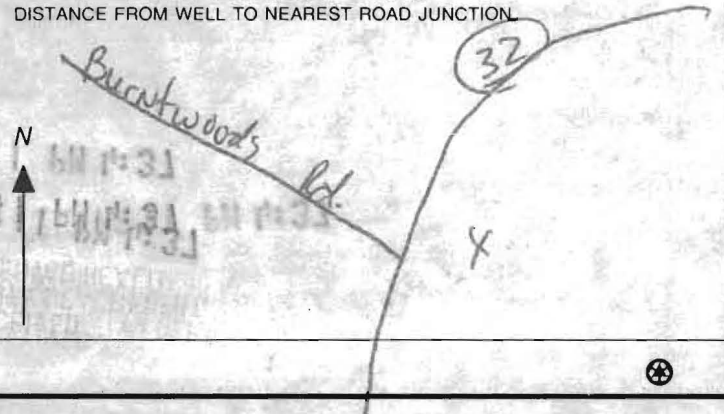
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 80φ5 N 52φ5

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

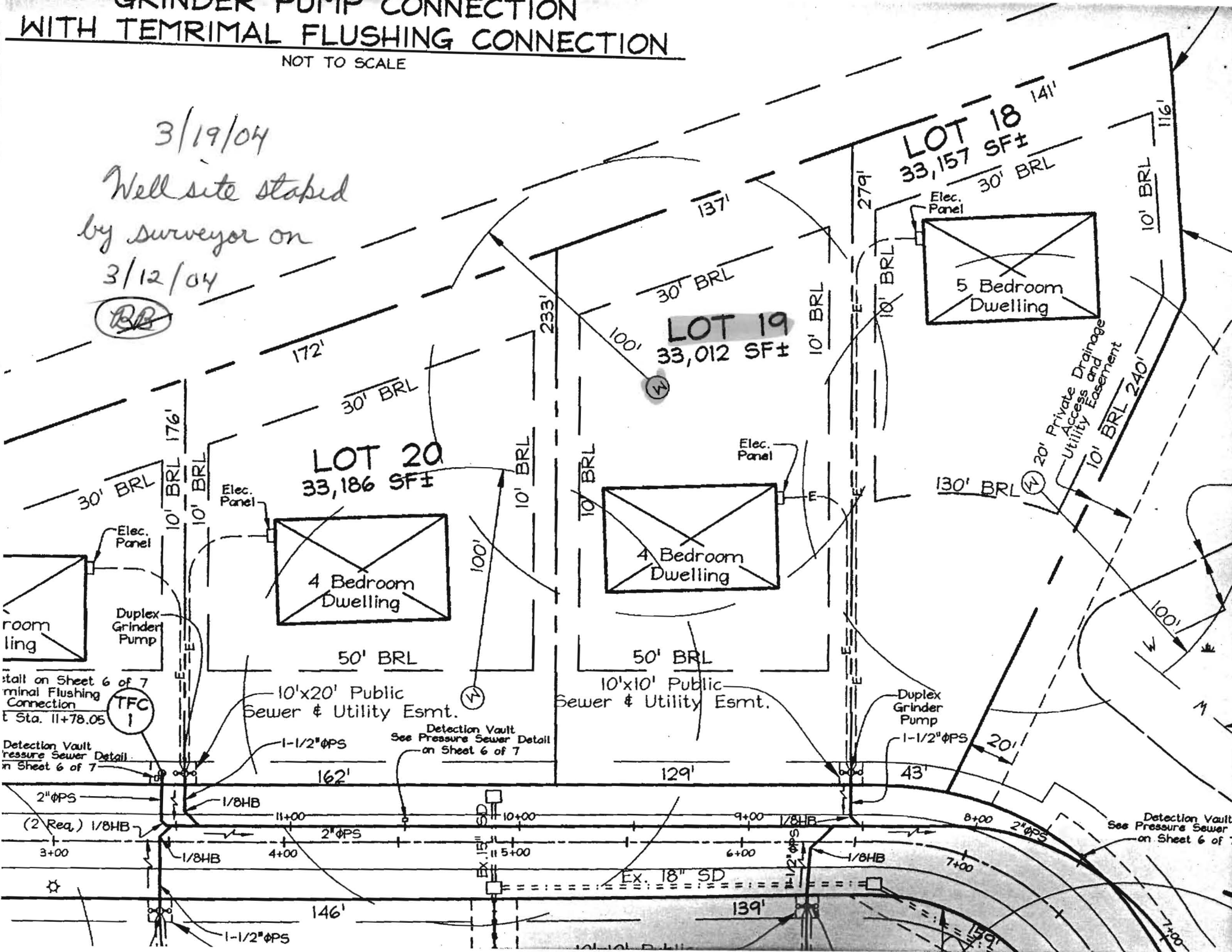
GRINDER PUMP CONNECTION WITH TEMPRIMAL FLUSHING CONNECTION

NOT TO SCALE

3/19/04

Well site staked by surveyor on 3/12/04

BB



Install on Sheet 6 of 7
 Minimal Flushing Connection
 Station Sta. 11+78.05

Detection Vault Pressure Sewer Detail
 on Sheet 6 of 7

Detection Vault
 See Pressure Sewer Detail
 on Sheet 6 of 7

Detection Vault
 See Pressure Sewer
 on Sheet 6 of 7

(2 Req.) 1/8" HB

Ex. 18" SD

3+00

11+00

4+00

10+00

11+5+00

9+00

6+00

8+00

7+00

7+00

146'

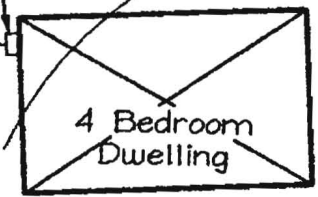
146'

139'

room lining

Duplex Grinder Pump

LOT 20
 33,186 SF±

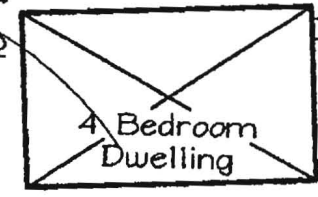


50' BRL

10'x20' Public Sewer & Utility Esmt.

1-1/2" φPS

LOT 19
 33,012 SF±



50' BRL

10'x10' Public Sewer & Utility Esmt.

129'

LOT 18
 33,157 SF±



5 Bedroom Dwelling

20' Private Drainage Access and Utility Easement

10' BRL 240'

130' BRL

Duplex Grinder Pump

1-1/2" φPS

20'

30' BRL
 10' BRL 176'

10' BRL

172'

30' BRL

100'

10' BRL

10' BRL

233'

10' BRL

30' BRL

137'

10' BRL

279'

10' BRL

18' BRL

Elec. Panel

30' BRL

141'

10' BRL

116'

100'

10'

7+00



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

December 14, 2005

Pulte Homes
1501 S. Edgewood Street
Baltimore, MD 21227

SENT VIA FACSIMILE 410-489-6057

RE: Paddocks East, Lot 19
13588 Julia Manor Way
West Friendship, MD 21794
BP # B00153997
Well Tag # HO-95-0126

Dear Sirs or Madam:

This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Shared Septic System serves this dwelling. **Final approval was granted on 10/27/2005 by HCHD for the house connection with approval from the Bureau of Utilities on 12/13/2005. 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-95-0126. 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: 11/23/2005 & 12/06/2005
Date of Well Completion: 10/25/2005

Respectfully,

Stuart F. Oster, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File

CASSELL TESTING, INC.

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

REPORT DATE: Dec 7, 2005

County Howard

Lab Number 06-1424

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: 13588 Julia Manor Way, Retest #1

Station Sampled: Master Bath & Kitchen R/O Taps Tax Map #: 22

Date/Time Sampled: Dec 6, 2005 10:55 am Parcel #: 7

Owner, Telephone No.: Song Sampler: 67246P

Subdivision Name: The Paddocks East Lot Number: 19

Building Permit No.: B00153997

Well Number: HD-95-0126 Observation: 2-Piece Cap Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
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	Absent	SM 9223B	*Absent	SAFE
(18 Hour Test)				

Master Bath
 No Rev. Osmosis

Treatment/Conditioning: Sediment Filter (Filter Out), R/O System

Heather R. Beam
 Heather R. Beam

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

CASELL TESTING, INC.

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

REPORT DATE: Nov 28, 2005

County Howard

Lab Number 06-1263

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: 13588 Julia Manor Way

Station Sampled: Powder Room Tap

Tax Map #: 22

Date/Time Sampled: Nov 23, 2005 12:00 n

Parcel #: 7

Owner, Telephone No.: Song

Sampler: 5226SB

Subdivision Name: The Paddocks East

Lot Number: 19

Building Permit No.: B00153997

Well Number: HO-95-0126

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	10.8 mg/L as N	SM 4500D	*10 mg/L as N	HIGH
Turbidity	2.0 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 (Filter Out)

***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