

C1 3437

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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A515228

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3904

DATE RECEIVED MM DD YY

4 3 04

22 500 26 (TO NEAREST FOOT)

4/28/04 O.K. (BB)

OWNER Moberly Gretchen (Pulte Homes) STREET OR RFD 3205 Route 32 TOWN West Friendship SUBDIVISION Paddocks East SECTION LOT 5

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) BENTONITE CLAY (B) (C) NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 1/4" WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 75 ft. TYPE OF PUMP USED (for test) C centrifugal P piston R rotary S submersible

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, Brown, Gray Limestone.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 70 Total depth of main casing (nearest foot) 65

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (H) (O) (P) (L) (B) (R) (BR) (PL) (OT)

C 2

DEPTH (nearest ft.)

Table for depth measurements with columns for depth intervals and slot size.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (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...

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)

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

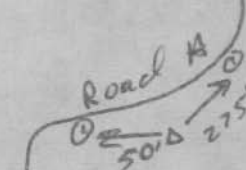
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 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 | 0994 | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>520092 please type | STATE PERMIT NUMBER<br><u>HO - 94 - 3904</u><br><small>70 fill in this form completely 79</small> |
|-----|------|--------------------------------|--|---|

**OWNER INFORMATION**

Date Received (APA) 3/11/2004

8 MM DD YY 13

15 Last Name MOBBERLEY Owner Gretchen First Name 34

36 Street or RFD Summer Hill Farm RT 194 55

57 Town West Friendship MD 70 State MD 72 Zip 21794 76

**LOCATION OF WELL**

B 3

8 COUNTY Howard 21

23 SUBDIVISION Paddocks East 42

SECTION 44 46 LOT 5 50

52 NEAREST TOWN Glencig 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Allen Compton M S D 009 76 License No. 81

Firm Name Fogles Well Drilling

Address 580 Obrecht Rd.

Signature [Signature] Date 1-30-04

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

1 2

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Sykesville Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 600 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 8 PARCEL 7

**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)**

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) A515228

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 3/18/2004 Brian Baber 3/18/2005

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 525 50 00 55 EAST GRID 805 57 00 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 30 37

NEAREST TOWN \_\_\_\_\_

**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)**

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 DEEPEAN 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 HO 20 02 G 009

PERMIT No. HO - 94 - 3904

70 71 72 73 74 75 76 77 78 79

**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

000 000

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.

4/5/04

6 Hour Pump?

+ Grout Starting at 8:00 AM

BB

**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: 588 Occoquent 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# MSD0009

\*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: Pulte Homes Telephone #: \_\_\_\_\_  
Subdivision: The Paddocks East Lot #: 5 Well Tag #: HO-94-3904  
Site Address: 13579 Julia Marie Way

Submersible Pump Data

Make: Goulds  
Model #: 7SB10422  
Pump Capacity 7 GPM  
Well Yield: 15 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  
Signature of company representative responsible for installation

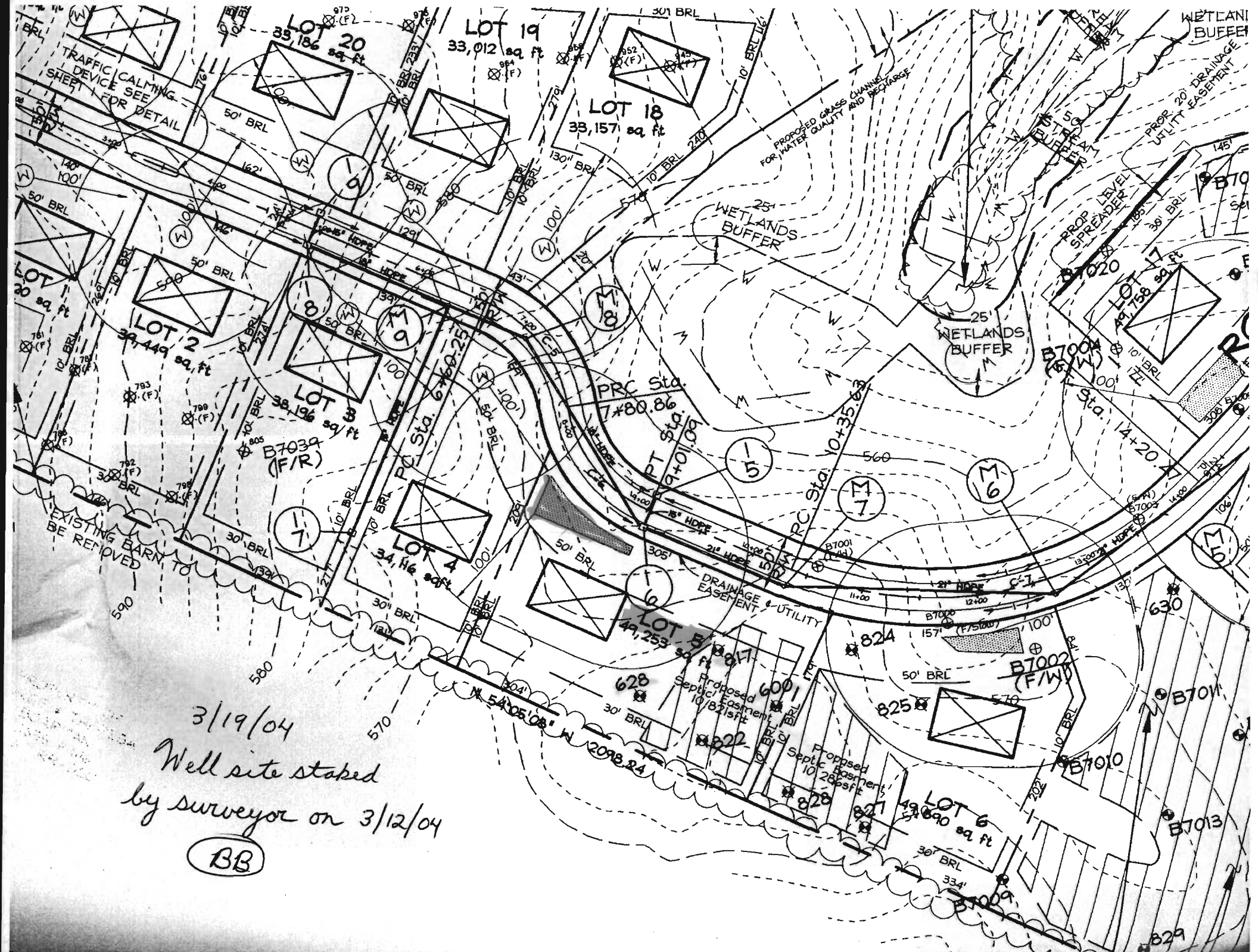
10/11/05  
date

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

Date Insp. Requested: 9/7/05 Date Insp. Approved: 9/12/05 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

missing mat on 9/7  
OK on 9/12



3/19/04

Well site staked  
by surveyor on 3/12/04

BB



Howard County  
Health Department

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

November 1, 2005

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

**SENT VIA FACSIMILE 410-992-3020**

RE: Paddocks East, Lot 5  
13579 Julia Manor Way  
West Friendship, MD 21794  
BP #: B00151920  
Well Permit # HO-94-3904

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 10/18/2005. Final approval of the well line connection to the dwelling was approved on 09/12/2005.**

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-94-3904. 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: 10/26/2005 & 10/31/2005  
Date of Well Completion: 04/05/2004

Approving Authority,

  
Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**CASELL TESTING, INC.**

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

REPORT DATE: Oct 27, 2005

County Howard

Lab Number 06-794

Sample Iced Yes

Residual Cl<sub>2</sub> <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: 13579 Julia Manor Way

Station Sampled: Powder Room Tap

Tax Map #: 22

Date/Time Sampled: Oct 26, 2005 11:35 am

Parcel #: 7

Owner, Telephone No.: Kim

Sampler: 6724GP

Subdivision Name: The Paddocks East

Lot Number: 5

Building Permit No.: B00151920

Well Number: HO-94-3904

Observation: 2-Piece Cap  
 Satisfactory

**RESULTS OF ANALYSIS:**

| PARAMETER                 | RESULT        | METHOD    | *MCL/**SMCL     |        |
|---------------------------|---------------|-----------|-----------------|--------|
| Nitrate                   | 3.1 mg/L as N | SM 4500D  | *10 mg/L as N   | Pass   |
| Turbidity                 | 1.3 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<br>(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*

Heather R. Beam

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 848-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

|                       |   |               |                       |
|-----------------------|---|---------------|-----------------------|
| Laboratory ID #:      | 56914                                       | Account #:    | 1930                  |
| Reference:            | Pulte Homes Paddocks East Lot 5             | Company:      | Fogle's Well Drilling |
| Location:             | 13579 Julia Manor Way<br>Woodbine, MD 21797 | Requested By: | Dave Fogle            |
| Date/ Time Collected: | 10/31/2005 0800                             | Source:       | Well Water            |
| Date/Time Rec'd:      | 10/31/2005 0850                             | Site:         | Laundry               |
| Chlorine ppm:         | Free: ND Total: ND                          | Treatment:    | None                  |
| Collected By:         | D. Fogle 8194DF                             | pH:           | 6.97                  |
|                       |   | Well #:       | HO-94-3904            |

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYS        |
|--------------------------------|---------|-------------|-----------|--------------------|-------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223 B.       | 11/1/2005 / 0930 / CCH  |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223 B.       | 11/1/2005 / 0930 / CCH  |
| Nitrate                        | 2.58    | mg/L        | 10        | 601                | 10/31/2005 / 1015 / BCD |
| Turbidity                      | 5.43    | NTU         | <10       | SM18 2130B         | 10/31/2005 / 0950 / CCH |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric | 10/31/2005 / 0950 / CCH |
| Iron                           | 0.54    | mg/L        | 0.3       | FR, 45 (126)       | 10/31/2005 / 1020 / 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy  
 Building Permit # : 00151920

Date Reported: 11/1/2005

MD State Certification # 133