

C 1 1622
 1 2 3 6
 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
 WELL IS COMPLETED. 5/11/01 OK
 COUNTY NUMBER AS11371E

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

DATE WELL COMPLETED
 MM DD YY
4 27 2001
 Depth of Well
22 900 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO - 94 - 3056
 28 29 30 31 32 33 34 35 36 37

OWNER Sandborn James
 STREET OR RFD ROAN DASH CT TOWN Highland md
 SUBDIVISION Koan Dash Gardens Est. SECTION _____ LOT 23

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		check if water bearing
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>42</u>	
<u>Gray Mica Rock</u>	<u>42</u>	<u>800</u>	

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 11 NO. OF POUNDS 7034
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 46
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

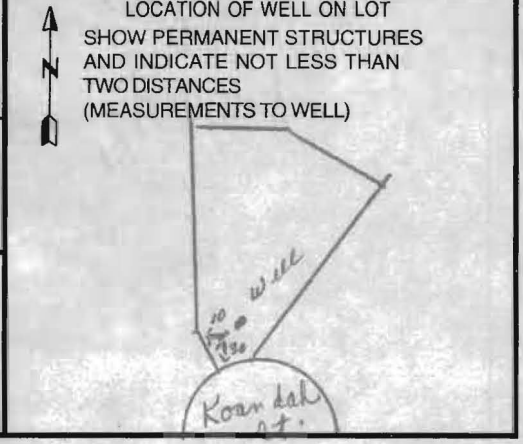
C 2 DEPTH (nearest ft.)
 1 2 Ho 44 83 800
 E 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 38 39 41 45 47 51
 S
 R
 E
 N
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from _____ to _____

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 _____ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 1 2
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 4
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 41 ft.
 17 20
 WHEN PUMPING 334 ft.
 22 25
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

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. _____ 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 } 2 (nearest foot)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MS D024
 DRILLERS SIGNATURE James P. Marpe
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO.: D

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

B 1 8493

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3056 fill in this form completely

Date Received (APA) 3/15/01

OWNER INFORMATION

Sandborn James 4967 Ten Oaks Rd Dayton Md 21036

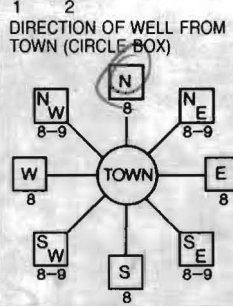
LOCATION OF WELL

Howard County Koandak Garden Estate Highland 23 SECTION 44 46 LOT 48 50 NEAREST TOWN 71 MILES FROM TOWN 0 M I

DRILLER INFORMATION

Joseph L Mayre M S D 024 Joseph L Mayre Well Drilling 5512 Ridge Rd Mt. Airy Md 21111 Joseph L Mayre 3/15/2001

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

Koandak Ct. off N side of MD Route 216 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 20 FT ENTER FT OR MI 38 39 TAX MAP: 34 BLK: 23 PARCEL 78

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D) Farming (F) Industrial, Commercial, Dewatering (I) Public Water Supply Well (P) Test Observation, Monitoring (T) Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A511371E COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 3/29/01 CO SIGNATURE EXP. DATE 3/29/02 NORTH GRID 491 000 EAST GRID 0810 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion Jetted & DRIVEN ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (N) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (S) THIS WELL WILL DEEPEMED AN EXISTING WELL (D)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

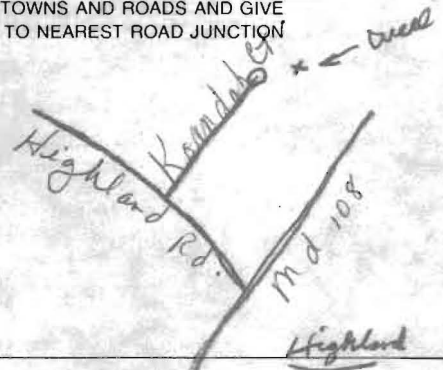
- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 4901

Handwritten notes: 1700 ft gravel 8:00 NO INSP - other insp demands - do not allow

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 2001G005 PERMIT No. HO-94-3056

SPECIAL CONDITIONS

Date Received (APA) 3/15/01

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name Sandborn Owner First Name James 34
 36 Street or RFD 4967 Ten Oaks Rd 55
 57 Town Dayton 70 State Md 72 Zip 21036 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21
 23 SUBDIVISION Koondah Garden Estate 42
 SECTION 44 46 LOT 23 48 50
 52 NEAREST TOWN Highland 71
 MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph R Mayne M S D O 24 76 License No. 81
 Firm Name Joseph R Mayne Well Drilling
 Address 5512 Ridge Rd Mt. Airy Md 21771
 Signature Joseph R Mayne Date 3/15/2001

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Koondah Ct. 30
 ON WHICH SIDE OF ROAD OFF NE side of MD Route 216 38 39
 (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH
 DISTANCE FROM ROAD 20 FT ENTER FT OR MI 38 39
 TAX MAP 34 BLK: 23 PARCEL 78

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8
 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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

22

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. A511371E
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 3/29/01
 43 MM DD YY 44
 SIGNATURE Joseph R Mayne EXP. DATE 3/29/02
 NORTH GRID 49 000 EAST GRID 0810 000
 55 57 63

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

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
 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 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-94-3056
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1. well
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE
 E 810
 N 4901

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

Request for Duplicate Tag On 5-19-2004
 Tag Lost: by Driller off Well in Mail

5/24/04
 Called Gary Robey and said we had Replacement Tag and he would install
 He said He would and get it installed

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 23 Well Tag #: HO - 94 - 3056
Site Address: 6812 Lombard Gardens

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 5/10/04 Date Insp. Approved: _____
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 No tag
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

5/10/04
SO

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

P.O. Box 898, Bel Air, MD 21014
 P.O. Box 881, Finksburg, MD 21048
 408 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090
 113 High St., Salisbury, MD 21801
 P.O. Box 712, Stevensonville, MD 21156
 P.O. Box 483, Timonium, MD 21093
 P.O. Box 10681, Burke, VA 22009-0681

(410) 893-5257
 (410) 878-2035
 (410) 891-2223
 (410) 546-1318
 (410) 843-7711
 (410) 828-2865
 (703) 250-7711

Nature's Own
 150 Blades Lane, Suite E
 Glen Burnie, MD 21060

Reporting Date: 7/29/2004
 Report #: NO407-20

Submitted Sample Address: 6812 Koandah Gardens
 Highland, MD 20777
 Submitted Sample Source: Reverse Osmosis System Kitchen Sink
 Date / Time Collected: 7/28/2004 1:00 PM
 Sample Type: Drinking Water
 Sampler/Company: James Hurtt0773-JH
 Field Record: Chlorine residual: Absent -----
 Well #: HO-94-3056

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Nitrates + Nitrites	ND	mg/L	1.0	10	EPA 353.2

Notes:

1. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
2. ND - Not Detected.
3. Sample received and examined within EPA's recommended holding time
4. SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: LB

Water Testing Laboratories

If responding, please contact:

<input type="checkbox"/> P.O. Box 886, Bel Air, MD 21014	(410) 830-6257
<input type="checkbox"/> P.O. Box 861, Finksburg, MD 21048	(410) 878 2035
<input type="checkbox"/> 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090	(410) 891-2223
<input type="checkbox"/> 113 High St., Salisbury, MD 21801	(410) 548-1318
<input type="checkbox"/> P.O. Box 712, Stevensville, MD 21666	(410) 843-7711
<input type="checkbox"/> P.O. Box 463, Timonium, MD 21083	(410) 628-2856
<input type="checkbox"/> P.O. Box 10591, Burke, VA 22009-0591	(703) 250-7711

of Maryland, Inc.

Nature's Own
150 Blades Lane, Suite E
Glen Burnie, Md 21060

Reporting Date: 7/23/2004
Report #: NO407-13

Submitted Sample Address: 6812 Koandan Gardens Road
Highland, Md 20777
Submitted Sample Source: Holding tank
Date / Time Collected: 7/21/2004 10:45 AM
Sample Type: Drinking Water
Sampler/Company: James Hurtt 0773jh
Field Record Chlorine residual: Absent -----
Well #: HO-94-0356

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
E. Coli	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	10.1	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	6.8	SU	0.1	6.5-8.5 (SMCL)	SM 2130B
Iron	ND	mg/L	0.1	0.3 (SMCL)	SM 3400D

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- NI - Not Detected.
- Sample received and examined within EPA's recommended holding time
- SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,

Christie Rodgers

C. Rodgers, Customer Service Representative

Reviewed by: *LB*

Nature's Own Water System, Inc.
150 Blacks Lane, Suite E
Glen Burnie, Md. 21060

24700 Soterley Rd.
Hollywood, Md. 20636

Phone: 410-590-5400 or
800-673-3003
Fax: 410-590-9469

facsimile transmittal

To: Howard Co Health Fax: 410-313-2648

From: JAMES HURT Date: 2/28/04

Re: Chemical + BACTACIN Pages: 2

CC: CONTAMINATION

Urgent For Review Please Comment Please Reply Please Recycle

Notes:
Attached is chemical & bactacin for
wall contamination. Nitrate count high. Installed
Reverse Osmosis system at kitchen sink. Retested
NITRATES from system faucet.

Thanks

Jay



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