

C 1 5169 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.

1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 1202

OWNER Brantly Development last name first name TOWN Fulton STREET OR RFD Lime Kiln Road SUBDIVISION Lime Kiln Valley SECTION LOT 8

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown shale, Soft shale, Soft Gray Rock, Gray Rock, Water at 458', Well #1 400' Drilled, Abandoned, Drill Cuttings, Cement.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 25 NO. OF POUNDS 2500 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 80 ft.

CASING RECORD

casings types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

Table for OTHER CASING (if used) with columns for diameter inch and depth from to.

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

Table for SLOT SIZE and DIAMETER OF SCREEN with columns for slot size and diameter.

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

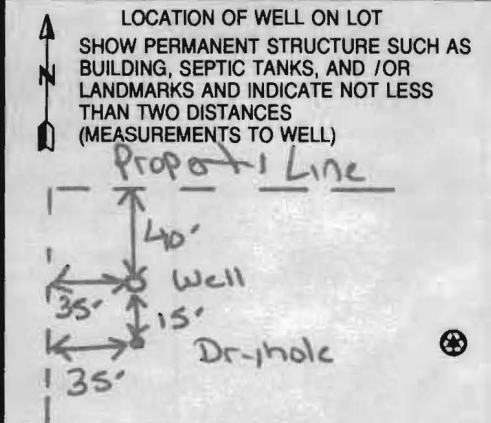
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.00 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft. WHEN PUMPING 307 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) LAND SURFACE (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO 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. M S D 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. A W D 766 Dan Hol

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

B 1 9832  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

527237

please type

STATE PERMIT NUMBER

HO-95-1202  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Brantly Development  
15 Last Name Owner First Name 34

8835 N. Columbia 100 Pkwy  
36 Street or RFD 55

Columbia MD 21045  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Michael D. Isom M S D 162  
Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.  
Firm Name

12044 Falls Road, Cockeysville 21030  
Address

Signature Date 6/11/07

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20  
750

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 250 FEET  
24 28

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
- 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 DEEPEM 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 HO 2006 G 01.3 (02)

PERMIT No. HO-95-1202  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21

Lime Kiln Valley  
23 SUBDIVISION 42

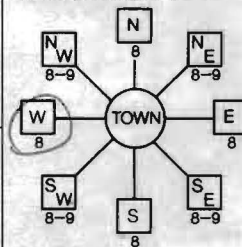
SECTION 44 46 LOT 8 48 50

Fulton  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Lime Kiln Road  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37  
DISTANCE FROM ROAD FT 38 39  
F4

TAX MAP: 40 BLK: 21 PARCEL 12

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard 9519584  
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 8/10/07

43 MM DD 48 CO SIGNATURE EXP. DATE

NORTH GRID 50 000 55 EAST GRID 57 812 000 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

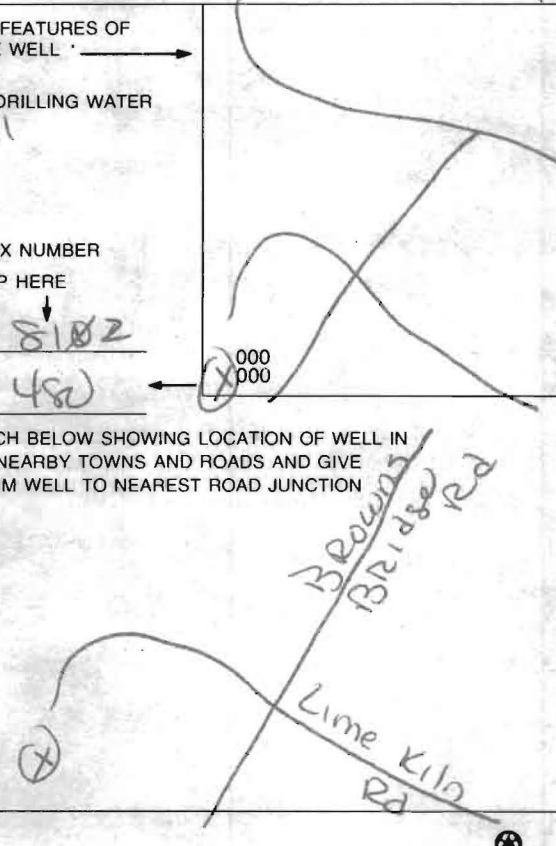
- SOURCES OF DRILLING WATER
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8102  
N 480

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

N



# HARR WELL DRILLING

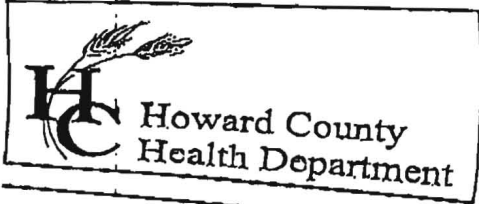
12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 9-12-07      Permit Number: HO-95-1202  
Address: Lime Kiln Road      Subdivision: Lime Kiln Valley L#8  
Owner Name: Brantly Development      Election District:  
Well Depth: 500 Ft      Static Water Level: 36 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1gallon bucket	Calculated Flow-Gallons Per Minute
1115	36 ft		3 sec	20.00
1130	101		4	15.00
1145	184		5	12.00
1200	250		5	12.00
1215	305		6	10.00
1230	307		15	4.00
1245	307		15	4.00
1300	307		15	4.00
1315	307		15	4.00
1330	307		15	4.00
1345	307		15	4.00
1400	307		15	4.00
1415	307		15	4.00
1430	307		15	4.00
1445	307		15	4.00
1500	307		15	4.00
1515	307		15	4.00
1530	307		15	4.00





7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2640  
 TDD (410) 313-2323 Toll Free 1-866-313-2640  
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:	LOTS	
<u>Lime KILN VALLEY II</u>	<u>1-37</u>	<u>Lime KILN RD</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Robert Vogle,  
 (professional land surveyor or company employing professional land surveyors)  
 on \_\_\_\_\_ (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6321 Barnett Ave.  
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Robert L. Feezer License # 2122

\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: MAPLE WOODS Lot #: 8 Well Tag #: HO-95-1202  
Site Address: 12803 LIMEKILN ROAD  
FULTON, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-RITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>S7P4HS10221</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>500</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection  
PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 10'  
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: Robert L. Feezer date: 12/4/08  
INSPECTION FOR 11/12/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/12/08 (KW)  
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



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

*Peter Beilenson, M.D., M.P.H., Health Officer*

January 12, 2009

Homeowner  
12803 Lime Kiln Road  
Fulton, MD 20759

RE: Maple Woods, Lot 8  
12803 Lime Kiln Rd.  
BP # B08002440  
Well Permit # HO-95-1202

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 septic system was granted on 12/9/2008. Final approval of the well line connection to the dwelling was approved on 11/12/2008.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

**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-95-1202. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/15/2008  
Date of Well Completion: 09/13/2007

Approving Authority.

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

### CERTIFICATE OF ANALYSIS

**Requester:**  
 NV Homes, Inc  
 Attn: Buddy  
 6085 Marshalee Drive Suite 130  
 Elkridge, Maryland 21075

**S/O Number:** 70884  
**Report Date:** December 16, 2008

**Property Sampled:** 12803 Lime Kiln Road, 20777

**County:** Howard  
**Subdivision:** Maple Woods  
**Lot #:** 8  
**Building Permit #:** B08002440

**Tax Map #:** 40  
**Parcel #:** 114

**Date/Time Collected:** December 15, 2008 at 10:35 am  
**Date/Time Received:** December 15, 2008 at 5:25 pm

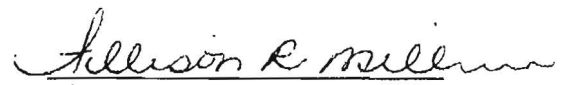
**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 5745KC

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-1202  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

  
 Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.