

C1 5175

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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 09 21 2007 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1205

OWNER Brantly Development last name Lime Kiln Road first name TOWN Fulton SUBDIVISION Lime Kiln Valley SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown Shale, Soft Brown Shale, Soft Gray Rock, Gray Rock, and water at 116'.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), 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 (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (80).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form with fields: screen type or open hole (HO), insert appropriate code below (ST, BR, PL, HO, OT), DEPTH (nearest ft.) 80, 300.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. MSD 162

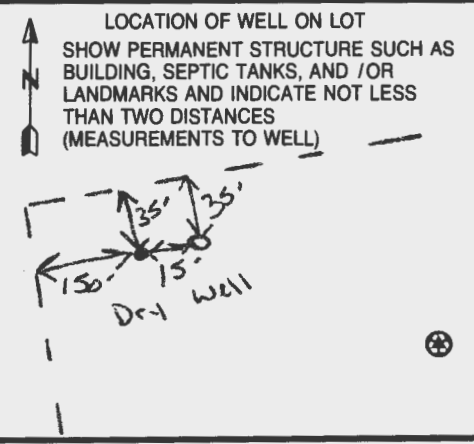
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) NC. NO. AW 0766

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

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

PUMPING TEST form with fields: HOURS PUMPED (6), PUMPING RATE (2.22), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (38), BEFORE PUMPING (17/20), WHEN PUMPING (22/25), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED (S), PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below), LAND SURFACE (50-51), LOCATION OF WELL ON LOT.



B 1 9835

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1205 fill in this form completely

527237 please type

Date Received (APA)

OWNER INFORMATION

Brantly Development, 8835 N. Columbia 100 Pkwy, Columbia MD 21045

B 3

LOCATION OF WELL

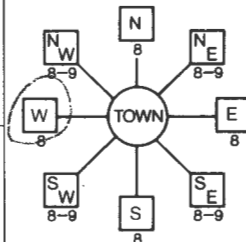
Howard, 8 COUNTY, Lime Kiln Valley, 23 SUBDIVISION, SECTION 44 46, LOT 11 48 50, FULTON, 52 NEAREST TOWN, MILES FROM TOWN 1

DRILLER INFORMATION

Michael D. Isom, M S D 162, G. Edgar Harr Sons' Corp., 12047 Falls Road, Cockeysville 21030, 6/11/07

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 300 FT, ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 21 PARCEL 12

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, AS19584, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 8/10/07, CO SIGNATURE, EXP. DATE 8/10/08, NORTH GRID 481 000, EAST GRID 811 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

JETTED, AIR-ROTary, CABLE, JETTED & DRIVEN, MR-PERCussion, ROTARY, Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER HO 2004 G 013/02, PERMIT No. HO-95-1205

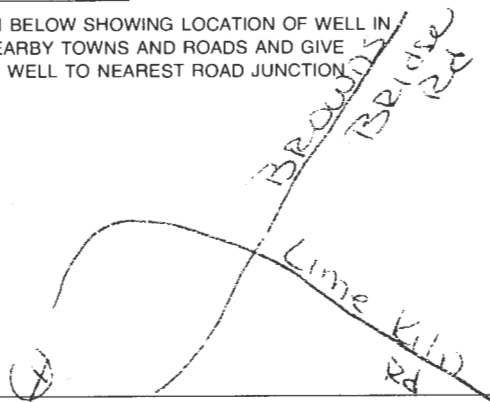
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 81001, N 48000

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

# HARR WELL DRILLING

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

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 9-19-07      Permit Number: HO-95-1205  
Address: Lime Kiln Road      Subdivision: Lime Kiln Valley L#11  
Owner Name: Brantly Development      Election District:  
Well Depth: 300 Ft      Static Water Level: 38 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 gallon bucket	Calculated Flow-Gallons Per Minute
0900	38 ft		3 sec	20.00
0915	147		4	15.00
0930	250		4	15.00
0945	275		22	2.72
1000	275		22	2.72
1015	275		22	2.72
1030	275		22	2.72
1045	275		22	2.72
1100	275		22	2.72
1115	275		22	2.72
1130	275		22	2.72
1145	275		22	2.72
1200	279		27	2.22
1215	279		27	2.22
1230	279		27	2.22
1245	279		27	2.22
1300	279		27	2.22
1315	279		27	2.22
1330	279		27	2.22
1345	279		27	2.22
1400	279		27	2.22
1415	279		27	2.22
1430	279		27	2.22
1445	279		27	2.22
1500	279		27	2.22

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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 Avenue  
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): Robert L. Feezer License# 2122

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: NV Homes Telephone #: 410-379-5956  
Subdivision: Maple Woods Lot #: 11 Well Tag #: HO - 95 - 1205  
Site Address: 12821 Lime Kiln Road  
Highland, MD 20777

**Submersible Pump Data**

Make: Sta-Rite  
Model #: S10P4HS07221-01  
Pump Capacity 10 GPM  
Well Yield: 2.2 GPM

**Pitless Adapter**

Make: Campbell  
Model#: PT800  
Depth: 42" (36" min)  
NSF/WSC 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

Depth of well encountered at time of pump installation: 300 (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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

**Piping to house**

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

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve 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.**

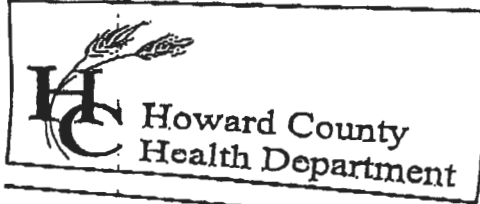
Robert L. Feezer Digitally signed by Robert L. Feezer  
DN: cn=Robert L. Feezer, o=Howard County Health Department, email=rlf@hcd.net 6/20/2011  
Signature of company representative responsible for installation date

Called Inspections 6/3/2011

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/6/11 Inspector: KW  
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓





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:

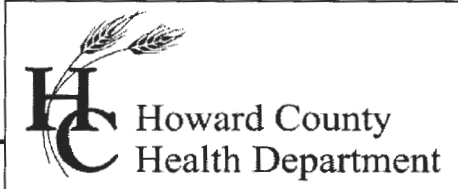
Well Site Location:	Lots	
<u>Lime Kiln Valley II</u>	<u>1-37</u>	<u>Lime Kiln Rd</u>
Subdivision/Property Name	Lot#	Road Name

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



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](http://www.hchealth.org)

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

June 28, 2011

Homeowner  
12821 Lime Kiln Road  
Woodbine, MD 21797

RE: Lime Kiln Valley, Lot 11  
12821 Lime Kiln Road  
BP #: B11000263  
Well Tag: HO-95-1205

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 06/17/2011. Final approval of the well line connection to the dwelling was approved on 06/06/2011.**

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-95-1205. 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: 06/15/2011  
Date of Well Completion: 09/21/2007

Approving Authority,



Brian Baker, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File



TRACE LABORATORIES, INC

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:

S/O Number: 81633

NV Homes, Inc.
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

Report Date: June 16, 2011

Property Sampled: 12821 Lime Kiln Road, 20777
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B11000263
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 40

Subdivision: Maple Woods
Parcel: 114

Lot #: 11

Date/Time Collected in Field: June 15, 2011 @ 11:55 am

Date/Time Received in Lab: June 15, 2011 @ 3:20 pm

Well Tag #: HO-95-1205
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Neutralizer

Table with 5 columns: PARAMETER, METHOD, MCL/\*SMCL, RESULT, PASS/FAIL. Rows include Total Coliform, E. coli, Nitrate, Turbidity, pH, and Sand.

Handwritten signature of Katherine C. Higgs

Katherine C. Higgs
Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA
\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.