

C1 15970 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 A-529548-B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER ZEP Realty Inc STREET OR RFD 4076 SALEM Bottom rd TOWN Westminister MD 21157 SUBDIVISION FLORANCE USTA SECTION LOT 2

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. Includes entries like Top SoL, Brown Shale, Blue Slate, etc.

Grout was to 70' casing @ 80' bedrock?? 2.8 bags per 10' of annular space

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)

diagram for other casing with diameter and depth fields

SCREEN RECORD

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

Table for casing and screen depths with columns for depth (nearest ft.) and rows for casing and screen details.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

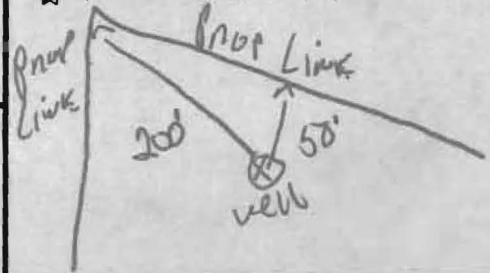
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 WHEN PUMPING 26 TYPE OF PUMP USED (for test) S submersible

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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (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 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 M SD 119 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)

B 1 0890

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER H0-95-1922

Date Received (APA)

OWNER INFORMATION: 2 EPP Realty Property Inc, 4012 Salem Bottom Rd, Westminister MD, 21157

LOCATION OF WELL: Howard County, Florence Vista, Lisbow, NEAREST TOWN

DRILLER INFORMATION: RALPH E. MAYNE, License No. M SD 117, RALPH E. MAYNE WELL DRILLING, 17024 Handy Rd Mt. Airy MD, 21071

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): S. NEAR WHAT ROAD: Florence Rd. DISTANCE FROM ROAD: 800 FT.

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME: Howard, COUNTY NO. A529548-B, DATE ISSUED: 6/16/2010, CO SIGNATURE: Brian Baker, EXP. DATE: 6/16/2011

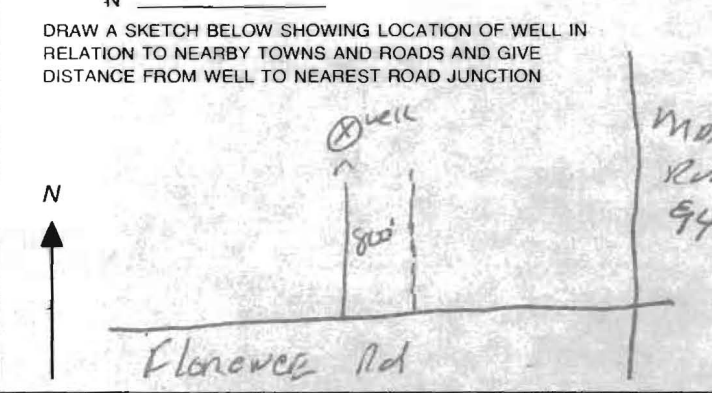
USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL: 150 FEET, APPROXIMATE DIAMETER OF WELL: 4" INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE: 568

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): N THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER: G, PERMIT No. H0-95-1922

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95 - 1922
 Location of property (road) Florence Rd
 Subdivision Florence Vista Lot 2 Block Plat Sec.
 Well Driller Ralph MAYNE Owner Zell Realty Inc

Depth of well 200
 Distance of measuring point (M.P.) above ground 24
 Static water level (S.W.L.) below M.P. 23 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 26 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	23 ft	5 Sec		12 GPM
			Test started	
8:30	26 ft	5 Sec		12 GPM
8:45	26 ft	5 Sec		12 GPM
9:00	26 ft	5 Sec		12 GPM
9:15	26 "	5 "		12 "
9:30	26 "	5 "		12 "
9:45	26 "	5 "		12 "
10:00	26 ft	5 Sec		12 GPM
10:15	26 ft	5 Sec		12 GPM
10:30	26 ft	5 Sec		12 GPM
10:45	26 "	5 "		12 "
11:00	26 "	5 "		12 "
11:15	26 ft	5 Sec		12 GPM
11:30	26 ft	5 Sec		12 GPM

**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: Cumberland Co. Inc. Telephone #: 301-854-6838
Address: 16391 A.E. Mullinix Rd
Woodbine MD 21797

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

Name (Print): Kelly Cumberland License# 61417

*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: Summertime Development Telephone #: 301-854-6838
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1922
Site Address: 909 Florence Rd
Woodbine MD 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Mess</u>	Make: <u>Cumtel</u>	Two piece watertight cap: <u>X</u>
Model #: <u>MSS28GP</u>	Model#: <u>1"</u>	Screened, vented well cap: <u>X</u>
Pump Capacity <u>8</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>✓</u>	Conduit min 18" B.G.: <u>X</u>
Depth of well encountered at time of pump installation <u>920</u> (feet)		Conduit secured to well cap: <u>X</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors on Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house	House Connection
Type: <u>1" PDI</u>	PVC sleeved to undisturbed soil at wall penetration: <u>X</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>65"</u>
Depth of supply line: <u>48"</u> (36" min)	Sleeve caulked and sealed properly: <u>X</u>

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.

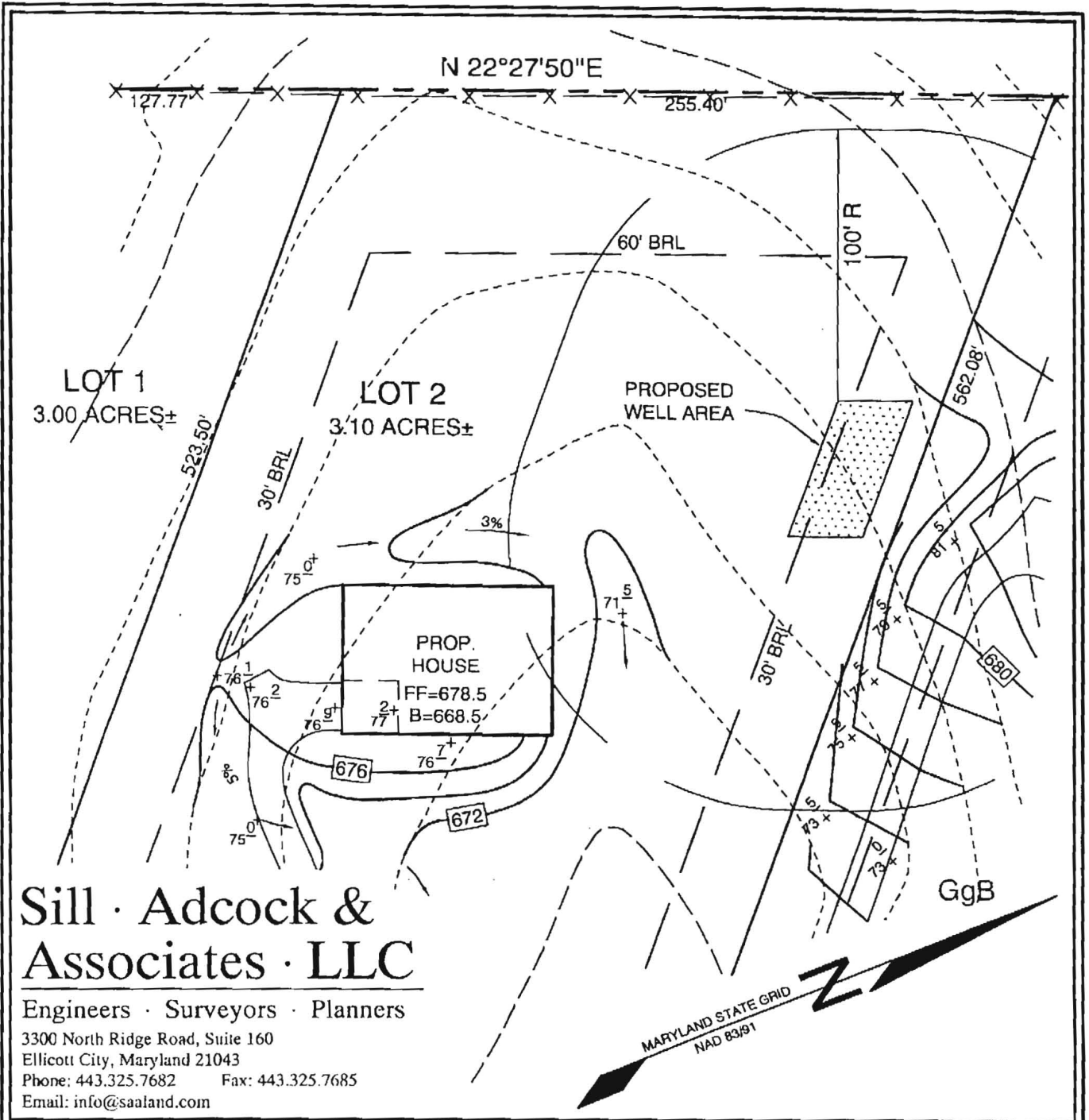
Signature of company representative responsible for installation: Kelly Cumberland date: 9-16-11

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

Date Insp. Requested: _____ Date Insp. Approved: 6/3/2011 **BR**

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners
 3300 North Ridge Road, Suite 160
 Ellicott City, Maryland 21043
 Phone: 443.325.7682 Fax: 443.325.7685
 Email: info@saaland.com

DESIGN BY:	PS
DRAWN BY:	PS
CHECKED BY:	PS
SCALE:	1"=50'
DATE:	APRIL 12, 2010
PROJECT #:	08-038
SHEET #:	1 OF 1

WELL LOCATION PLAN

FLORENCE VISTA

6/16/2010
Well Site Staked by Sill, Adcock

TAX MAP 7 GRID 20
 4TH ELECTION DISTRICT

PARCEL 117
 HOWARD COUNTY, MARYLAND

BB



7178 Columbia Gateway Dr., 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 L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

FLORENCE VISTA 2 FLORENCE RD. c ASSOC
Subdivision/Property Name Lot # Road Name

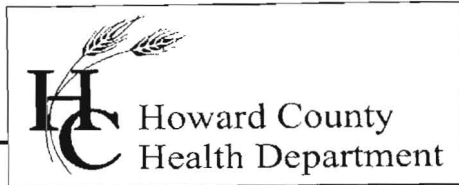
The well site has been staked by SILL ADCOCK,
(professional land surveyor or company employing professional land surveyors)
on APRIL 12 2010 (date) and does not require a site inspection.

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 3/11/07

OWNER ZEPPE REALTY INC



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

September 26, 2011

Homeowner
2909 Florence Road
Woodbine, MD 21797

RE: Clark Residence, Lot 2
2909 Florence Road
BP #: B10003897
Well Tag: HO-95-1922

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 06/10/2011. Final approval of the well line connection to the dwelling was approved on 06/03/2011.**

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-95-1922. 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: 09/21/2011
Date of Well Completion: 07/15/2010

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.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Kelly Cumberland
 Cumberland Development
 16391 A.E. Mullinix Road
 Woodbine, Maryland 21797

S/O Number: 82729

Report Date: September 22, 2011

Property Sampled: 2909 Florence Road, 21797
 Sample Location: Pressure Tank Tap
 Residual Chlorine: <0.1 mg/L

Building Permit #: B10003897
 Sampler ID #: 9170DH
 Samples Iced: Yes

County: Howard
 Map: 7

Subdivision: Florence Vista
 Parcel: 117

Lot #: 2

Date/Time Collected in Field: September 21, 2011 @ 2:00 pm
 Date/Time Received in Lab: September 21, 2011 @ 3:12 pm

Well Tag #: HO-95-1922
 Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	4.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.0 Units	***
Sand		Absent	Absent	Pass

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

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.