

C1 3777 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 503891

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

DATE WELL COMPLETED MM DD YY 9 1 04

Depth of Well 22 500' 26 11/30/04 PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-4000

OWNER: Gullmore Group last name first name STREET OR RFD: 12251 Frederick Rd TOWN: W. Friendship SUBDIVISION: Hubbs Prop SECTION: LOT: 7

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-34), Gray Mica Rock (34-500), Dry wells backfilled, 580-40 drilling materials, 40-0 Cement, 400-40 drilling materials, 40-0 Cement, 520-40 drilling materials, 40-0 Cement.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (10), NO. OF POUNDS (440), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (0-35 ft).

CASING RECORD Form: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (38). Includes checkboxes for STEEL, CONCRETE, PLASTIC, OTHER.

OTHER CASING (if used) Form: diameter inch, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (HO), insert appropriate code below. Includes checkboxes for STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

NUMBER OF UNSUCCESSFUL WELLS: 3

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.: MSD024; DRILLERS SIGNATURE: Joseph L. Thayer

LIC. NO.: D

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

DEPTH (nearest ft.) Table with columns: 1-2, 3-6, 7-10, 11-15, 16-20, 21-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51-55, 56-60, 61-65, 66-70. Includes handwritten entries: 36, 500.

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

PUMPING TEST Form: HOURS PUMPED (6), PUMPING RATE (1 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (35 ft), WHEN PUMPING (357 ft), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES), 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, (-) below. LAND SURFACE 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). See attached locations.

B 1 9895

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520751 please type

STATE PERMIT NUMBER

110 - 94 - 4000 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 4231 Linthicum Rd 36 Street or RFD 55 Dayton - Md 21036 57 Town 70 State 72 Zip 76

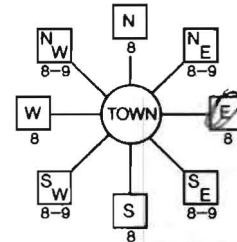
B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Hebb Property SECTION 44 46 LOT 7 50 52 NEAREST TOWN West Friendship 71 MILES FROM TOWN (enter 0 if in town) 1/2 73 M 1 76 77 78

DRILLER INFORMATION

Driller's Name Joseph E. Wayne MS D# 24 76 License No. 81 Firm Name Joseph E. Wayne Well Drilling Address 5512 Ridge Rd Mt Airy Md 21771 Signature Joseph E. Wayne Date 6/23/04

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 12251 Frederick Rd 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 520 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 15 BLK: 10 PARCEL 39

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 50389A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/16/04 CO SIGNATURE EXP. DATE 6/16/05 43 MM DD YY 48 NORTH GRID 530 0 0 0 EAST GRID 019 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 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 52

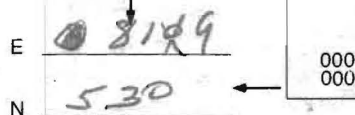
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 110 - 94 - 4000 PERMIT No. 70 71 72 73 74 75 76 77 78 79

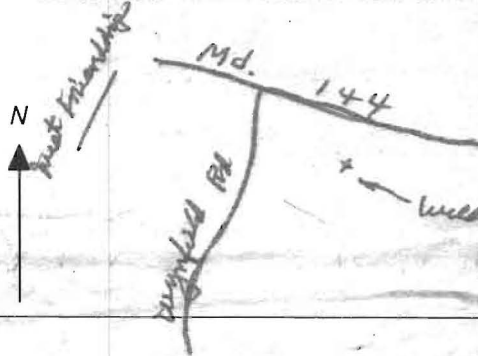
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

**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 26.04.06 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: R/G WATER SYSTEMS INC. Telephone #: 410-239-0700
Address: 4322 OPALS CHASE DR
MANCHESTER, MD. 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Rickey L. Ross, SR. License # PE0141

*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: GOODIEC HOMES Telephone #: 410-239-0700

Subdivision: _____ Lot #: Well Tag #: HO-94-4000

Site Address: 17249 FREDERICK ROAD
WEST PALM BEACH, FL. 21794

Submersible Pump Data

Make: GRUNDFOS
Model #: 55WE15180
Pump Capacity: 5 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: HAVALAND
Model #: PT800
Depth: 42" (36" min)
NSF approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 50" (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 glands are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 2"
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: VERNO'S

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: Rickey L. Ross, SR.

date: 1/7/10

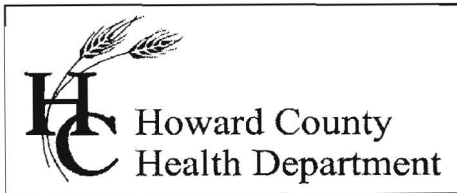
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 1/8/2010 (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 3" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grant observed below pitless adapter

HD-215 (Rev. 8/00)



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

March 16, 2010

Homeowner
12249 Frederick Road
Ellicott City, MD 21043

RE: Hebb Property, Lot 7
12249 Frederick Road
BP #: B08002789
Well Permit # HO-94-4000

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 03/15/2010.**
Final approval of the well line connection to the dwelling was approved on 01/08/2010

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, are copies 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.

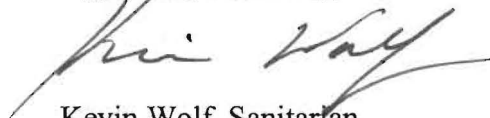
INTERIM CERTIFICATE OF POTABILITY

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-94-4000. 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: 03/15/2010
Date of Well Completion: 09/01/2004

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", written over a horizontal line.

Kevin Wolf, Sanitarian
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:
 Goodier Builders
 10705 Charter Drive Suite 350
 Columbia, Maryland 21044

S/O Number: 76000
Report Date: March 16, 2010

Property Sampled: 12249 Frederick Road

County: Howard
Subdivision: N/A **Tax Map #:** N/A
Lot #: 7 **Parcel #:** N/A
Building Permit #: B08002789

Date/Time Collected: March 15, 2010 at 9:45 am
Date/Time Received: March 15, 2010 at 12:58 pm

Sample Location: Powder Room Tap **Samples Iced:** Yes
Sampler ID: 5745KC **Residual Cl₂ <0.1 mg/L:** Yes

Well Tag Number: HO-94-4000
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.7 NTU	EPA 180.1	10 NTU	Pass
pH	6.1 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.