

SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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.  
 COUNTY NUMBER **A 520126**

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DO YY  
**03 29 06**

DATE WELL COMPLETED  
 MM DO YY  
**03 29 06**

Depth of Well  
 22 **160** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**516106**  
**OK**  
**West Friendship**  
**95-0212**

OWNER **Thirty Two County Partnership LLC**  
 STREET OR RFD **101st Ave** TOWN **West Friendship**  
 SUBDIVISION **TERRAPIN PRESERVE** SECTION **111** LOT **5**

**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	
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	35	
MICKA	35	60	
Sand Stone	60	65	
MICKA	65	160	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **14** NO. OF POUNDS **450**  
 GALLONS OF WATER **84**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 STEEL  CONCRETE  
 PLASTIC  OTHER  
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **42**  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 STEEL  BRASS  OPEN HOLE  
 PLASTIC  OTHER

**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 **45** ft.  
 WHEN PUMPING **65** ft.  
 TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  submersible

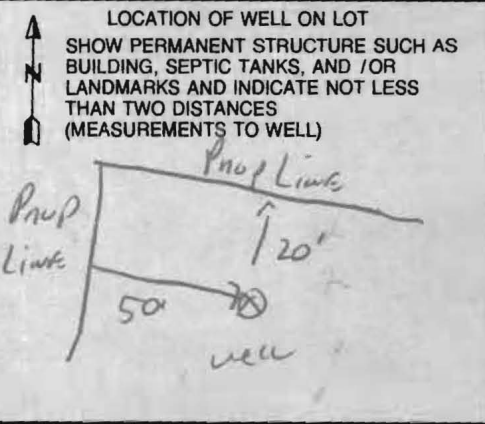
**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE  
 below } **2** (nearest foot)

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

**C 2**  
 DEPTH (nearest ft.)  
 1 **HO** 40 160  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to



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 SD 112**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **D**

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 0950

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HD-95-0217

523841

please type

fill in this form completely

Date Received (APA) 12/21/05

OWNER INFORMATION

Thirity Two-fenty Partnerships LLC
Last Name Owner First Name
P749 FALLS Rd Suite 200
Street or RFD
Lutherville MD. 21093-7013
Town State Zip

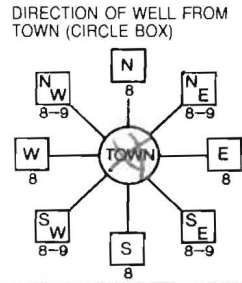
LOCATION OF WELL

Howard COUNTY
TERRA PIN PRESERVE
SUBDIVISION
SECTION 44 46 LOT 48 50
West Friendship
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0 M I

DRILLER INFORMATION

Ralph E. MAYNE M S D 112
Driller's Name License No.
Ralph E. MAYNE INC
Firm Name
12024 Handy Rd Mt Airy MD. 21771
Address
Signature Date Dec 13 2005

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clover Hill Drive
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 50
ENTER FT OR MI

TAX MAP: 15 BLK: 11 PARCEL 22

WELL INFORMATION

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

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 COUNTY NAME
1520126 COUNTY NO.
STATE SIGNATURE
DATE ISSUED 1/11/06
CO SIGNATURE EXP. DATE 1/11/07
NORTH GRID 535 000 EAST GRID 814 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER G
PERMIT No. HD-95-0217

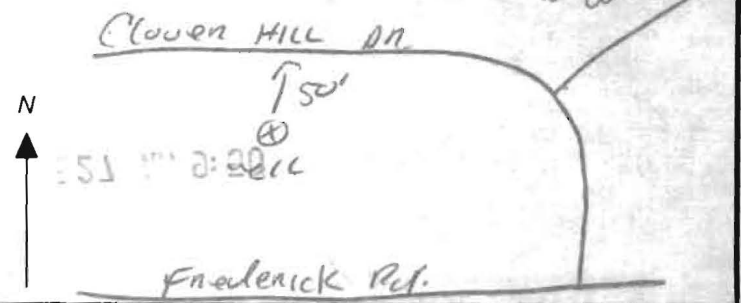
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814
N 535

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

Company Name: Van Sant, Inc. Telephone #: 301-829-0444  
Address: 2701 Beck Ave. #11  
N. Hwy. MD 21771

(Must circle one) - Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
License # and name of individual responsible for the field installation:  
Name (Print): Laody A. Van Sant License# 10936

\*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: Viking Homes Telephone #: 410-477-2188  
Subdivision: Trump Reserve Lot #: 5 Well Tag #: HO-95-021  
Site Address: 12652 Frederick Rd  
West Friendship, MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7GS05422</u>	Model #: <u>FX300</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>72</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>6</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>100</u> feet		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<input checked="" type="checkbox"/> Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>    </u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CPVC</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>4 ft</u>
Depth of supply line: <u>5/2</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</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: [Signature] date: 12-8-10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12-8-10 [Signature]

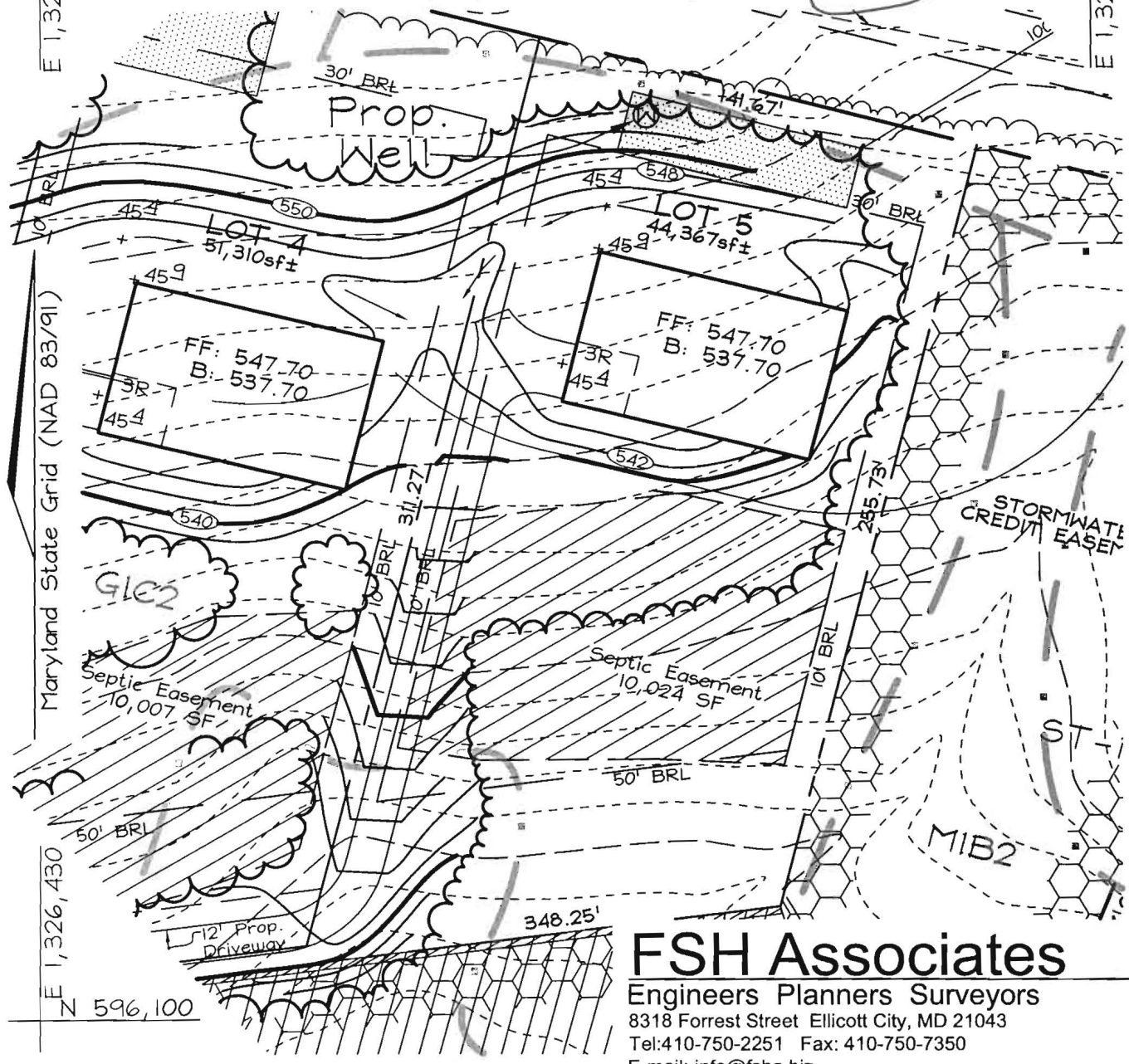
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>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

N 596,460  
E 1,326,430Z

N 596,460  
E 1,326,760

Note:  
The proposed well shown on this plan will be  
staked out in the field by FSH Associates,  
Professional Surveyor prior to well drilling.

*1/11/06 well site OK*



# FSH Associates

Engineers Planners Surveyors  
8318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: info@fsha.biz

DESIGN BY: PS  
 DRAWN BY: CD  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: Nov. 03, 2005  
 W.O. No.: 3229  
 SHEET No.: 1 OF 1

## WELL PERMIT PLAN TERRAPIN PRESERVE

LOT 5

TAX MAP 15 GRID II  
3RD ELECTION DISTRICT

PARCEL 72  
HOWARD COUNTY, MARYLAND



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

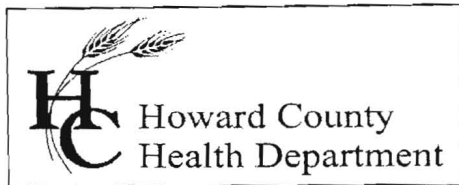
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FSH ASSOCIATES INC on NOV 23 2005 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Lots 1- to 5<sup>th</sup> And Preservation Parcel A  
TERRAPIN Preserve Sub-



Bureau of Environmental Health  
7178 Columbia 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*

## INTERIM CERTIFICATE OF POTABILITY

September 13, 2011

Homeowner  
12652 Frederick Road  
West Friendship, MD 21794

RE: Terrapin Reserve, Lot 5  
BP #: B10001232  
Well Tag: HO-95-0217

Dear Homeowner:

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 12/8/2010. Final approval of the well line connection to the dwelling was approved on 12/8/2010.**

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, 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.

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-95-0217. 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. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 09/06/2011  
Date of Well Completion: 03/27/2006

Approving Authority,

Kevin M. Wolf, R.S., R.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	81115	Account #:	4226
Reference:	Terrapin Preserve Lot 5	Company:	Viking Development Corporation
Location:	12652 Frederick Road West Friendship, MD 21794	Requested By:	Cary Cumberland
Date/ Time Collected:	9/6/2011 1515	Source:	Well Water
Date/Time Rec'd:	9/6/2011 1730	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	5.7
		Well #:	HO-95-0217

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/7/2011 / 1200 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/7/2011 / 1200 / CCH
Nitrate	2.59	mg/l.	10	601	9/7/2011 / 1230 / CCH
Turbidity	5.43	NTU	<10	SM18 2130B	9/7/2011 / 1000 / KME
Sand	NS	mg/l.	5	Visual/Gravimetric	9/7/2011 / 1000 / KME

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B1-0001232

Date Reported: 9/7/2011