

C1 15940 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. COUNTY NUMBER A 52-0126

ST/CO USE ONLY DATE Received MM DD YY 03 27 06

DATE WELL COMPLETED MM DD YY 03 27 06 Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0313

OWNER Trinity Two Forty Partnership LLC STREET OR RFD last name first name TOWN West Friendship SUBDIVISION TERRAPIN Preserve SECTION LOT F I

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. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT C M BENTONITE CLAY B C NO. OF BAGS 45 95 NO. OF POUNDS 45 45 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 8 ft. to 30+ ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 42

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

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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

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 D 113 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)

C 2 DEPTH (nearest ft.)

1 70 40 400 E 8 9 11 15 17 21 C 2 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

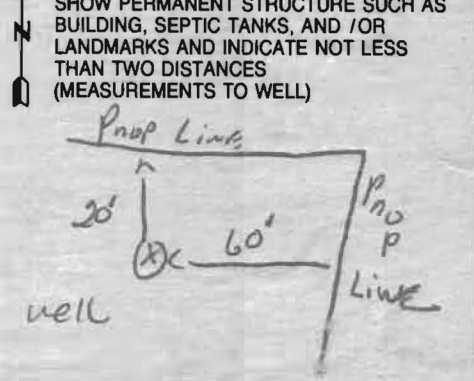
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 62 ft. WHEN PUMPING 222 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S 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 - below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



B 1 0954 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER 40-95-0213 fill in this form completely

DATE RECEIVED (APA) 12/21/05 OWNER INFORMATION Prinity Two - Konty Partnership LLC 10749 FALLS RD. Suite 202 Lutherville MD 21093-2013

LOCATION OF WELL Howard TERRA PIN PRESERVE West Friendship NEAREST TOWN MILES FROM TOWN 0

DRILLER INFORMATION RALPH E. MAYNE M SD 112 RALPH E. MAYNE INC 17024 Handy Rd WHTAing MD 21774

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) COVER HILL RD. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 50 ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 11 PARCEL 22

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 Howard A 520126 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 1/11/06 CO SIGNATURE 1/11/07

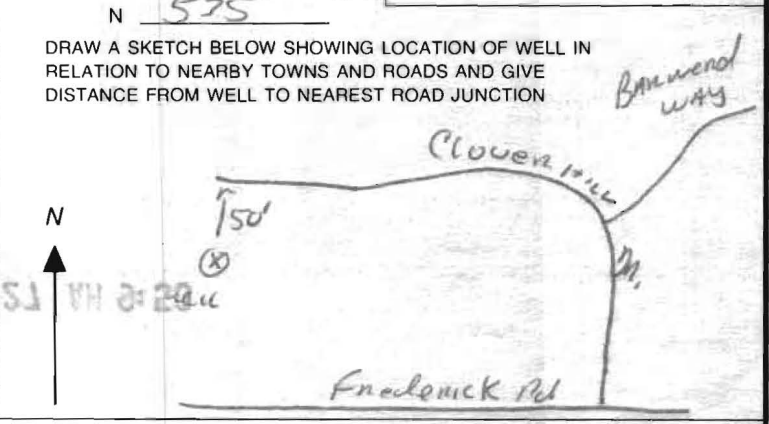
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST

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

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY JETTED 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 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. 40-95-0213

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0217
 Location of property (road) Clover Hill Rd
 Subdivision Terrific Preserve Lot I Block 11 Plat 15 Sec. 42 92
 Well Driller Ralph Mayne Owner 32-40 Partnership

Depth of well 400
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 62

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 222 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)
8:30	62 #	6 Sec		10 GPM
9:00	222 #	30 Sec	Test started	2 GPM
9:15	222 #	30 Sec		2 GPM
9:30	222 #	30 Sec		2 GPM
9:45	222 "	30 "		2 "
10:00	222 "	30 "		2 "
10:15	222 "	30 "		2 "
10:30	222 #	30 Sec		2 GPM
10:45	222 #	30 Sec		2 GPM
11:00	222 #	30 Sec		2 GPM
11:15	222 "	30 "		2 "
11:30	222 "	30 "		2 "
11:45	222 "	30 "		2 "
12:00	222 #	30 Sec		2 GPM
12:15	222 #	30 Sec		2 GPM
12:30	222 #	30 Sec		2 GPM
12:45	222 "	30 "		2 "
1:00	222 "	30 "		2 "
1:15	222 "	30 "		2 "
1:30	222 #	30 Sec		2 GPM
1:45	222 #	30 Sec		2 GPM
2:00	222 #	30 Sec		2 GPM
2:15	222 "	30 "		2 "
2:30	222 "	30 "		2 "
HD-224 2:45	222 #	30 Sec		2 GPM
3:00	222 #	30 Sec		2 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: Fogles Well Drilling Telephone #: 443-609-4195
Address: 6003 Woodbine 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): Allen Compton License# MSD009

*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: Osber Navisco Telephone #: 410-960-3862

Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0317

Site Address: 12668 Frederick Rd
West Friendship MD 21794

Submersible Pump Data

Make: Gardner
Model #: 1250415-330
Pump Capacity 10 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 3 (36" min)
NSF approved: _____

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
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 400 (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 guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and 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.

Signature of company representative responsible for installation: Allen Compton date: 3-31-08

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

Date Insp. Requested: _____ Date Insp. Approved: 3/31/08 (RB)
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 _____

N 596,670

N 596,670

E 1,325,900

E 1,326,240

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

11/1/06
well site OK

6867
RR-DEO

Ex. Well

100'R
550

Prop. Well

Ex. Driveway

S 75°40'58" W

Maryland State Grid (NAD 83/91)

FF: 551.80
B: 541.80

LOT 1
60,962sf±

LOT 2
51,318sf±

FF: 553.70
B: 543.70

FF: 546.40
B: 536.40

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

24' Private Use-in-Common Access Easement For Parcel 'A'

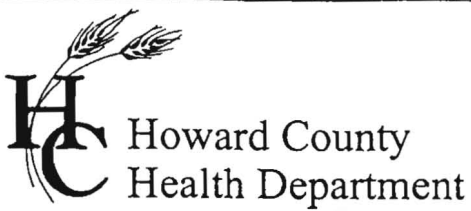
DESIGN BY: PS
DRAWN BY: CD
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Nov. 03, 2005
W.O. No.: 3229
SHEET No.: 1 OF 1

WELL PERMIT PLAN TERRAPIN PRESERVE

LOT 1

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

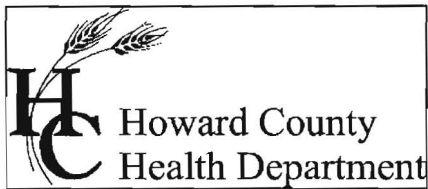
ATTENTION WELL DRILLERS!!!

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 SPA And Preservation Parcel A
TERRAPIN Preserve Sub-



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

August 13, 2008

Oscar H. Nolasco
7513 Cove Point Way
Elkridge, MD 21075

SENT VIA FACSIMILE 410-540-9590

RE: Terrapin Preserve, Lot 1
12668 Frederick Road
West Friendship, M 21794
BP# B07003367
Well Tag #: HO-95-0213

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 04/02/2008. Final approval of the well line connection to the dwelling was approved on 03/31/2008.**

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.

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-95-0213. 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: 08/12/2008
Date of Well Completion: 03/29/2006

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:
 Mr. Oscar Nolasco
 7513 Cove Point Way
 Elkridge, Maryland 21075

S/O Number: 69372
Report Date: August 13, 2008

Property Sampled: 12668 Frederick Road, 21794

County: Howard
Subdivision: Terrapin Reserve
Lot #: 1
Building Permit #: B07003367

Tax Map #: 15
Parcel #: 72

Date/Time Collected: August 12, 2008 at 10:17 am
Date/Time Received: August 12, 2008 at 11:05 am

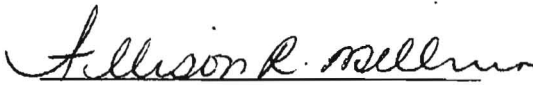
Sample Location: Powder Room Tap
Sampler ID: 5745KC

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0213
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None per Owner

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.5 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.