

C1 0313 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.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 15-22452

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 3 7 06

Depth of Well 22 250 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-95-0255

OWNER Blackwell last name B. H. first name STREET OR RFD Hobbs Rd TOWN Glenwood SUBDIVISION Hobbs Pump SECTION 14/12/55 LOT

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: Brown sand mud (0-57), Gray limestone (57-250).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 35 NO. OF POUNDS 3290 GALLONS OF WATER 210 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 59 ft.

CASING RECORD

case types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 63

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) DEPTH (nearest ft.) HO 03 250

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 MSD 009 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)

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

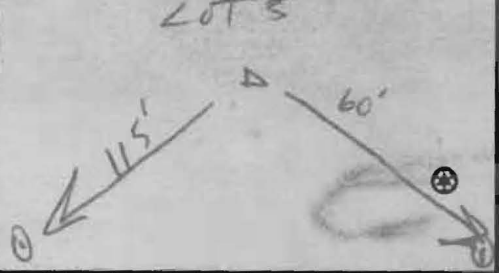
PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 1906 WATER LEVEL (distance from land surface) BEFORE PUMPING 12 ft. WHEN PUMPING 35 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) 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 02 (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)



B 1 0724
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

710-25-0255
70 fill in this form completely 79

Date Received (APA)
02 13 06
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Blackart Owner Bill First Name
36 2555 Street or RFD
57 Glenwood Town 70 MD State 72 21738 Zip 76

B 3 LOCATION OF WELL

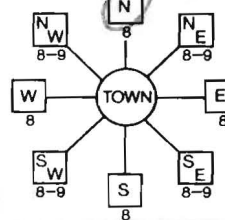
8 COUNTY Howard 21
23 SUBDIVISION Hobbs pln. 42
SECTION 44 46 LOT 3 50
52 NEAREST TOWN Glenwood 71
MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton M S D 009 76 License No. 81
Firm Name Fugle Well Drilling
Address 580 Cbrecht rd.
Signature Allen Compton Date 2-1-06

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Hobbs 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37
DISTANCE FROM ROAD
ENTER FT OR MI FT 38 39

TAX MAP: 14 BLK: 12 PARCEL 55

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 4522452
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 2/1/06 41
43 MM DD YY 48 CO SIGNATURE Allen Compton EXP. DATE
NORTH GRID 533 000 EAST GRID 297 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTary DRIVE-POINT
other _____

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
 - 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEMED 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 _____ G _____
PERMIT No 710-25-0255
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

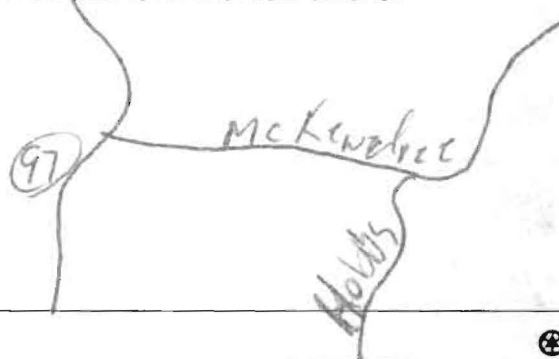
SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7907
N 5303
000
000

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: APPLICATING 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)313-2643

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: 1623 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: Bill Blackett Telephone #: 410-442-3464
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0255
Site Address: 8725 Hobbs Rd

Submersible Pump Data

Make: Grundfos
Model #: 1550F10-250
Pump Capacity: 15 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36 (36" min)
NSF 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.O.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 250 (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 Pipe
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve (5 foot minimum): 5

Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

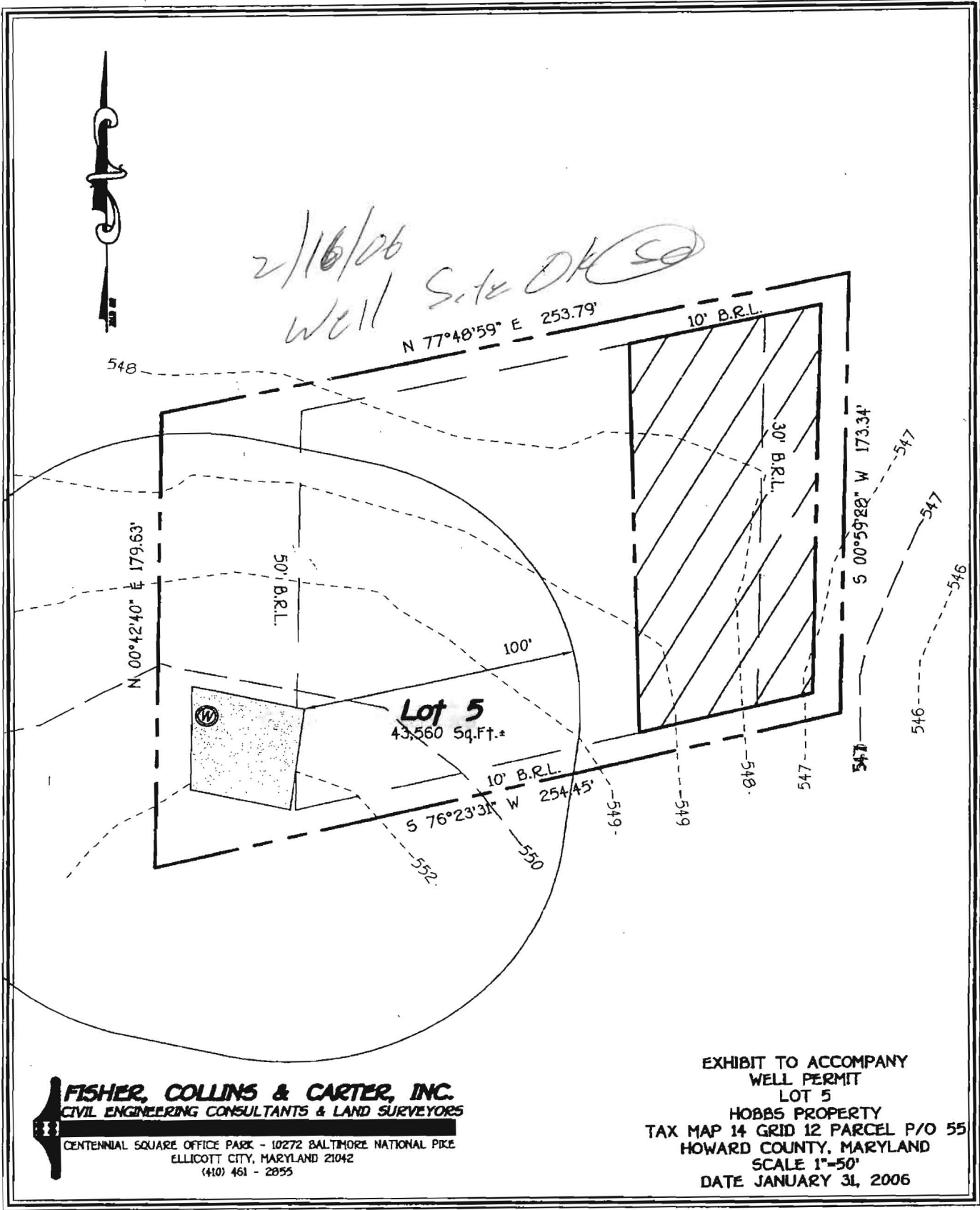
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton 3/25/09
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/15/09 OK 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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

2/16/06
Well Site OK (SD)



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 5
 HOBBS PROPERTY
 TAX MAP 14 GRID 12 PARCEL P/O 55
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50'
 DATE JANUARY 31, 2006

I:\05001\dwg\05001-3001 Well Exhibit Lot 5.dwg, 1/31/2006 11:14:19 AM, 1:50

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

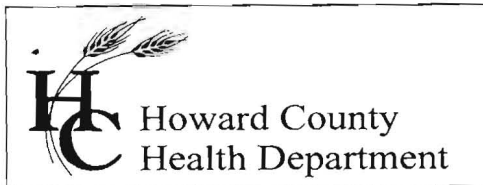
TO ALL INTERESTED PARTIES

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

- The well site has been staked by Fisher, Collins, Carter, Inc.
(professional land surveyor or company employing professional land surveyors)
on 2-20-06 (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 6/10/03



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

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

May 5, 2009

Homeowner
2725 Hobbs Rd
Glenwood, MD 21738

RE: Hobbs Property, Lot 5
2725 Hobbs Rd.
BP #B08001471
Well Permit #HO-95-0255

Dear Sir/Madam:

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 5/4/2009. Final approval of the well line connection to the dwelling was approved on 1/15/2009.**

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.

Permanent Deviation for Nitrates

The raw nitrate sample results were previously documented to be 10.5 ppm. **A nitrate device (Water softener, neutralizer w/ nitrate removal model #ESD-2502-R39) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on April 28th, 2009, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

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-95-0255. **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 and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 04/07/2009, 04/28/2009

Date of Well Completion: 03/01/2006

Respectfully,



Kevin Wolf, Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
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 #: 70904 Account #: 1404
 Reference: Elizabeth Lioi Company: Carroll Water Systems
 Location: 2725 Hobbs Road Requested By: Ron Smith
 Glenwood, MD 21738 Source: Well Water
 Date/Time Collected: 4/28/2009 1600 Site: Kitchen Sink Tap
 Date/Time Rec'd: 4/29/2009 1430 Treatment: Whole House Nitrate
 Chlorine ppm: Free: ND Total: ND pH: NT
 Collected By: D. Willett 5925DW Well #: HO-95-0255

*New Construction
 Hobbs Prop.
 Lot 5*

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/l.	10	601	4/29/2009 / 1520 / CCH

*H₂O Softener
 Neutralizer.
 ESD -2502 - R39 w/
 NAmid*

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
 - 2 NT = Not tested
 - 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 4 ND:None Detected
 - 5 Sample collected by client, analyzed as received
 - 6 pH tested in lab
- Reason for Test : Use & Occupancy

Date Reported: 4/29/2009

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 #:	70707	Account #:	1930
Reference:	Bill Blackert	Company:	Fogle's Well Drilling
Location:	2725 Hobbs Road Glenwood, MD 21738	Requested By:	Dave Fogle
Date/Time Collected:	4/7/2009 1300	Source:	Well Water
Date/Time Rec'd:	4/7/2009 1545	Site:	Outside Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-95-0255

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/8/2009 / 1005 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/8/2009 / 1005 / CCH
Nitrate	10.5	mg/L	10	601	4/8/2009 / 1530 / CCH
Turbidity	7.52	NTU	<10	SM18 2130B	4/8/2009 / 1230 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/8/2009 / 1230 / CCH

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 Sample collected by client, analyzed as received
 - 8 pH and Chlorine level tested in lab
- Reason for Test Replacement Well

Date Reported: 4/8/2009

MD State Certification # 133