

C1 5151 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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 07 30 07

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1149

OWNER Land Design + Development last name first name STREET OR RFD Hunterbrooke Lane TOWN Fulton SUBDIVISION Dustin Property SECTION LOT 1

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: Overburden (0-10), Soft shale (10-27), Corall Rock (27-200), WATER AT 144'

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 8 NO. OF POUNDS 800 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no Y 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. M SD 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AW D 766

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) 3 PUMPING RATE (gal. per min.) 13.63 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 30 ft. TYPE OF PUMP USED (for test) S submersible

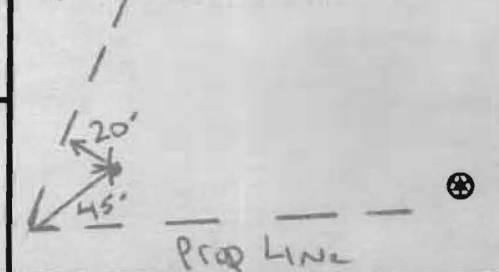
PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

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 LAND SURFACE - below (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 8384

SEQUENCE NO. (MDE USE ONLY)

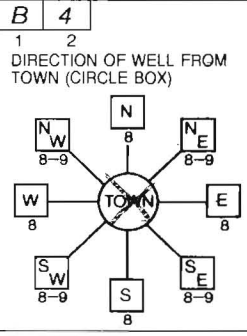
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526668

STATE PERMIT NUMBER 140-95-1149 fill in this form completely

OWNER INFORMATION Date Received (APA) 1/26/07 Land Design + Development 5300 Dorsey Hall Drive Ellicott City MD 21043

LOCATION OF WELL B 3 Howard County Dustin Property Fu Hon NEAREST TOWN MILES FROM TOWN 0

DRILLER INFORMATION Michael Isom M SD 162 G Edgar Harr Sons Corp 2047 Falls Rd Cockeysville 21030 4-17-07



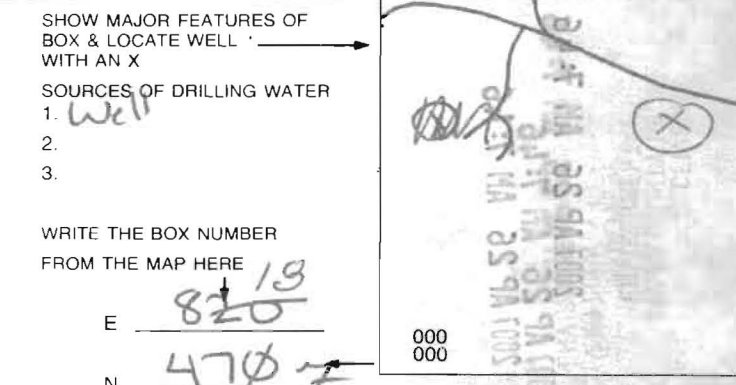
Hunterbrooke Lane NEAR WHAT ROAD ON WHICH SIDE OF ROAD 1000 FT DISTANCE FROM ROAD ENTER FT OR MI

WELL INFORMATION B 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 750 (GAL PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard County A522894 STATE SIGNATURE DATE ISSUED 6/15/07 CO SIGNATURE EXP. DATE 6/15/08 NORTH GRID 477 EAST GRID 0818

- 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

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST



METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary CABLE other JETTED AIR-PERcussion REVerse-ROTary Jetted & DRIVEN ROTARY (Hydraulic 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 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP PERMIT NUMBER PERMIT No. 140-95-1149

SPECIAL CONDITIONS

# HARR WELL DRILLING

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 7-27-07      Permit Number: HO-95-1149  
Address: Hunterbrooke Lane      Subdivision: Dustin Property L#1  
Owner Name: Land Design & Devel      Election District:  
Well Depth: 200 Ft      Static Water Level: 28

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1200	28 ft		22 sec	13.63
1215	30		22	13.63
1230	30		22	13.63
1245	30		22	13.63
1300	30		22	13.63
1315	30		22	13.63
1330	30		22	13.63
1345	30		22	13.63
1400	30		22	13.63
1415	30		22	13.63
1430	30		22	13.63
1445	30		22	13.63
1500	30		22	13.63

**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: EASTERDAY WELL & PUMP Telephone #: \_\_\_\_\_  
Address: 9265 BROWN CHURCH RD  
MT. AIRY, MD 21771  
301-831-5170

(Must circle one) Licensed Plumber \_\_\_\_\_ Licensed Well Driller \_\_\_\_\_ Licensed Well Pump Installer X  
License # and name of individual responsible for the field installation:  
Name (Print): Darren E. Wilson License #: JS0065

\*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: Jim Berndt Telephone #: 301-642-8901  
Subdivision: DUSTIN PROP Lot #: 1 Well Tag #: EO-95-1142  
Site Address: 3076 Hunterbrooke Lane  
Fulton, MD 20759

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: Gold's      Make: Parhoco      Two piece watertight cap: \_\_\_\_\_  
Model #: 196607      Model #: B-10X      Screened, vented well cap: ✓  
Pump Capacity 13 GPM      Depth: 4 1/2 (36" min)      Cap secured to casing: ✓  
Well Yield: 13 GPM      NSF approved: \_\_\_\_\_      Conduit min 18" B.G.: ✓  
Depth of well encountered at time of pump installation: 200 (feet)      Conduit secured to well cap: ✓  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.R.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt ✓

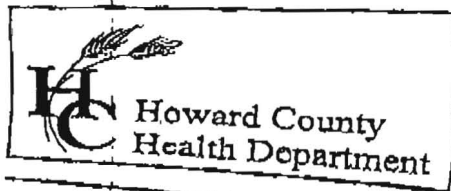
**Piping to house**      **House Connection**  
Type: PE      FVC sleeved to undisturbed soil at well penetration: yes  
PSI: 200 (160 psi min)      Approximate length of sleeve: 5 ft  
Depth of supply line: 3 1/2 (36" min)      Sleeve caulked and sealed properly: yes

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.

Darren E. Wilson      10/27/09  
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: 10/29/09 BB  
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 ✓



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2640  
 TDD (410) 313-2323 Toll Free 1-866-313-2640  
 Website: www.hchealth.org

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:

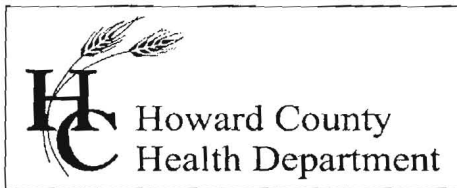
Well Site Location:  
Dustin Property      1-3      Hunterbrooke Lane  
 Subdivision/Property Name      Lot#      Road Name

The well site has been staked by Fisher Collins + Carter  
 (professional land surveyor or company employing professional land surveyors)  
 on \_\_\_\_\_ (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 3/11/05



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](http://www.hchealth.org)

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

October 29, 2009

Homeowner  
8076 Hunterbrooke Lane  
Fulton, MD 21777

RE: Dustin Property, Lot 1  
8076 Hunterbrooke Lane  
BP #: B08003532  
Well Tag: HO-95-1149

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 07/31/2009. Final approval of the well line connection to the dwelling was approved on 10/29/2009.**

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. 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-95-1149. 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: 10/01/2009  
Date of Well Completion: 07/30/2007

Approving Authority,



Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# PENNIMAN & BROWNE, INC.

1000 ...

Prepared for:

Jim Berndt  
Jim Berndt  
8076 Hunterbrooke Lane  
Fulton, MD 20759-2100

## Certificate of Analysis

10/9/2009

Special

### Sample Information

Sample Number	90003798-01	Matrix	Drinking Water
Sample ID	Basement Bathroom Sink	Sample Date/Time	10/01/09 13:30
Description		Sample Received	10/01/09 15:30
		Sampler	Karl Beetz #4446KB

Analysis	Units	PQL	Results	Analyst	Date / Time Tested	Method
Total Coliforms			Negative	EAS	10/01/2009 16:00	ONPG-MMO-MUG
E-Coli			Negative	EAS	10/01/2009 16:00	ONPG-MMO-MUG
pH (Field)			6.73	KB	10/01/2009 13:30	SM4500-H, B
Temperature (Field)	C		11	KB	10/01/2009 13:30	I.S.
Total Residual Chlorine (Field)	mg/L	0.1	<0.1	KB	10/01/2009 13:30	SM4500Cl-G
Iron	mg/L	0.05	<0.05	KS	10/06/2009 10:37	EPA 200.7
Nitrate Nitrogen	mg/L as N	0.5	1.6	BAS	10/05/2009 10:00	SM4500 NO3-D
Nitrite Nitrogen	mg/L	0.01	<0.01	EAS	10/02/2009 13:30	SM4500NO2-B
pH			6.31	BAS	10/01/2009 16:00	SM4500-H, B
Sand			Absent	EAS	10/01/2009 16:30	Visual
Turbidity	NTU	1	<1	KS	10/02/2009 14:45	SM2130B

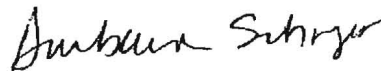
According to state regulations, the absence of coliform organisms indicate the water is bacteriologically of potable quality.

The maximum contaminant level allowed for nitrate in drinking water is 10.0 mg/L.

The maximum contaminant level allowed for iron in drinking water is 0.30 mg/L.



Beth Slowik - Quality Assurance Manager



Barbara Schroyer, Laboratory Director

*Handwritten note:* None spec Fed Bickmore

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