


DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C 1 3421	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 (13) A510657
ST/CO USE ONLY DATE Received MM DO YY 8 13	DATE WELL COMPLETED MM DO YY 2 26 04	Depth of Well 22 125 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" ak (BB) 40-94-3888 28 29 30 31 32 33 34 35 36 37
OWNER <u>Harrison</u> last name <u>Jeff</u> first name STREET OR RFD <u>Penn Shop Road</u> TOWN <u>Mount Airy</u> SUBDIVISION <u>Harrison Property</u> SECTION _____ LOT <u>2</u>			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS <u>36</u> NO. OF POUNDS <u>3384</u> GALLONS OF WATER <u>216</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>82</u> ft. 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)	
DESCRIPTION (Use additional sheets if needed)		CASING RECORD casing types insert appropriate code below (ST) (CO) STEEL CONCRETE (PL) (OT) PLASTIC OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>90</u> 60 61 63 64 66 70	
FEET FROM TO check if water bearing		OTHER CASING (if used) diameter depth (feet) inch from to E A C H C A S I N G _____	
Brown shale 0 85		SCREEN RECORD screen type or open hole insert appropriate code below (ST) (BR) (HO) STEEL BRASS OPEN HOLE (PL) (OT) PLASTIC OTHER	
Brown sandstone 85 95		C 2 DEPTH (nearest ft.) 1 2 E 1 <u>HO</u> <u>90</u> <u>125</u> A 8 9 11 15 17 21 C 2 23 24 26 30 32 36 S 38 39 41 45 47 51 R E E N	
Gray limestone 95 125 ✓		SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) 56 60 from to	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68	
WELL HYDROFRACTURED yes no (Y) (N)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 _____ 72 _____ 74 75 76	
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		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) 	
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.		TELESCOPE CASING LOG INDICATOR OTHER DATA	
DRILLERS LIC. NO. 1 <u>M 5D 009</u> ; <u>[Signature]</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 <u>D</u> ;		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

B 1 0937

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3888

520046 please type

fill in this form completely

Date Received (APA) 2/2/2004

OWNER INFORMATION

8 MM DD YY 13 15 Last Name First Name 34 36 2119 Gillis Falls Rd. 55 Street or RFD 57 Woodbine MD 21797 70 State 72 Zip 76

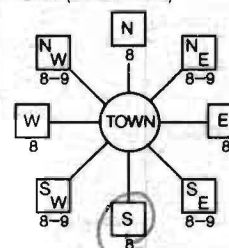
B 3 LOCATION OF WELL

8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 3 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81 Firm Name 81 Address 81 Signature 81 Date 1-30-04

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



11 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 6 BLK: 3 PARCEL 19

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

Howard 13 A510657 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/19/2004 Brian Baber 2/19/2005 41 NORTH GRID 550 000 EAST GRID 755 000

APPROXIMATE DEPTH OF WELL 24 300 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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 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 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

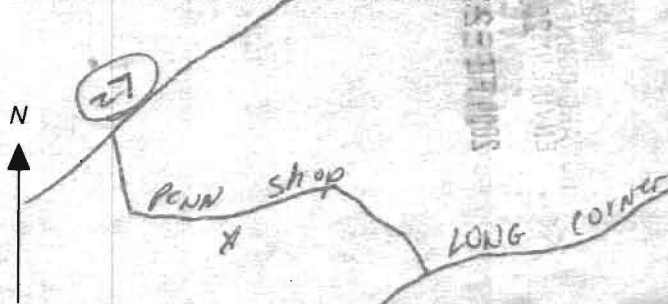
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 2/26/04 9:00 Am

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7565 N 550

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER G PERMIT No. HO-94-3888

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Shelton Plumbing Telephone #: 410 775-2127
Address: 1713 Green Valley Rd
Union Bridge, MD 21791

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): George Shelton, Jr. License# 11905

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Farty West Corp Telephone #: 410 418-8900
Subdivision: Kidgrew Overlook Lot #: 2 Well Tag #: HO-94-3888
Site Address: 1835 Penn Shop Rd.
Mt. Airy, MD 21771

Submersible Pump Data

Make: Grundfos
Model #: SG 505422C
Pump Capacity: 5 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Lambert
Model#: 99500
Depth: 22 (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 100 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: MV 1/2"
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation):
Sleeve sealed properly:

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: 8-24-10

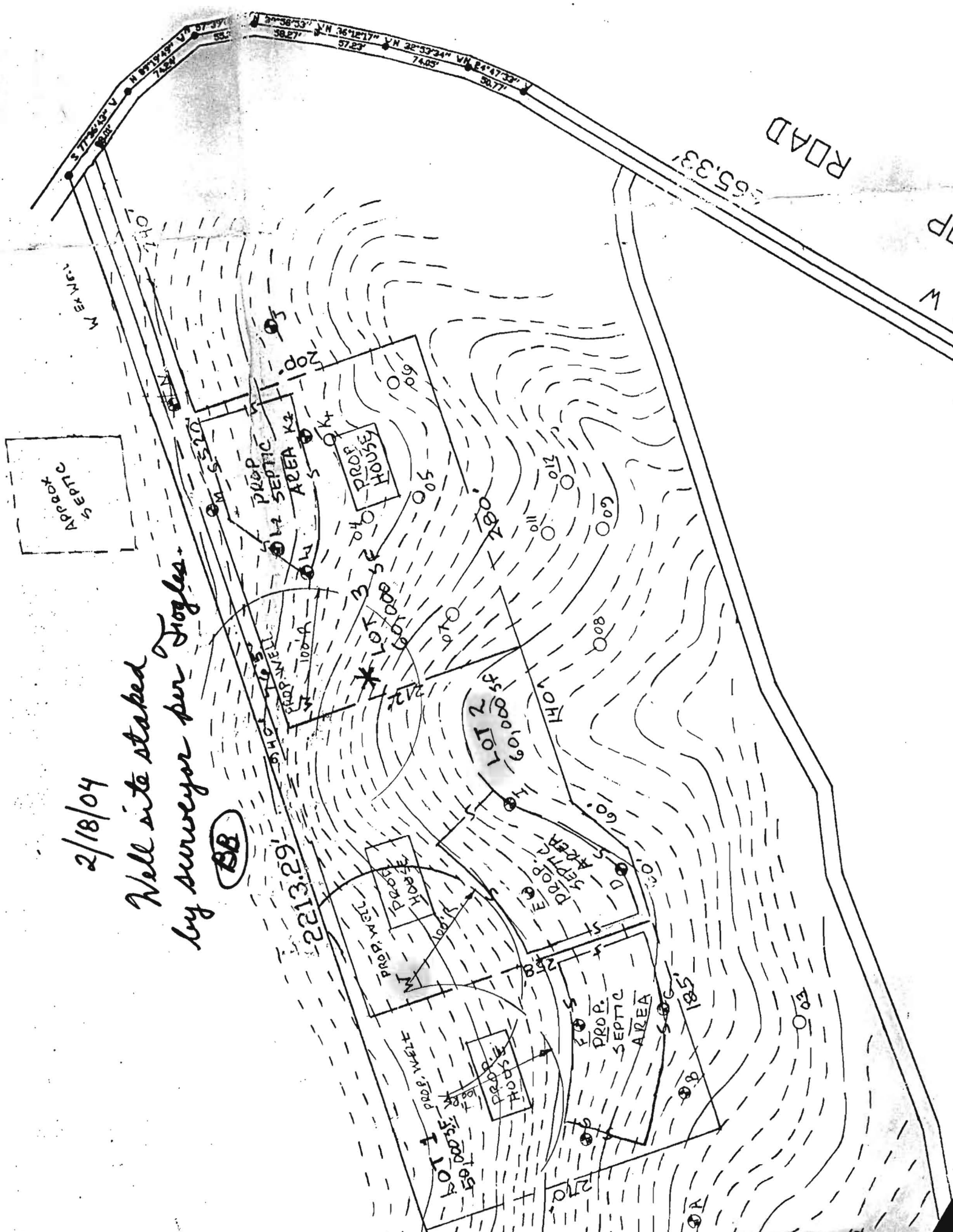
For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: 6/25/10 Inspector: KW
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

2/18/04

Well site staked
by surveyor per Troyles.

(BB)





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

September 17, 2010

Homeowner
18355 Penn Shop Road
Mount Airy, MD 21771

RE: Harrison Property, Lot 2
18355 Penn Shop Road
BP #: B10000573
Well Tag: HO-94-3888

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 07/20/2010. Final approval of the well line connection to the dwelling was approved on 06/25/10.**

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-94-3888. 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: 09/14/2010
Date of Well Completion: 02/26/2004

Approving Authority,



Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Lantown Rd. Westminster, MD 21157-4554 TEL: (410) 848-0298 FAX: (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 76798	Account #: 1935
Reference: Ridgeview Overlook	Company: Forty West Builders
Location: 18355 Penn Shop Road	Requested By: Pat Costello
Mount Airy, MD 21771	Source: Well Water
Date/ Time Collected: 9/14/2010 0933	Site: Pressure Tank
Date/Time Rec'd: 9/14/2010 1154	Treatment: Sediment Filter**
Chlorine ppm: Free: ND Total: ND	pH: 6.3
Collected By: J.Yeager 6176JY	Well #: H0-94-3888

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/15/2010 / 0830 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/15/2010 / 0830 / KME
Nitrate	8.32	mg/L	10	601	9/15/2010 / 1115 / CCH
Turbidity	1.83	NTU	<10	SM18 2130B	9/15/2010 / 0905 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/15/2010 / 0900 / KME

NOTES

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

Reason for Test : Use & Occupancy
 Building Permit # : B-10000573

Date Reported: 9/15/2010