

C1 0149 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 A523235

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 8 16 03

DATE WELL COMPLETED MM DD YY 11 14 05

Depth of Well 500' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0168

OWNER Paton Blyden STREET OR RFD Duvall Rd TOWN Widdowson SUBDIVISION Reed Prop SECTION 13/4/200 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, FEET (FROM, TO), check if water bearing. Rows: Brown Shale 0-107, Blue Rock 107-500.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO. OF BAGS 21 NO. OF POUNDS 1974 GALLONS OF WATER 126 DEPTH OF GROUT SEAL 95 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 111

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

SCREEN RECORD

screen type or open hole ST BR HO PL OT

DEPTH (nearest ft.) 1 2 109 500

DIAMETER OF SCREEN 56 60 (NEAREST INCH) 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

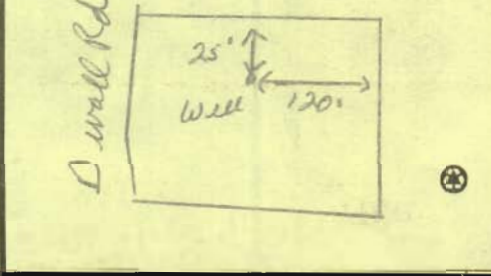
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 225 ft. TYPE OF PUMP USED (for test) C centrifugal R rotary 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 C 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)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER 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 S D 024 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D 027

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 8108

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HU - 95 - 0168 fill in this form completely

523554

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Patuxent Builders Inc 2435 Duvall Rd Woodbine Md 21797

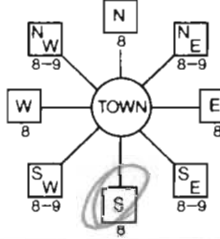
B 3 LOCATION OF WELL

Howard County Reed Property Lisbon Woodbine 4 MI

DRILLER INFORMATION

Joseph L. Wayne MS DOZ 4 5512 Ridge Rd Mt Airy Md 21771 10/23/05

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Duvall Rd 250 FT ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) TAX MAP: 13 BLK: 4 PARCEL 280

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 AS23235 STATE SIGNATURE DATE ISSUED 10/31/05 CO SIGNATURE EXP. DATE 10/31/06 NORTH GRID 539 000 EAST GRID 775 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

- 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

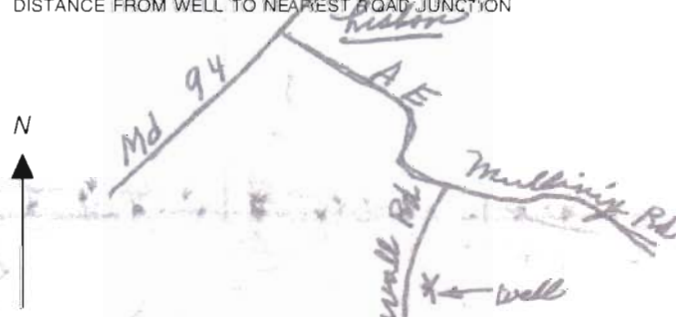
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 775 N 539

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. HU - 95 - 0168

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: Gaske Plumbing, Inc. Telephone #: 410-549-4761
Address: Box 1347 Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

Name (Print): John M Gaske III License# 3189

\*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: Patuxent Bldrs. Inc. Telephone #: 410-489-0833
Subdivision: Reed Prop Lot #: 1 Well Tag #: HO 95 0168
Site Address: 2065 Duvall Rd. Woodbine, MD 21797

Submersible Pump Data: Make: Eve's Model #: 25-72-5 Pump Capacity: 4 GPM Well Yield: 12 GPM Depth of well encountered at time of pump installation: 475 (feet)
Pitless Adapter: Make: Campbell Model #: B-10X Depth: 43 (36" min) NSF/WSC 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.G.: Yes Conduit secured to well cap: Yes

Piping to house: Type: Silverline PST: 200 (160 psi min) Depth of supply line: 45 (36" min)
House Connection: PVC sleeve to undisturbed soil at wall penetration: Yes Approximate length of sleeve: 10' Sleeve caulked and sealed properly: Yes

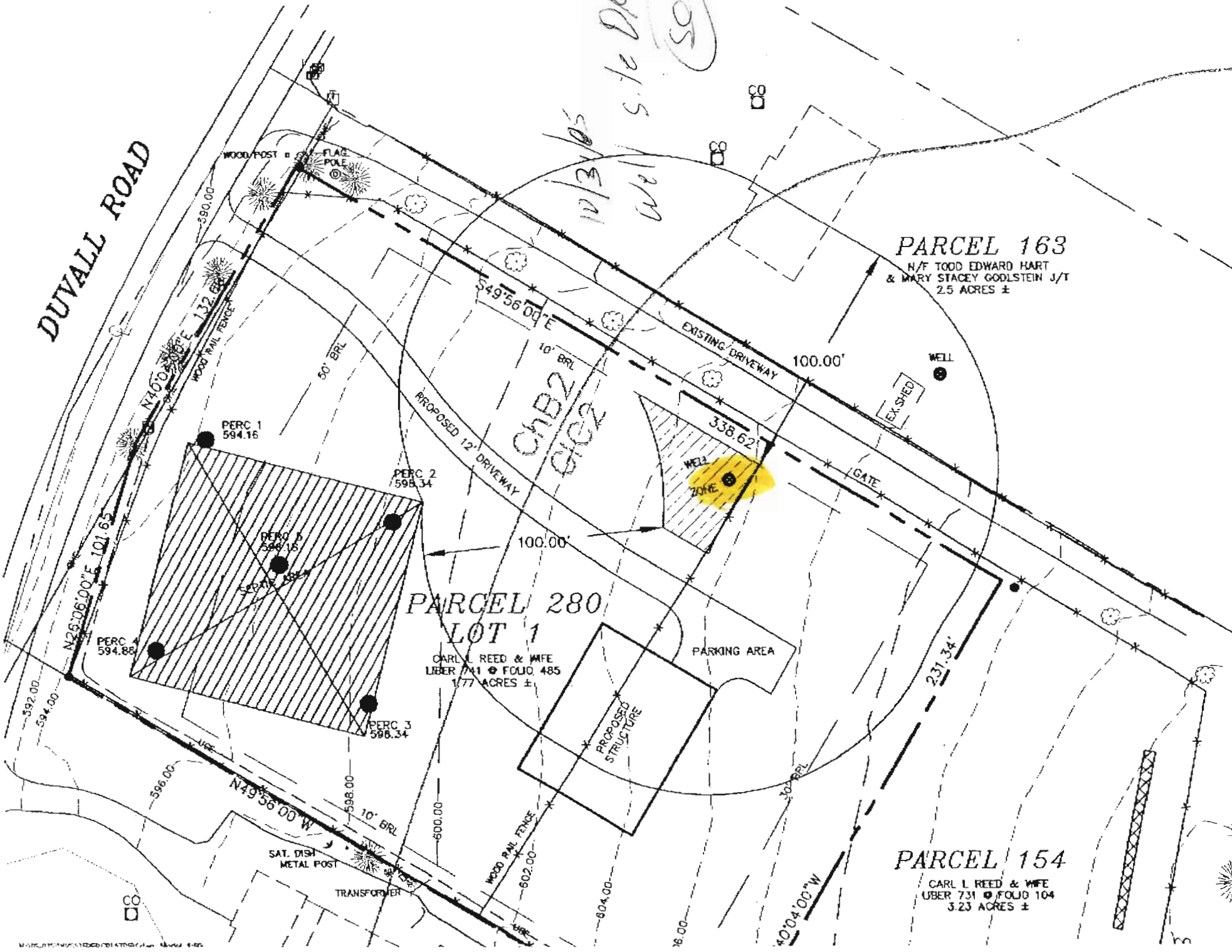
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11/18/06

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

Date Insp. Requested: Date Insp. Approved: 8/24/06 Inspector: BB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope not seen outside of well cap/casing [check]
Correct well tag attached properly and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection [check]
Adequate grout observed below pitless adapter [check]

DUVALL ROAD



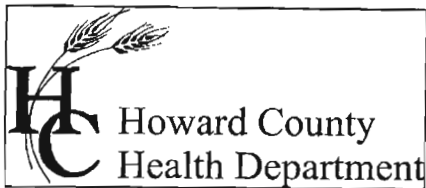
**PARCEL 163**  
 N/F TODD EDWARD HART  
 & MARY STACEY GODLSTEIN J/T  
 2.5 ACRES ±

**PARCEL 280  
 LOT 1**  
 CARL L. REED & WIFE  
 LIBER 741 & FOLIO 485  
 1.77 ACRES ±

**PARCEL 154**  
 CARL L. REED & WIFE  
 LIBER 731 & FOLIO 104  
 3.23 ACRES ±

*ChB2  
 ChC2*

*10/3/05  
 Well site Dk  
 50*



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

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

December 28, 2006

Patuxent Builders, Inc.  
2435 Duvall Rd.  
Woodbine, MD 21797

**SENT VIA FACSIMILE 410-489-0833**

RE: B00159172  
Reed Property Lot 1  
2065 Duvall Rd.  
Woodbine, MD 21797  
Well Permit HO-95-0168

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 09/12/2006. Final approval of the well line connection to the dwelling was approved on 08/24/2006.**

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.

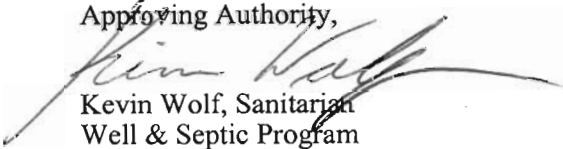
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0168. 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: 12/06/2006, 12/19/2006  
Date of Well Completion: 11/14/2005

Approving Authority,

  
Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



**Requester:**  
 Patuxent Builders  
 2435 Duvall Road  
 Woodbine, Maryland 21797

**S/O Number:** 61106  
**Report Date:** December 7, 2006

**Property Sampled:** 2065 Duvall Road

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** B00159172

**Tax Map #:** 13  
**Parcel #:** N/A

**Date/Time Collected:** December 6, 2006 at 10:50 am  
**Date/Time Received:** December 6, 2006 at 1:05 pm

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0168  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** NONE

2006 DE 21 PM 4:55  
 RECEIVED  
 WATER QUALITY  
 LABORATORY

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	9.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.3 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Heather R. Beam  
 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.

**TRACE LABORATORIES**  
 5 North Park Drive  
 Hunt Valley, MD 21030  
 Telephone: 410/252-7742  
 Telephone: 410/584-9099  
 Fax: 410/584-9117  
 Email:  
 tracelab@connex.net  
 www.tracelabs.com

Maryland State Certified  
 Water Quality Laboratory  
 No. 318

## CERTIFICATE OF ANALYSIS



**Requester:**  
 Patuxent Builders  
 2435 Duvall Road  
 Woodbine, Maryland 21797

**S/O Number:** 61331  
**Report Date:** December 20, 2006

**Property Sampled:** 2065 Duvall Road, Retest #1

TRACE LABORATORIES  
 5 North Park Drive  
 Hunt Valley, MD 21030  
 Telephone: 410/252-7742  
 Telephone: 410/584-9099  
 Fax: 410/584-9117  
 Email:  
 tracelab@connext.net  
 www.tracclabs.com

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** ?  
**Building Permit #:** B00159172  
**Tax Map #:** 13  
**Parcel #:** N/A

**Date/Time Collected:** December 19, 2006 at 10:05 am  
**Date/Time Received:** December 19, 2006 at 2:00 pm

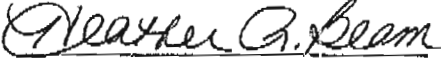
**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

Maryland State Certified  
 Water Quality Laboratory  
 No. 318

**Well Tag Number:** HO-95-0168  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

  
 Heather R. Beam  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level



Howard County  
Health Department

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

### 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 Mildenberg Boender Ass.  
(professional land surveyor or company employing professional land surveyors)  
on 10-20-05 (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