

5054

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER HAILEY DEVELOPMENT LLC, STREET OR RFD Browns Bridge Road, TOWN Fulton, SUBDIVISION J. Thompson Property, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Tap soil, Brown rocky clay, Brown Mica, gray Mica opening, Quartz.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

WELL HYDROFRACTURED form with YES/NO options.

Circle appropriate letter (A, E, P) for well status.

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...

DRILLERS LIC. NO. MMD 040, DRILLERS SIGNATURE: George F. Costantini

LIC. NO. JWD 727, SIGNATURE: Paul Costantini

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

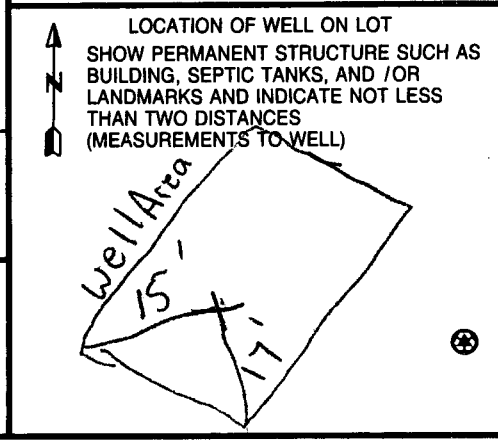
DEPTH (nearest ft.) table with columns 1-5 and rows A-C, S, R, E, N.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

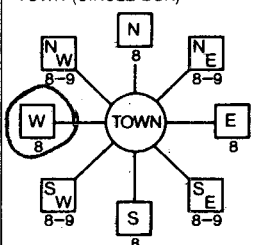



B 7 **0306** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO 95-0684**
1 2 3 6 APPLICATION FOR PERMIT TO DRILL WELL **526192** please type **70 79** fill in this form completely

Date Received (APA)
OWNER INFORMATION 10453
8 MM DD YY 13
Hailey Development Lc
15 Last Name Owner First Name **34**
3905 National Drive, Suite 105
36 Street or RFD **55**
Burtonsville, Md 20866
57 Town **70** State **72** Zip **76**

B 3 **Howard** LOCATION OF WELL
8 COUNTY **CC#** **21**
J. Thompson Property
23 SUBDIVISION **42**
SECTION **5** **LOT** **5**
44 46 48 50
Fulton
52 NEAREST TOWN **71**
MILES FROM TOWN (enter 0 if in town) **2** **M I**
73 76 77 78

DRILLER INFORMATION
George F. Easterday **M W D** **040**
Driller's Name **76** License No. **81**
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday **1/9/2007**
Signature **Date**

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

Browns Bridge Road
11 NEAR WHAT ROAD **30**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1100
34 **37**
DISTANCE FROM ROAD Ft.
ENTER FT OR MI **38 39**
TAX MAP: 45 **BLK: 5** **PARCEL 13**

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

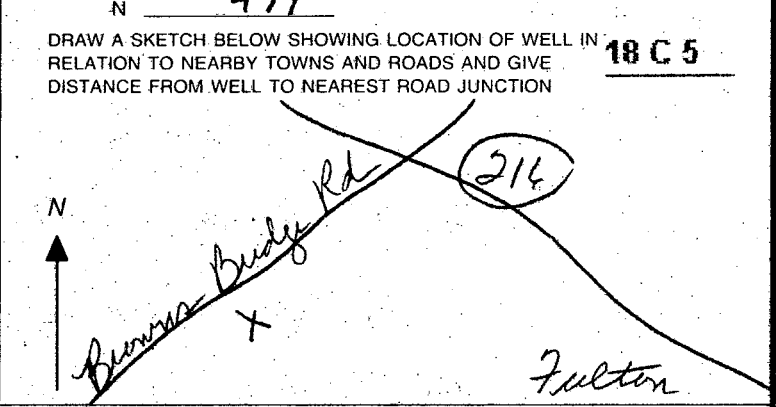
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **(13)** **A521970-F**
COUNTY NAME **COUNTY NO.**
STATE SIGNATURE **INSERT S** **41**
DATE ISSUED **2/9/2007** **Brian Baker** **2/9/2008**
43 MM DD YY **48** CO SIGNATURE **EXP. DATE**
NORTH GRID **479** **0 0 0** **EAST GRID** **813** **0 0 0**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** **FEET**
24 28
APPROXIMATE DIAMETER OF WELL **6** **NEAREST INCH**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **810** **813**
N **470** **479**
000 000

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
 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) **44** **52**



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER **G**
PERMIT No. **HO 95-0684**
70 71 72 73 74 75 76 77 78 79

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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: P.O. Box 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

*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: Winchester Homes Telephone #: 301-803-4714
Subdivision: VISTA @ BROWN'S BRIDGE Lot #: 5 Well Tag #: HO-95-0684
Site Address: 12612 FARMING DR
HIGHLAND, MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550E10-220</u>	Model #: <u>PK 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>49"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

Piping to house
Type: PVC
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

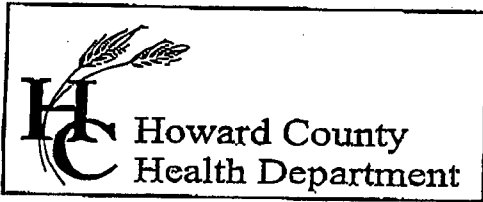
House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: YES

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 _____ date 11-17-09

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

Date Insp. Requested: _____ Date Insp. Approved: 9/3/09 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) 313-2648
 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:

Well Site Location:

J. Thompson Property 1-6 Browns Bridge Rd
 Subdivision/Property Name Lot# Road Name

The well site^s has been staked by FSH Associates
 (professional land surveyor or company employing professional land surveyors)
 on 1-10-07 (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.

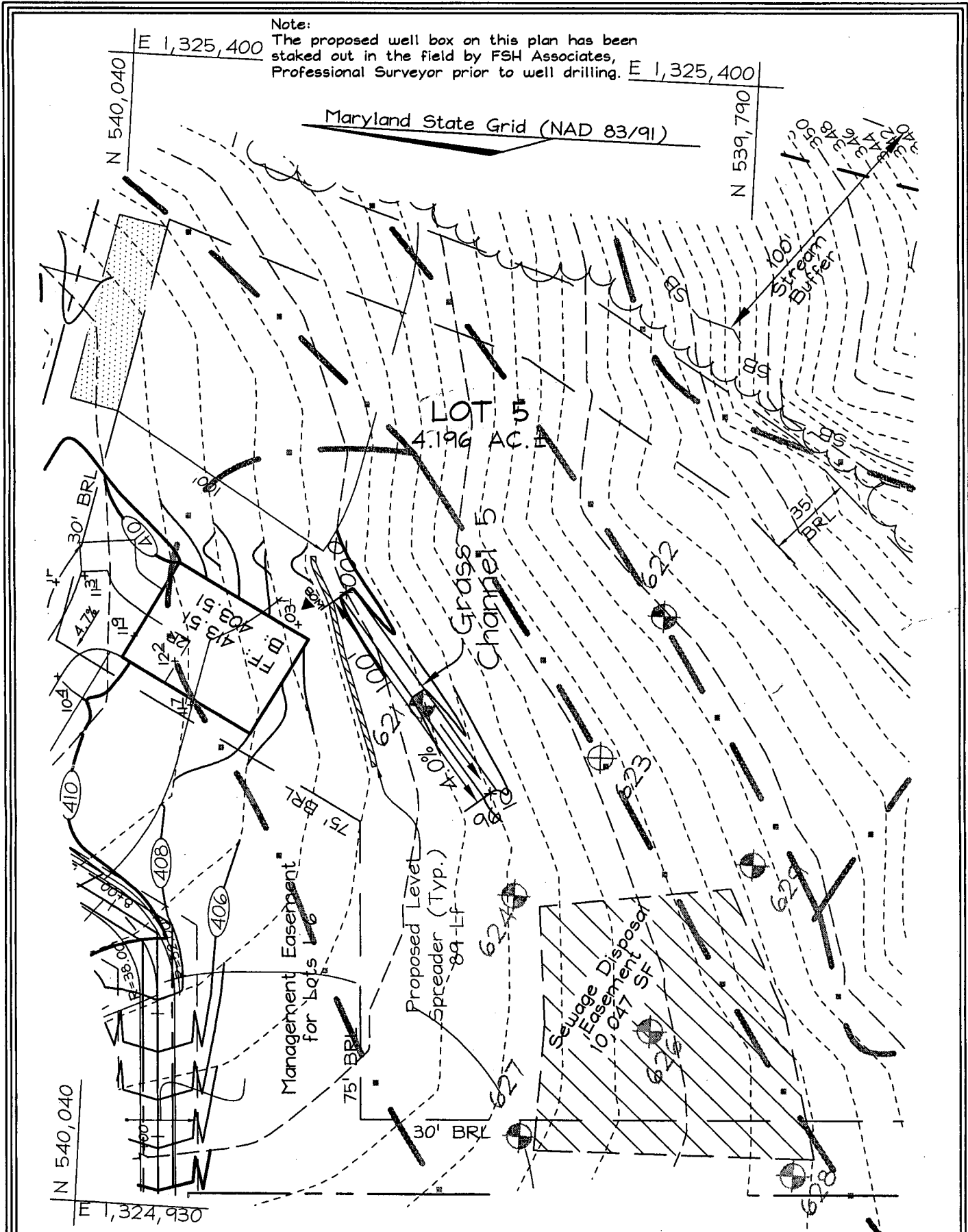
Revised 3/11/05

Hailey Development, Peter Moore
301-476-7715

2005 MAR 18 PM 4:55

ENVIRONMENTAL HEALTH
 HEALTH DEPARTMENT
 7178 COLUMBIA GATEWAY DRIVE
 COLUMBIA, MD 21046

Note:
 The proposed well box on this plan has been
 staked out in the field by FSH Associates,
 Professional Surveyor prior to well drilling.



FSH Associates

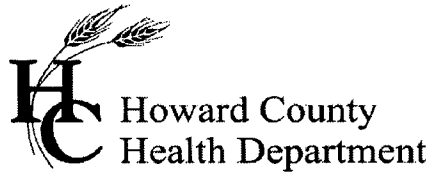
Engineers Planners Surveyors
 6339 Howard Lane, Elkridge, MD 21075
 Tel: 410-567-5200 Fax: 410-796-1562
 E-mail: info@fsheri.com

2/9/07
 Well site staked
 by J. S. H. (BB)

DESIGN BY: ZYF
 DRAWN BY: SAR
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Jan. 11, 2007
 W.O. No.: 3288
 SHEET No.: 5 OF 6

WELL PERMIT PLAN
J. THOMPSON PROPERTY
 LOT 5

TAX MAP 45 GRID 5
 5TH ELECTION DISTRICT
 PARCEL 13
 HOWARD COUNTY, MARYLAND



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

November 20, 2009

Homeowner
12612 Farming Drive
Highland, MD 20777

RE: Vistas at Browns Bridge, Lot 5
12612 Farming Drive
BP #: B09001900
Well Permit # HO-95-0684

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 10/02/2009.** **Final approval of the well line connection to the dwelling was approved on 09/03/2009.**

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, are copies 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.

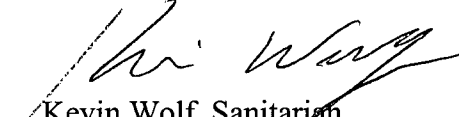
INTERIM CERTIFICATE OF POTABILITY

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-95-0684. 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: 11/09/2009
Date of Well Completion: 02/21/2007

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 14300 Valley View Rd., Westminster, MD (410) 648-1014 FAX (410) 648-1012

REPORT OF ANALYSIS

Laboratory ID #:	73460	Account #:	3123
Reference:	Vista @ Brown's Bridge Lot 5	Company:	National Water Servicing
Location:	12612 Farming Drive Highland, MD 20777	Requested By:	Dave Rycke
Date/ Time Collected:	11/9/2009 0730	Source:	Well Water
Date/Time Rec'd:	11/9/2009 1100	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/ Neutralizer/ Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-95-0684

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/10/2009 / 0815 / C. Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/10/2009 / 0815 / C. Holland
Nitrate	1.65	mg/L	10	601	11/10/2009 / 1230 / CCH
Turbidity	4.59	NTU	<10	SM18 2130B	11/10/2009 / 1100 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	11/10/2009 / 1100 / CCH

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 Secn (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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B09001900

Date Reported: 11/10/2009