

5052

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER HAILEY DEVELOPMENT LC STREET OR RFD Browns Bridge Road TOWN Fulton SUBDIVISION J. Thompson Property SECTION LOT 4

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

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (C) CEMENT BENTONITE CLAY NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL 48

CASING RECORD MAIN CASING TYPE 54 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD screen type or open hole (S) (T) (H) (O) (B) (R) (P) (L) (N) (I) (E) (S) (C) (R) (E) (N)

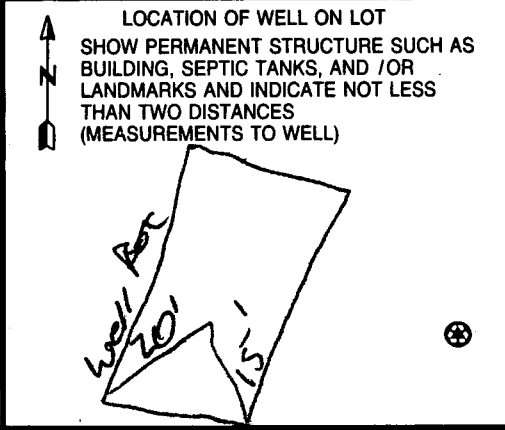
DEPTH (nearest ft.) 420 SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 22 WHEN PUMPING 93 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 () below LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (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. 1 MW D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JWD 727

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

B 1 **0305** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER
 1 2 3 6 526192 please type **HO-95-0683**
 fill in this form completely

Date Received (APA) **10452**
 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

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

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO 95 0683**
 70 71 72 73 74 75 76 77 78 79

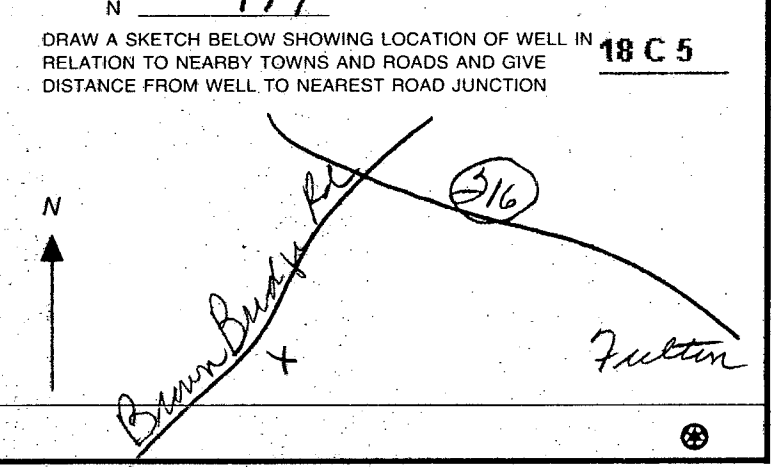
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 **Howard** LOCATION OF WELL
 8 COUNTY **CC# 21**
J. Thompson Property
 23 SUBDIVISION 42
 SECTION 4 LOT 4
 44 46 48 50
Fulton
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I I
 73 76 77 78

B 4 **Browns Bridge Road**
 1 2 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 37
 DISTANCE FROM ROAD Ft. 930
 ENTER FT OR MI 38 39
 TAX MAP: 45 BLK: 5 PARCEL 13

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) **A521970-C**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED 2/9/2007 Brian Baber 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

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
 000
 000
 N 470 479



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**



FAXED
11-17-09

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 #: 901-803-4174
Subdivision: VISTA @ Browns Bridge Lot #: 4 Well Tag #: HO-95-0683
Site Address: 12618 FARMING DR
HIGHLAND, MD 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDFOS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1530610-250</u>	Model #: <u>PA 900</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>420</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: P014
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
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.

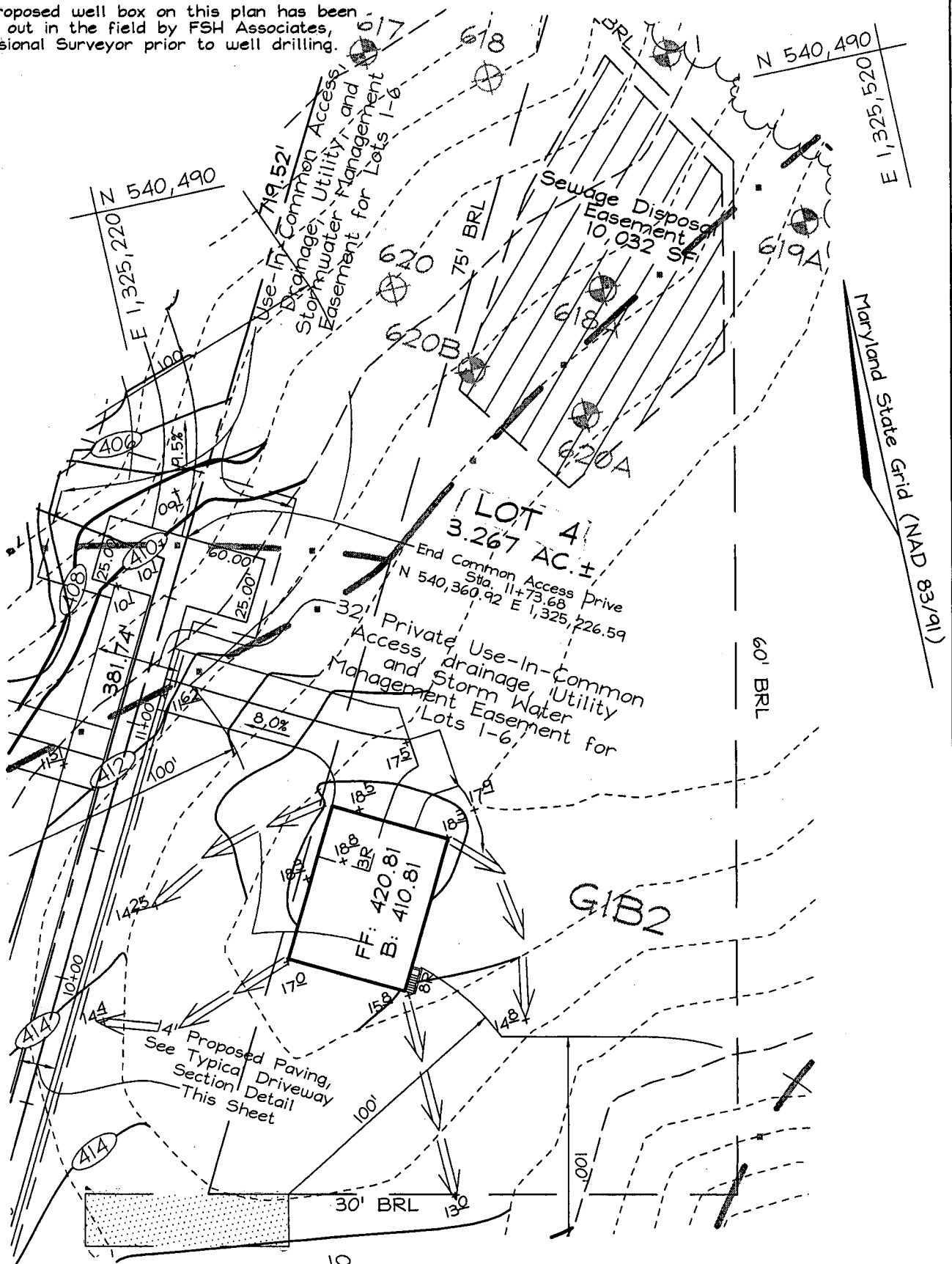
Signature of company representative responsible for installation _____ date 11-18-09

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

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

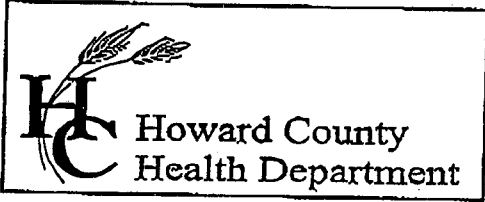
6339 Howard Lane, Elkridge, MD 21075
 Tel: 410-567-5200 Fax: 410-796-1562
 E-mail: info@fsheri.com

2/9/07
 Well site staked
 by J. J. He (PB)

DESIGN BY: ZYF
 DRAWN BY: SAR
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Jan. 11, 2007
 W.O. No.: 3288
 SHEET No.: 4 OF 6

WELL PERMIT PLAN
J. THOMPSON PROPERTY
 LOT 4

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



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 Brown's Bridge Rd
 Subdivision/Property Name Lot# Road Name

The well site has been staked by FSN 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.

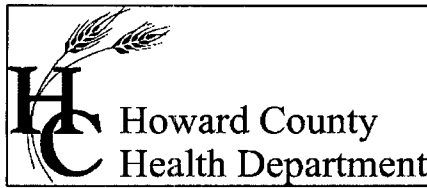
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Hailey Development, Peter Moore
301-476-7715

03:44:18 PM 4:55

RECEIVED
 ENVIRONMENTAL HEALTH
 03/23/06



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

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

November 23rd, 2009

Occupant
12618 Farming Dr.
Highland, MD 20777

RE: Vista @ Brown's Bidge, Lot 4
12618 Farming Dr.
BP #: B04001899
Well Permit # HO-95-0683

To Whom It May Concern:

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 11/20/2009. 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.

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 (Permanent Deviation for Nitrates)

The raw nitrate sample results were previously documented to be 11.3 ppm. A nitrate device (Reverse Osmosis) 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 reported on 11/11/2009, which indicate 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.

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.

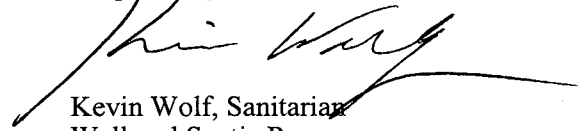
This certifies that the initial sampling requirements as set forth in Code of Maryland Annotated Regulations or COMAR, 26.04.04 "*Well Construction*" have been met for the water supply system installed under well permit number HO-95-0683. **Although the submitted sample results are in compliance with 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): 10/26/2009 & 11/11/2009

Date of Well Completion: 02/28/2007

Respectfully,



Kevin Wolf, Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Environmental Health Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1415 Old Farm Lane, Westminster, MD 21157-4004, (410) 870-4357, FAX (410) 870-4308

REPORT OF ANALYSIS

Laboratory ID #:	73487	Account #:	3123
Reference:	Vista @ Brown's Bridge Lot 4	Company:	National Water Servicing
Location:	12618 Farming Drive Highland, MD 20777	Requested By:	Dave Rycke
Date/ Time Collected:	11/11/2009 1230	Source:	Well Water
Date/Time Rec'd:	11/11/2009 1341	Site:	R/O Test Port at Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/ Reverse Osmosis
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-95-0683

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME OF ANALYSIS
Nitrate	1.40	mg/L	10	601	11/13/2009 / 0850 / CCH

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
 - 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 3 ND:None Detected
 - 4 Visual well check: Sealed, vented cap
 - 5 pH tested on-site
- Reason for Test : Use & Occupancy retest 73328
 Building Permit # : B09001899

Date Reported: 11/13/2009



REPORT OF ANALYSIS

Laboratory ID #:	73328	Account #:	3123
Reference:	Vista @ Brown's Bridge Lot 4	Company:	National Water Servicing
Location:	12618 Farming Drive Highland, MD 20777	Requested By:	Dave Rycke
Date/ Time Collected:	10/26/2009 1035	Source:	Well Water
Date/Time Rec'd:	10/26/2009 1305	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-95-0683

Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/27/2009 / 0810 / KME/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/27/2009 / 0810 / KME/BCD
Nitrate	11.3	mg/L	10	601	10/27/2009 / 1100 / BCD
Turbidity	4.85	NTU	<10	SM18 2130B	10/27/2009 / 1100 / BCD
Sand	NS	mg/L	5	Visual/Gravimetr	10/27/2009 / 1100 / BCD

**Permanent Dem. for Nitrate*

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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B09001899

Date Reported: 10/27/2009