

C1 9026 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 MM DD YY

DATE WELL COMPLETED MM DD YY 08 13 09

Depth of Well 2265 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1790

OWNER: McWhorter, last name; 13785 Nichols, first name; TOWN: Clarksville; SUBDIVISION: Brighton Farm Est. SECTION: LOT: 2

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 include: Sand-mud (0-10), Gray Limestone (10-17), Brown rock (17-35), Gray Limestone (35-250), White & Gray Limestone (250-265).

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 44 NO. OF POUNDS 9136 GALLONS OF WATER 204 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft.

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 20

OTHER CASING (if used) diameter inch 5 depth (feet) from 5 to 84

SCREEN RECORD screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT] STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 5.4 METHOD USED TO MEASURE PUMPING RATE 1966. WATER LEVEL (distance from land surface) BEFORE PUMPING 89 ft. WHEN PUMPING 90 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED [Y] [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 5D 005, 1 Allen Compton DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

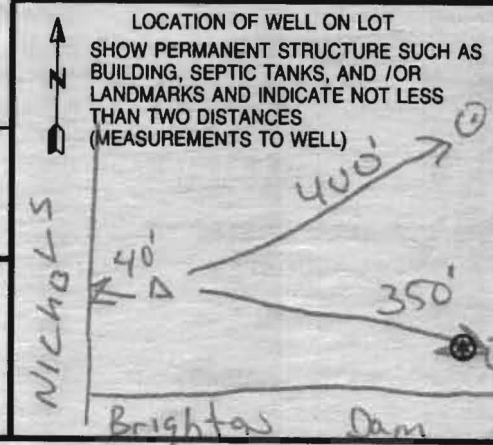
LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.) 19 265

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



B 1 5579

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531071 please type

STATE PERMIT NUMBER

HO-95-1790

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
McWhorter Ryan
15 Last Name Owner First Name 34
10623 Hillingdon RD.
36 Street or RFD 55
Woodstock, Md. 21163
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

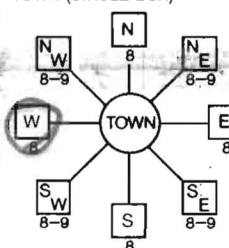
8 COUNTY Howard 21
23 SUBDIVISION Brighton Farm Estates 42
SECTION 44 46 LOT 2 48 50
Highland Clarks Hill
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 5 M 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D009
Driller's Name 76 License No. 81
Fogles Well Drilling
Firm Name
6003 Woodbine Rd
Address
Allen Compton 7-2-09
Signature Date

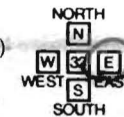
B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13785 Nichols DR.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 80 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 14 PARCEL: 108

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

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 AS22036
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/22/09 7/22/10
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 497 000 EAST GRID 803 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER G
PERMIT No. HO-95-1790

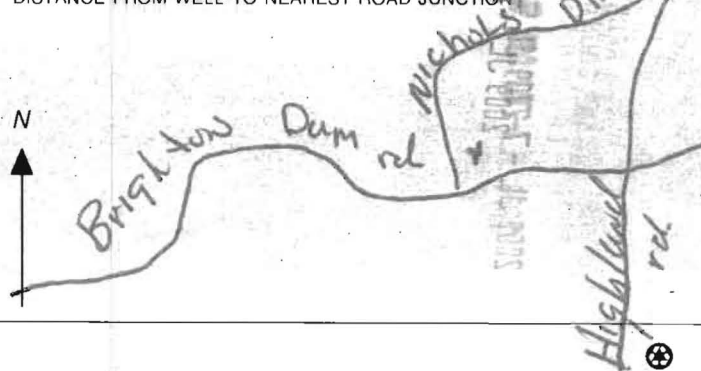
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8003
N 49007

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD Test Data Sheet

County File #

District

Well Permt #: H0-95-1790

Date of Test: 8-13-09

Subdivision Name: Brighton Farm EST

Section Lot # 2

Street Address: 13785 Nichols Dr

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth: 265 ft.

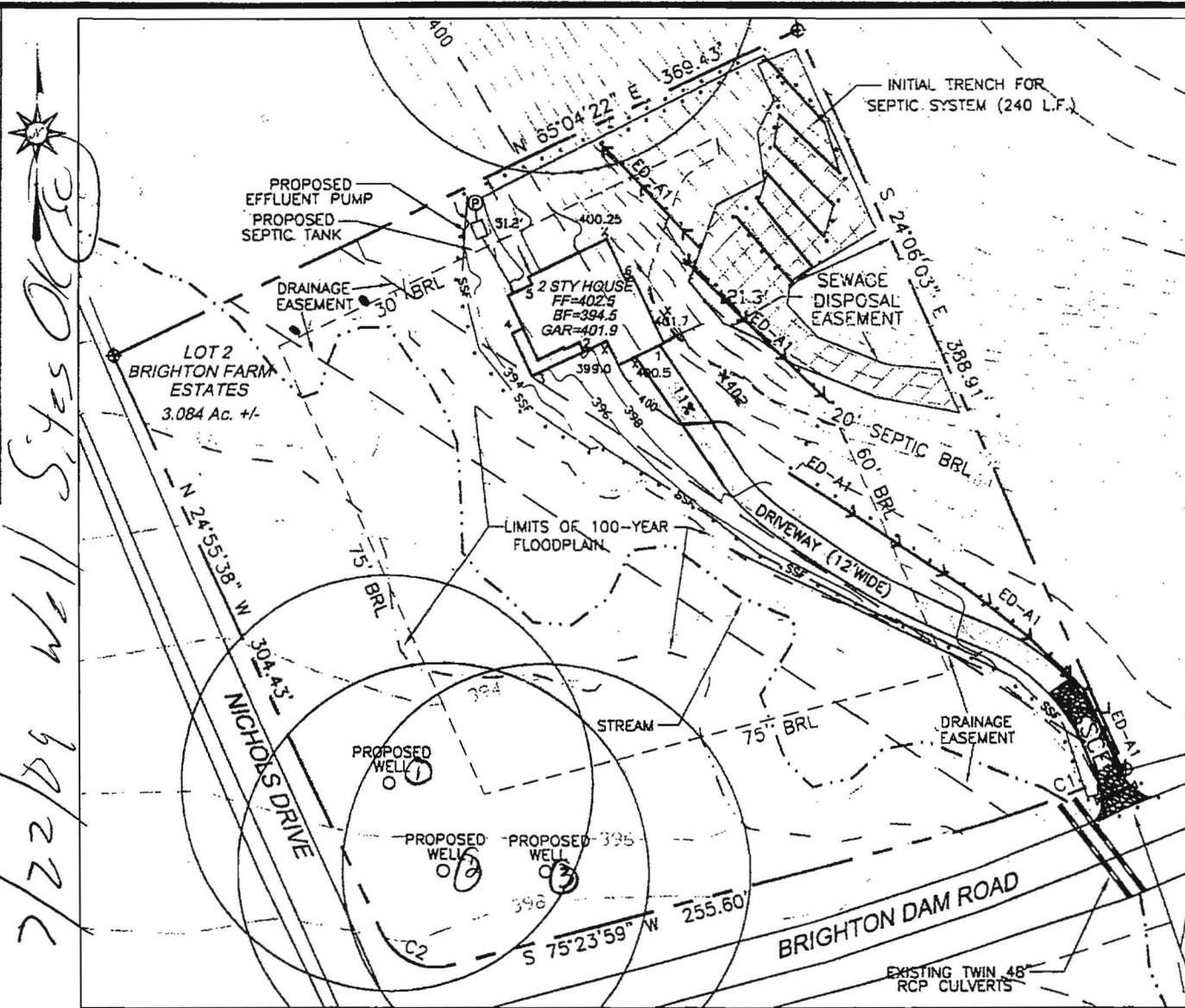
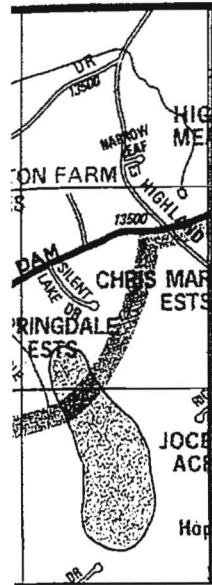
Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level	Pumping Rate	Calculated Flow (gallons per minute)
	<u>19</u> ft.	() Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	<u>20</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	<u>8:00</u>	<u>19</u> ft.	<u>3</u> <u>20</u> GPM
2	<u>8:15</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
3	<u>8:30</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
4	<u>8:45</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
5	<u>9:00</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
6	<u>9:15</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
7	<u>9:30</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
8	<u>9:45</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
9	<u>10:00</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
10	<u>10:15</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
11	<u>10:30</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
12	<u>10:45</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
13	<u>11:00</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
14	<u>11:15</u>	<u>89</u> ft.	<u>11</u> <u>5.4</u> GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:



- GENERAL NOTES:**
- PROPERTY DATA
LEGAL REFERENCE: LOT 2
PROPERTY AREA: 145,277 SF OR 3.34
TAX MAP GRID
ZONING: RR-DEO
WATERSHED:
ADC MAP PAGE 13 GRID H-9
WATER AND SEWER CATEGORIES: PRIVATE WATER AND SEPTIC
 - PROPOSED SITE DATA
BUILDING RESTRICTION LINES PER RR-DEO ZONING
FRONT: 75 FEET
SIDE: 30 FEET
REAR: 60 FEET
 - 100-YR FLOOD PLAIN LIMITS SHOWN PER FLOODPLAIN STUDY PERFORMED BY OC&L SEPT
 - LIMITS OF DISTURBANCE = 29,974 SF
 - TOPOGRAPHY FEATURES SHOWN HEREON OBTAINED FROM FIELD-RUN SURVEY PERFORMED BY O'CONNOR LAWRENCE, INC IN SEPTEMBER, 2008 AND FROM AVAILABLE HOWARD COUNTY RECORDS.

SEPTIC SYSTEM INFO:

INV. ELEV. (OUT OF) HOUSE	392.50
EX. ELEV. AT SEPTIC TANK	395.50
INV. ELEV. (INTO) SEPTIC TANK	392.00
INV. ELEV. (OUT OF) SEPTIC TANK	391.7
INV. (INTO) PUMP CHAMBER	391.50
EX. ELEV. AT TRENCH	432.20
INV. ELEV. (INTO) TRENCH	428.70



PROFESSIONAL CERTIFICATION
I hereby certify that these documents were prepared or approved by me, and that I am a licensed professional engineer under the law of the State of Maryland, License No. 27478, Expiration Date: 1/22/2010.

John Martin
For: O'Connell & Lawrence, Inc., John Martin
Professional Land Surveyor, MD No. #27478

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	532.25'	88.25'	88.15'	S 70°38'58" W	09°30'00"
C2	30.00'	41.72'	38.44'	N 64°45'50" W	79°40'46"

CONSTRUCT DRIVEWAY ENTRANCE WITH PROPOSED 15" CMP PER H.C.D.P.W. DETAIL R-6.06 CONNECTION TO OPEN SECTION ROADWAY"

O'Connell & Lawrence, Inc.
Construction Consultants, Engineers, Surveyors
17904 Georgia Avenue, Suite 302
Olney, Maryland 20832
Tel: (301) 924-4570 * Fax: (301) 924-5872

PLOT PLAN
SINGLE FAMILY DETACHED
LANDS OF LOT 2
BRIGHTON FARM ESTATES
LIBER 6794 FOLIO 217

Date	11/21/08
Scale	1"=80'
Job No.	008-021
Sheet No.	1 of 6



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (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

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:

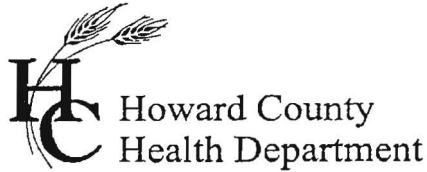
Brighton Farm Est. 2
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by O'CONNELL & LAWRENCE, INC.
 (professional land surveyor or company employing professional land surveyors)
 on 7-2-09 (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

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

December 21, 2010

Homeowner
13590 Brighton Dam Rd
Clarksville, MD 21029

RE: Brighton Farms, Lot 2
13590 Brighton Dam Rd
BP #: B08003416
Well Tag: HO-95-1790

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 08/02/2010. Final approval of the well line connection to the dwelling was approved on 03/16/2010.**

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-95-1790. 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: 09/17/2010, 09/20/2010, 10/12/2010
Date of Well Completion: 08/13/2009

Approving Authority,



Heidi Scott, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-F Gilford Road
Annapolis Junction, MD 20701

Project
Date Received 9/17/2010
Date Reported 9/22/2010

Sample No: 91781-01

Sampled: 9/16/2010

Sampler: VBurnis6118VB (Exp. 02/2011)

Location: 13590 Brighton Dam
Clarksville, MD


Preservation: Ice

Sample Point: 1st Fl Powder Rm

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Present/Fail		Per/100ml	1	09/17/2010	PM
Bacteria-E.coli	Colitag Test	Present/Fail		Per/100ml	1	09/17/2010	PM
Iron	HACH 8008	Not Detected		mg/l	0.05	09/20/2010	PM
Turbidity	EPA 180.1	Not Detected		NTU	0.5	09/20/2010	PM
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1.1	09/20/2010	PM
pH	Field	7.3		pH Units	1	09/16/2010	Sampler

Field Test(s) for chlorine are reported on the attached COC form. "NT" means Not Tested.

Approved By


Daniel J. Brumsted, Laboratory Director

HEIDI
ORIGINAL
TEST

Annapolis

Ph 410-224-4304 Fax 410-224-4307

Waldorf

Ph 301-932-4775 Fax 301-932-7347

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Project
Date Received 10/12/2010
Date Reported 10/13/2010

Sample No: 92349-01 Sampled: 10/11/2010 1:10:0 Sampler: VBurlis6118VB (Exp. 02/2011)
Location: 13590 Brighton Dam Rd Preservation: Ice
Clarksville, MD 21029 Sample Point: 1st Floor Powder Room

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	10/12/2010	LH
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	10/12/2010	LH

Field Test(s) for chlorine are reported on the attached COC form. "NT" means Not Tested.

Approved By

Daniel J. Brumsted, Laboratory Director

410 813 2848

Annapolis

Ph 410-224-4304 Fax 410-224-4307

Waldorf

Ph 301-932-4775 Fax 301-932-7347