

C1 1105

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 A 511931

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 24-2010

Depth of Well 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No. 95-1905

OWNER Garland Jr. Thomas & Laurel Will Approve
STREET OR RFD Bushy Park Rd TOWN Woodbine
SUBDIVISION Country Springs SECTION LOT 47

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-85) and Gray mica rock (85-280).

GROUTING RECORD form with fields for material type (CM, BC), bags/pounds, and grout seal depth.

CASING RECORD form with fields for casing type (ST, CO, PL, OT), nominal diameter, and total depth.

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

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and depth.

PUMPING TEST form with fields for hours pumped, rate, method, water level, and pump type.

PUMP INSTALLED form with fields for driller, pump type, capacity, and casing height.

WELL HYDROFRACTURED form with Yes/No options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

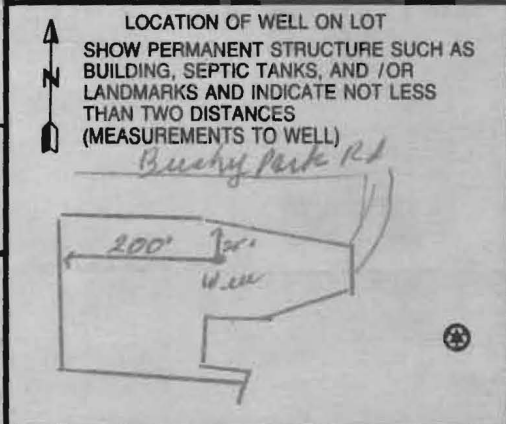
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. and SIGNATURE fields.

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

DEPTH (nearest ft.) table with columns for casing sections and slot size.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for casing and indicator.



B 1 1013

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 533205 please type-

STATE PERMIT NUMBER

Ho-95-1905 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 15067 Bushy Park Rd 36 Street or RFD 55 Woodbine Md 21797 57 Town 70 State 72 Zip 76

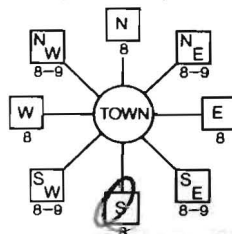
B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION (Country Springs) 42 SECTION 44 46 LOT 47 48 50 52 NEAREST TOWN Woodbine 71

MILES FROM TOWN (enter 0 if in town) 3/20 M I 73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 15067 Bushy Park Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST 1600 DISTANCE FROM ROAD FT 34 37 ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 3 PARCEL 212

DRILLER INFORMATION

Driller's Name Joseph L. Mayne MS D024 76 License No. 81 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd Ind. City Md 21771 Signature Joseph L. Mayne 7-14-2010 Date

B 2 WELL INFORMATION APPROX. PUMPING RATE 4 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 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 (13) A511931 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 5/14/2010 Brian Baker 5/14/2011 CO SIGNATURE EXP. DATE NORTH GRID 540 000 EAST GRID 789 000

APPROXIMATE DEPTH OF WELL 320 FEET 24 28

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

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

APPROX. PERMIT NUMBER G PERMIT No. Ho-95-1905 70 71 72 73 74 75 76 77 78 79

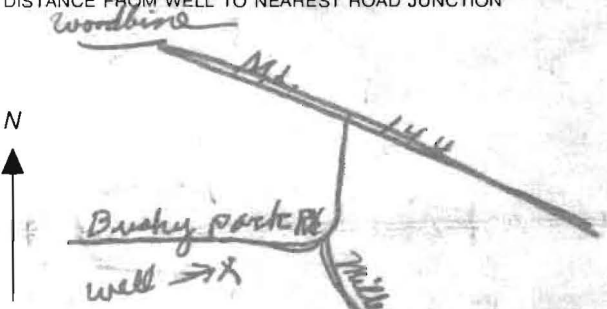
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 789 000 000 N 540

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.

**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: _____ Telephone #: _____
Address: _____

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

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*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: _____ Telephone #: _____
Subdivision: Country Springs Lot #: 47 Well Tag #: HO-95-1905
Site Address: 15069 Bushy Park Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF 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: _____ (feet)

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

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and 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 _____ date _____

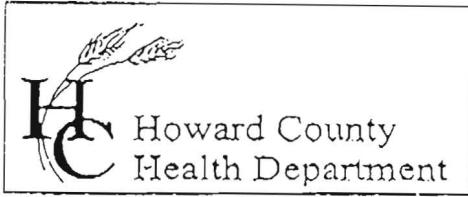
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/29/2010

Date Insp. Approved: 1/4/2011 **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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

On Settled Material



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:

Harland Property 47 15069 Bushy Park Rd
 Subdivision/Property Name Lot# Road Name

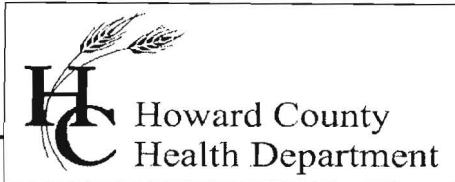
The well site has been staked by Carl Hudgins
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

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

Tom + Laurie Carlard
410-489-4404



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 26, 2011

Homeowner
15069 Bushy Park Road
Woodbine, MD 21797

RE:

15069 Bushy Park Road
BP #: B09002066
Well Tag: HO-95-1905

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 06/01/2011. Final approval of the well line connection to the dwelling was approved on 01/04/2011.**

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-95-1905 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: 04/29/2011, 05/26/2011
Date of Well Completion: 05/24/2010

Approving Authority,

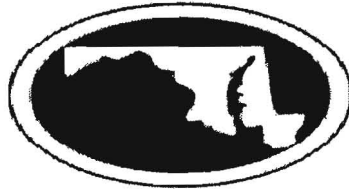
A handwritten signature in black ink that reads "Brian Baker". The signature is written in a cursive, flowing style.

Brian Baker, 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

Well Water Solutions, Inc.
6437 Richardson Farm Lane
Clarksville, MD 21029

Project
Date Received 5/26/2011
Date Reported 6/1/2011

Sample No: 96087-01 Sampled: 5/26/2011 11:30:0 Sampler: JMoseman0130JM (Exp. 02/2013)
Location: 15069 Bushy Park Rd Preservation: Ice
Woodbine, MD Sample Point: Faucet

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Nitrate + Nitrite as N	EPA 353.2	9.97		mg/l	1.1	06/01/2011	PM
Turbidity	EPA 180.1	1		NTU	1	06/01/2011	DH

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

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

Waldorf

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

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304 FAX 443-926-0586

WALDORF

410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

Testing Address

96087

WWS

15069 BUSHY PARK RD
STREET
WOODBINE MD
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 5/26 Time 11:30 Well Tag #: _____

Collectors Name: John Roseman Certification # JEM0130 Expires 3/13

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 5.5 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Faucet Chemicals: _____ Lead: _____

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day

FULL Chemical Analysis Next Day 3:30 2 Day 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)

BASIC Chemical Analysis Next Day 3:30 2 Day 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)

Lead Arsenic Next Day 3:30 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions: NITRATES, SAND, TURBIDITY ONLY

30 DAY

Released By: [Signature] Date: 5/26 Time: 11:30 Received By: _____

Released By: [Signature] Date: 5/26 Time: 2:30 Received By: [Signature]

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: [Signature] Date: 5/26/11 Time: 2:30 pm

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
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Certificate of Analysis

Well Water Solutions, Inc.
6437 Richardson Farm Lane
Clarksville, MD 21029

Project
Date Received 5/26/2011
Date Reported 6/1/2011

Sample No: 96087-01		Sampled: 5/26/2011 11:30:0		Sampler: JMoseman0130JM (Exp. 02/2013)			
Location: 15069 Bushy Park Rd Woodbine, MD				Preservation: Ice			
				Sample Point: Faucet			
Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Nitrate + Nitrite as N	EPA 353.2	9.97		mg/l	1.1	06/01/2011	PM
Turbidity	EPA 180.1	1		NTU	1	06/01/2011	DH

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Laboratory # 139*

Certificate of Analysis

Well Water Solutions, Inc.
6437 Richardson Farm Lane
Clarksville, MD 21029

Project
Date Received 4/29/2011
Date Reported 5/2/2011

Sample No: 95614-01		Sampled: 4/29/2011 11:30:0		Sampler: JMoseman0130JM (Exp. 02/2013)			
Location: 15069 Bushy Park Rd Woodbine, MD				Preservation: Ice			
				Sample Point: Laundry Tub			
Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	04/29/2011	LH
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	04/29/2011	LH

Approved By

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