

1 15947

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 4528889

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-85-1657

DATE Received MM DD YY

MM DD YY 8 22 08

22 200 26 (TO NEAREST FOOT)

12/14/09 OK KW

28 29 30 31 32 33 34 35 36 37

OWNER: DOETCH GEORGE / Butler Josh last name first name STREET OR RFD: 2555 FOX HILL RD. TOWN: CHARLESTON SC SUBDIVISION: GLEN MARY ESTH SECTION: LOT 6

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. Includes handwritten entries: Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

Handwritten calculations: 22 ÷ 5.0 = 4.4, 132 ÷ 22 = 6.0

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Abandoned and sealed), 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...

DRILLERS LIC. NO. M S D 417, DRILLERS SIGNATURE, LIC. NO. 8

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

DEPTH (nearest ft.) 170, 80, 200

Table for casing height with columns: Casing height (ft.), Land surface (ft.).

SLOT 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

C 3

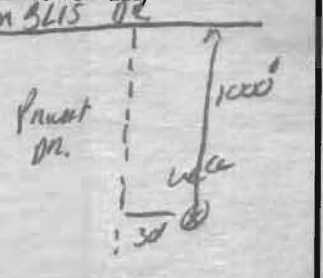
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 20, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft., WHEN PUMPING 37 ft., TYPE OF PUMP USED (for test) 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 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) CHAM BLIS DR



B 1 0824

SEQUENCE NO. (MDE USE ONLY)

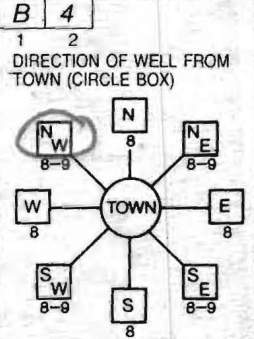
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 529516

STATE PERMIT NUMBER HO-95-1659 fill in this form completely

Date Received (APA) OWNER INFORMATION GEORGE DOETSCH / JOSH B IXLER 2955 FOX HALL Rd CHARLESTON SC 29414

LOCATION OF WELL HOWARD COUNTY GLEN MARY ESTATES CLARKSVILLE NEAREST TOWN

DRILLER INFORMATION RALPH E. MAYNE M 5 D 117 RALPH MAYNE INC 17024 HANDY Rd Mt Airy MD 21771



CHAMBLIS DR NEAR WHAT ROAD 1000 FT DISTANCE FROM ROAD TAX MAP: 34 BLK: 5 PARCEL 15

WELL INFORMATION APPROX. PUMPING RATE 500 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 5

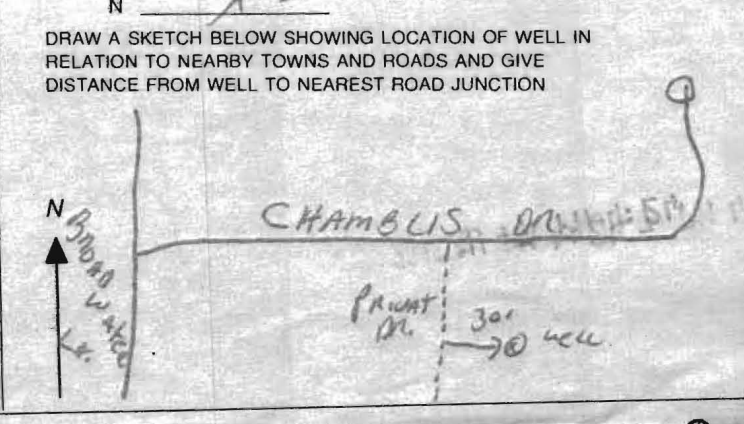
- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A528887

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary



REPLACEMENT OR DEEPENEED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-95-1659

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1659
 Location of property (road) CHAMBERS DR.
 Subdivision GLENN MARY EST. Lot 6 Block 5 Plat 15 Sec. _____
 Well Driller Ralph E. MAYNE Owner GEORGE DOSTSCH / JOSE SIXER

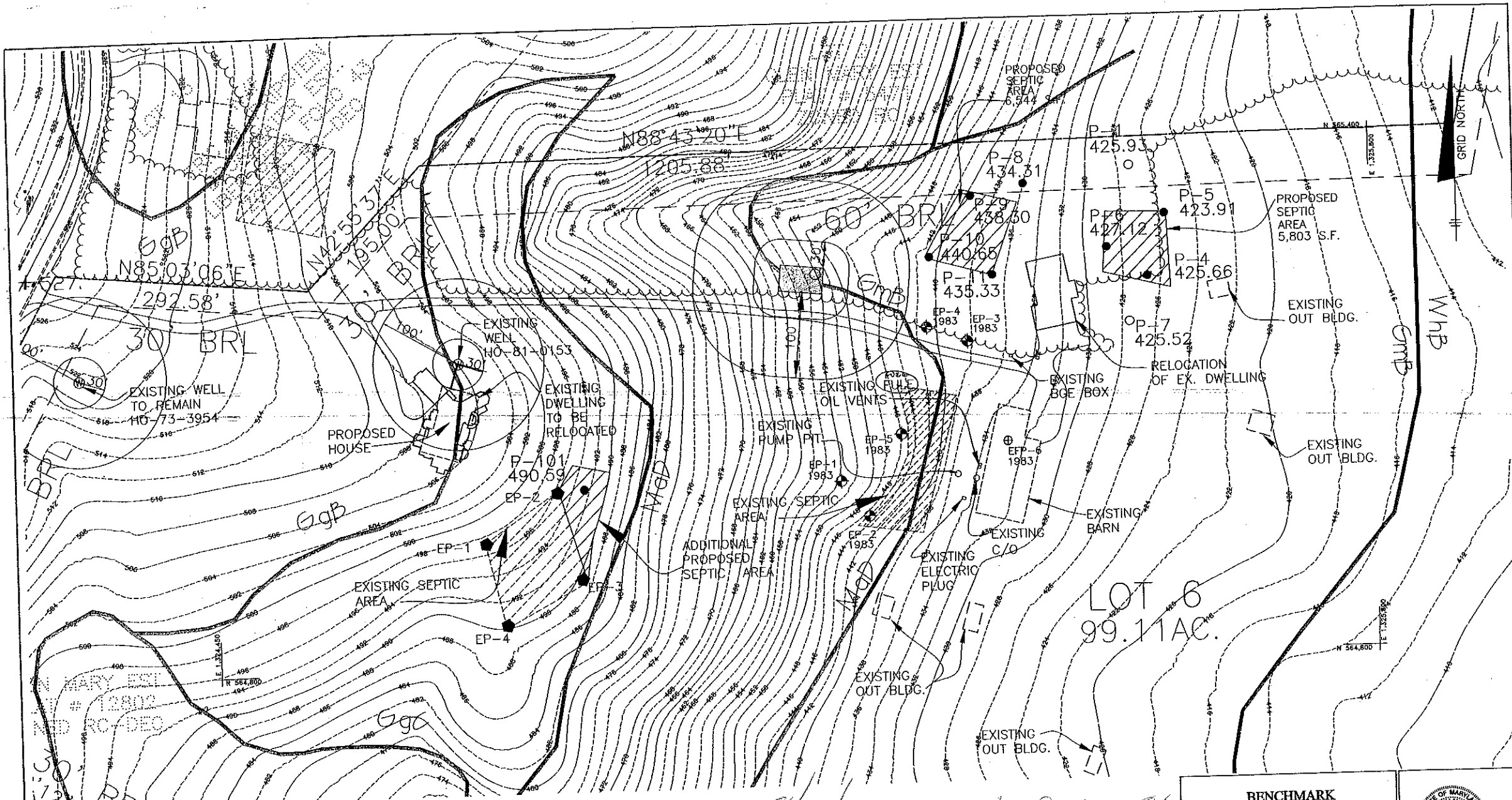
Depth of well 200 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 32

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 20 GPM
 Total time 15 min to reach pumping water level 37 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	32 ft	4 Sec		20 GPM
			TEST STARTED	
9:15	37 ft	4 Sec		20 GPM
9:30	37 ft	4 Sec		20 GPM
9:45	37 ft	4 Sec		20 GPM
10:00	37 "	4 "		20 "
10:15	37 "	4 "		20 "
10:30	37 "	4 "		20 "
10:45	37 ft	4 Sec		20 GPM
11:00	37 ft	4 Sec		20 GPM
11:15	37 ft	4 Sec		20 GPM
11:30	37 "	4 "		20 "
11:45	37 "	4 "		20 "
12:00	37 ft	4 Sec		20 GPM
12:15	37 ft	4 Sec	OK	20 GPM



PLAN
SCALE: 1" = 50'

8/14/08 Well Site OK
(Signature)

- LEGEND**
- EXISTING CONTOURS
 - EXISTING EMBANK
 - EXISTING C/L STREAM
 - EXISTING WELLS
 - WELL OF SUBMERGED
 - PROPOSED SEPTIC AREA
 - SOIL DELINEATION
 - PROPOSED WELL BOX
 - TEST HOLE
 - PERCOLATION TEST HOLE PASSED
 - EXISTING PUMP HOLE PASSED
 - EXISTING PUMP HOLE FILLED

- GENERAL NOTES**
- 1.) THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
 - 2.) THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 1000 S.F. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL, PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECONSTRUCTION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE REQUIRED.
 - 3.) TOPOGRAPHY SHOWN IS BASED ON HOWARD COUNTY D.S. 2 FOOT CONTOURS HAVE BEEN INTERPOLATED.
 - 4.) THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
 - 5.) ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A RECORDED PERCOLATION CERTIFICATION PLAN.
 - 6.) THE WELL FOR THE PROPOSED TENANT HOUSE MUST BE DRILLED AND APPROVED BY THE HEALTH DEPARTMENT PRIOR TO BUILDING PERMIT APPLICATION APPROVAL.
 - 7.) INSTALLATION OF THE NEW SEPTIC SYSTEM MUST BE APPROVED BY THE ATTENDING HEALTH DEPARTMENT INSPECTOR PRIOR TO ISSUANCE OF THE COP LETTER.
 - 8.) ALL DWARNS AND OUT BUILDINGS ARE TO REMAIN, AS SHOWN.
 - 9.) PERCOLATION TEST LOCATIONS 1 THROUGH 6 SHOWN IN THE VICINITY OF THE PROPOSED SEPTIC EASEMENT IN THE BARN ARE APPROXIMATIONS BASED ON BEST FIT OF DATA DESCRIBED BY THE ADJUTANT WHO RECORDED THE TESTS ON SEPTEMBER 15, 1983.
 - 10.) SHOULD A USE BE PROPOSED FOR THE RELATED SEPTIC EASEMENT NEAR THE SOUTHWEST PROPERTY LINE ADJOINING LOT 5, PERCOLATION TESTS WILL BE REQUIRED FOR VALUATION UNLESS DATA FOR THE ORIGINAL PERCOLATION TESTS (1983) CAN BE PRESENTED.

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature)
 DONALD L. MASON
 PLAN PREPARED

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT

<p>BENCHMARK ENGINEERING, INC. 6400 BALTIMORE NATIONAL PARK & STATE 418 ELKTON CITY, MARYLAND 21041 phone: 410-485-8105 & fax: 410-485-8644 WWW.BM-ENGINEERING.COM</p>		
<p>OWNER: ALBERT AND VIRGINIA SPOKES 5610 CHAMBLISS DRIVE CLARKSVILLE, MARYLAND 21029</p>		<p>GLEN MARY ESTATES LOT 6</p>
<p>DEVELOPER: BUILDERS BEST HOMES, LLC CLARKSVILLE, MARYLAND 21029 443-631-5900</p>		<p>TITLE: PERCOLATION CERTIFICATION PLAN</p>
<p>DATE: APRIL 2008 JUNE 2008</p>		<p>BEI PROJ. NO. 2130 SHEET 7 OF 2</p>

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: Robert L Feezer Co Inc Telephone #: 410-781-4655
Address: 6321 Barnett Ave
Sykesville Md 21784

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

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

Name (Print): Robert L Feezer 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: Mr + Mrs George Dotsch Telephone #: 410-549-4444

Subdivision: _____ Lot #: _____ Well Tag #: HO-95-11659

Site Address: 5610 Chamblis Dr
Clarksville Md 21029

Submersible Pump Data

Make: GRUNDOS
Model #: 1530LD140
Pump Capacity: 15 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: AMPBELL
Model #: PA600
Depth: 42 (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: 200 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors of Cable guards are required - Must circle one

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

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10
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.

Robert L Feezer
Signature of company representative responsible for installation

7/15/10
date

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

Date Insp. Requested: 7/8/10 Date Insp. Approved: 7/15/10 (100)

- 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

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by BENCHMARK ENGINEERING INC on July 14 2008 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN OWNER NAME - ~~JO~~ GEORGE DOETSCH / JOSH BIXLER
Sub NAME - GLEN MARY ESTATES
Lot # 6



Howard County
Health Department

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

March 23, 2011

Homeowner
5610 Chamblis Drive
Clarksville, MD 21029

RE: Glen Mary Estates, Lot 6
5610 Chamblis Drive (Tenant House)
BP #: B09003444
Well Tag: HO-95-1659

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 08/04/2010. Final approval of the well line connection to the dwelling was approved on 7/15/2010.**

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-95-1659. 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: 08/16/2010
Date of Well Completion: 08/22/2008

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Mueller Homes, Inc
 7520 Main Street Suite 201
 Sykesville, Maryland 21784

S/O Number: 78539
Report Date: August 17, 2010

Property Sampled: 5610 Chamblis Drive, 21029

County: Howard
Subdivision: Glen Mary Estates **Tax Map #:** 34
Lot #: 6 **Parcel #:** 15
Building Permit #: B 09003444

Date/Time Collected: August 16, 2010 at 11:46 am
Date/Time Received: August 16, 2010 at 2:00 pm

Sample Location: Front Outside Tap
Sampler ID: 9813AM
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Unable To Locate
Well Condition: Undetermined

Water Conditioning/Treatment: None

HO-95-1659

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.4 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E-coli	Absent	SM 9223B	Absent	Pass

Kara Waltmyer
 Kara Waltmyer
 Drinking Water Testing Division

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.

July 1, 2008

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

Attn: Robert Bricker

Re: Well ~ Tag number (HO-73-3954)

Dear Mr. Bricker,

This letter is in reference to Well (Tag # HO-73-3954), located at 5610 Chamblis Drive, Clarksville, Maryland 21029. This letter serves to notify you that I am not going to abandon the well by Chamblis Drive.

I am currently making improvements to the property and anticipate utilizing the well at some point in the future for agricultural purposes. I am also submitting an *Application for a Permit to Appropriate and Use Waters of the State for Agricultural Purposes* (Form # MDE/WMA/PER.003) in reference to this well.

If you have any questions or require additional information from me, I can be reached on my cell phone at 410-978-1600.

Sincerely,

A handwritten signature in black ink, consisting of a stylized initial 'G' followed by a long horizontal line that tapers to the right.

George L. Doetsch, Jr.