

C1 2098

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER A529491

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1879

OWNER Miller Stanley STREET OR RFD Florence Rd TOWN Lorton SUBDIVISION Idots Delight SECTION LOT 4

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Brown Shale 0 24 Blue Rock 24 420

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT NO. OF BAGS 7 NO. OF POUNDS 638

GALLONS OF WATER 47

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 26 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 28

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

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. MS D0 24 DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. D

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

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.7

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24 ft.

WHEN PUMPING 255 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet 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

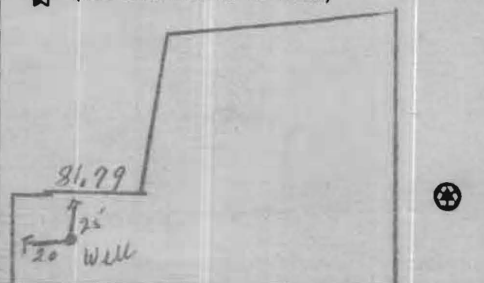
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE - below (nearest foot) 2

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)



B 1 6385
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
532547 please type

STATE PERMIT NUMBER
HO-95-1879
70 fill in this form completely 79

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

15 Last Name Miller Owner Stanley First Name 34
36 6108 Rolling View Dr Street or RFD 55
Eldersburg Md 21784
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

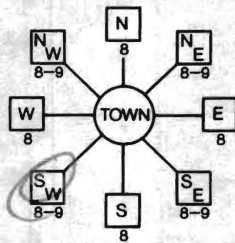
8 COUNTY Howard 21
23 SUBDIVISION Idiot's Delight 42
SECTION 44 46 LOT 4 48 50
52 NEAREST TOWN Libon 71

MILES FROM TOWN (enter 0 if in town) 0.3 M I
73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne M S D 024 License No. 81
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd Mt. Airy Md 21771
Signature Joseph L. Mayne Date 3-10-2010

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Florence Rd. 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST
500
34 37
DISTANCE FROM ROAD ENTER FT OR MI 6 24 FT 38 39
TAX MAP: 9 BLK: 10 PARCEL 127

B 2 WELL INFORMATION
1 2 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 (3) A529491
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/26/2010 Brian Baker 3/26/2010
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 542 000 EAST GRID 766 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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)

- 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- well
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE

E 766
N 542

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



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

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-1879
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. #0 - 95-1879
 Location of property (road) Florence Rd
 Subdivision Idots Delight Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller Joseph & Mayne Owner Stanley Miller

Depth of well 420'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 24'

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 255 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 <u>61</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	111'	3 sec		20 gpm
7:45	255	4		15
8:00	255	35		1.7
8:15	255	35		1.7
8:30	255	35		1.7
8:45	255	35		1.7
9:00	255	35		1.7
9:15	255	35		1.7
9:30	255	35		1.7
9:45	255	35		1.7
10:00	255	35		1.7
10:15	255	35		1.7
10:30	255	35		1.7
10:45	255	35		1.7
11:00	255	35		1.7
11:15	255	35		1.7
11:30	255	35		1.7
11:45	255	35		1.7
12:00	255	35		1.7
12:15	255	35		1.7
12:30	254	35		1.7
12:45	254	35		1.7
1:00	254	35		1.7
1:15	254	35		1.7
1:30	254	35		1.7
1:45	254	35		1.7

Att: Sharporova

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 26.04.02 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Castaway Plumbing Inc. Telephone #: 240-674-5652
Address: 9210 Richards Ford Rd
Federick MD 21734

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

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

Name (Print): Scott Brzeznowski License# 39009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Stanke Miller Telephone #: 443-415-9932
Subdivision: Fedots Delight Lot #: 4 Well Tag #: HO-10-95-1879
Site Address: 2404 Florence Dr
Woodburn MD 21797

Submersible Pump Data
Make: Franklin Electric
Model #: 205154-2W230
Pump Capacity: 7 GPM
Well Yield: 10 GPM

Pitless Adapter
Make: Castell
Model#: B300 X
Depth: 92" (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit
Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.C.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 30 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4

torque arrestors Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 22 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: 60"
Approximate length of sleeve: 60"
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

10/10/11

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

Date Insp. Requested: 10/12/11 Date Insp. Approved: Inspector:
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

**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: _____ Lot #: 4 Well Tag #: HO-95-1879
Site Address: 2640 Florence Road

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.

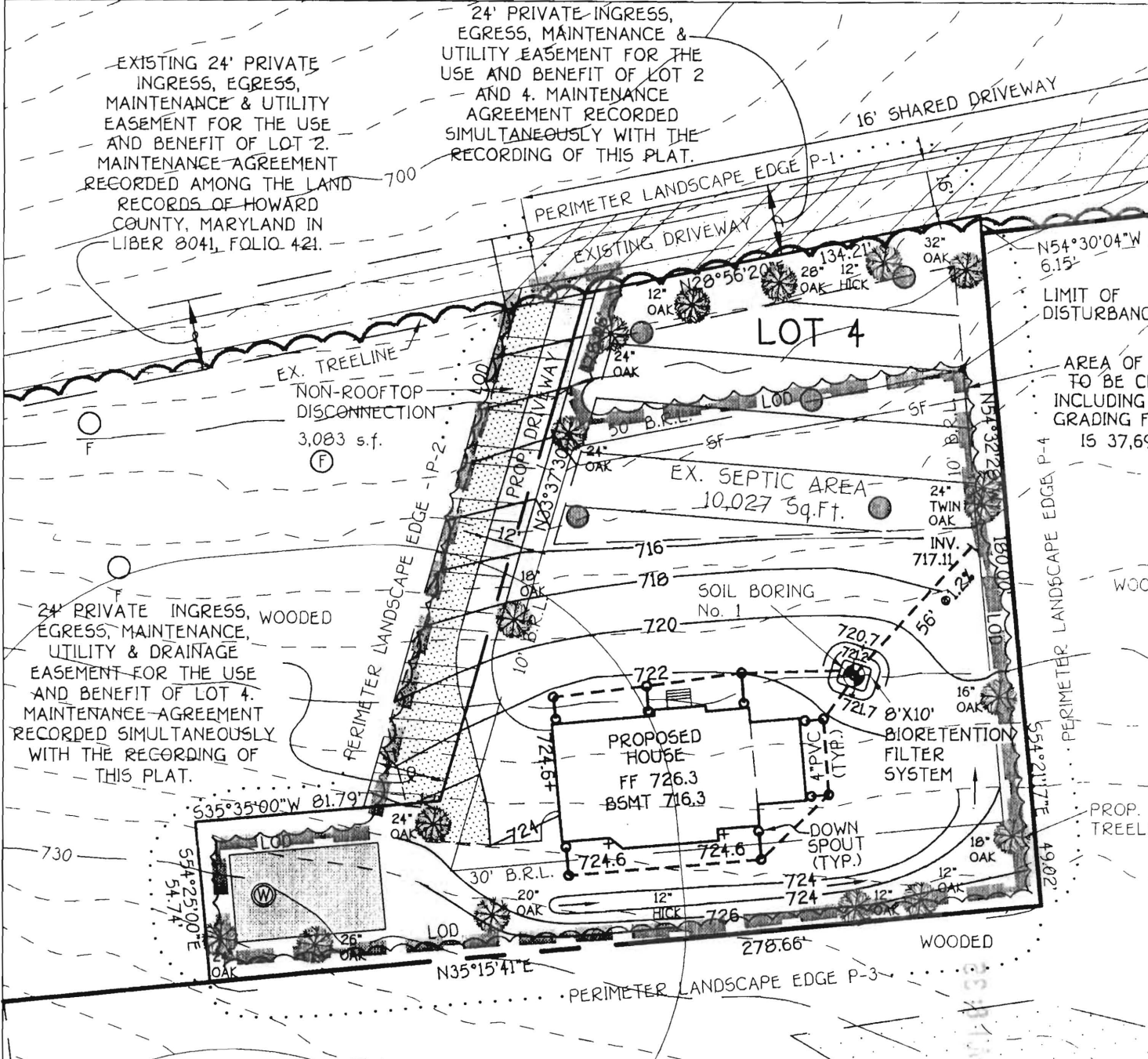
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 10/21/2010 (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

12/1/2009 12:14:26 PM, 1:1



DETAIL

SCALE : 1" = 50"

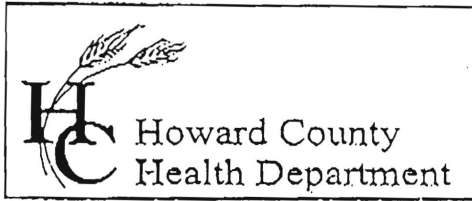
Stan Miller
410-489-4382

APPROVED: DEPARTMENT OF PLANNING AND ZONING

CHIEF, DIVISION OF LAND DEVELOPMENT	DATE
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CHIEF DEVELOPMENT ENGINEERING DIVISION	DATE
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FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



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:

Idiot's Delight 4 Florence Rd
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Fisher, Collins + Carter Inc
 (professional land surveyor or company employing professional land surveyors)
 on Feb 26, 2010 (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 Stanley Miller
410-489-4382

10/12/05 12:17:03



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 27th, 2012

March 27th, 2012

Homeowner
2640 Florence Road
Woodbine, MD 21797

**RE: Idiot's Delight, Lot 4
2640 Florence Road
Building Permit: B10003057
Well Permit: HO-95-1879**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/17/2011**. Final approval of the well line connection to the dwelling was granted on **10/21/2011**. The well construction was completed on **4/7/2010**. Water samples were collected on **3/19/2012**.

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. 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-95-1879. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

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

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



CATOCTIN LABS, INC.

1800 APPLIC. CENTER ROAD
THURMONT, MARYLAND 21788-1019
(301) 271-9060
FAX (301) 271-9060

FIELD RECORD

Customer: Custom Structures
2640 Florence Rd.
Woodbine, MD 21797

Date: March 19, 2012
Time: 18:15
Type: 0

County: Howard
Source: Half Bath Sink
Well No: HO-95-1879
Bottle No: 3PA

Residual Cl: 0.00
Iced: Yes
pH: 8.7
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability

Treatment: Raw

Collector: Scott Haines

State Certification No: 1997SH

Nitrate Analysis completed on 3/21/12 @ 1415 hours; Turbidity Analysis completed on 3/20/12 @ 0930 hours; Sand Analysis completed on 3/21/12 @ 1900 hours

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 19:05 3/19/2012

Examined: 19:05 03/19, 03/20

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
P/A Coliform	SM 9223	Absent	Absent
P/A E. coli	SM 9223	Absent	Absent
Nitrate	EPA 353.2	10.0 mg/L Maximum	1.4 mg/L
Sand	SM 2540 F	No Trace	No Trace
Turbidity	SM 2130 B	5.0 NTU Max (10.0 C.O.M.A)	1.0 NTU

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE** for human consumption, according to APHA/EPA Standards.

Analyst:  Date: March 20, 2012

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

*Results OK
3-27-12 HS*