

C1 2072

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A527915

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

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 15 7 2010

Depth of Well 22 200' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1841

OWNER Wheeler, Suzanne & Kenneth STREET OR RFD 13893 Forsythe Rd TOWN Sykesville 21784 SUBDIVISION Pleasant Valley Farm 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: Clay (0-8), Sandstone (8-17), Granite (17-200).

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 (ST, PL, CO, OT) 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) insert appropriate code below

Table for screen depth with columns: T, A, C, H, S, R, E, E, N and rows for different casing sections.

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

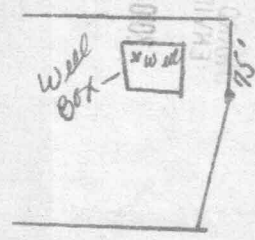
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 70 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft. WHEN PUMPING 37 ft. 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 LAND SURFACE (nearest foot) 50 51

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)



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 MS D0224 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D0224

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

B 1 6374

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531980 please type

STATE PERMIT NUMBER HO-95-1841 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Wheeler Suzanne + Kenneth 13893 Forsythe Rd Sykesville Md 21784

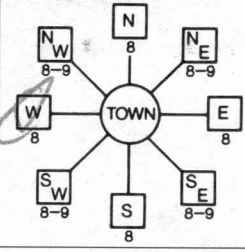
LOCATION OF WELL

Howard Pleasant Valley Farm 23 SUBDIVISION SECTION 44 46 LOT 2 52 NEAREST TOWN Sykesville MILES FROM TOWN 3.42

DRILLER INFORMATION

Joseph E. Wayne MS DOZY Driller's Name License No. Firm Name 5512 Ridge Rd Mt Airy Md 21771 Address Signature Date 10/28/09

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13893 Forsythe Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD NORTH 34 3/16 37 DISTANCE FROM ROAD M1 ENTER FT OR MI 38 39 TAX MAP: 9 BLK: PARCEL 92

WELL INFORMATION

APPROX. PUMPING RATE 4 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

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 COUNTY NAME A 52795 COUNTY NO. STATE SIGNATURE DATE ISSUED 11/16/09 CO SIGNATURE Phil Waff 11/16/10 EXP. DATE 41 NORTH GRID 549 000 EAST GRID 0801 000

APPROXIMATE DEPTH OF WELL 300 FEET

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 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 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)

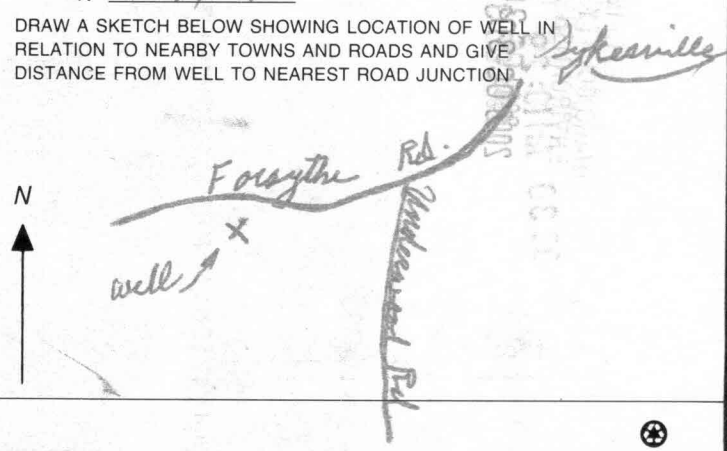
APPROP. PERMIT NUMBER G

PERMIT No. HO-95-1841

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE E 8001 N 5407



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Kelly Plumbing Svc. Telephone #: 410-771-0019
 Address: P.O. Box 280 443-463-0990
Phoenix MD 21131

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

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

Name (Print): ROB KELLY License# 4605

***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: JUSTIN RIZZUTO Telephone #: 443-277-8136
 Subdivision: PLEASANT VALLEY FARMS Lot #: 2 Well Tag #: HO-95-1841
 Site Address: 13955 FORSYTHE RD

Submersible Pump Data

Make: MYERS
 Model #: 25T52-B PLUS P-I
 Pump Capacity 8 GPM
 Well Yield: 20 GPM

Pitless Adapter

Make: CAMPELL
 Model#: B 10X
 Depth: 42" (36" min)
 NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
 Screened, vented well cap: YES
 Cap secured to casing: YES
 Conduit min 18" B.G.: YES
 Conduit secured to well cap: YES

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, 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 YES

Piping to house

Type: Bl. well tubing 1"
 PSI: ✓ (160 psi min)
 Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
 Length of sleeve (5' minimum from foundation): YES 5'
 Sleeve 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.

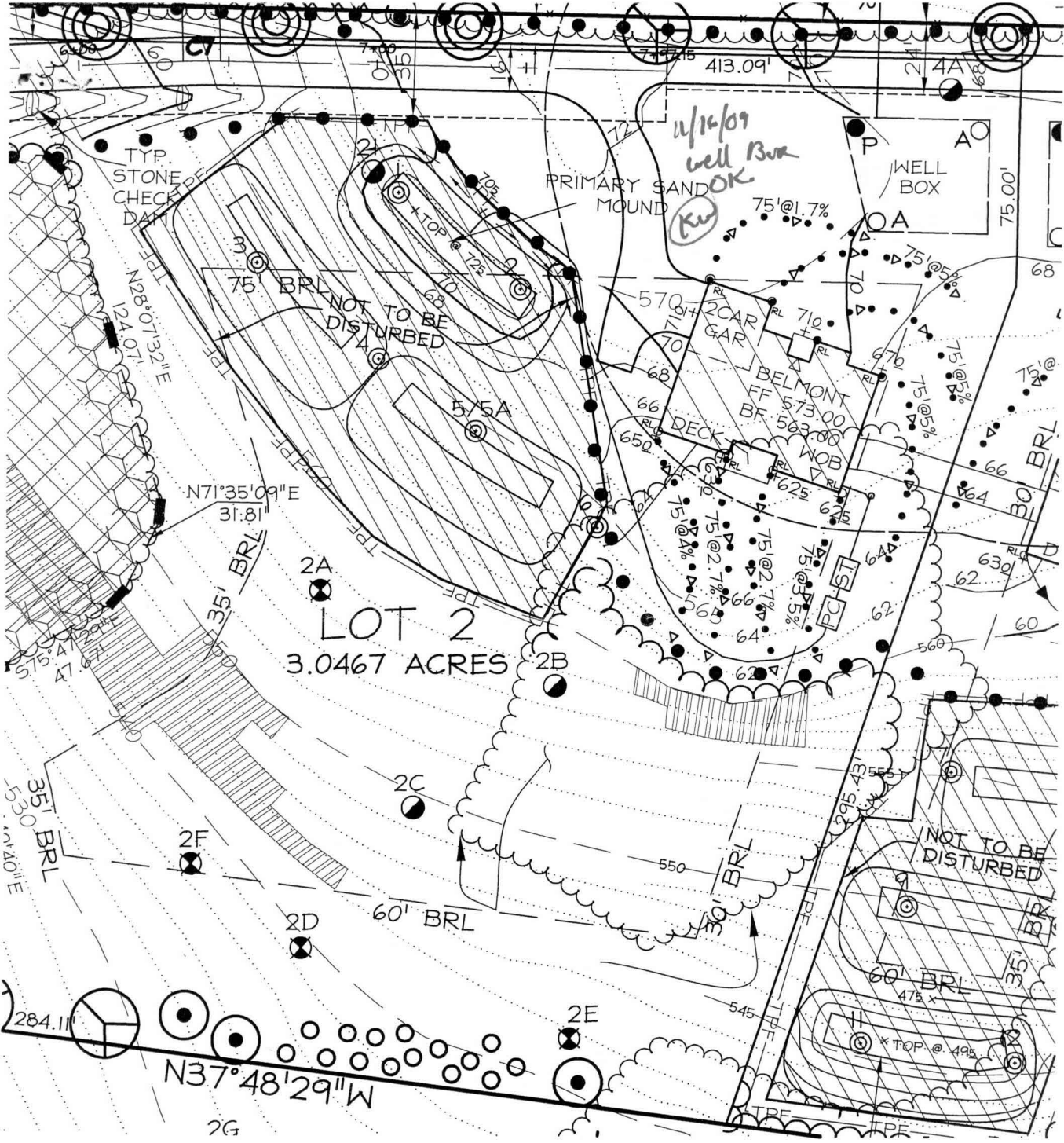
Signature of company representative responsible for installation: [Signature] date: 1/25/12

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

Date Insp. Requested: _____ Date Insp. Approved: 1/27/2012 Inspector: [Signature]

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 outside of well cap/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 ✓



THE WELL SITE HAS BEEN STAKED BY LDE INC. ON 9/10/09 AND DOES NOT REQUIRE A SITE INSPECTION.

LDE INC.

Planning/Engineering/Surveying

9250 Runsey Road Suite 106/Columbia, Maryland/21045
 (410)715-1070 (Balto.)/(301)596-3424(Wash.)/(410)715-9540 FAX

PLAN TO ACCOMPANY WELL PERMIT
 PLEASANT VALLEY FARM
 LOT 2
 TAX MAP 9 GRID 7 P/O PARCEL 92
 4TH ELECTION DISTRICT HOWARD COUNTY, MD

DATE: 9/2/09

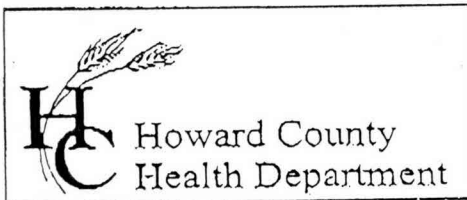
DRAWN: 9/2/09

SHEET: 1 OF 1

SCALE: 1"=50'

LDE JOB NO: 07-017

FILE NO: F09-079



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:

Pleasant Valley Farm Lot 243 13893 Forsythe Rd
 Subdivision/Property Name Lot# Road Name

The well site has been staked by LDE Inc
 (professional land surveyor or company employing professional land surveyors)
 on 10-14-2009 (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

Kenneth Wheeler
 410-442-2678



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 – December 13, 2012

June 13, 2012

Homeowner
13955 Forsythe Road
Sykesville, MD 21784

**RE: Pleasant Valley Farm, Lot 2
13955 Forsythe Road
Building Permit: B11002423
Well Permit: HO-95-1841**

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 **5/31/2012**. Final approval of the well line connection to the dwelling was granted on **1/27/2012**. The well construction was completed on **1/7/2010**. Water samples were collected on **5/31/2012**.

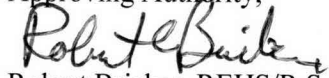
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1841. 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,


Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 84568 Account #: 6541
 Reference: Rizzutto Company: Mulloy Builders
 Location: 13955 Forsythe Road Requested By: Neil Mulloy
 Sykesville, MD 21784 Source: Well Water
 Date/ Time Collected: 5/31/2012 1552 Site: Pressure Tank
 Date/Time Rec'd: 5/31/2012 1652 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.7
 Collected By: C. Mooshian 7268CM Well #: HO-95-1841

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/1/2012 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/1/2012 / 1100 / CCH
Nitrate	2.19	mg/L	10	601	6/1/2012 / 1300 / CCH
Turbidity	1.28	NTU	<10	SM18 2130B	6/1/2012 / 1030 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	6/1/2012 / 1030 / CCH

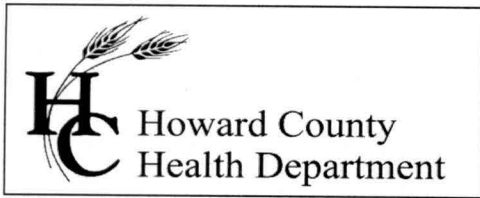
NOTES

- 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 and Chlorine level tested on site

Reason for Test: Use & Occupancy

Building Permit #: B11002423


Date Reported: 6/1/2012



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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: Kent Sheubrooks, Acting Chief
Division of Land Development

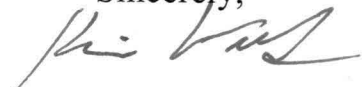
FROM: Kevin Wolf, Environmental Sanitarian 
Well and Septic Program
Groundwater Management Section

RE: File Number: F-09-079
Pleasant Valley, Lots 1-3

DATE: January 25th, 2010

The wells for the **Pleasant Valley** subdivision have been drilled and received preliminary approval by the Health Department. The recordation of plat F-09-079 should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, I can be reached at (410) 313 – 1771.

Sincerely,



Kevin Wolf

KW
C.C. File