

C 1 15941 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 520126

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 03 30 06

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-55-0215

OWNER Thirtly Two County Partnership STREET OR RFD 10299 STATES Rd Clover Hill TOWN Lutherville MD SUBDIVISION TERRAPIN PRESERVE SECTION LOT 3

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 22 NO. OF POUNDS 2200

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 78

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, 1-21, 23-26, 30-32, 36-39, 41-44, 45-47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) NO (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.

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) 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

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3.15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 195 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

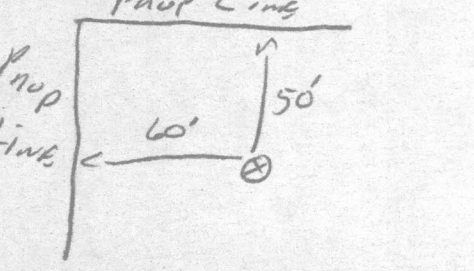
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (2) (nearest foot) (-) below

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 0952
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
HD-95-0215
fill in this form completely

523841
please type

OWNER INFORMATION
Date Received (APA) 12/2/05
8 MM DD YY 13
15 Last Name Owner First Name 34
10749 FALLS RD Suite 202
36 Street or RFD 55
LuThenville MD 21093-2013
57 Town 70 State 72 Zip 76

LOCATION OF WELL
B 3
8 COUNTY Howard
23 SUBDIVISION TERRA Pin Preserve
SECTION 44 46 LOT 3 48 50
52 NEAREST TOWN West Friendship
MILES FROM TOWN (enter 0 if in town) 0 MI
73 76 77 78

DRILLER INFORMATION
Driller's Name Ralph E. MAYWE M SD 117
76 License No. 81
Firm Name Ralph E. MAYWE INC
Address 17024 Handy Rd. Mt Airy MD 21221
Signature Date Dec 13 2005

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 34 35 37 FT OR MI
ENTER FT OR MI 38 39
TAX MAP: 15 BLK: 11 PARCEL 22

WELL INFORMATION
B 2
APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

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

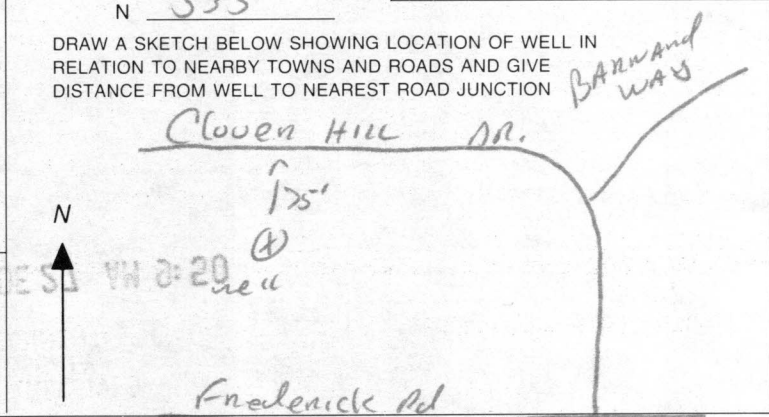
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard COUNTY NO. A520126
STATE SIGNATURE DATE ISSUED 1/11/06
CO SIGNATURE EXP. DATE 1/11/06
NORTH GRID 535 000 EAST GRID 814 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST

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 814
N 535

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 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)
APPROP. PERMIT NUMBER G
PERMIT No. HD-95-0215
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. HO - 95-0215
 Location of property (road) Clover Hill Rd
 Subdivision Terrapin Preserve Lot 3 Block 11 Plat 15 Sec. Pa. 22
 Well Driller Ralph Mayne Owner 32-40 Partnership
 Depth of well 400 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 56 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 195 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)
8:30	56 ft	6 Sec		10 GPM
9:00	195 ft	20 Sec	Test started	3 GPM
9:15	195 ft	20 Sec		3 GPM
9:30	195 ft	20 Sec		3 GPM
9:45	195 ft	20 "		3 "
10:00	195 ft	20 "		3 "
10:15	195 ft	20 "		3 "
10:30	195 ft	20 Sec		3 GPM
10:45	195 ft	20 Sec		3 GPM
11:00	195 ft	20 Sec		3 GPM
11:15	195 ft	20 "		3 "
11:30	195 ft	20 "		3 "
11:45	195 ft	20 "		3 "
12:00	195 ft	20 Sec		3 GPM
12:15	195 ft	20 Sec		3 GPM
12:30	195 ft	20 Sec		3 GPM
12:45	195 ft	20 "		3 "
1:00	195 ft	20 "		3 "
1:15	195 ft	20 "		3 "
1:30	195 ft	20 Sec		3 GPM
1:45	195 ft	20 Sec		3 GPM
2:00	195 ft	20 Sec		3 GPM
2:15	195 ft	20 "		3 "
2:30	195 ft	20 "		3 "
HD-224 245	195 ft	20 Sec		3 GPM
3:00	195 ft	20 Sec		3 GPM

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: FOGLES WELL DRILLING Telephone #: 410-295-5670
Address: 603 Woodbine Rd Woodbine, Md. 21797

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

Name (Print): Allen Compton License# MSD0009

*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: Castlewood Homes Telephone #: 410-977-3388
Subdivision: Lot #: Well Tag #: HO-95-0215
Site Address: 12660 Frederick Rd

Submersible Pump Data: Make: Grundfos Model #: 1530A15-290 Pump Capacity: 15 GPM Well Yield: 3 GPM
Pitless Adapter: Make: Campbell Model#: N/A Depth: 36 (36" min) NSF 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: (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 N/A

Piping to house: Type: 1" Black Plastic PSI: 160 (160 psi min) Depth of supply line: 42 (36" min)
House Connection: PVC sleeved to undisturbed soil at wall penetration: YES Approximate length of sleeve: 5 Sleeve caulked and 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: Allen Compton date: 1-30-08

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

Date Insp. Requested: Date Insp. Approved: 1/22/08 BBS
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



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

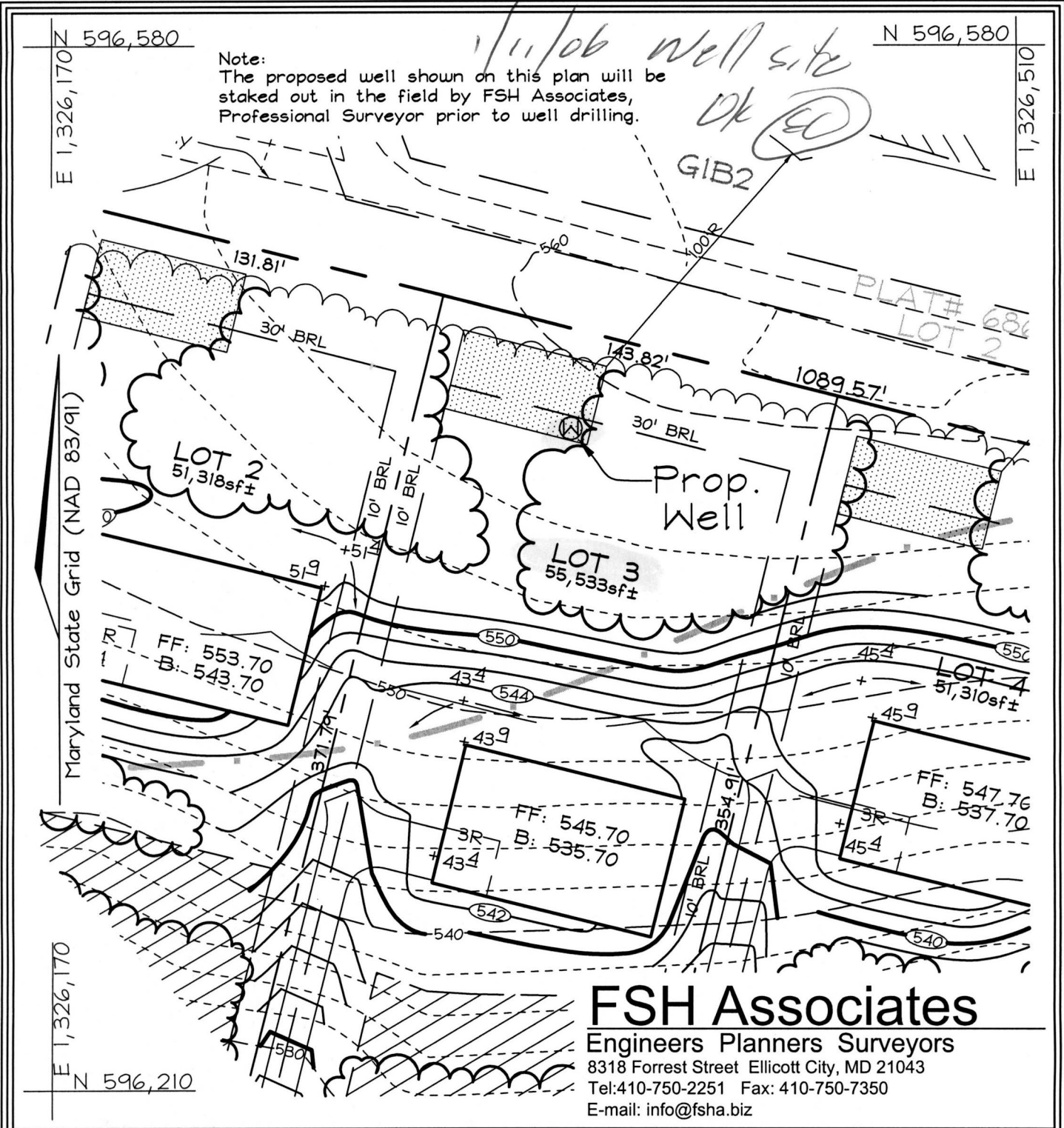
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by FSH ASSOCIATES INC on NOV 23 2005 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 Lots 1- to 50 and Preservation Parcel A
TERRAPIN Preserve Sub-



FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Nov. 03, 2005
 W.O. No.: 3229
 SHEET No.: 1 OF 1

WELL PERMIT PLAN TERRAPIN PRESERVE

LOT 3

TAX MAP 15 GRID 11
 3RD ELECTION DISTRICT

PARCEL 72
 HOWARD COUNTY, MARYLAND



TRACE LABORATORIES, INC

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

Requester:
Castlewood Homes
Attn: Bob Craney
13700 Clarksville Pike
Highland, MD 20777

S/O Number: 67644
Report Date: March 24, 2008

Property Sampled: 12660 Frederick Road, 21794

County: Howard
Subdivision: Terrapin Preserve
Lot #: 3
Building Permit #: B07002532
Tax Map #: 15
Parcel #: 72

Date/Time Collected: March 21, 2008 at 1:17 pm
Date/Time Received: March 21, 2008 at 3:05 pm

Sample Location: Powder Room Tap
Sampler ID: 0095JF
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0215
Well Condition: 2-Piece Cap
Cap Off

Water Conditioning/Treatment: None

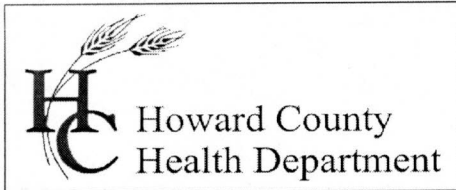
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.4 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
Allison R. Milburn
Manager-Drinking Water Testing

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.



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

March 26⁴, 2008

Castlewood Homes
13700 Clarksville Pike
Highland, MD 20777

SENT VIA FACSIMILE 301-432-7147

RE: Terrapin Preserve, Lot 3
12660 Frederick Road
West Friendship, MD 21794
BP #: B07002532
Well Permit # HO-95-0215

Dear Sirs:

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 01/21/2008. Final approval of the well line connection to the dwelling was approved on 01/22/2008.**

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.

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- 95-0215. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 03/21/2008
Date of Well Completion: 03/30/2006

Approving Authority,

Stuart Oster, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File