

C1 0261

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 #518641

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10 26 06

Depth of Well 22 260 26

4/20/09 D.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-0379

OWNER MATTHEWS & LYONS STREET OR RFD ROAD A TOWN Glenelg SUBDIVISION Cloverfield SECTION LOT 19

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, CLAY, Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 20 NO. OF POUNDS 2000 GALLONS OF WATER 120 DEPTH OF GROUT SEAL 0 to 30+

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 80

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

SCREEN RECORD

screen type or open hole (H) (O) (P) (L) (S) (T) (B) (R) (C) (A) (J) (P) (R) (S) (T) (O)

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N. Rows for casing and screen depths.

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

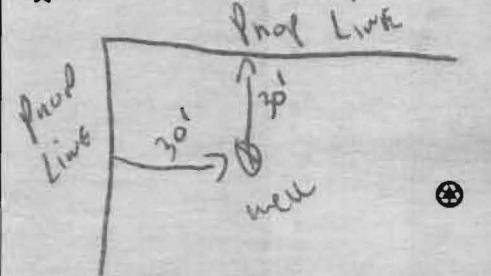
PUMPING TEST

HOURS PUMPED 3 PUMPING RATE 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL BEFORE PUMPING 39 WHEN PUMPING 52 TYPE OF PUMP USED (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 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH 43 47 CASING HEIGHT (+) above (-) below LAND SURFACE (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)



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...

DRILLERS LIC. NO. 1 M S D L H 2

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 0978

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 524386

STATE PERMIT NUMBER 710-95-0379 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 Cloverfield/PefferKorn LLC 15 Last Name Owner First Name 34 3060 RT 97 36 Street or RFD 55 Glenwood MD 21738 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard 8 COUNTY 21 Cloverfield 23 SUBDIVISION 42 SECTION 44 46 LOT 19 48 50 GLENELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION Ralph E. Mayne M S D 117 Driller's Name 76 License No. 81 Firm Name Ralph E. Mayne, TNC. Address 17024 Hardy Rd. Mt. Airy, MD. 21701 Signature Date 3/25/06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ROAD A 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD 34 50 37 ENTER FT OR MI 38 39 TAX MAP: 15 BLK: PARCEL 4

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

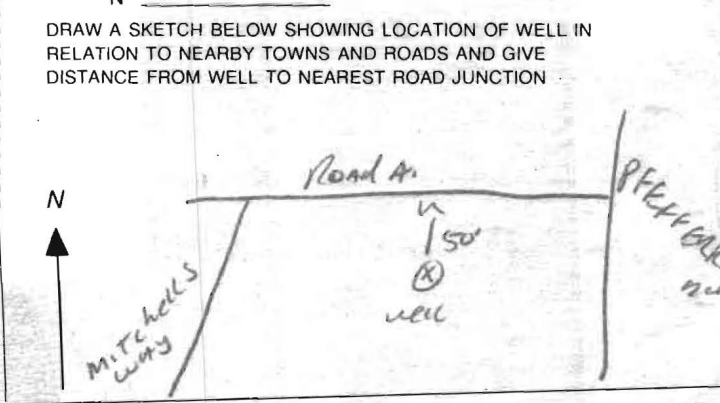
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/2/06 CO SIGNATURE EXP. DATE 5/2/09 NORTH GRID 800 000 EAST GRID 530 000

APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 530 000 N 800 000

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. 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 - 95-0379
 Location of property (road) ROAD A
 Subdivision CLOVERFIELD Lot 19 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner MATTHEWS & LYONS

Depth of well 260
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 39 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 GPM
 Total time 15 min to reach pumping water level 52 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>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	39 ft	4 Sec		15 GPM
			TEST STARTED	
8:15	52 ft	4 Sec		15 GPM
8:30	52 ft	4 Sec		15 GPM
8:45	52 ft	4 Sec		15 GPM
9:00	52 "	4 "		15 "
9:15	52 "	4 "		15 "
9:30	52 "	4 "		15 "
9:45	52 ft	4 Sec		15 GPM
10:00	52 ft	4 Sec		15 GPM
10:15	52 ft	4 Sec		15 GPM
10:30	52 "	4 "		15 "
10:45	52 "	4 "		15 "
11:00	52 ft	4 Sec		15 GPM
11:15	52 ft	4 Sec		15 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) perm is required prior to Use and Occupancy approval.

Company R & G Water Systems, Inc.
Address 4322 Opals Choice Drive
Manchester, MD 21102

Telephone #: 410-239-0700

Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Rickey Roos, Sr. License # PE-133

*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: LATONSVILLE HOMES Telephone #:
Subdivision: GLOVERFIELD Lot #: 19 Well Tag #: HO-95-0379
Site Address: 13517 MITCHELLS WAY
WEST FRIENDSHIP, MD 21154

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>106507422</u>	Make: <u>HANVARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>GOLDS</u>	Model #: <u>7T-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>30</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>260</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 glands are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house	House Connection
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/> <u>FERNICO</u>

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: Rickey Roos, Sr. date: 7/21/09

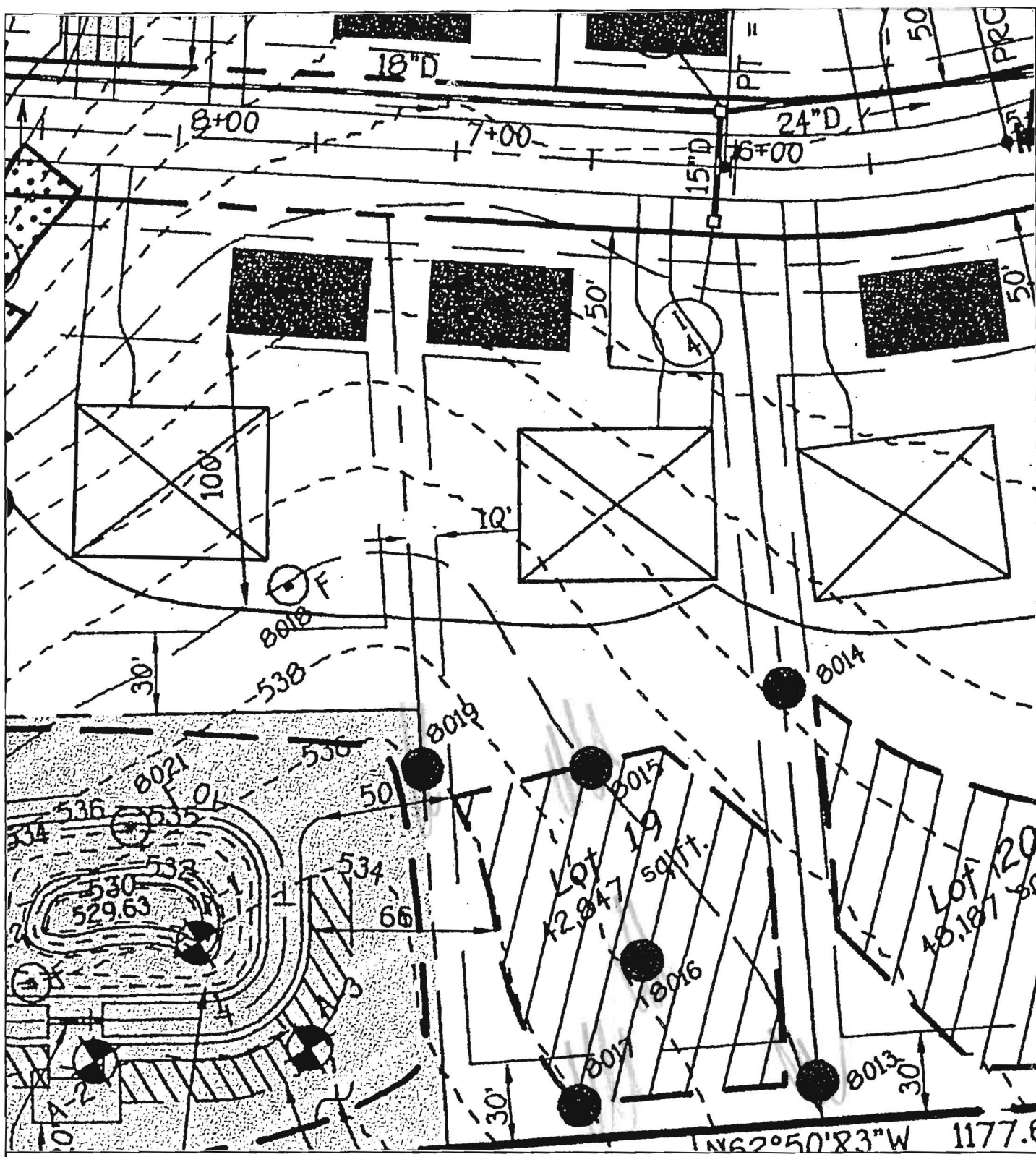
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: OK (KW) 7/22/09

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 3" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grant observed below pitless adapter	<input checked="" type="checkbox"/>

HD-215 (Rev. 8/00)



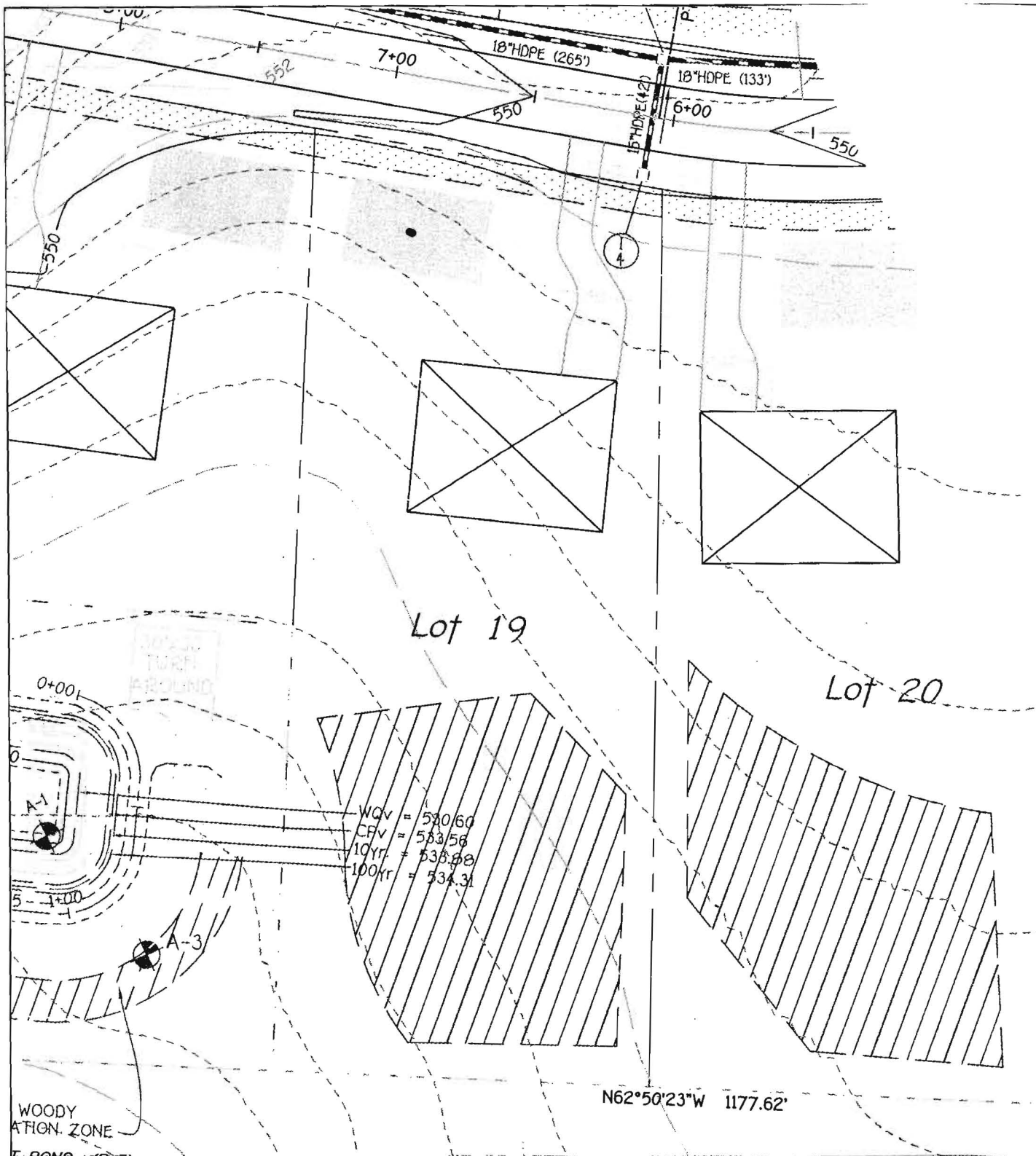
HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 19
CLOVERFIELD

TAX MAP #15 ZONED: RC-DED PARCEL: 4
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7800



WQV = 530.60
 CFV = 533.56
 10yr = 533.98
 100yr = 534.31

N62°50'23"W 1177.62'



HERITAGE
 Land Development

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3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7900



Howard County
Health Department

7178 Columbia Gateway Dr. • 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

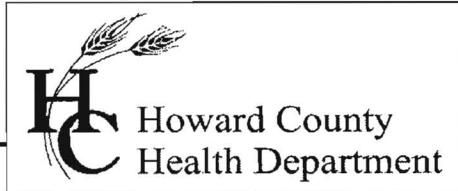
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by FCC
OR BY 3/31/06 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



Bureau of Environmental Health
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

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

May 27, 2010

Homeowner
13517 Mitchells Way
West Friendship, MD 21774

RE: Cloverfield, Lot 19
13517 Mitchells Way
BP #: B09000715
Well Tag: HO-95-0379

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 10/13/2009.** **Final approval of the well line connection to the dwelling was approved on 07/22/2009.**

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-95-0379. 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. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 05/19/2010
Date of Well Completion: 10/26/2006

Approving Authority,



Robert Bricker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



CERTIFICATE OF ANALYSIS

Requester: Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 77638
Report Date: May 20, 2010

Property Sampled: 13517?
 13539 Mitchells Way

County: Howard
Subdivision: Estates at Cloverfield
Lot #: 19
Building Permit #: B09000715

Tax Map #: 15
Parcel #: 4

Date/Time Collected: May 19, 2010 at 12:52 pm
Date/Time Received: May 19, 2010 at 2:40 pm

Sample Location: Pressure Tank Tap
Sampler ID: 9813AM

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0379
Well Condition: 2-Piece
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.3 NTU	EPA 180.1	10 NTU	Pass
pH	6.0 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
 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.