

6627 (MDE USE ONLY)

WELL COMPLETION REPORT
 STATE OF MARYLAND
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

COUNTY NUMBER 13

ST/CO USE ONLY
 DATE RECEIVED
 MM DO YY
05 26 06

DATE WELL COMPLETED
 MM DO YY
05 26 06

Depth of Well
300
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
10-95-0063

OWNER JTS Corp
 STREET OR RFD Maryland Farm Rd TOWN Glenn Dale
 SUBDIVISION " " SECTION 21/12/12 LOT 29

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 | | check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Top Soil | 0 | 2 | |
| Sandy | 2 | 20 | ✓ |
| Sand Stone | 20 | 25 | |
| MICKA | 25 | 95 | |
| Sand Stone | 95 | 100 | ✓ |
| MICKA | 100 | 200 | |
| Flint Rock | 200 | 205 | ✓ |
| MICKA | 205 | 300 | |

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 20 NO. OF POUNDS 2000
 GALLONS OF WATER 120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 300 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 PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 82
 60 61 63 64 66 70

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 HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)
 1 HTO 80 300
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____
 10 _____
 11 _____
 12 _____
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 70 _____
 71 _____
 72 _____
 73 _____
 74 _____
 75 _____
 76 _____

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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 28.04.04 "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. MSD 112
 DRILLERS SIGNATURE [Signature]
 LIC. NO. D

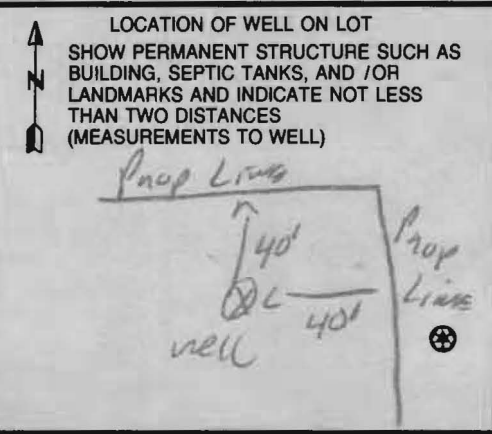
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 28 ft.
 WHEN PUMPING 65 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. 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 } 2 (nearest foot)
 49 50 51



B 1 8931

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD - 95 - 0063

522472 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

J. T. S. Corp Owner First Name 34
8800 Centre Park Dr. Suite 209 Street or RFD 55
Columbia MD 21045 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

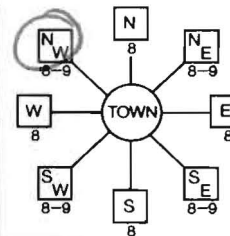
8 COUNTY Howard 21
23 SUBDIVISION Mus Grove Farm 42
SECTION 44 46 LOT 29 48 50
GLEWELG 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne MS D 112 Driller's Name 76 License No. 81
Ralph E. Mayne Inc Firm Name
17024 Handy Rd. Mt Airy MD 21771 Address
Ralph E. Mayne 5-14-05 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mus Grove Farm Ct 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 12 PARCEL 22

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (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 6/20/05 6/20/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 524 000 EAST GRID 798 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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)

- [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)

APPROX. PERMIT NUMBER HD 2005 G002
PERMIT No. HD - 95 - 0063

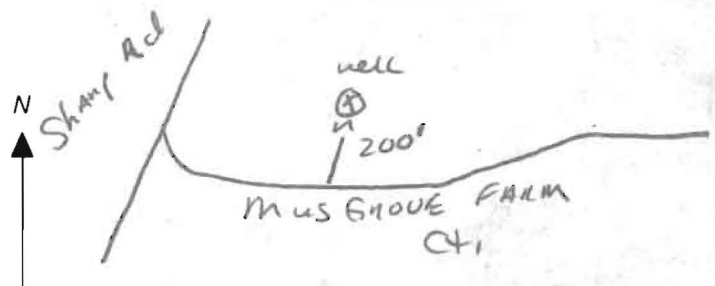
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 525 798
N 800 524

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Fogels Well Drilling LLC Telephone #: 443-609-4195
Address: 603 Woodbine Rd
Woodbine Md 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
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: Ryan Homes Telephone #: 717-752-0983
Subdivision: Musgrave Farm Lot #: 29 Well Tag #: HO-95-0063
Site Address: 14519 Musgrave Farm Ct

| | | |
|---|----------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Cummins</u> | Make: <u>Cummins</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>1550E15-290</u> | Model#: <u>N/A</u> | Screened, vented well cap: <u>yes</u> |
| Pump Capacity <u>15</u> GPM | Depth: <u>36</u> (36" min) | Cap secured to casing: <u>yes</u> |
| Well Yield: <u>4</u> GPM | NSF approved: <u>yes</u> | Conduit min 18" B.G.: <u>yes</u> |
| Depth of well encountered at time of pump installation: <u>360</u> (feet) | | Conduit secured to well cap: <u>yes</u> |
| 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 <u>N/A</u> | | |

| | |
|---|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>1" Black Plastic</u> | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>100</u> (160 psi min) | Approximate length of sleeve (5 foot minimum): <u>5</u> |
| Depth of supply line: <u>42</u> (36" min) | Sleeve caulked and sealed properly: <u>yes</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: Allen Compton date: 11/29/10

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

Date Insp. Requested: 11/19/10 Date Insp. Approved: 11/19/10 (KW)
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
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Company Name: Fogles Well Drilling LLC Telephone #: 443-609-4195
Address: 1003 Woodbine Rd
Woodbine, Md 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD009
*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: Ryan Homes Telephone #: 717-752-0983
Subdivision: Musgrove Farm Lot #: 29 Well Tag #: HO-95-00103
Site Address: 14317 Musgrove Farm Ct

| | | |
|---|----------------------------|---------------------------------------|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Cummins</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>1530E15-290</u> | Model #: <u>NA</u> | Screened, vented well cap: <u>yes</u> |
| Pump Capacity: <u>15</u> GPM | Depth: <u>36</u> (36" min) | Cap secured to casing: <u>yes</u> |
| Well Yield: <u>4</u> GPM | NSF approved: <u>yes</u> | Conduit min 18" B.G.: <u>yes</u> |
| Depth of well encountered at time of pump installation: <u>360</u> (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 <u>NA</u> | | |

| | |
|-------------------------------|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>1" Black Plastic</u> | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>160</u> (160 psi min) | Approximate length of sleeve (5 foot minimum): <u>5</u> |

Depth of supply line: 42 (36" min). 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: 1/29/10

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____

P-143
NOT PROPERTY OF
R. J. WYLE
L-418 F 375

copy
F-05-20

P.N. 16007
PART OF BUILDABLE
PRESERVATION PARCEL "A"
406,198 S.F. OR 9.3250 AC.
(TOTAL AREA 435,925 S.F. OR
10.0075 AC.)
(OWNER IS MAPLE SPRINGS FARM
LIMITED PARTNERSHIP AND THE EASEMENT
HOLDER IS HOWARD COUNTY)

- CENTERLINE STREAM
- 100' STREAM BUFFER
- WETLANDS LIMITS
- WETLANDS BUFFERS
- FLOODPLAIN EASEMENT
- FOREST CONSERVATION EASEMENT
- 35' ENVIRONMENTAL SET BACK & B.R.L. (35' E.S.&B.R.L.)

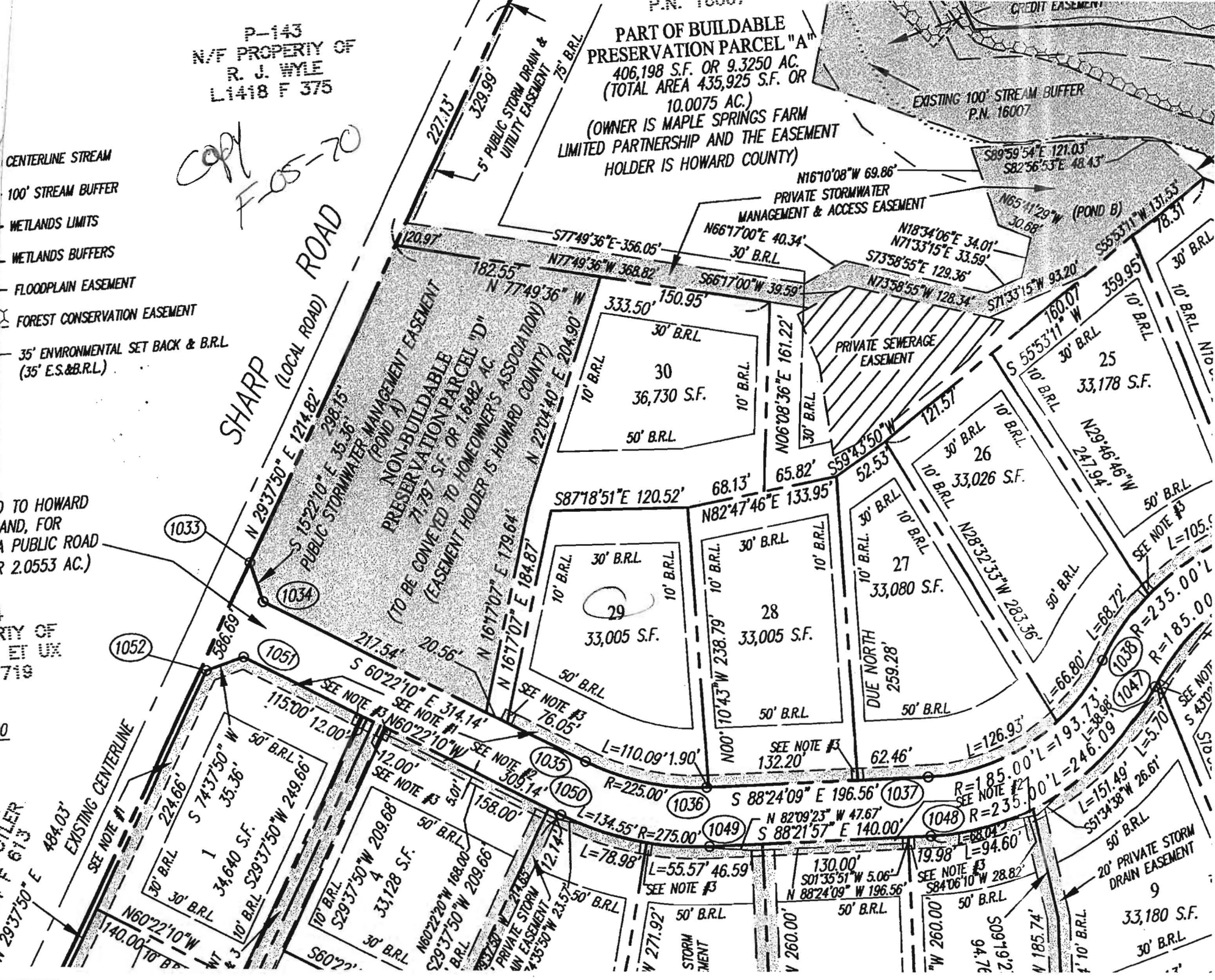
SHARP ROAD (LOCAL ROAD)

AD TO HOWARD
LAND, FOR
A PUBLIC ROAD
(R 2.0553 AC.)

PROPERTY OF
ET UK
719

600

PROPERTY OF
F 613



NON-BUILDABLE
PRESERVATION PARCEL "D"
71,797 S.F. OR 1.6482 AC.
(EASEMENT HOLDER IS HOWARD COUNTY)

36,730 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

33,005 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

33,005 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

33,026 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

33,178 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

33,180 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

34,640 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

33,128 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

33,180 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

33,180 S.F.
30' B.R.L.
10' B.R.L.
50' B.R.L.

484.03' EXISTING CENTERLINE
SEE NOTE #1
N 29°37'50" E 1214.82'
S 15°22'10" E 35.36'
S 74°37'50" W 35.36'
S 29°37'50" W 249.66'
N 60°22'10" W 1140.00'
N 60°22'10" W 1150.00'
S 60°22'10" E 314.14'
S 29°37'50" W 209.68'
N 60°22'10" W 168.00'
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N 60°22'10" W 168.00'
S 29°37'50" W 209.66'

N 29°37'50" E

N 60°22'10" W

S 29°37'50" W

N 60°22'10" W

S 29°37'50" W

N 60°22'10" W

S 29°37'50" W

N 60°22'10" W

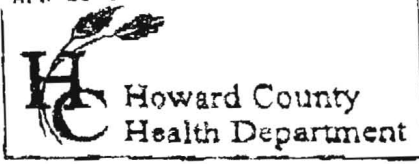
S 29°37'50" W

N 60°22'10" W

S 29°37'50" W

APR-26-2005 17:04

J. THOMAS SCRIVENER



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!!!

Muscogee Team

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

- The well site has been staked by Gutachnick Little & Weber PA on 05/05/05 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

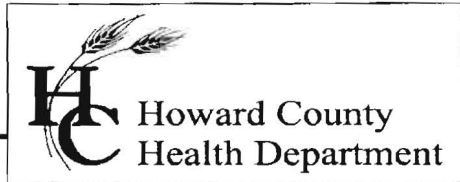
Apr. 26 2005 04:55PM P2

FAX NO. : 4104899734

FROM : RALPH WAYNE WELLS DRILLING

TOTAL P.02

TOTAL P.02



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

February 19, 2010

Homeowner
14317 Musgrove Farm Ct.
Glenelg, MD 21737

RE: Musgrove Farms, Lot 29
14317 Musgrove Farm Court
BP #: B09002891
Well Tag: HO-95-0063

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 2/19/2010. Final approval of the well line connection to the dwelling was approved on 1/19/2010.**

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-95-0063. 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: 2/15/2010
Date of Well Completion: 5/26/2006

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #: 74319 Account #: 1930
 Reference: Ryan Homes Lot #29 Company: Fogle's Well Drilling
 Location: 14317 Musgrove Farm Court Requested By: Dave Fogle
 Glenelg, MD 21737 Source: Well Water
 Date/ Time Collected: 2/15/2010 1130 Site: Kitchen Sink Tap
 Date/Time Rec'd: 2/15/2010 1404 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.2
 Collected By: J. Fogle 1974JF Well #: HO-95-0063

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 2/16/2010 / 0900 / KME |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 2/16/2010 / 0900 / KME |
| Nitrate | 5.56 | mg/L | 10 | 601 | 2/15/2010 / 1445 / CCH |
| Turbidity | 3.39 | NTU | <10 | SM18 2130B | 2/15/2010 / 1445 / CCH |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 2/15/2010 / 1445 / 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 pH and Chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
 Building Permit # : B09002891

Date Reported: 2/16/2010