

C1 6586

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13

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

DATE WELL COMPLETED MM DD YY 05 04 06

Depth of Well 22 140 26 (TO NEAREST FOOT)

OK: RW 10/6/06

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0021

OWNER TTS Corp STREET OR RFD ... TOWN ... SUBDIVISION ... SECTION ... LOT ...

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD form with fields for WELLS GROUDED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, SCREEN RECORD (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

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

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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 SD 113 DRILLERS SIGNATURE LIC. NO. 1 D

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

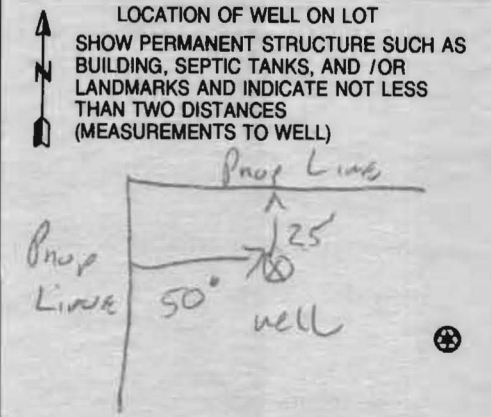
DEPTH (nearest ft.) table with columns 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22. Includes slot size and diameter of screen.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



B 1 8907

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD - 95 - 0021 fill in this form completely

522472 please type

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

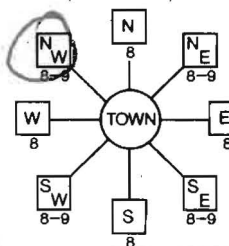
Howard COUNTY 21
Musgrave Farm SUBDIVISION 42
SECTION 44 46 LOT 5 48 50
GLEWELG NEAREST TOWN 71

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 Signature 5-14-05 Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Musgrave Farm Ct. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N, WEST W, SOUTH S, EAST E

34 250 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 12 PARCEL 12

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 COUNTY NAME 13 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 6/2/05 6/2/06
CO SIGNATURE EXP. DATE
NORTH GRID 524 000 EAST GRID 798 000

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

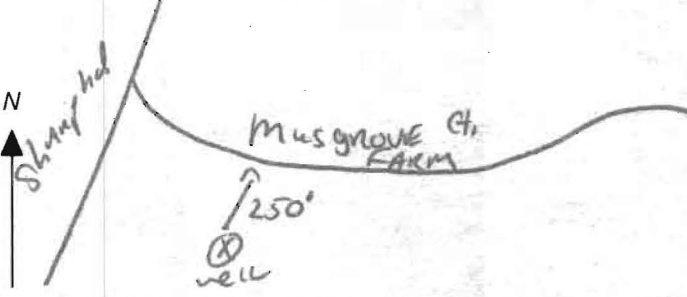
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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



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

APPROP. PERMIT NUMBER HD 2005 G 002
PERMIT No. HD - 95 - 0021

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Att: Mike

**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: Home Land Pump + Water Telephone #: 443-846-8659
Address: 335 Barley Circle
Hanover, PA 17331

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

License # and name of individual responsible for the field installation:
Name (Print): Michael Dodd License# PT 0161

*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 #: 410-365-1325
Subdivision: MUSGRAVE FARMS Lot #: 5 Well Tag #: HO-95-0021
Site Address: 14318 Musgrave Farm
Galena, MD

Submersible Pump Data
Make: Grundfos Model #: 1550A7180 Pump Capacity: 15 GPM
Well Yield: 25 GPM
Depth of well encountered at time of pump installation: 20 (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 _____

Pitless Adapter
Make: Campbell Model#: EA 800
Depth: 42 (36" min)
NSF approved: YES

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:

Piping to house
Type: SUBSURFACE PIPE
PSI: (160 psi min)
Depth of supply line: (36" min)

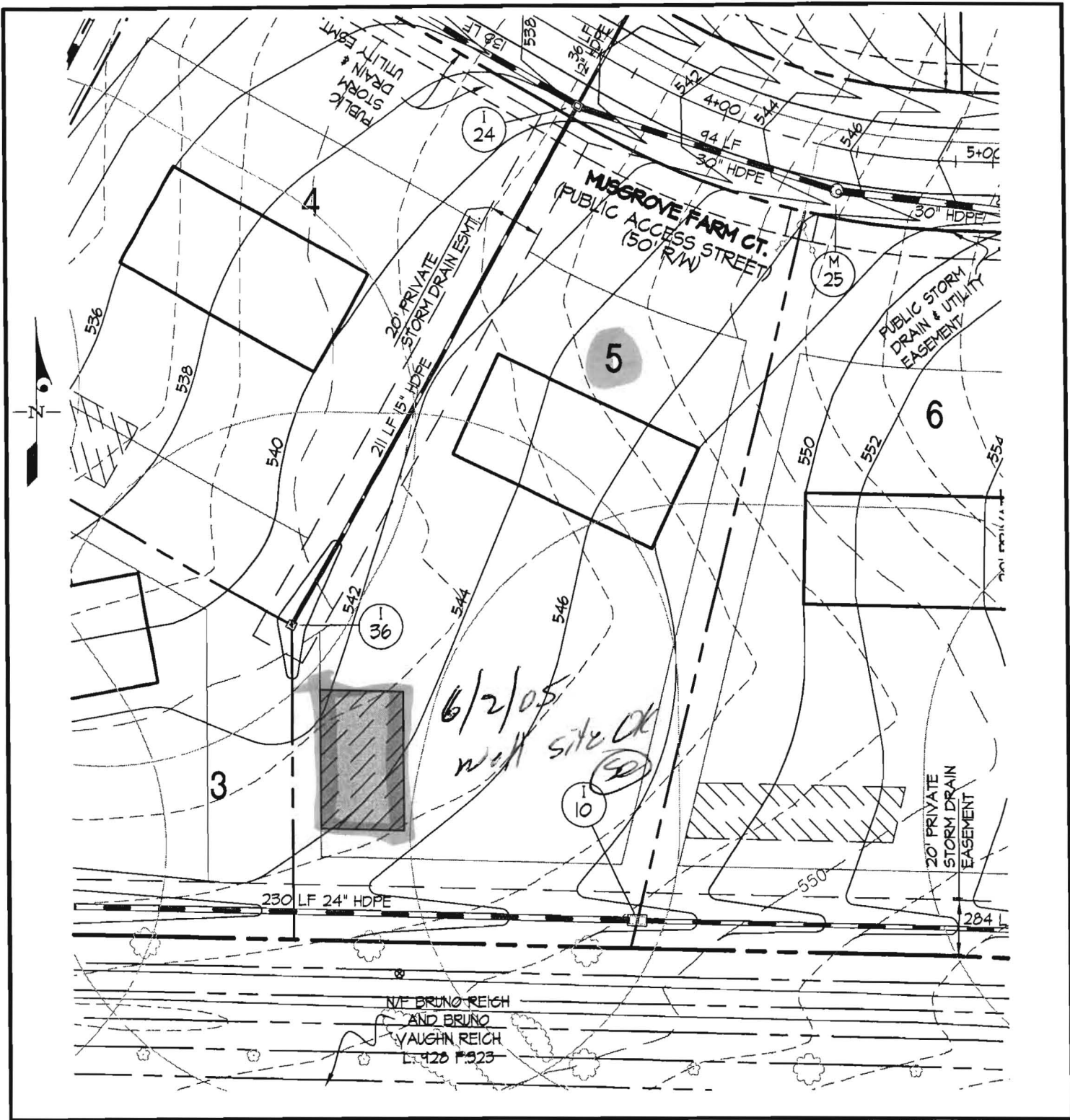
House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 6
Sleeve caulked and sealed properly:

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] Signature of company representative responsible for installation 9-18-08 date

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

Date Insp. Requested: _____ Date Insp. Approved: 9-18-08 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



LEGEND



CONCEPTUAL HOUSE BOX

4022
W-05



WELL SURVEY POINT

WELL BOX

WELL LOCATION EXHIBIT - LOT 5

MUSGROVE FARM

Lots 1 thru 30, Buildable Preservation Parcels 'A',
and Non-Buildable Preservation Parcels 'C' and 'D'

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS

3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK

BURTONSVILLE, MARYLAND 20866

TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

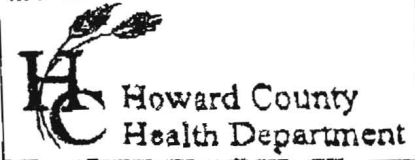
ZONING: RC/RR-DEO

TAX MAP/GRID: 22-12,22-1&7

GLW JOB NO: 01171

APR., 2005

1 OF 1



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!!!

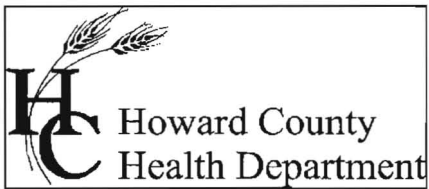
Muscrow Farm

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

- The well site has been staked by Gutgebach, 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



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

November 13, 2008

Occupant
14318 Musgrove Farm Court
Glenwood, MD 21738

SENT VIA FACSIMILE 410-796-7094

RE: Musgrove Farm, Lot 5
14318 Musgrove Farm Court
Glenwood, MD 21738
BP# B08001849
Well Tag #: HO-95-0021

Dear Sir:

This is to advise you that the septic house connection and grinder pump for the above referenced property has been installed and inspected. **Final approval of these was granted on 11/12/2008. Final approval of the well line connection to the dwelling was approved on 09/18/2008.**

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.

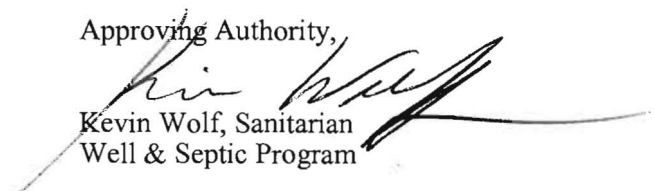
INTERIM CERTIFICATE OF POTABILITY

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-95-0021. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/04/2008 & 11/10/2008
Date of Well Completion: 05/04/2006

Approving Authority,


Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

*State Certified Water Quality
Laboratory # 106*

*State Certified Water Quality
Laboratory # 139*

REPORT OF ANALYSIS

Tim Shotzberger
Home Land Septics
308 Liberty Road
Baltimore, MD 21221

Lab Number: 80378
Date Received: 11/10/08 14:00
Project: HO-95-0021

Sample No: 80378-01 Sampled: 11/10/2008 10:00:00 A
Client ID: Ryan Homes-Musgrove Sampler: 6244MD
 Farms - Lot #5
 14318 Mosgrove Farm
 Ct
 Glenelg, MD 21737

Parameter	Method	Result	Units	MDL	Test Date	Analyst
Bacteria-Total Coliform	SM 9223	Absent/PASS	Per/100ml	1	11/10/2008	LH
Bacteria-E.coli	SM 9223	Absent/PASS	Per/100ml	1	11/10/2008	LH

Notes:

80378-01 No chlorine present at the time of collection as reported by the sample collector.

Reviewed and Approved by:

Daniel J. Brumsted
Laboratory Director



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 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

LETTER OF RESULTS

Home Land Septic Consulting
 Attn: Tim Shotzberger
 5414-A Arcadia Road
 Upperco, Maryland 21155

Report Date: November 4, 2008

S/O#: 70347

The following information was provided by Home Land Septic Consulting:

Reference: Ryan Homes, Musgrove Farm Lot #5
 14318 Musgrove Farm Court
 Glenwood, Maryland 21737


Well Information: HO-95-0021 **Field pH:** 6.0 Units
 2-Piece Cap
 Satisfactory

Date/Time Sampled: November 3, 2008 at 10:00 am
 Date/Time Received: November 3, 2008 at 3:30 pm

Listed below are results of drinking water analyses on a water sample collected by self (certified sampling #8065TS) and delivered to Trace Laboratories for analysis:

<u>Parameter</u>	<u>Result</u>	<u>MCL</u>	
Total Coliform:	PRESENT	Absent	FAIL
E. coli:	Absent	Absent	
Nitrate-N:	7.1 mg/L as N	10 mg/L as N	Pass
Turbidity:	<1.0 NTU	10 NTU	Pass
Sand	Negative	Negative	

MCL=Maximum Contamination Level


 Allison R. Milburn
 Manager - Drinking Water Testing

NOTE: Trace Laboratories is not responsible for the collection or the transportation of the sample.