

C 1 6588 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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 22 180 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0023

OWNER TTS Corp last name first name STREET OR RFD Myrtle Farm Ct TOWN Clondy SUBDIVISION SECTION 21/12/12 LOT 7

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

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 40 NO. OF POUNDS 2000

CASING RECORD MAIN CASING TYPE (P) (L) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 65

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DEPTH (nearest ft.) 63 180

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (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. 1 M SD 117 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)

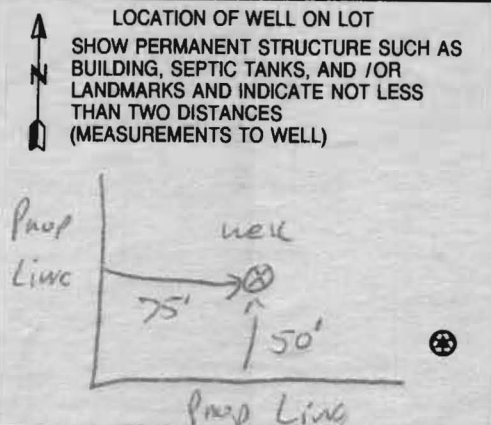
DEPTH (nearest ft.) 63 180 SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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 (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 44 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 (O) LAND SURFACE (-) below (2) (nearest foot)



B 1	8910	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522472 please type	STATE PERMIT NUMBER HO-95-0023 fill in this form completely
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Last Name J. T. S. Corp. Owner First Name _____ 34

36 Street or RFD 8800 Centre Park Dr. Suite 209 55

57 Town Columbia 70 State MD 72 Zip 21045 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION MUSTGROVE FARM 42

SECTION _____ 44 46 LOT 7 48 50

52 NEAREST TOWN GLEWELG 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Ralph E. Mayne 76 License No. M.S.D. 112 81

Firm Name Ralph E. Mayne Inc.

Address 17024 Handy rd Mt Airy MD 21071

Signature Ralph E. Mayne 5-14-05 Date

WELL INFORMATION

B 2

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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. 13

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 6/2/05 43 48

CO SIGNATURE [Signature] EXP. DATE 6/2/06 41

NORTH GRID 524 50 000 55 EAST GRID 798 57 000 63

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 525 798

N 800 524

000
000

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

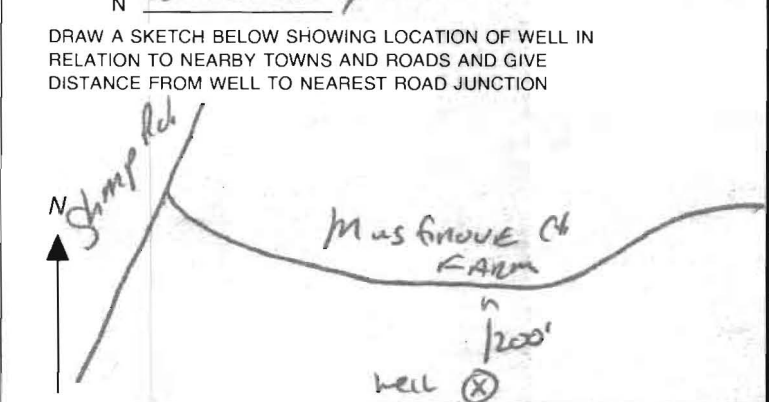
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



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

APPROP. PERMIT NUMBER HO 2005 G 002

PERMIT No. HO-95-0023 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Attn: Mike

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2648 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 company form is required prior to Use and Occupancy approval.

Company Name: Hone Linn Pump Wells Telephone #: 413-846-8659
Address: 335 POLSKY CIRCLE
WONNERS PT MD 21781

(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 D. Jones Michael P. Jones

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed professional plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Erica James Telephone #: 410-551-323
Subdivision: WATERGATE FARMS Lot #: 7 Well Tag #: HO 95 0023
Site Address: 14926 Musgrave Farm Ct.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Grundfos Two piece watertight cap:
Model #: 5500 P-100 Model #: 5500 Sealed, vented well cap:
Pump Capacity: 1.5 GPM Depth: 36' min. Cap secured to casing:
Well Yield: 1.5 GPM NSF approved: Conduit min. 1.8" I.D.:
Depth of well encountered at time of pump installation: 32' (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Make of house: Brick Point of connection: At well penetration
Type of floor: Asph/Flt PVC secured to undisturbed soil in well penetration:
Floor level (ft) on floor: _____ Approximate length of sleeve: 3'
Depth of supply fit at: 36' (36" dia) Sleeve caulked and sealed properly:

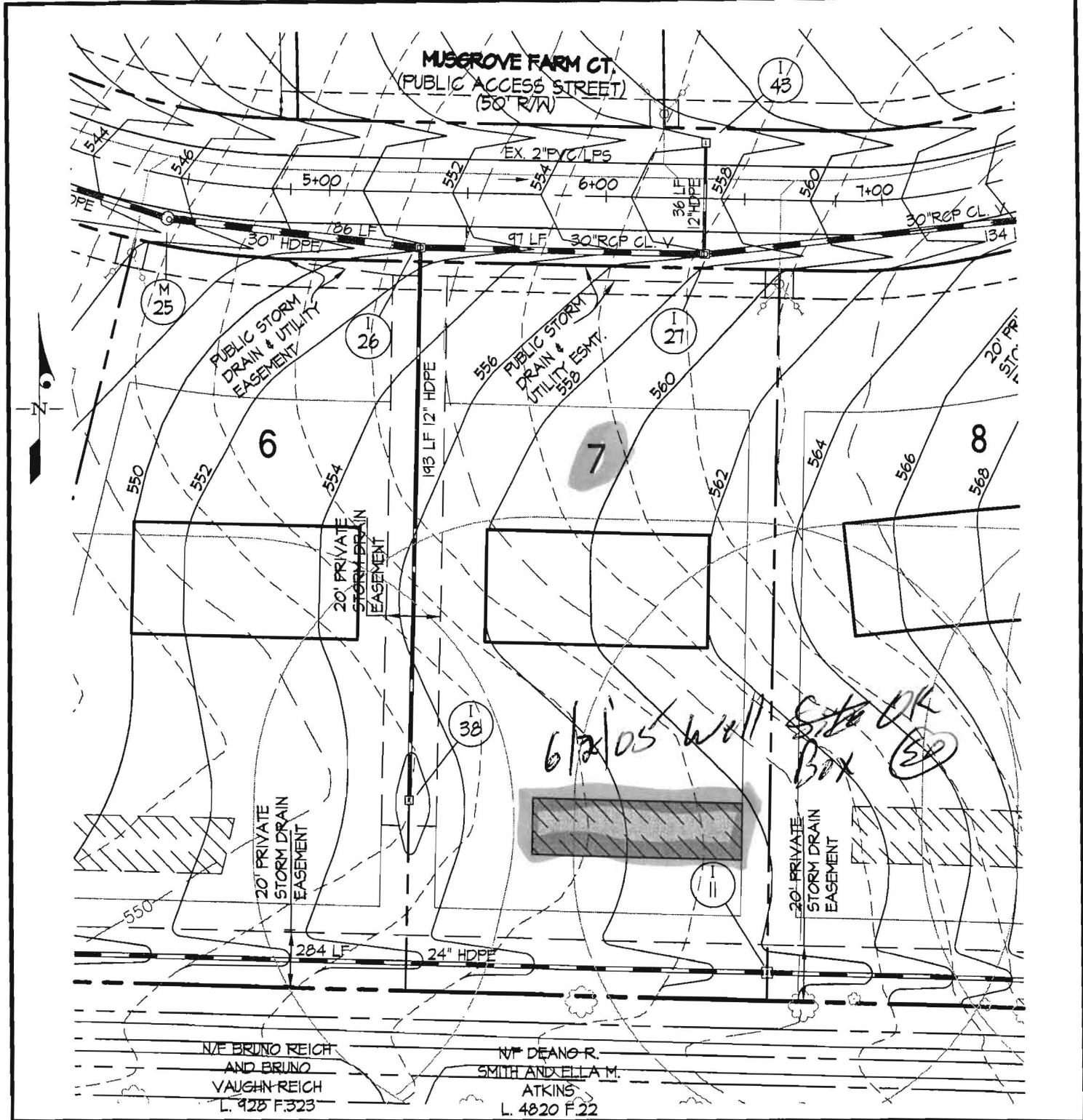
The water supply line is required to be at least six feet from the septic tank, pump chamber, sewage piping, distribution box, down pipe, and sewage receptacle. If this cannot be accomplished, contact this office for approval prior to launch day.

Signature of company representative responsible for installation: [Signature] date: 11-18-08

For Health Department Use - Not to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: 10/28/08 BB

- Inspection Checklist: Pitless adapter and water supply line at least 6" below grade:
- Two piece cap installed and attached to casing securely:
- Electric well cap ends 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:



6/2/05 Well Site OK Box

LEGEND



CONCEPTUAL HOUSE BOX

4022
W-07



WELL SURVEY POINT

WELL BOX

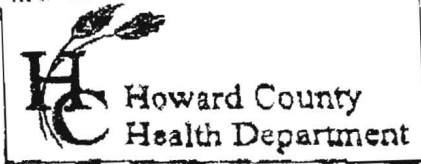
WELL LOCATION EXHIBIT - LOT 7

MUSGROVE FARM

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

GLWGUTSCHICK 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



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!!!

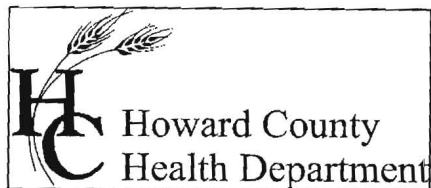
Muscrow Team

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

- The well site has been staked by Gutschick 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

December 22, 2008

Occupant
14326 Musgrove Farm Court
Glenwood, MD 21738

SENT VIA FACSIMILE 410-796-7094

RE: Musgrove Farm, Lot 7
14326 Musgrove Farm Court
Glenwood, MD 21738
BP# B08002454
Well Tag #: HO-95-0023

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 12/15/2008. Final approval of the well line connection to the dwelling was approved on 10/28/2008.**

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.

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-95-0023. 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: 12/08/2008
Date of Well Completion: 05/04/2006

Approving Authority

Brian Baker
Brian Baker, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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

December 11, 2008

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

Lab Number: 80709
Date Received: 12/9/08 11:00
Project: HO-95-0023

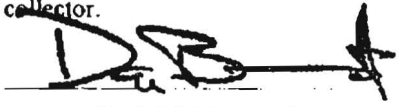
Sample No: 80709-01 Sampled: 12/8/2008 1:00:00 PM
Client ID: 14326 Musgrove Farm Sampler: 8065TS Shotzberger
Court
Lot #7
Glenwood, MD 21737

Parameter	Method	Result	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	SM 9223	Absent/PASS	Per/100ml	1	12/9/2008	PM
Clarity	Visual	Clear			12/8/2008	
Nitrate + Nitrite as N	EPA 353.2	6.38	mg/l	1.1	12/9/2008	PM
Sand	Visual	0	g/L		12/8/2008	
Turbidity	EPA 180.1	< 0.5	NTU	0.5	12/10/2008	PM
Bacteria-E.coli	SM 9223	Absent/PASS	Per/100ml	1	12/9/2008	PM
Nitrite-N	EPA 353.2	< 0.1	mg/l	0.1	12/9/2008	PM
Nitrate-N	EPA 353.2	6.38	mg/l	1.0	12/9/2008	PM

Notes:

- 80709-01 Maximum Contaminant Level in Drinking Water for Nitrate-Nitrite is 10.0 mg/L, Nitrate-N 10.0 mg/L and Nitrite-N 1.0 mg/L as established by the US EPA.
80709-01 No chlorine present at the time of collection as reported by the sample collector.

Reviewed and Approved by: _____


Daniel J. Brumsted
Laboratory Director