

C1 6616

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

13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

MM DD YY 05 24 06

22 140 26

9/13/06 O.K. (PB)

110-95-0052

OWNER: ITS Corp, STREET OR RFD: Masquora Farm Ct, TOWN: Colony, SUBDIVISION: 11, SECTION: 21/12/12, LOT: 1B

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/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

diagram for other casing with diameter and depth fields

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below

DEPTH (nearest ft.)

Diagram showing depth intervals: 1-8, 8-11, 11-15, 15-17, 17-21, 21-23, 23-24, 24-26, 26-30, 30-32, 32-36, 36-38, 38-39, 39-41, 41-45, 45-47, 47-51. Includes SLOTTED SIZE and DIAMETER OF SCREEN.

C 3

PUMPING TEST

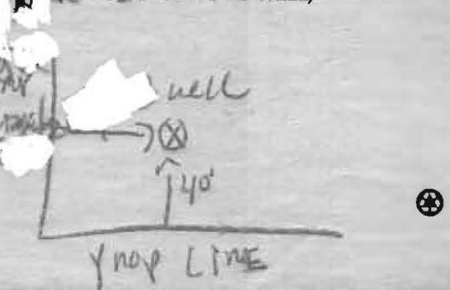
HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft, WHEN PUMPING 30 ft, TYPE OF PUMP USED (for test) S submersible

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 (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)



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, 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M SD 117, DRILLERS SIGNATURE, LIC. NO. 1 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.M.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1 **8920** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-95-0052**
 1 2 3 6 70 fill in this form completely 79
 522472 please type

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 15 J.T.S. Corp Owner First Name 34
 36 8800 Centre Park Dr. Suite 209 Street or RFD 55
 57 Columbia MD 21045 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY Howard 21
 23 Musgrove Farm SUBDIVISION 42
 SECTION 18 LOT 18
 44 46 48 50
 52 GLENELG NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION
 76 RAUL E. MAYNE MS D 112 Driller's Name License No. 81
 Firm Name RAUL E. MAYNE INC
 Address 12024 Handy Rd Mt Airy MD 21071
 Signature R. E. Mayne Date 5-14-05

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 1 NW 2
 8 8-9
 N NE 8-9
 TOWN W E 8-9
 S SW SE 8-9
 S 8-9
 11 Musgrove Farm Ct. NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 225 37 DISTANCE FROM ROAD 38 39
 ENTER FT OR MI MI
 TAX MAP: 21 BLK: 12 PARCEL 12

B 2 **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

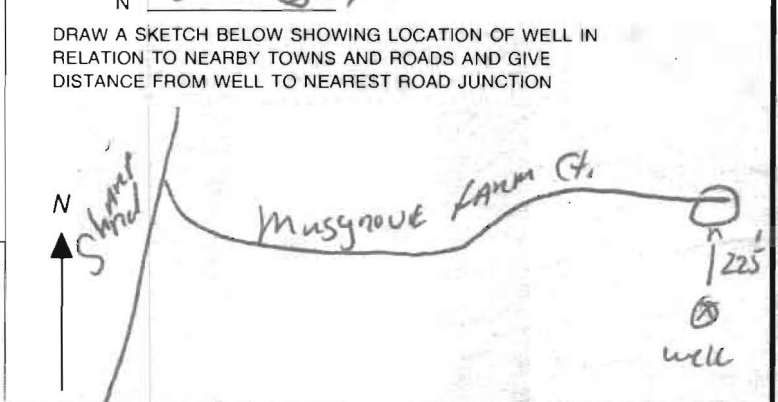
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 6/17/05 Stuart B. B... 41
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 524 0 0 0 EAST GRID 799 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" 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 525 799
 N 500 524
 000
 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 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
 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-95-0052
 70 71 72 73 74 75 76 77 78 79

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
Hummel, 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 #: _____
Subdivision: Musgrove Farms Lot #: 18 Well Tag #: HO-15-0052
Site Address: 14307 Musgrove Farm Ct
Glenside, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Cummins Two piece watertight cap:
Model #: ISSAFO 1180 Model#: PA 800 Screened, vented well cap:
Pump Capacity: 15 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 25 GPM NSF approved: Yes Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 120 (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 arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

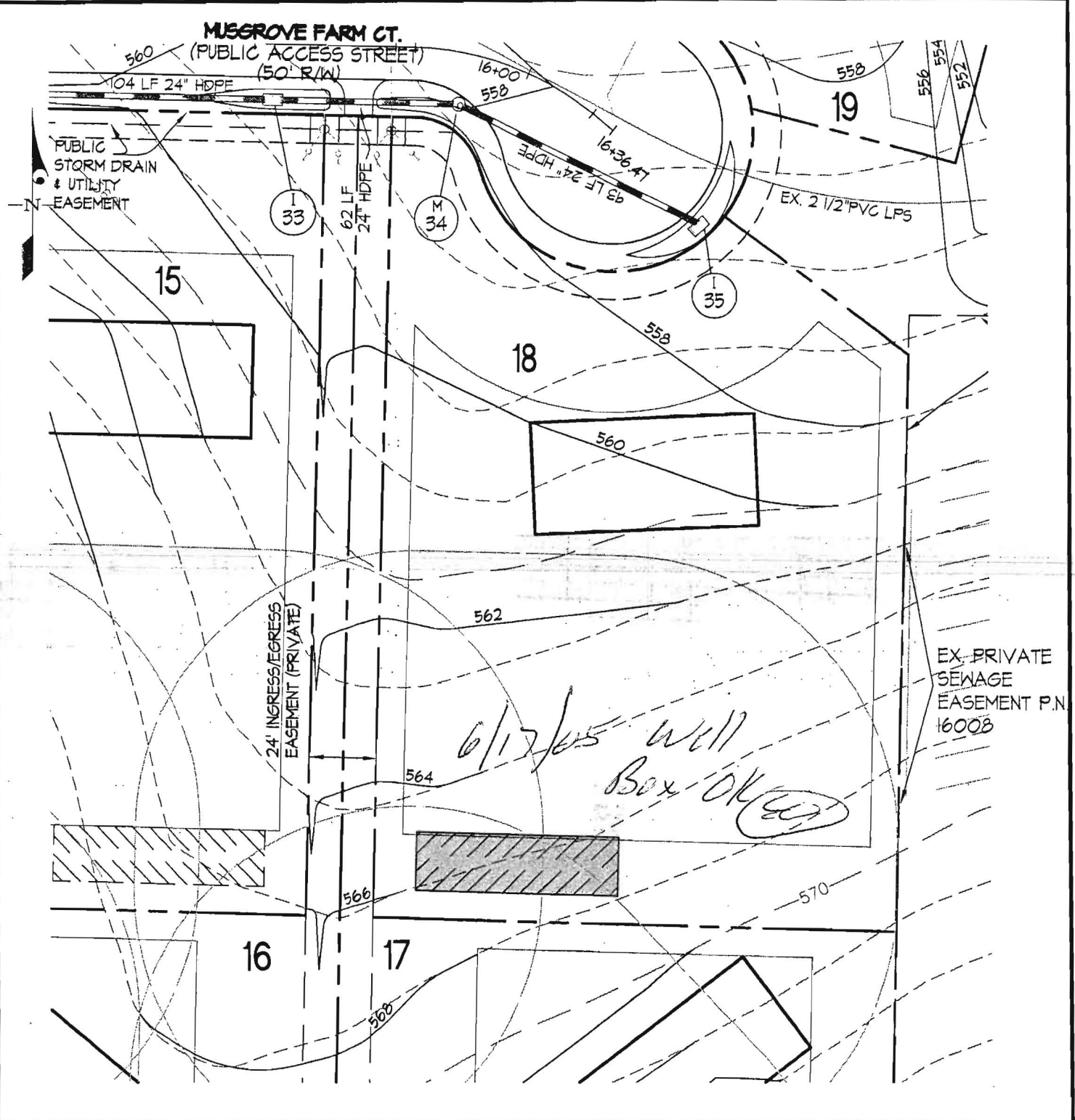
Piping to house House Connection
Type: SDR35 HDPE 1/2" PVC sleeved to undisturbed soil at wall penetration:
PSI: (160 psi min) Approximate length of sleeve: 6
Depth of supply line: (36" min) Sleeve caulked and sealed properly:

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 of company representative responsible for installation _____ date 10-13-08

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

Date Insp. Requested: 10-8-08 Date Insp. Approved: 10-9-08 Kevin
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-18



WELL SURVEY POINT

WELL BOX

WELL LOCATION EXHIBIT - LOT 18

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'

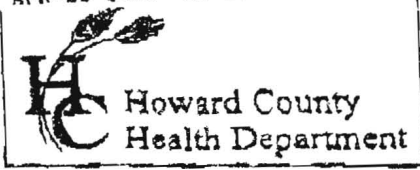
ZONING: RC/RR-DEO

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!!!

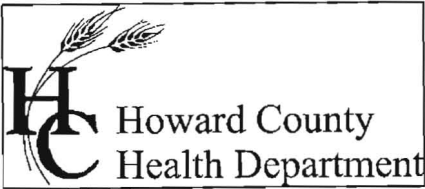
Muscrow Farm

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

- The well site has been staked by 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 5, 2008

Occupant
14370 Musgrove Farm Court
Glenwood, MD 21738

SENT VIA FACSIMILE 410-796-7094

RE: Musgrove Farm, Lot 18
14370 Musgrove Farm Court
Glenwood, MD 21738
BP# B08002331
Well Tag #: HO-95-0052

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 12/05/2008. Final approval of the well line connection to the dwelling was approved on 12/05/2008.**

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-95-0052. 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: 12/01/2008
Date of Well Completion: 05/24/2006

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services

Attention: Mary Lou

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 03, 2008

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

Lab Number: 80593
Date Received: 12/1/08 15:00
Project: HO-95-0052

Sample No: 80593-01
Client ID: Ryan Homes(NVR)
Musgrove Farm, Lot #18
14370 Musgrove Farm Court
Glenwood, MD 21437

Sampled: 12/1/2008 2:00:00 PM
Sampler: 8065TS Shotzberger

*14370 Musgrove Farm Ct
Glenwood*

| Parameter | Method | Result | Units | RL | Test Date | Analyst |
|-------------------------|-----------|-------------|-----------|-----|-----------|---------|
| Bacteria-Total Coliform | SM 9223 | Absent/PASS | Per/100ml | 1 | 12/1/2008 | LH |
| Clarity | Visual | Clear | | | 12/1/2008 | |
| Nitrate + Nitrite as N | EPA 353.2 | 6.98 | mg/l | 1.1 | 12/2/2008 | PM |
| Sand | Visual | 0 | g/L | | 12/1/2008 | |
| Turbidity | EPA 180.1 | 3.6 | NTU | 0.5 | 12/2/2008 | PM |
| Bacteria-E.coli | SM 9223 | Absent/PASS | Per/100ml | 1 | 12/1/2008 | LH |
| Nitrite-N | EPA 353.2 | < 0.1 | mg/l | 0.1 | 12/2/2008 | PM |
| Nitrate-N | EPA 353.2 | 6.98 | mg/l | 1.0 | 12/2/2008 | PM |

Notes:

- 80593-01 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.
- 80593-01 No chlorine present at the time of collection as reported by the sample collector.

Reviewed and Approved by:

Daniel J. Brumsted
Laboratory Director

Annapolis

Waldorf

Ph 410-224-4304 Fax 410-224-4387

Ph 301-932-4775 Fax 301-932-7347