

C1 15936 SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER A-520 126

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

DATE WELL COMPLETED MM DD YY 04 17 06

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0216

OWNER Thirty Two - County Partnership STREET OR RFD 10745 FALLS RD TOWN Lutherville MD SUBDIVISION Terpin Preserve SECTION LOT 9

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

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 30, NO. OF POUNDS 45, GALLONS OF WATER 120, DEPTH OF GROUT SEAL 30+ ft.

CASING RECORD Form: casing types insert appropriate code below (PL PLASTIC), MAIN CASING TYPE PL, Nominal diameter top (main) casing 6, Total depth of main casing 68.

OTHER CASING (if used) Form: diameter inch, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (HO OPEN HOLE), DEPTH (nearest ft.) 66, 400.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) CIRCLE APPROPRIATE LETTER A, E, P

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 112 DRILLERS SIGNATURE (Must match signature on application) LIC. NO. 1 D

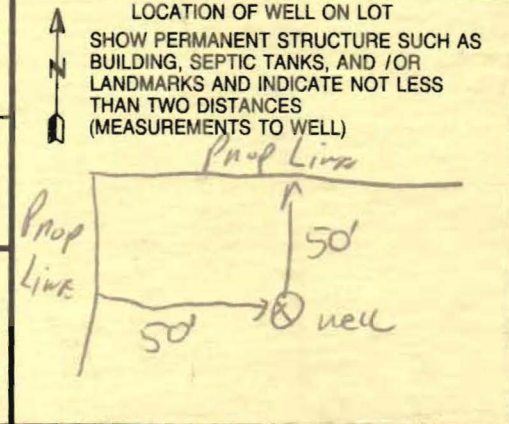
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST Form: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 11, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft, WHEN PUMPING 25 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED Form: 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 49, - below 49, LAND SURFACE 50, 51 (nearest foot)



B 1 0951

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110-95-0216

523841

please type

fill in this form completely

Date Received (APA)

12/21/05

OWNER INFORMATION

Trinity Two-Forty Partnership LLC

10749 FALLS Rd. Suite 202

Lutherville MD 20937-2018

LOCATION OF WELL

Howard COUNTY

TERRAPIN PRESERVE

SECTION 4 LOT 4

WEST FRIENDSHIP

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

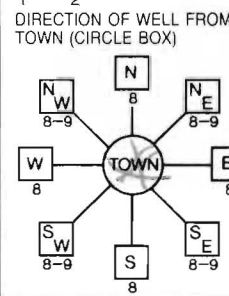
Ralph E. Mayne M SD 112

Ralph E. Mayne Inc

12024 Handy rd Mt Airy MD 21771

Signature Date 12/13/2005

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Lower Hill Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 11 PARCEL 22

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME AS20126 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 1/16/06

CO SIGNATURE EXP. DATE NORTH GRID 535 0 0 0 EAST GRID 814 0 0 0

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER G

PERMIT No. 110-95-0216

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

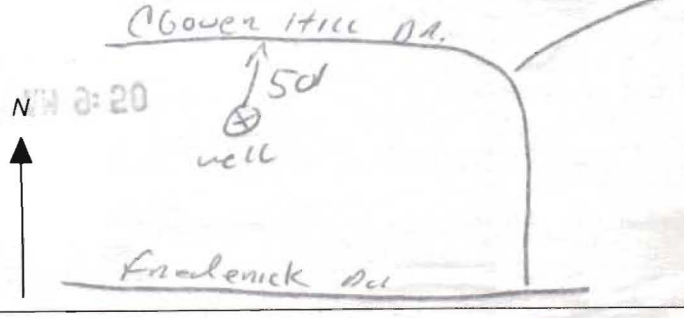
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814 N 535

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



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0216  
 Location of property (road) Clover Hill Rd  
 Subdivision Terrapin Preserve Lot 4 Block 11 Plat 15 Sec. Pa. 22  
 Well Driller Ralph Mayne Owner 32-40 Partnership

Depth of well 400 ft  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 49 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 256 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)
8:30	49 ft	6 Sec	Test Started	10 GPM
9:00	256 ft	60 Sec	This 1/2 hr drop not possible @ 10 gpm	I GPM
9:15	256 ft	60 Sec		I GPM
9:30	256 ft	60 Sec		I GPM
9:45	256 "	60 "		I "
10:00	256 "	60 "		I "
10:15	256 "	60 "	GAL	I "
10:30	256 ft	60 Sec		I GPM
10:45	256 ft	60 Sec	I GPM	
11:00	256 ft	60 Sec	I GPM	
11:15	256 "	60 "	I "	
11:30	256 "	60 "	I "	
11:45	256 "	60 "	I "	
12:00	256 ft	60 Sec	I GPM	
12:15	256 ft	60 Sec	I GPM	
12:30	256 ft	60 Sec	I GPM	
12:45	256 "	60 "	I "	
1:00	256 "	60 "	I "	
1:15	256 "	60 "	I "	
1:30	256 ft	60 Sec	I GPM	
1:45	256 ft	60 Sec	I GPM	
2:00	256 ft	60 Sec	I GPM	
2:15	256 "	60 "	I "	
2:30	256 "	60 "	I "	
HD-2345 2:45	256 ft	60 Sec	I GPM	
3:00	256 ft	60 Sec	I 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 Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: PHS Division of Burgameister Telephone #: 410-861-4090
Address: 900A Wakefield Village Rd. New Windsor MD 21776

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

License # and name of individual responsible for the field installation:

Name (Print): PATRICK J. HENRY License# 4409

\*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: Douglas Hymas Telephone #: 410-740-0522
Subdivision: Terrapin Reserve Lot #: 4 Well Tag #: HO-95-0216
Site Address: 13656 Frederick Road West Friendship MD 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GOULDS Make: Campbell Two piece watertight cap: [checked]
Model #: 5GS07422c Model#: 2A800 6x1 Screened, vented well cap: [checked]
Pump Capacity 5 GPM Depth: [checked] (36" min) Cap secured to casing: [checked]
Well Yield: 10 GPM NSF approved: [checked] Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 390 (feet) Conduit secured to well cap: [checked]
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 [checked]

Piping to house House Connection
Type: 1" Poly PVC sleeved to undisturbed soil at wall penetration: [checked]
PSI: 200 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: (36" min) Sleeve caulked and sealed properly: [checked]

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: Patrick Henry date: 8/1/08

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

Date Insp. Requested: Date Insp. Approved: 8/4/08 (BB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]



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!!!

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

- The well site has been staked by FSH ASSOCIATES INC on NOV 23 2005 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.

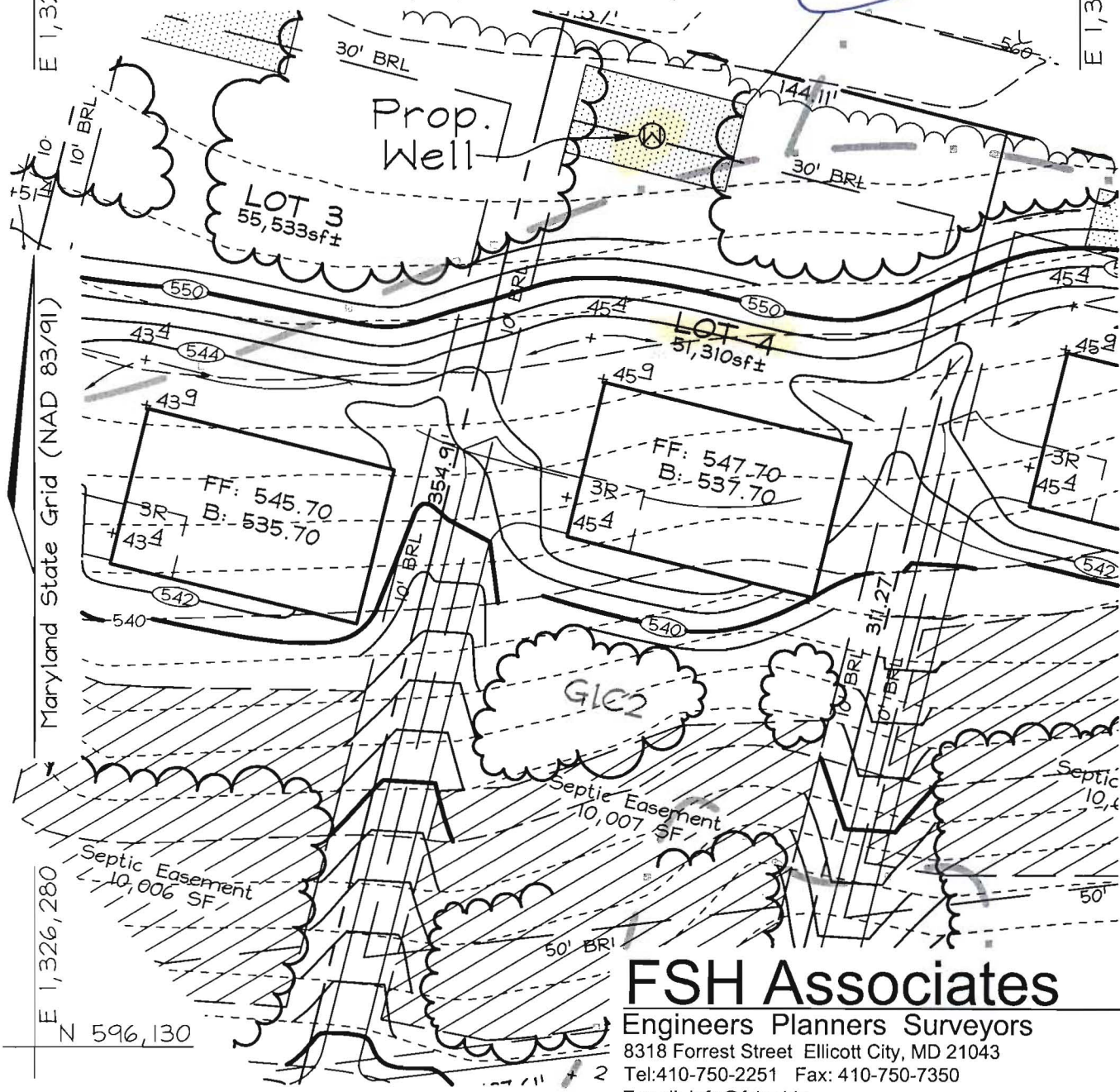
KN Lots 1- to 5~~0~~ and Preservation Parcel A  
TERRAPIN Preserve Sub-

N 596,490 E 1,326,280 N 596,490 E 1,326,610

Note:  
The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.

*1/11/06 well site OK*

*(50)*



# FSH Associates

Engineers Planners Surveyors  
8318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: info@fsha.biz

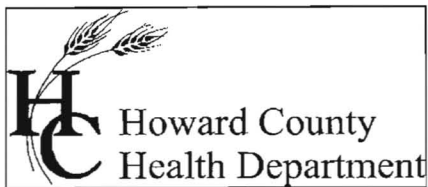
DESIGN BY: PS  
 DRAWN BY: CD  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: Nov. 03, 2005  
 W.O. No.: 3229  
 SHEET No.: 1 OF 1

## WELL PERMIT PLAN TERRAPIN PRESERVE

LOT 4

TAX MAP 15 GRID II  
3RD ELECTION DISTRICT

PARCEL 72  
HOWARD COUNTY, MARYLAND



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

August 25, 2008

Douglas Homes  
P.O. Box 628  
Ellicott City, MD 21041

SENT VIA FACSIMILE 410-489-9661

RE: Terrapin Preserve, Lot 4  
12656 Frederick Road  
West Friendship, MD 21794  
BP#: B08000027  
Well Tag #: HO-95-0216

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 06/30/2008. Final approval of the well line connection to the dwelling was approved on 08/04/2008.**

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-95-0216. 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: 08/22/2008  
Date of Well Completion: 04/11/2006

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



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

### CERTIFICATE OF ANALYSIS

**Requester:**  
 Douglas Homes  
 5034 Dorsey Hall Drive Suite 102  
 Ellicott City, Maryland 21041

**S/O Number:** 69496  
**Report Date:** August 25, 2008

**Property Sampled:** 12656 Frederick Road, 21794

**County:** Howard  
**Subdivision:** Terrapin Preserve **Tax Map #:** 15  
**Lot #:** 4 **Parcel #:** 72  
**Building Permit #:** B08000027

**Date/Time Collected:** August 22, 2008 at 12:45 pm  
**Date/Time Received:** August 22, 2008 at 3:30 pm

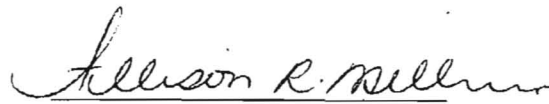
**Sample Location:** Basement Utility Sink Tap  
**Sampler ID:** 9406NW

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0216  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	2.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.4 NTU	EPA 180.1	10 NTU	Pass
pH	6.5 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.