

C1 15937 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 250 126

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 03 30 06

Depth of Well 22 400 26 5/16/06 OK (GAD) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0214

OWNER Trinity Two County Antwon Ship last name first name STREET OR RFD ~~...~~ Clover Hill TOWN ~~...~~ West SUBDIVISION Terrapin Preserve SECTION LOT 2 Friend

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 50

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

SCREEN RECORD screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT]

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED [Y] [N]

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. M D SIGNATURE DATE

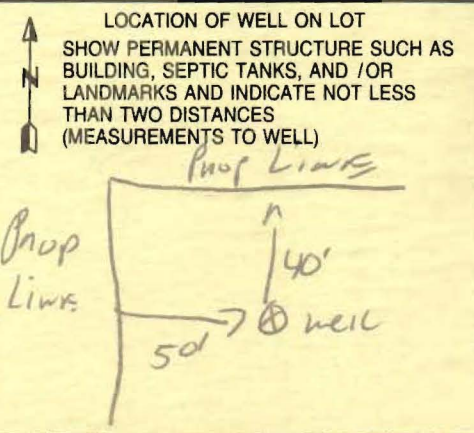
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 1 2 HO 48 400 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST 3 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 4.6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 55 ft. TYPE OF PUMP USED (for test) [A] [P] [T] [C] [R] [O] [J] [S]

PUMP INSTALLED DRILLER INSTALLED PUMP YES [NO] (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 } LAND SURFACE [ - ] below } 2 (nearest foot)



B 1 0953

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD - 95 - 0214

523841

please type

fill in this form completely

Date Received (APA)

12/21/05

OWNER INFORMATION

Priority Two - Forty Partnership LLC, 10749 FALLS RD Suite 202, LuPherville MO. 21093-2013

B 3

LOCATION OF WELL

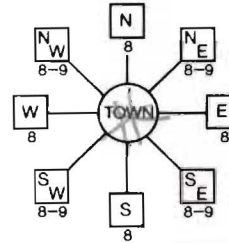
Howard COUNTY, TERRA PIN PRESERVE, SECTION 44 46, LOT 48 50, West Friendship NEAREST TOWN, 0 MILES FROM TOWN

DRILLER INFORMATION

Ralph E. MAYNE M SD 112, Ralph E. MAYNE INC, 17024 Handy Rd Mt Airy MD. 21771, Dec 13 2005

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clover Hill Dr., ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 50, TAX MAP: 15 BLK: 11 PARCEL 22

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, A520126 COUNTY NO., DATE ISSUED 1/11/06, CO SIGNATURE, EXP. DATE 11/1/07, NORTH GRID 535, EAST GRID 814

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well

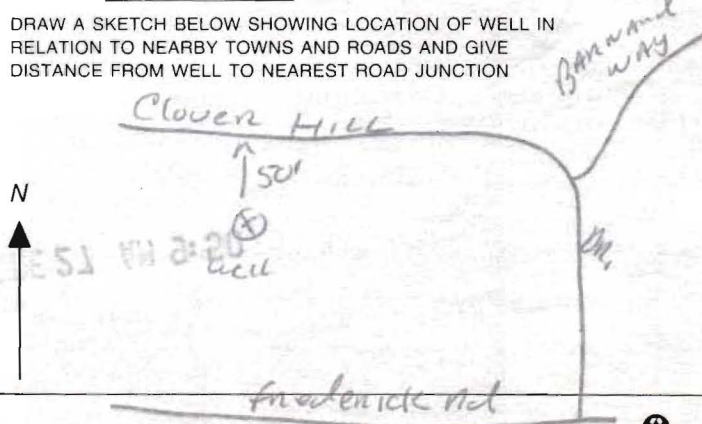
METHOD OF DRILLING (circle one)

AIR-ROTary, AIR-PERcussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, DRive-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE, E 814, N 535

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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



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

APPROP. PERMIT NUMBER G, PERMIT No. HD-95-0214

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0214  
 Location of property (road) Clover Hill Rd  
 Subdivision Terrapin Preserve Lot 2 Block 11 Plat 15 Sec. Pa. 72  
 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. 55 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM  
 Total time 15 min to reach pumping water level 95 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	55 ft	<del>6</del> 6 sec		10 GPM
			Test Started	
8:45	95 ft	13 sec		4.6 GPM
9:00	95 ft	13 sec		4.6 GPM
9:15	95 ft	13 sec		4.6 GPM
9:30	95 "	13 "		4.6 "
9:45	95 "	13 "		4.6 "
10:00	95 "	13 "		4.6 "
10:15	95 ft	13 sec		4.6 GPM
10:30	95 ft	13 sec		4.6 GPM
10:45	95 ft	13 sec		4.6 GPM
11:00	95 "	13 "		4.6 "
11:15	95 "	13 "		4.6 "
11:30	95 ft	13 sec		4.6 GPM
11:45	95 ft	13 sec		4.6 GPM

DH2108

**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 Burgess Telephone #: 410-861-4090  
Address: 900A Wakefield Valley Rd Dell, Inc  
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. Heburn 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 Homes Telephone #: 410-740-0522  
Subdivision: Terracon Reserve Lot #: 2 Well Tag #: HO-95-0214  
Site Address: Black Frederick Road  
West Friendship MD 21794

**Submersible Pump Data**

Make: Goulds  
Model #: 56907422C  
Pump Capacity: 5 GPM  
Well Yield: 4.5 GPM

**Pitless Adapter**

Make: Campbell  
Model #: PA8006X1  
Depth: 36 (36" min)  
NSF approved:

**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:

Depth of well encountered at time of pump installation: 400 (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

**Piping to house**

Type: 1" Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 36 (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 5  
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.

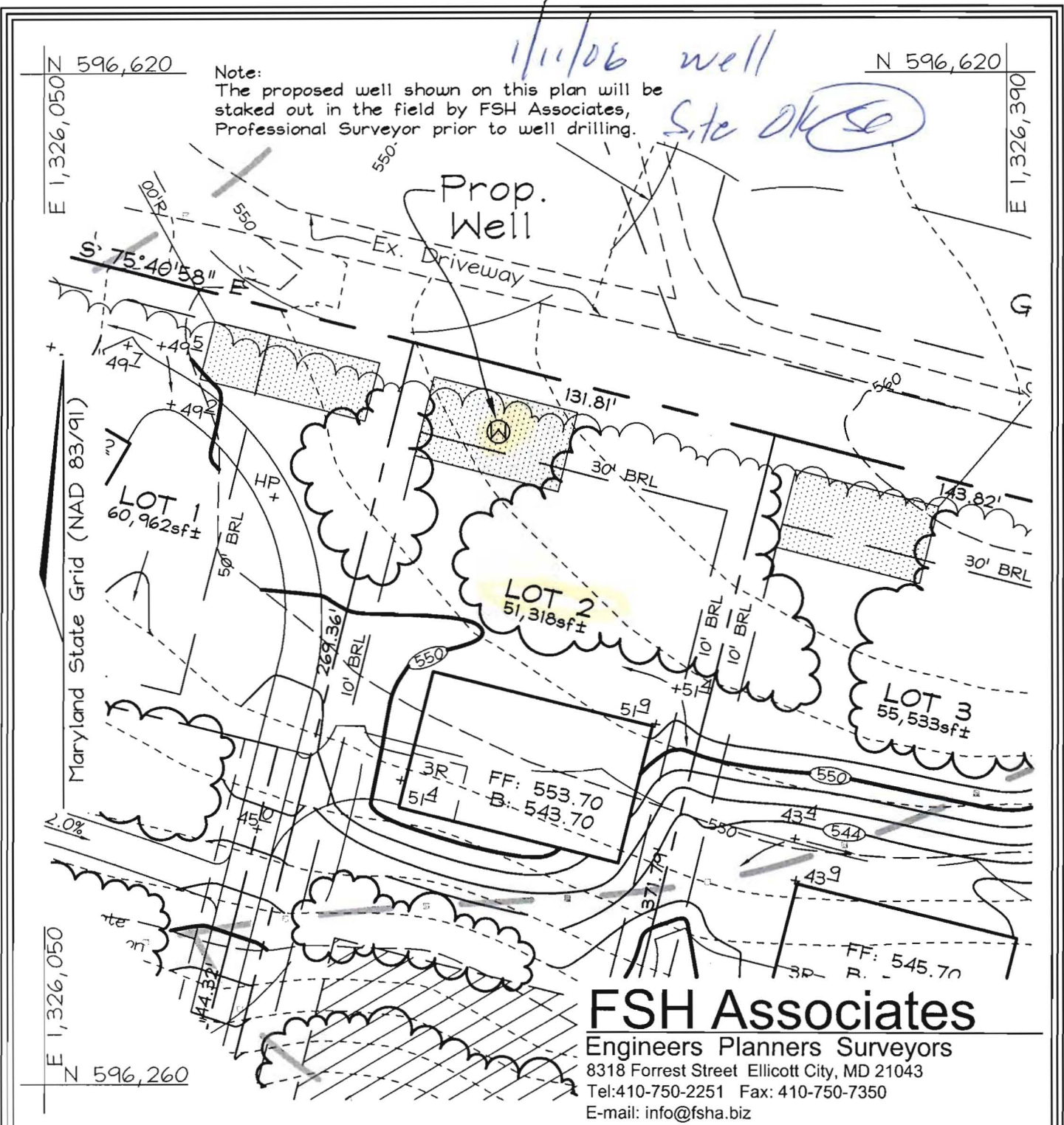
Signature of company representative responsible for installation: [Signature] date: 8/11/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/6/08  
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

*11/1/06 well*  
*Site OK*

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



**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 2**

TAX MAP 15 GRID II  
 3RD ELECTION DISTRICT

PARCEL 72  
 HOWARD COUNTY, MARYLAND



Howard County  
Health Department

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 50 and Preservation Parcel A  
TERRAPIN Preserve Sub-



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 6, 2008

Douglas Homes  
P O Box 628  
Ellicott City, MD 21041

SENT VIA FACSIMILE 410-489-9661

RE: Terrapin Preserve, Lot 2  
12664 Frederick Road  
West Friendship, MD 21794  
BP# B08000026  
Well Tag #: HO-95-0214

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 08/05/2008. Final approval of the well line connection to the dwelling was approved on 11/06/2008.**

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-95-0214. 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: 10/31/2008  
Date of Well Completion: 03/30/2006

Approving Authority,

Stuart Oster, 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:** 70328  
**Report Date:** November 3, 2008

**Property Sampled:** 12664 Frederick Road, 21794

**County:** Howard  
**Subdivision:** Terrapin Preserve **Tax Map #:** 15  
**Lot #:** 2 **Parcel #:** 72  
**Building Permit #:** Not Provided

**Date/Time Collected:** October 31, 2008 at 9:30 am  
**Date/Time Received:** October 31, 2008 at 3:05 pm

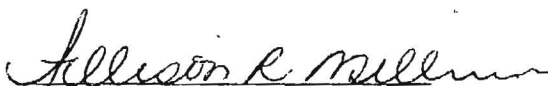
**Sample Location:** Powder Room Tap  
**Sampler ID:** 5745KC

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

**Well Tag Number:** HO-95-0214  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.3 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.