

C1 6558 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 13 A519698

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

DATE WELL COMPLETED MM DD YY 6 18 05 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0002 28 29 30 31 32 33 34 35 36 37

OWNER Young Montgomery STREET OR RFD Frederick Road TOWN Woodbine SUBDIVISION Young Property SECTION LOT 2

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing Brown Shale 0 65 Gray Limestone 65 300

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 21 NO. OF POUNDS 1974 GALLONS OF WATER 176 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 62 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 71

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

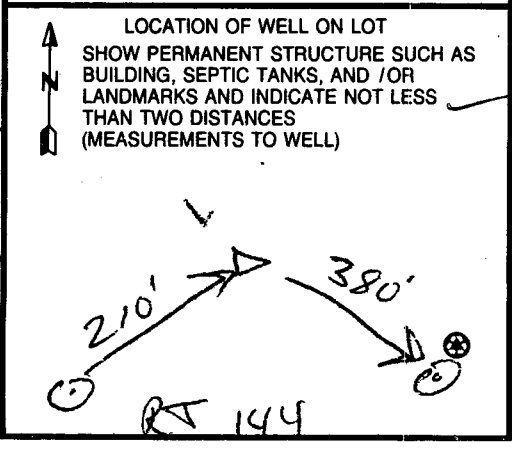
SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

PUMPING TEST HOURS PUMPED (nearest hour) 63 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 47 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 - below 01 (nearest foot)

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

DEPTH (nearest ft.) 71 300 SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60



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 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 8126

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

522059 please type

40-95-0002 fill in this form completely

Date Received (APA)

3/30/2005

OWNER INFORMATION

Young Montgomery Last Name Owner First Name 341 16488 Frederick rd. Street or RFD 55 Woodbine MD 21797 Town State Zip 76

B 3 LOCATION OF WELL

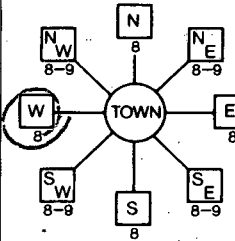
Howard Young PRO. COUNTY SUBDIVISION SECTION LOT LISBON NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

Allen Lupton M S D 009 Driller's Name License No. 81 Fogles Well Drilling Firm Name 580 Obericht rd. Address 326-05 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Part of 16488 Frederick rd. NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 750 FT ENTER FT OR MI 38 39 TAX MAP: 7 BLK: 5 PARCEL 410

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 13 COUNTY NAME AS19698 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/25/2005 Brian Baber 5/25/2006 CO SIGNATURE EXP. DATE NORTH GRID 549 000 EAST GRID 775 000

APPROXIMATE DEPTH OF WELL 300 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)

- 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 52

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

APPROX. PERMIT NUMBER PERMIT No. 40-95-0002

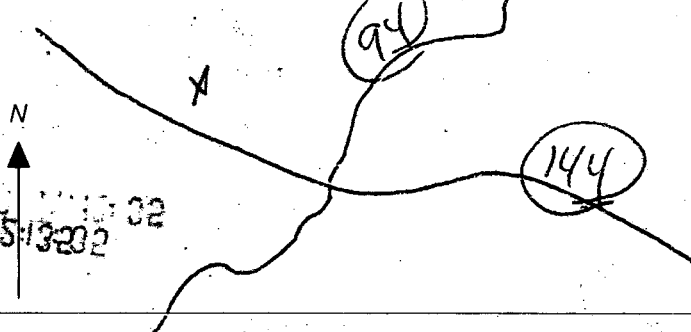
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7705 N 5409

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: J.C. Harris Plumbing Telephone #: 301-371-7574
Address: 3190A Old National Pike
Middletown, MD 21769

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Jerry C. Harris, Jr. License# 8744

*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: Vilquat Sayced Telephone #: _____
Subdivision: Young Property Lot #: 2 Well Tag #: HO-95-0002
Site Address: 11484 Frederick Rd.
Woodlawn, MD 21797

Subpump Data
Make: Grundfos Pitless Adapter Make: Camlock Well Cap and Electric Conduit
Model #: 155GE 10-250 Model #: 6-300X Two piece watertight cap:
Pump Capacity: 10 GPM Depth: 40" (36" min) Screened, vented well cap: _____
Well Yield: 7 GPM NSF approved: _____ Cap secured to casing: _____
Depth of well encountered at time of pump installation: 250 feet Conduit min 18" B.G.: _____
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 _____

yes - present on
Pump

Piping to house
Type: Polyethylene House Connection
PSI: 160 (160 psi min) PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve (5 foot minimum): 10'

Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: yes

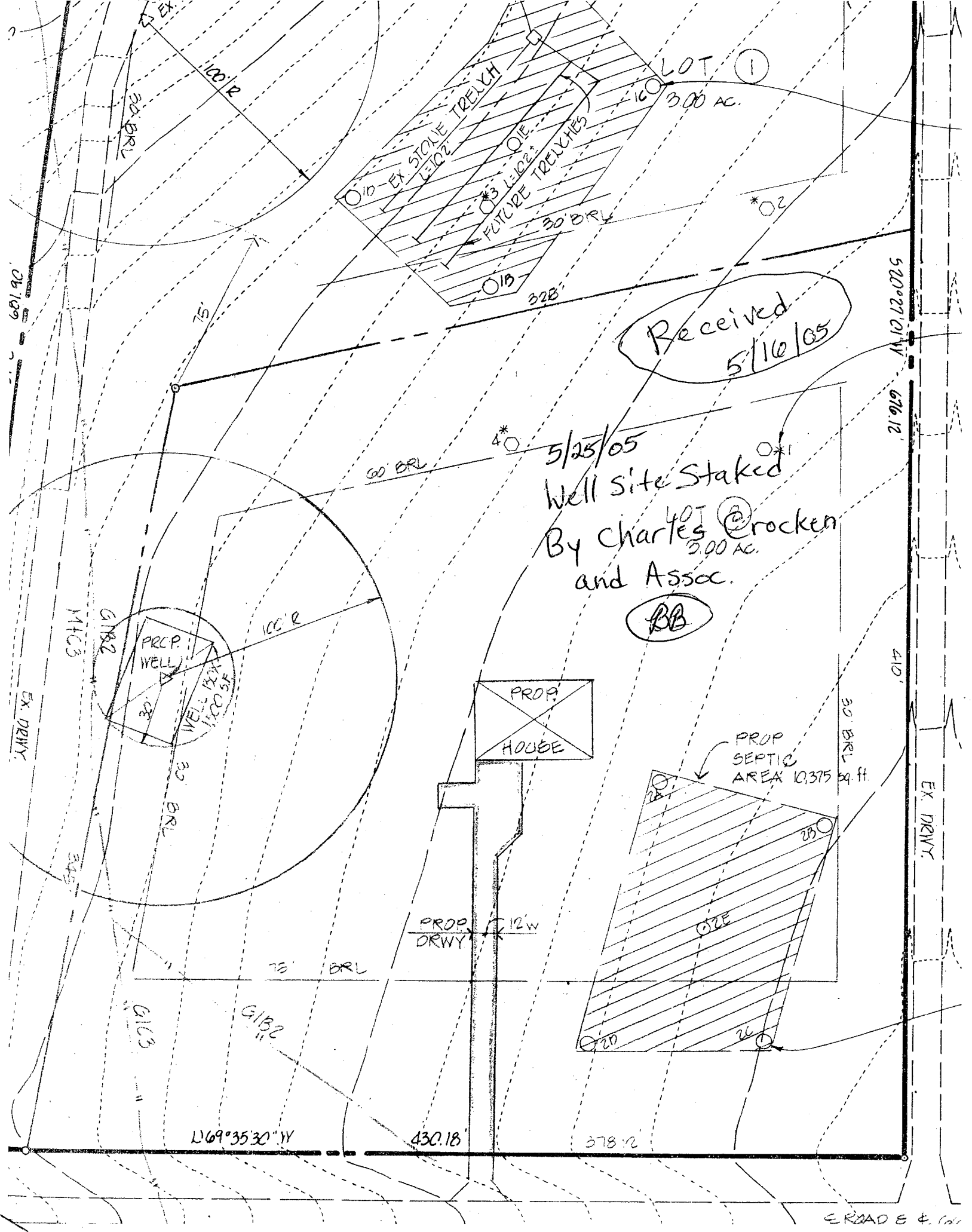
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 10/2/09

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

Date Insp. Requested: _____ Date Insp. Approved: 6/17/09 (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

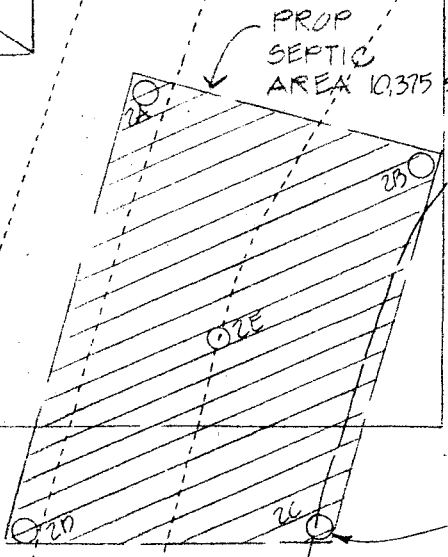
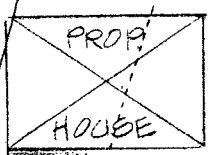
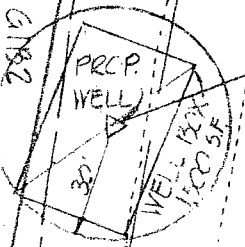
grout at 5.5' - 6' Depth
Well was damaged and part
of casing was replaced.
Well was checked by camera.



Received
5/16/05

5/25/05
Well site Staked
By Charles Crocker
and Assoc.

BB

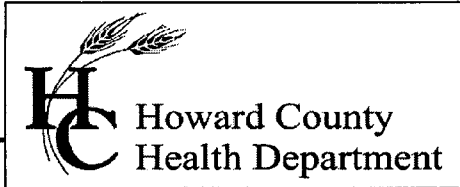


169°35'30" W

430.18'

378.12'

ERDAD & S. Co.



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

October 8, 2009

Homeowner
16484 Frederick Road
Woodbine, MD 21797

SENT VIA FACSIMILE 301-371-9148
RE: Young Property, Lot 2
16484 Frederick Road
BP #: B08002402
Well Permit # HO-95-0002

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 06/19/2009.** **Final approval of the well line connection to the dwelling was approved on 06/17/2009.**

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, are copies 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.

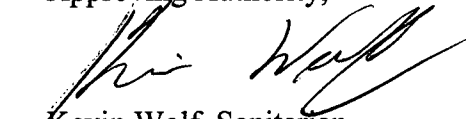
INTERIM CERTIFICATE OF POTABILITY

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-95-0002. 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: 10/01/2009
Date of Well Completion: 06/18/2005

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 246 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 6771 - 1-1

Field Record

Site visit performed on: Thursday, October 01, 2009 11:03 AM
 by: Tammy Hebeisen State ID No. 9966TH
 Affiliation: Fredericktowne Labs, Inc.

Property Owner: Vilayat Sayeed
 Property Address: 16484 Frederick Road
 Woodbine, MD 21797

Sample Source: Bathroom Sink

Treatment Devices Noted: No Treatment Devices Present

Sample taken after treatment: No

Well No.: HO-95-0002

Field pH: 6.6

Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 10/1/2009 2:05 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Date/Time Analysis Started	Method	Analyst
<1	<1	10/1/2009 3:00 PM	9223B	PH

Bacteriological analysis of this sample indicates the water is safe for human consumption.
 Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	8.3 mg/l	10	10/2/2009	300.0	PH
Sand	<2 mg/l	5	10/5/2009	0.065mm Filter	JD
Turbidity	0.1 NTU'	10	10/2/2009	180.1	JD

Verified by: Mitchell / gump 10/7/09
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M
 MDOT WBE Cert. No.: 91-158