

C1 0369

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER ASB641

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Cloverfield PufferKorn, LLC STREET OR RFD PufferKorn Rd TOWN Cytonetg SUBDIVISION Cloverfield SECTION LOT 5

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) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 17 NO. OF POUNDS 1700

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 60

OTHER CASING (if used)

Empty table for other casing details.

SCREEN RECORD

screen type or open hole HO (Open Hole) insert appropriate code below

C2

DEPTH (nearest ft.)

Table for depth measurements: 1-21, 23-36, 38-51, Slot size 1-3, Diameter of screen 56-60.

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

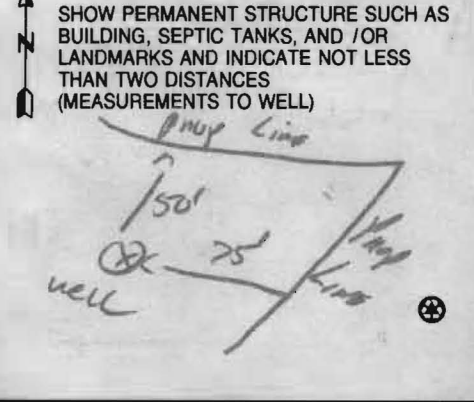
PUMPING TEST

HOURS PUMPED 6 PUMPING RATE 2 gal. per min. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL 20 ft. BEFORE PUMPING 105 ft. WHEN PUMPING TYPE OF PUMP USED S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE IN BOX 29 CAPACITY: GALLONS PER MINUTE 31-35 PUMP HORSE POWER 37-41 PUMP COLUMN LENGTH 43-47 CASING HEIGHT + above LAND SURFACE 2 (nearest) foot

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

- 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"

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE

LIC. NO. D

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

B 1 0964

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

524386 please type

HD - 95 - 0365 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Cloverfield / PEPPERKORN LLC

3060 RT. 97

Glenwood MD 21738

LOCATION OF WELL

Howard COUNTY

Cloverfield

SECTION LOT 5

Glenwood

MILES FROM TOWN (enter 0 if in town) I M I

DRILLER INFORMATION

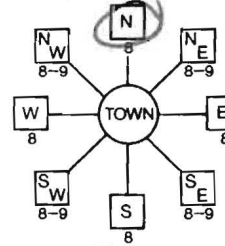
Ralph E. Mayne M SD 117

Ralph E. Mayne Inc

17024 Handy Rd Mt Airy MD 21771

3/25/06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road A

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



450 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 15 BLK: PARCEL 4

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 (D)
Farming (Livestock Watering & Agricultural Irrigation) (F)
Industrial, Commercial, Dewatering (I)
Public Water Supply Well (P)
Test, Observation, Monitoring (T)
Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) AS18641

COUNTY NAME COUNTY NO.

DATE ISSUED 5/2/06

CO SIGNATURE EXP. DATE 5/3/07

NORTH GRID 536 000 EAST GRID 803 000

APPROXIMATE DEPTH OF WELL 150 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (N)
This well will replace a well that will be abandoned and sealed (Y)
This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells (S)
This well will deepen an existing well (D)

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

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

APPROX. PERMIT NUMBER HD 2006G006(0)

PERMIT No. HD-95-0365

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

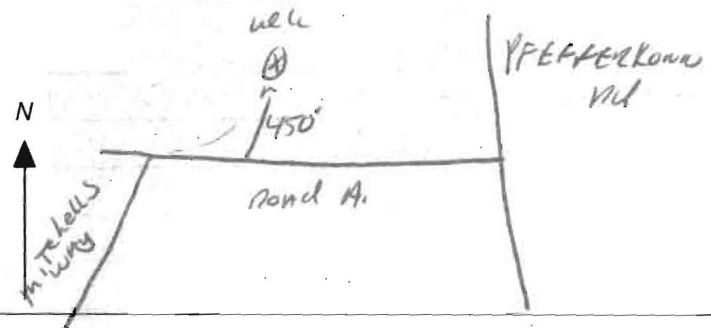
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 803

N 536

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0365
 Location of property (road) Pfefferkorn Rd
 Subdivision Clowerfield Lot 5 Block 101 Plat _____ Sec. _____
 Well Driller R. Mayne Owner _____

Depth of well 400 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 22 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 105 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	22 ft	6 Sec	Test Started	10 GPM
9:00	105 ft	30 Sec		2 GPM
9:15	105 ft	30 Sec		2 GPM
9:30	105 ft	30 Sec		2 GPM
9:45	105 "	30 "		2 "
10:00	105 "	30 "		2 "
10:15	105 "	30 "		2 "
10:30	105 ft	30 Sec		2 GPM
10:45	105 ft	30 Sec		2 GPM
11:00	105 ft	30 Sec		2 GPM
11:15	105 "	30 "		2 "
11:30	105 "	30 "		2 "
11:45	105 "	30 "		2 GPM
12:00	105 ft	30 Sec		2 GPM
12:15	105 ft	30 Sec		2 GPM
12:30	105 ft	30 Sec		2 "
12:45	105 "	30 "		2 "
1:00	105 "	30 "		2 "
1:15	105 "	30 "		2 GPM
1:30	105 ft	30 Sec		2 GPM
1:45	105 ft	30 Sec		2 GPM
2:00	105 ft	30 Sec		2 "
2:15	105 "	30 "		2 "
2:30	105 "	30 "		2 GPM
HD-224 2:45	105 ft	30 Sec		2 GPM
3:00	105 ft	30 Sec		2 GPM

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1771**

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 PREREQUISITE TO THE WELL OCCUPANCY APPROVAL.

Company Name: ATLANTIC BLUE Telephone #: 410-890-8112
Address: 75 ALLAN ST.
WESTMINSTER, MD. 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MANI MATHAN License #: 63797
*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: CORANVILLE BUILDINGS Telephone #: 410-442-2211
Subdivision: CLAYMOUNT Lot #: 5 Well Tag #: HO 95-0265
Site Address: PHILADELPHIA RD.
CLAYMOUNT, MD. 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>J. CLAES</u>	Make: <u>CORNBELL</u>	Two piece watertight cap: <u>/</u>
Model #: <u>706754</u>	Model #: <u>PA50</u>	Screened, vented well cap: <u>/</u>
Pump Capacity: _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>/</u>
Well Yield: <u>10</u> GPM	NSF approved: <u>/</u>	Conduit min 1 1/2" B.G.: <u>/</u>
Depth of well encountered at time of pump installation: <u>410</u> (feet)		Conduit secured to well cap: <u>/</u>

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at well penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2-67</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: 8/27/13

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

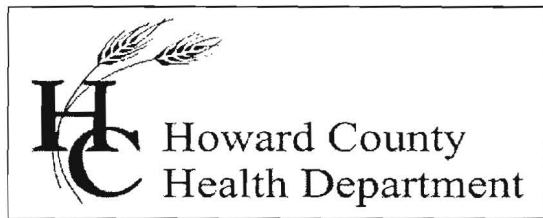
Date Insp. Requested: 8/28/13 Date Insp. Approved: 8/27/14 (KV)

INSPECTION DATA - Pitless adapter and water supply line at least 30" below grade

Two piece cap installed and attached to casing securely	<u>/</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>/</u>
Safety rope installed inside of well casing	<u>/</u>
Correct well tag attached properly and casing 8" above finished grade	<u>/</u>
Water supply line sleeved adequately at house connection	<u>/</u>
Adequate grout observed below pitless adapter	<u>/</u>

sleeved entire well line

8/27/13
ref
3/11/14



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 11, 2014

March 11, 2014

Homeowner
13530 Mitchell's Way
West Friendship, MD 21794

**RE: Cloverfield, Lot 5
13530 Mitchell's Way
Building Permit: B12003916
Well Permit: HO-95-0365**

Dear Homeowner:

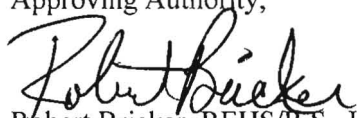
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/6/2014**. Final approval of the well line connection to the dwelling was granted on **8/27/2013**. The well construction was completed on **6/30/2006**. Water samples were collected on **2/26/2014, 3/6/2014 and 3/10/2014**.

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. 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-95-0365. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

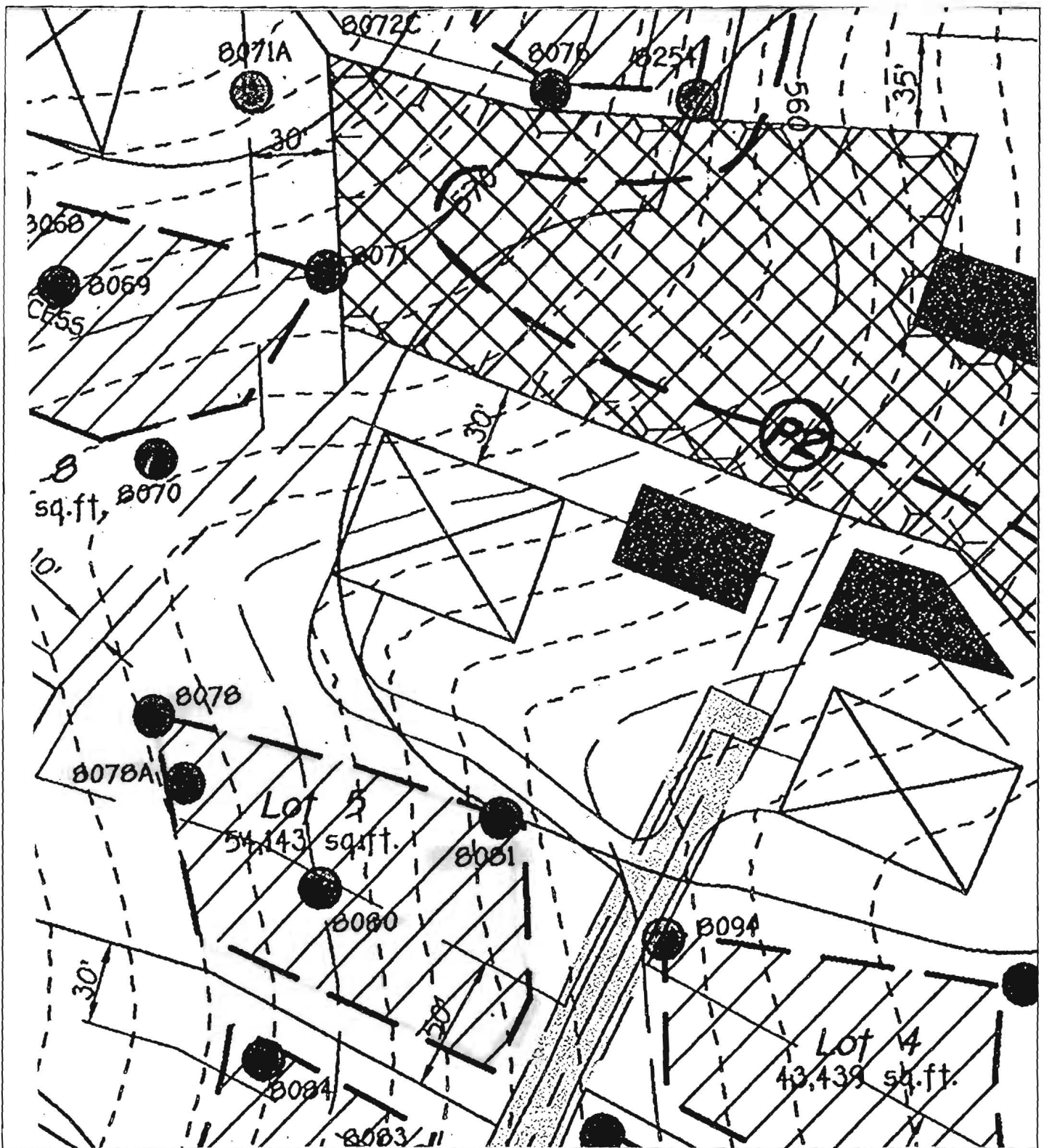
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 5
CLOVERFIELD

TAX MAP #15 ZONED RC-DED
3RD ELECTION DISTRICT
SCALE 1"=50'

PARCEL 4
HOWARD COUNTY, MARYLAND
DATE MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7900



REPORT OF ANALYSIS

Laboratory ID #:	93337	Account #:	1045
Reference:	Catonsville Homes/Clove Lot 5	Company:	Atlantic Blue Water Services
Location:	13530 Mitchells Way West Friendship, MD 21794	Requested By:	Mark Mather
Date/ Time Collected:	3/10/2014 0930	Source:	Well Water
Date/Time Rec'd:	3/10/2014 1050	Site:	Kitchen
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3180MM	pH:	6.6
		Well #:	N/A

COND	RESULTS	UNITS	REFERENCE	METHOD	DATE
Cond	NS	mg/L	5	Visual/Gravimetric	3/10/2014 / 1111 / TLO

OK MB 3/11/2014

NOTES

- 1 NS = None Seen (NS indicates less than 5 mg/L)
 - 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 3 ND = None Detected; N/A: Not Available
 - 4 pH and Chlorine level tested in lab
 - 5 Sample collected by client, analyzed as received
- Reason for Test : Real Estate

Date Reported: 3/10/2014

MD State Certification # 133

3/10 - faxed to HD

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

410-840-2583

Laboratory ID #:	93319	Account #:	1045
Reference:	Catonsville Homes/Clove Lot 5	Company:	Atlantic Blue Water Services
Location:	13530 Mitchells Way	Requested By:	Mark Mather
	West Friendship, MD 21794	Source:	Well Water
Date/ Time Collected:	3/6/2014 1427	Site:	Kitchen
Date/Time Rec'd:	3/6/2014 1525	Treatment:	None
Chlorine ppm:	Free: ND ✓ Total: ND	pH:	5.5
Collected By:	C. Mills 2287CM	Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	3/7/2014 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	3/7/2014 / 1000 / CCH
Nitrate	7.13 ✓	mg/L	10	601	3/7/2014 / 0930 / CCH
Nitrite	<0.005 ✓	mg/L	1	SM4500-NO2 B	3/6/2014 / 1600 / BCD
Turbidity	1.13 ✓	NTU	<10	SM18 2130B	3/7/2014 / 0900 / CCH

Sand? resample
May need to call Lab

'OK' 3/10/2014
 * Sand analysis
 To be submitted.

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND = None Detected; N/A: Not Available
- 6 pH & Chlorine level tested on site
- 7 Sample collected by client, analyzed as received

Reason for Test : Real Estate

Date Reported: 3/7/2014

REPORT OF ANALYSIS

Laboratory ID #:	93219	Account #:	1045
Reference:	Catonsville Homes/Clove Lot 5	Company:	Atlantic Blue Water Services
Location:	13530 Mitchells Way West Friendship, MD 21794	Requested By:	Mark Mather
Date/ Time Collected:	2/26/2014 1416	Source:	Well Water
Date/Time Rec'd:	2/27/2014 1310	Site:	Basement Bathroom Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Hrast 6566CH	pH:	6.2
		Well #:	N/A

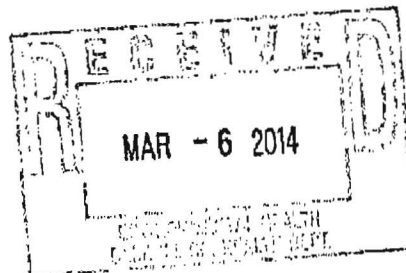
Lead	0.010	mg/L	0.015	300.8	3/5/2014 / 1125 / ZMC
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OK
MB 3/10/14

NOTES

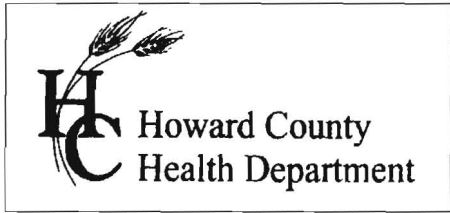
- 1 Lead collected as a 1st draw sample
- 2 Lead Detection Limit: 0.0020 mg/L
- 3 mg/L - milligrams per liter (also, parts per million)
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sub-contracted to Reference Lab #128
- 6 ND = None Detected; N/A: Not Available
- 7 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test: Real Estate



Date Reported: 3/6/2014

MD State Certification # 133



7178 Columbia Gateway Dr. • Columbia, MD 21046
(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

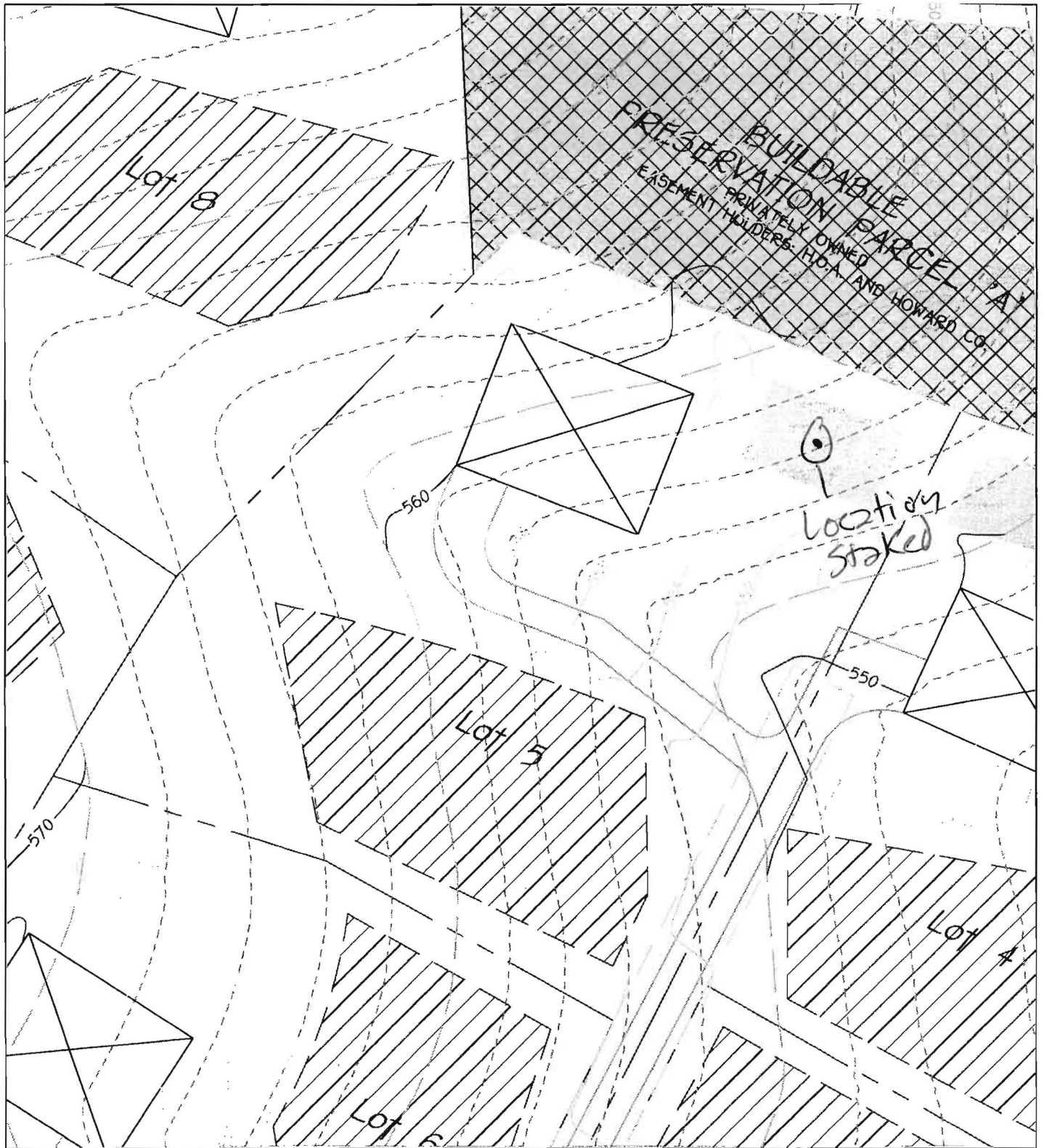
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by FCC
by 3/31/06 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



HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 5
CLOVERFIELD

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

TAX MAP #15 ZONED RC-DED
3RD ELECTION DISTRICT
SCALE: 1"=50'

PARCEL: 4
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3080 WASHINGTON (RT. 87), SUITE 220, OLENWOOD, MD 21738 PHONE: 410-488-7900