

C1 3147

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

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 09 08 13

DATE WELL COMPLETED MM DD YY 07 23 10

Depth of Well 22 605 26 3/10/11 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1993

OWNER: Patrick, Donald first name last name STREET OR RFD: 11601 Fawcett Drive TOWN: ELLICOTT CITY SUBDIVISION SECTION LOT 2

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Top soil (0-3), soft tan rock (3-24), Hard Grey Rock (24-34), Broken Rock (37-39), Hard Grey Rock (39-95), med grey rock (95-97), Hard Grey Rock (97-605).

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 9 NO. OF POUNDS 900 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 27 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 607

OTHER CASING (if used)

OTHER CASING (if used) diameter inch 4 1/2 depth (feet) from 25 to 105

SCREEN RECORD

screen type or open hole insert appropriate code below [ST] STEEL [BR] BRASS [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

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 D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D 589

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

Table with columns: T 2, DEPTH (nearest ft.), E A C H S R E E N. Rows include: 8 9 11 15 17 21, 23 24 26 30 32 36, 38 39 41 45 47 51. Includes SLOT SIZE 1 2 3 and DIAMETER OF SCREEN (NEAREST INCH) 56 to 60.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 VII 8:31 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST

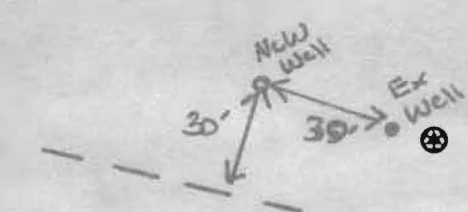
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 238 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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 [-] below LAND SURFACE 59 (nearest foot)

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)



B 1 4616

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 533258 please type

STATE PERMIT NUMBER

HO-95-1968 fill in this form completely 1993

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Patrick Ben 15 Last Name Owner First Name 34 36 11661 Farside Rd Street or RFD 55 57 Elliott City MD 21042 70 State 72 Zip 76

B 3

LOCATION OF WELL

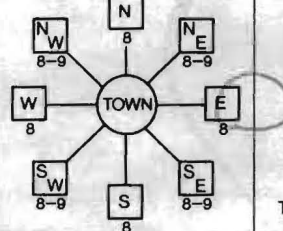
8 COUNTY Howard 21 Farside 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 52 NEAREST TOWN Glenely 71 57 MILES FROM TOWN (enter 0 if in town) 4 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow MWD 355 76 License No. 81 Firm Name Barlow Well Drilling Address 322 Underwood Lane 21014 Date 5/19/10 Signature

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD (11661) Farside Rd 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E DISTANCE FROM ROAD 200 FT 34 37 ENTER FT OR MI 38 39 TAX MAP: 23 BLK: 21 PARCEL 126

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 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

Howard 13 A28293 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 8/16/2010 Brian Baker 8/16/2011 CO SIGNATURE EXP. DATE NORTH GRID 515 000 EAST GRID 824 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-81-0244 32

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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-1968 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

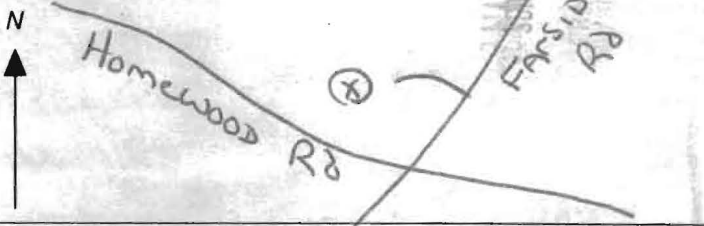
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8244 N 5105

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



 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

3/8/2011
 O.K. (PB)

DATE WELL ABANDONED: 10/27/10 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 81 - 0244

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 1993

* PERSON ABANDONING WELL: Richard Crummett

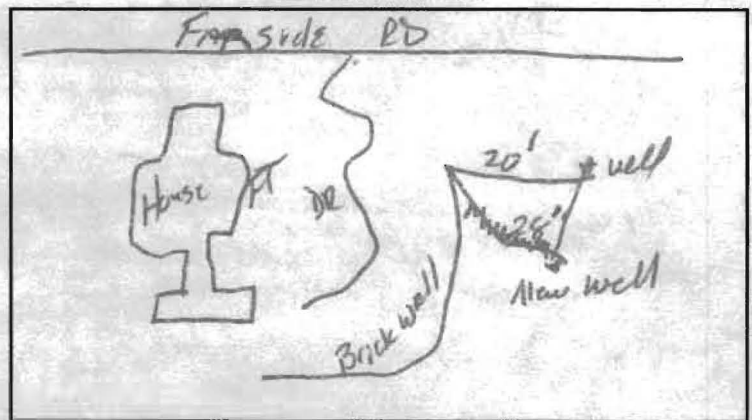
WELL DRILLERS LICENSE NUMBER: W20014

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: GTC Group

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: _____
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 11161 Farside Road



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 358 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentowite Top soil	358	1
	0	0
VOLUME OF MATERIAL USED		
18 Bag of Bentowite		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN
George F. Easterday

LICENSE # 040

CIRCLE ONE MWD/MSD/MGD

DATE 5-11-11

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 PARKVIEW AVE,
SYKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 2122

*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: Mrs DONALD PATRICK Telephone: 410-730-7885
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1993
Site Address: 11661 PARSIDE ROAD NOTAG ON WELL
ELLICOTT CITY, MD 21092

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap:
Model #: ISS0615-290 Model#: PT 800 Screened, vented well cap:
Pump Capacity 15 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation 60 (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: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 300 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 40" (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.

Robert L. Feezer 8/17/10
Signature of company representative responsible for installation date
CALL FOR INSPECTION 8/16/10

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

Date Insp. Requested: _____ Date Insp. Approved: 8/17/2010 RB
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 Need Tag
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



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

March 10, 2011

Homeowner
11661 Farside Drive
Ellicott City, MD 21042

RE: Farside, Lot 2
11661 Farside Drive
BP #: B10003281
Well Tag: HO-95-1993

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 11/20/2009. Final approval of the well line connection to the dwelling was approved on 08/17/2010.**

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, is a copy 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-95-1993. 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.

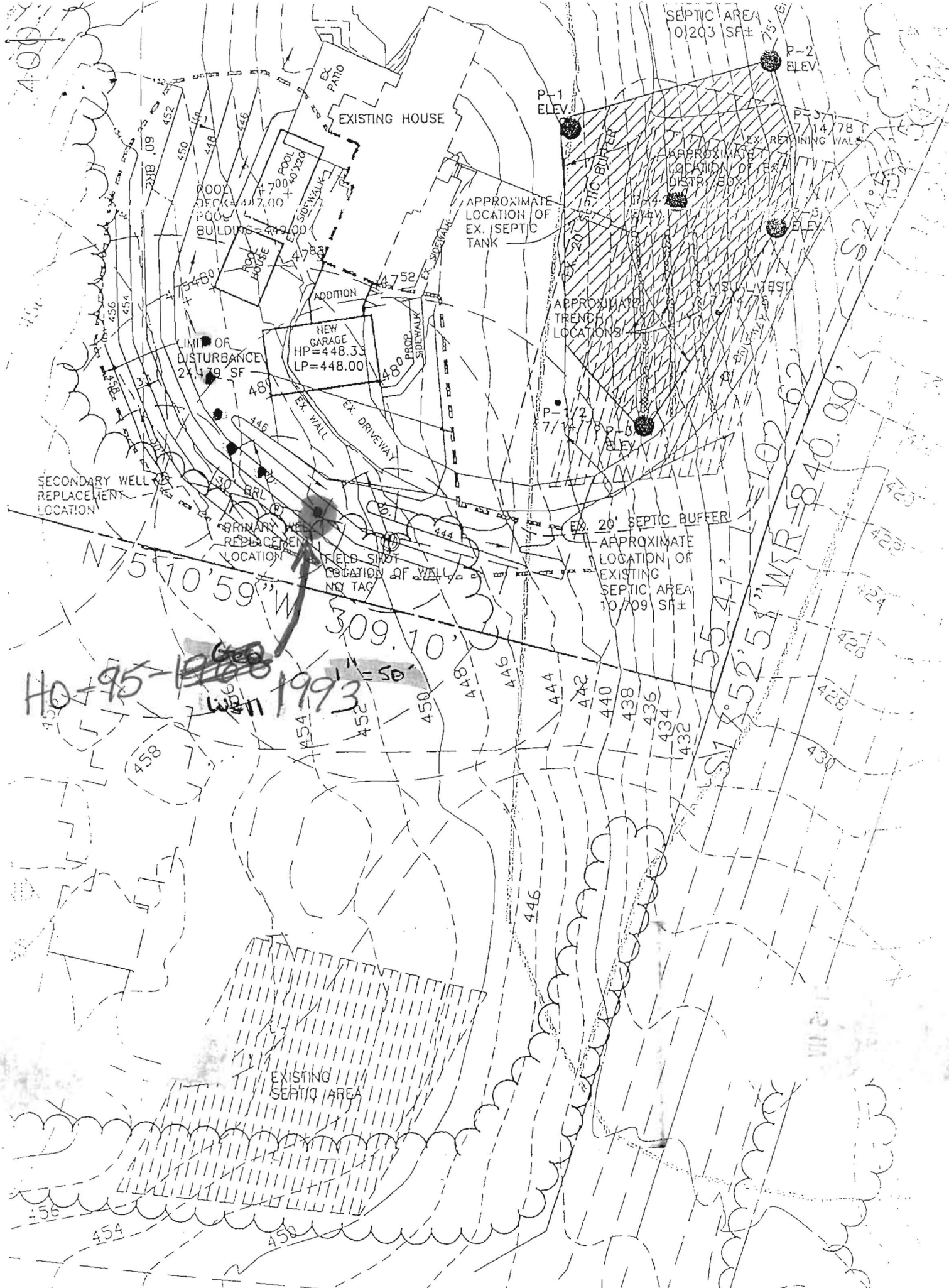
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 10/05/2010
Date of Well Completion: 07/30/2010

Approving Authority,

Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



SEPTIC AREA
10203 SF±

EXISTING HOUSE

POOL BUILDING
700 SF

NEW GARAGE
HP=448.33
LP=448.00

APPROXIMATE
LOCATION OF
EX. SEPTIC
TANK

APPROXIMATE
TRENCH
LOCATION(S)

SECONDARY WELL
REPLACEMENT
LOCATION

PRIMARY WELL
REPLACEMENT
LOCATION

FIELD SHOT
LOCATION OF WALL
NO TAG

20' SEPTIC BUFFER

APPROXIMATE
LOCATION OF
EXISTING
SEPTIC AREA
10709 SF±

HO-95-1993
with 1993
50'

EXISTING
SEPTIC AREA

456
454

VII 2-1



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:
 GYC Group, Ltd.
 611 Nursery Road
 PO Box 1550
 Westminster, MD 21158

S/O Number: 79046
Report Date: October 6, 2010

Property Sampled: 11661 Farside Road
Sample Location: Rear Outside Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B 09002789
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard **Subdivision:** Farside
Map: 23 **Parcel:** 126 **Lot #:** 2

Date/Time Collected in Field: October 5, 2010 @ 12:40 pm
Date/Time Received in Lab: October 5, 2010 @ 3:00 pm

Well Tag #: No Well Tag
Well Condition: 2 Piece Cap, Cap Loose
Water Treatment: Not Observed ? *HO-95-1993*

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	3.7 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.2 Units	***
Sand		Negative	Negative	

Kara Waltmyer
 Kara Waltmyer
 Drinking Water Division

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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NGWA & IGSHA Certified

To Whom It May Concern,

We were issued two permits for the water well at 11661 Farside Rd. We used HO-95-1993 and are returning HO-95-1968 for credit. Please call me if you have any questions.

Michael Isom



Howard County
Health Department

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

Tuesday, June 8th, 2010

IMPORTANT

MEMORANDUM – Well Permit

To: Michael Barlow Well Drilling
FILE

From: Kevin Wolf, R.S./R.E.H.S. *Kmw*
Environmental Sanitarian
Well and Septic Program

Re: **Well Permit,**
11661 Farside Rd, *Ben Patrick Property*

The following information needs to accompany well application permits:

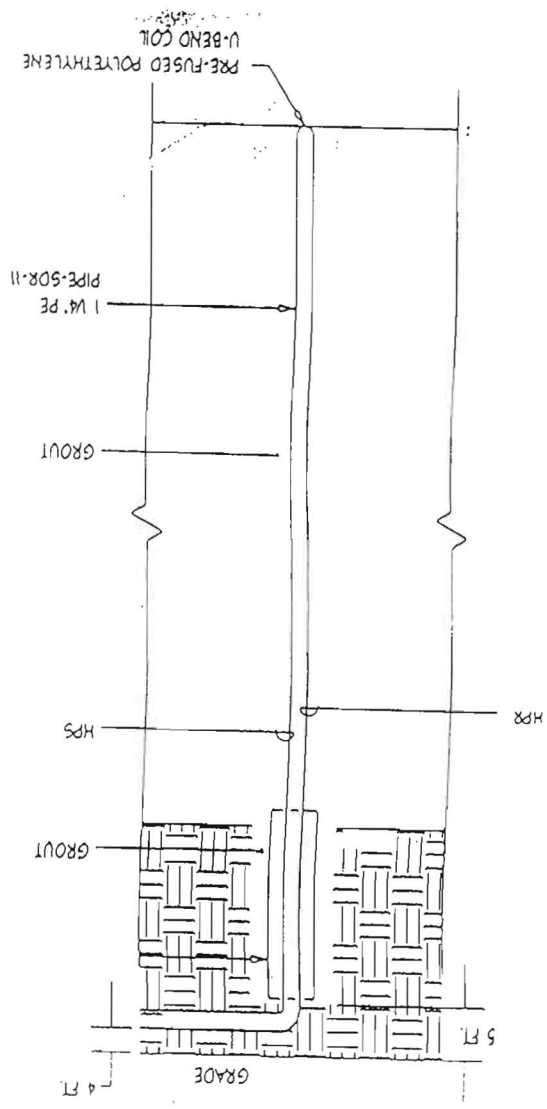
- ✦ A **Site Plan** that is to scale or a plan that shows nominal distances from features on the property to the well and indicates other pertinent features and structures on, or to be constructed on, the property; this includes but not limited to adjacent wells, and septic's.
- ✦ A memorandum of understanding stating who staked the well (i.e. wells should be staked by a licensed surveyor and stated as such).
- ✦ Any other pertinent information that needs to accompany the well permit

The permit cannot be released until the above aforementioned comments are completed and received for review by this office.

Any questions regarding anything mentioned here, please feel free to call me. 410-313-1771

KMW
Cc: file

1
TYPICAL BORE HOLE DETAIL
M100
NOT TO SCALE





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Howard County Health Dept
7178 Columbia Gateway Drive
Columbia, MD 21046
Attn: Brian Baker

July 30, 2010

Mr. Baker,

As we discussed during our visit at the site to mark the geothermal locations, the owner did decide to convert one of the geo holes we were installing into a water well once we found a stronger yield than his current well had.

Enclosed is a permit for that well and a copy of the site plan indicating the locations of the new well and the geo holes. They have decided to abandon the existing well once the pump has been transferred to the new well and connected to the house. Once that has occurred, I will forward you the abandonment report for the old well and the completion for the new one. If you have any questions, please give me a call.

Michael Isom