

C1 5205

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Fulton Ridge LLC, STREET OR RFD: Scaggsville Road, TOWN: Fulton, SUBDIVISION: Fulton Ridge, 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, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 108'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (72)

OTHER CASING (if used) diameter, depth

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

- CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (production well)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 162, DRILLERS SIGNATURE: Donald Hale, LIC. NO. AW 0766

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

DEPTH (nearest ft.)

Table with columns: CASING, SLOTS, DIAMETER OF SCREEN

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

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

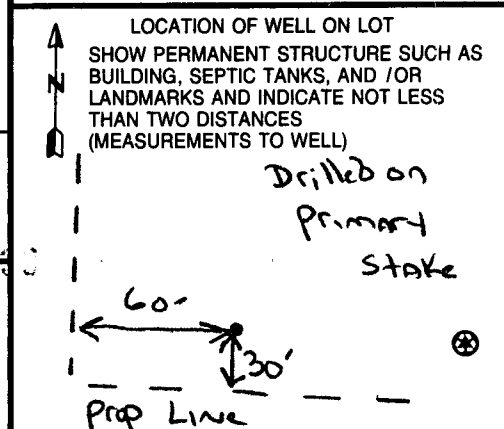
C 3

PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (2.81), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (36 ft. before, 168 ft. when pumping)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S - submersible), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47)



B 1 3930

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525578 please type

STATE PERMIT NUMBER 110-95-0536 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13, Fulton Ridge LLC, 6339 Ten Oaks Road, Clarksville MD 21029

LOCATION OF WELL: Howard, 8 COUNTY, Fulton Ridge, 23 SUBDIVISION, SECTION 44 46, LOT 2, 48 50, Fulton, 52 NEAREST TOWN, MILES FROM TOWN 1 M 73 76 77 78

DRILLER INFORMATION: Michael D. Isom MS D 162, G. Edgar Harr Sons' Corp., 12047 Falls Road, Cockeysville 21030, 9/19/06

Scaggsville Road, 11 NEAR WHAT ROAD 30, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 34 300 37 FT, TAX MAP: 41 BLK: 13 PARCEL 2

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard, A517386, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 10/16/06, CO SIGNATURE, EXP. DATE 10/16/07

APPROXIMATE DEPTH OF WELL 250 FEET

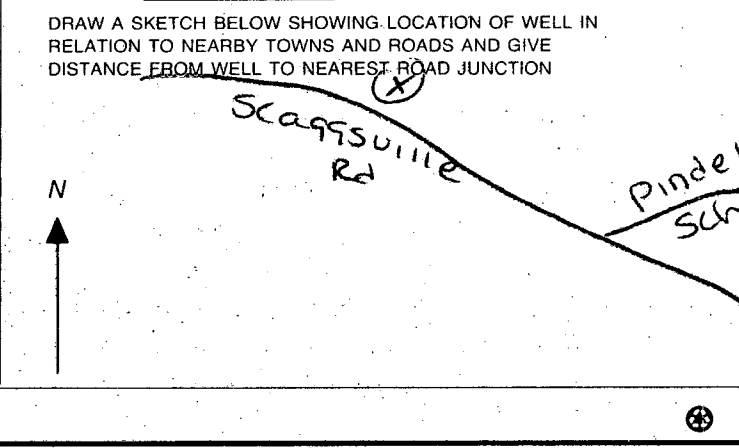
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. Well, WRITE THE BOX NUMBER FROM THE MAP HERE E 8108, N 4805

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 DEEPEM AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER H02006GD15, PERMIT No. H0-95-0536

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



# HARR WELL DRILLING

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 11-01-06      Permit Number: HO-95-0536  
Address: Scaggsville Road      Subdivision: Fulton Ridge L#2  
Owner Name: Fulton Ridge LLC      Election District:  
Well Depth: 200 Ft      Static Water Level: 36 Ft

| Time | Water Level | PSI<br>Existing Pump | Pumping Rate<br>Seconds to fill<br>5 gallon bucket | Calculated<br>Flow-Gallons<br>Per Minute |
|------|-------------|----------------------|--|--|
| 0900 | 36 ft       |                      | 20 sec   | 15.00                                    |
| 0915 | 99          |                      | 22   | 13.63                                    |
| 0930 | 120         |                      | 30   | 10.00                                    |
| 0945 | 140         |                      | 30   | 10.00                                    |
| 1000 | 160         |                      | 37   | 8.10                                     |
| 1015 | 165         |                      | 43   | 6.97                                     |
| 1030 | 168         |                      | 44   | 6.81                                     |
| 1045 | 168         |                      | 44   | 6.81                                     |
| 1100 | 168         |                      | 44   | 6.81                                     |
| 1115 | 168         |                      | 44   | 6.81                                     |
| 1130 | 168         |                      | 44   | 6.81                                     |
| 1145 | 168         |                      | 44   | 6.81                                     |
| 1200 | 168         |                      | 44   | 6.81                                     |
| 1215 | 168         |                      | 44   | 6.81                                     |
| 1230 | 168         |                      | 44   | 6.81                                     |
| 1245 | 168         |                      | 44   | 6.81                                     |
| 1300 | 168         |                      | 44   | 6.81                                     |

**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: DOIT Plumbing & Heating Telephone #: 240-882-0069  
Address: 9955 Old Mill Rd.  
Ellicott City, MD 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation: \_\_\_\_\_ Licensed # 21899  
Name (Print): Duane Gilbert  
\*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: T.B.F. Telephone #: 410-313-7200  
Subdivision: Fulton Ridge Lot #: 2 Well Tag #: HO-95-0530  
Site Address: 17115 Fulton Ridge Dr.  
Fulton, MD 20759

**Submersible Pump Data**  
Make: myers **Pitless Adapter**  
Model #: 25T52-5 Plus-P4-1 Make: American Brand: Grandy  
Pump Capacity: 5 GPM Model #: P45-97  
Well Yield: 5 GPM Depth: yes (36" min)  
NSF approved: yes  
Depth of well encountered at time of pump installation: 300 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque-armors Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt No

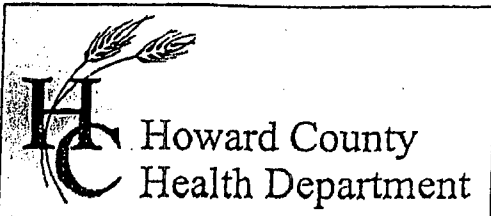
**Piping to house** **House Connection**  
Type: Black Plastic PVC sleeved to undisturbed soil at well penetration: yes  
PSI: yes (160 psi min) Approximate length of sleeve: 10 ft.  
Depth of supply line: yes (36" min) Sleeve caulked and sealed properly: yes

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: 1-26-10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/2/09 (KW)  
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



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

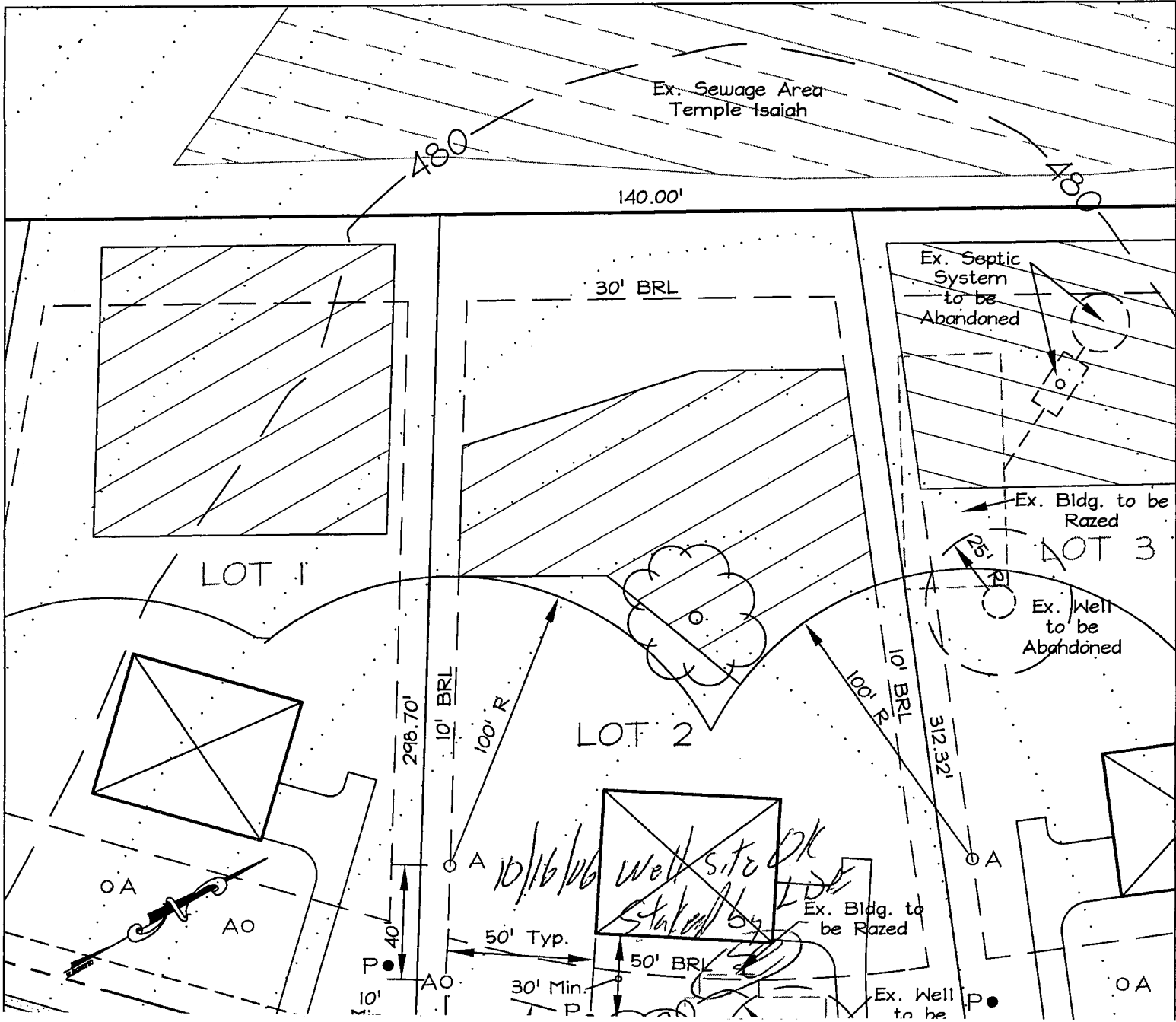
## ATTENTION WELL DRILLERS!!!

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

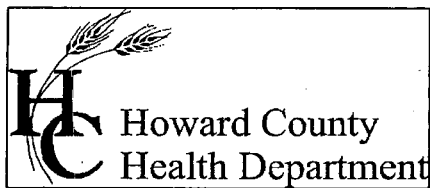
- The well site has been staked by LDE, Inc  
on 9/22/06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



RECORDED  
 2003 SEP 27 PM 2:19



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

February 4, 2010

Homeowner  
12115 Fulton Ridge Drive  
Fulton, MD 20759

Emailed to [tkeane@trinityhomes.com](mailto:tkeane@trinityhomes.com)

RE: Fulton Ridge, Lot 2  
12115 Fulton Ridge Drive  
BP# B09001226  
Well Tag #: HO-95-0536

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 09/25/2009. Final approval of the well line connection to the dwelling was approved on 10/02/2009.**

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.

Gross Alpha and Beta samples were also collected on 12/04/2006. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use and Occupancy.

Enclosed with this certificate, are copies of the septic permit and the septic 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-95-0536. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Samples: 01/20/2010  
Date of Samples for Gross Alpha & Gross Beta: 12/04/2006  
Date of Well Completion: 10/02/2006

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:**  
 Trinity Homes/TBI Homes  
 3675 Park Avenue Suite 301  
 Ellicott City, Maryland 21043

**S/O Number:** 75471  
**Report Date:** January 21, 2010

**Property Sampled:** 12115 Fulton Ridge Drive, 20759

**County:** Howard  
**Subdivision:** Fulton Ridge  
**Lot #:** 2  
**Building Permit #:** B09001226  
**Tax Map #:** 41  
**Parcel #:** 506

**Date/Time Collected:** January 20, 2010 at 10:14 am  
**Date/Time Received:** January 20, 2010 at 2:30 pm

**Sample Location:** Pressure Tank  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0536  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

| PARAMETER      | RESULT        | METHOD    | MCL/*SMCL      |      |
|----------------|---------------|-----------|----------------|------|
| Nitrate        | 1.9 mg/L as N | SM 4500D  | 10 mg/L as N   | Pass |
| Turbidity      | <1.0 NTU      | EPA 180.1 | 10 NTU         | Pass |
| pH             | 6.4 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 Milburn*

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.



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:**  
 Trinity Homes/TBI Homes  
 3675 Park Avenue Suite 301  
 Ellicott City, Maryland 21043

**S/O Number:** 75471  
**Report Date:** February 4, 2010

**Property Sampled:** 12115 Fulton Ridge Drive, 20759, Untreated

**County:** Howard  
**Subdivision:** Fulton Ridge  
**Lot #:** 2  
**Building Permit #:** B09001226  
**Tax Map #:** 41  
**Parcel #:** 506

**Date/Time Collected:** January 20, 2010 at 10:15 am  
**Date/Time Received:** January 20, 2010 at 2:30 pm

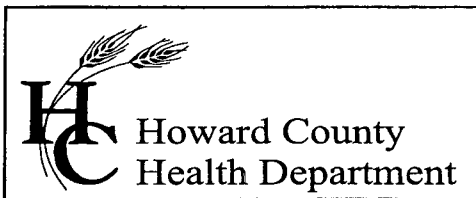
**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0536  
**Well Condition:** 2-Piece Cap  
 Satisfactory  
**Water Conditioning/Treatment:** Sediment Filter

| PARAMETER | RESULT   | METHOD    | MCL      |      |
|-----------|----------|-----------|----------|------|
| Turbidity | 1.7 NTU  | EPA 180.1 | 10 NTU   | Pass |
| Sand      | Negative |           | Negative |      |

*Allison Milburn*

Allison R. Milburn  
 Manager-Drinking Water Testing



Bureau of Environmental Health  
7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 22, 2006

**Fulton Ridge, LLC.**  
**Attn; Harold Bernardzikowski**  
**6339 Ten Oaks Road**  
**Clarksville Maryland 21029**

**RE: Fulton Ridge, Lot 2**  
**Well Tag: HO-95-0536**

Dear Mr. Bernardzikowski:

A sample was collected from a yield test on December 4, 2006 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $0.4 \pm 0.7$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $1.8 \pm 1.0$  pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

  
Bert Nixon, Deputy Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater  
✓ Well & Septic File

Send Report To:

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Chemistry

**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: H0-95-0536 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Fulton Ridge County: Howard

Sample Source: Lot 2 Location: H0-95-0536  
(well no., lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

|                |                                     |
|----------------|-------------------------------------|
| Drinking Water | <input checked="" type="checkbox"/> |
| Landfill       | <input type="checkbox"/>            |
| Stream         | <input type="checkbox"/>            |
| Other          | <input type="checkbox"/>            |

|               |                                     |
|---------------|-------------------------------------|
| Community     | <input type="checkbox"/>            |
| Non-community | <input type="checkbox"/>            |
| Private       | <input checked="" type="checkbox"/> |
| Other         | <input type="checkbox"/>            |

|                        |                                     |
|------------------------|-------------------------------------|
| Source (raw water)     | <input checked="" type="checkbox"/> |
| Distribution (treated) | <input type="checkbox"/>            |
| MCL                    | <input type="checkbox"/>            |

|           |                                     |
|-----------|-------------------------------------|
| Emergency | <input type="checkbox"/>            |
| Routine   | <input type="checkbox"/>            |
| Recheck   | <input type="checkbox"/>            |
| Special   | <input checked="" type="checkbox"/> |

Collector: Kevin Wolf Telephone No: 410-313-1773

Date Collected: 12/4/06 Time Collected: 9:35 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Raw water collected @ Yield test pH Chlorine

| ✓ | Test                  | EPA Code | Laboratory No.    | Results (pCi/L)  | Date Reported  |
|---|-----------------------|----------|-------------------|------------------|----------------|
| ✓ | Gross Alpha           | 4000     | <u>612056-010</u> | <u>0.4 ± 0.7</u> | <u>12/8/06</u> |
| ✓ | Gross Beta            | 4100     |                   | <u>1.8 ± 1.0</u> |                |
|   | Radon-222<br>Bottle A | 4004     |                   |                  |                |
|   | Radon-222<br>Bottle B | 4004     |                   |                  |                |
|   | Field Blank A         | 4004     |                   |                  |                |
|   | Field Blank B         | 4004     |                   |                  |                |
|   | Tritium               |          |                   |                  |                |
|   | Ra - 226              | 4020     |                   |                  |                |
|   | Ra - 228              | 4030     |                   |                  |                |
|   | Total Uranium         | 4006     |                   |                  |                |
|   |                       |          |                   |                  |                |
|   |                       |          |                   |                  |                |

Date Received: \_\_\_\_\_

Supervisor: \_\_\_\_\_

\*\*\*\*\*  
 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

DATE WELL ABANDONED: 10/30/06 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Michael Isom

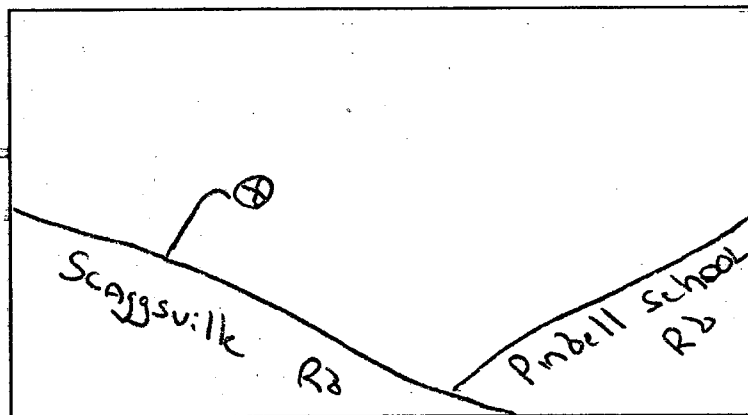
-WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Fulton Ridge LLC

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Fulton  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Fulton Ridge  
 SECTION: \_\_\_\_\_ LOT: 2  
 NEAREST ROAD: Scaggsville 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) Stone

\* SIZE OF CASING: 36 INCHES IN DIAMETER

\* DEPTH OF WELL: 30 FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

| MATERIAL                | FEET |    |
|-------------------------|------|----|
|                         | FROM | TO |
| Stone                   | 30   | 5  |
| Cement                  | 5    | 2  |
| Soil                    | 2    | 0  |
| VOLUME OF MATERIAL USED |      |    |

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

162 MWD/MSD/MGD  
 CIRCLE ONE

DATE

10/30/06

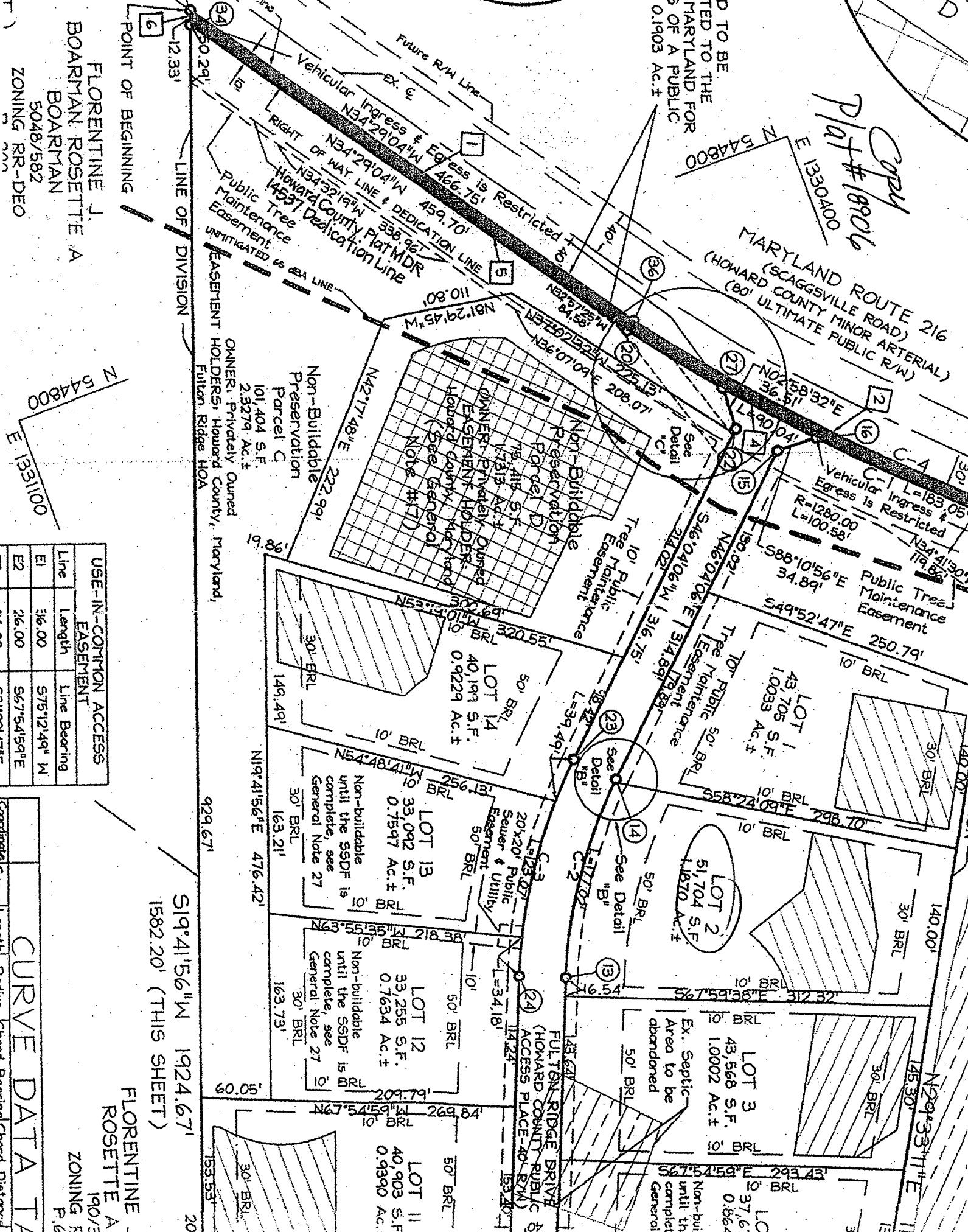




*Copy*  
 Plat # 18906

TO BE  
 MARYLAND FOR  
 OF A PUBLIC  
 0.1903 Ac.±

MARYLAND ROUTE 216  
 (SCAGGSVILLE ROAD)  
 (HOWARD COUNTY MINOR ARTERIAL)  
 (80' ULTIMATE PUBLIC R/W)



POINT OF BEGINNING  
 FLORENTINE J.  
 BOARDMAN ROSETTE A  
 BOARDMAN  
 5048/582  
 ZONING RR-DEO

| USE-IN-COMMON ACCESS EASEMENT |        |              |
|-------------------------------|--------|--------------|
| Line                          | Length | Line Bearing |
| E1                            | 36.00  | S75°12'49" W |
| E2                            | 26.00  | S47°54'59" E |

| CURVE DATA |        |                              |
|------------|--------|------------------------------|
| Coordinate | Radius | Chord Bearing/Chord Distance |
|            |        |                              |

FLORENTINE J.  
 ROSETTE A  
 190/3  
 ZONING RR-DEO  
 P. 6

519°41'56" W 1924.67'  
 1582.20' (THIS SHEET)