

3192

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Noted STREET OR RFD 2300 Meadow Trail TOWN West Friendship SUBDIVISION SECTION LOT

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Soft Brown (0-15), Hard Gray (15-420).

GROUTING RECORD Form. Includes: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (26), NO. OF POUNDS (1300), GALLONS OF WATER (598), DEPTH OF GROUT SEAL (0-420).

CASING RECORD Form. Includes: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) Form. Includes: diameter inch, depth (feet) from to.

SCREEN RECORD Form. Includes: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MW D 304, DRILLERS SIGNATURE David Kelly

LIC. NO. MW D 564, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

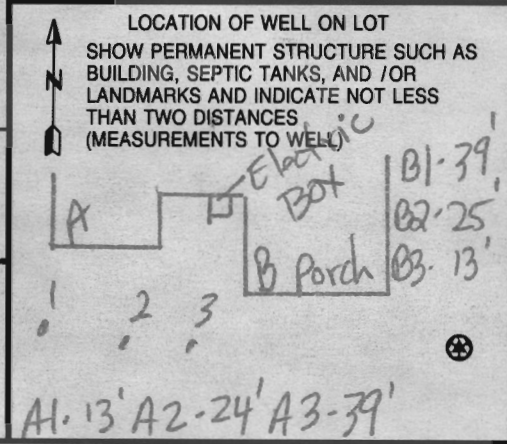
DEPTH (nearest ft.) Table with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53, 56-58, 60-62

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) Form. Includes: GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

TELESCOPE CASING, LOG INDICATOR, OTHER DATA Form. Includes: 70, 72, 74, 75, 76

PUMPING TEST Form. Includes: HOURS PUMPED (8, 9), PUMPING RATE (gal. per min.) 11, 15, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING (17, 20), WHEN PUMPING (22, 25), TYPE OF PUMP USED (for test) A, P, T, C, R, O, J, S

PUMP INSTALLED Form. Includes: 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, - below, LAND SURFACE (nearest foot) 50, 51



B 1 1901

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2153

535246

please type

fill in this form completely

Date Received (APA)

06 10 11

OWNER INFORMATION

15 Last Name Owner First Name

36 2300 Meadow Trail Ln. Street or RFD

57 West Friendship MD 21738 Town State Zip

B 3

LOCATION OF WELL

8 COUNTY Howard

23 SUBDIVISION McKendree 800 View

SECTION LOT Parcel A

52 NEAREST TOWN Cocksuille

MILES FROM TOWN (enter 0 if in town) 1.4

DRILLER INFORMATION

Edward Gross MWD 580 Driller's Name License No.

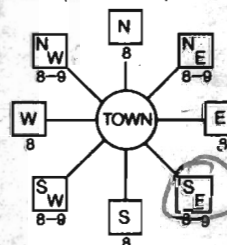
Long Green Energy Inc. 410-409-7260 Firm Name

2109 Emmerton Park Rd. Suite 107 Edward Address

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 MEADOW TRAIL LN NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 290 FT DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 12 PARCEL 54

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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 A522008-E COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 8/3/2011 Brian Baker 8/3/2012

NORTH GRID 537 000 EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 320 FEET

APPROXIMATE DIAMETER OF WELL 5 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)

- 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

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

PERMIT No HO-95-2153

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Insert 2 inch pipe with 2 inch pipe from Bottom Upwards

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

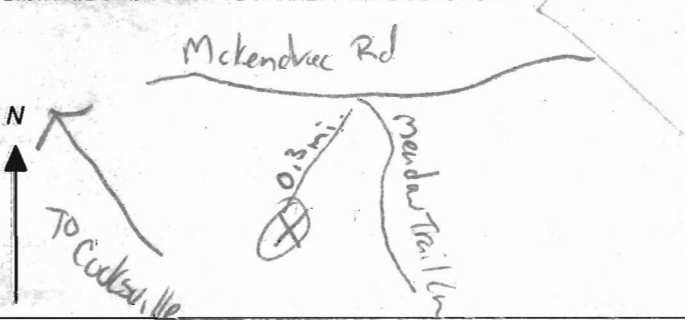
- 1. Public
2.
3.

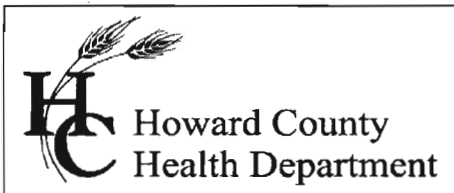
WRITE THE BOX NUMBER FROM THE MAP HERE

E 027° 00' 48"

N 39° 18' 40"

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





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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 6th, 2012

12/6/2011

Homeowner
2300 Meadow Trail Lane
West Friendship, MD 21794

**RE: McKendree View, Lot 7
2300 Meadow Trail Lane
Building Permit: B10003984
Well Permit: HO-95-1135**

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 **10/24/2011**. Final approval of the well line connection to the dwelling was granted on **10/21/2011**. The well construction was completed on **8/1/2007**. Water samples were collected on **11/22/2011**.

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-95-1135. 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,

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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



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:

Michelle Thomas
 Hagan and Hamilton Homes
 20 East Timonium Road, Suite 209
 Timonium, Maryland 21093

S/O Number: 83448

Report Date: November 29, 2011

Property Sampled: 2300 Meadow Trail Lane, 21794
Sample Location: Foyer Bathroom Sink
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003984
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 14

Subdivision: McKendree View
Parcel: 54

Lot #: 7

Date/Time Collected in Field: November 22, 2011 @ 11:15 AM

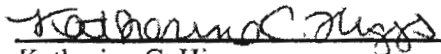
Date/Time Received in Lab: November 22, 2011 @ 1:30 PM

Well Tag #: HO-95-1135

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

| 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 | 4.9 mg/L as N | Pass |
| Turbidity | EPA 180.1 | 10 NTU | 4.0 NTU | Pass |
| pH | EPA 150.1 | *6.5-8.5 Units | 5.6 Units | *** |
| Sand | | Absent | Absent | Pass |


 Katherine C. Higgs
 Manager – Drinking Water Testing

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.