

C 1 14213 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 13 A516442

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 8 30 02

Depth of Well 226 9/26/02 (TO NEAREST FOOT) OK BR

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3465

OWNER Hamilton Reed Homes STREET OR RFD Ed Warfield + Jennings Chapel TOWN Woodbine SUBDIVISION Kahler 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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

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 19 NO. OF POUNDS 1300

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 62

OTHER CASING (if used)

SCREEN RECORD (HO) SCREEN TYPE OR OPEN HOLE (HO) STEEL (ST) BRASS (BR) OPEN HOLE (HO) BRONZE (PL) PLASTIC (OT) OTHER (OT)

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. Includes slot size and diameter of screen.

C 3

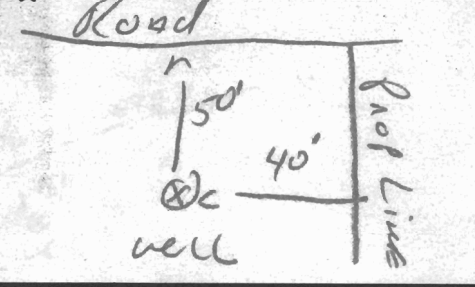
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 110 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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 (nearest foot) 1

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)



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

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 11 2 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

**B 1** 3284 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER  
 1 2 3 6  
 please print or type W5177403-1 HO-94-3465  
 70 fill in this form completely 79

Date Received (APA) **B 3** LOCATION OF WELL  
 8 MM DD YY 13 Howard COUNTY 21  
 15 Last Name Hamilton Owner Reed Homes First Name 34  
 36 8000 Main Street Street or RFD 55  
 57 Ellicott City MD 21043 Town 70 State 72 Zip 76

**DRILLER INFORMATION**  
 8 Ralph E. MAYNE MSD 117 License No. 81  
 17 Ralph E. MAYNE well drilling Firm Name  
 17024 Handy Rd Mt Airy MD, 21771 Address  
 Signature Ralph E. Mayne Date 8/18/02

**WELL INFORMATION**  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 12 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

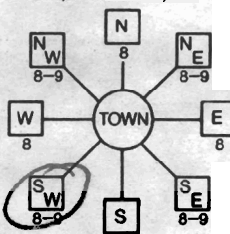
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard COUNTY NAME (13) A516442 COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 8/12/2002 Brian Baker 8/12/2003  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 529 000 EAST GRID 774 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 30 AIR-ROTary JETTED Jettted & DRIVEN  
 37 CABLE AIR-Percussion ROTARY (Hydraulic Rotary)  
 other REVerse-ROTary DRive-POINT

**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 DEEPEAN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

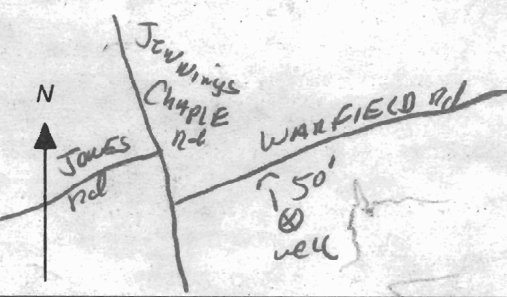
**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-94-3465  
 70 71 72 73 74 75 76 77 78 79

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 1 2  


**EDWARDFIELD Rd**  
 11 NEAR WHAT ROAD 30  
**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  
 WEST  EAST  
 NORTH  SOUTH  
 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 13 BLK: 22 PARCEL

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 774  
 N 529  
 000  
 000

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 (Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogle Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Stylesville Md 21154

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

\*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. Licensee may be subjected to field verification.

Name of Property Owner: Williamsburg Group Telephone #: \_\_\_\_\_  
Subdivision: Edwardsburg Rd Lot #: \_\_\_\_\_ Well Tag #: HO-94-465  
Site Address: \_\_\_\_\_

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduits  
Make: Goulds      Make: Campbell      Two piece watertight cap: YES  
Model #: ET15807422      Model#: N/A      Screened, vented well cap: YES  
Pump Capacity 7 GPM      Depth: 36 (36" min)      Cap secured to casing: YES  
Well Yield: 3 GPM      NSF approved: YES      Conduit min 18" B.G.: 4  
Depth of well encountered at time of pump installation: 260 (feet)      Conduit secured to well cap: YES  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.1  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

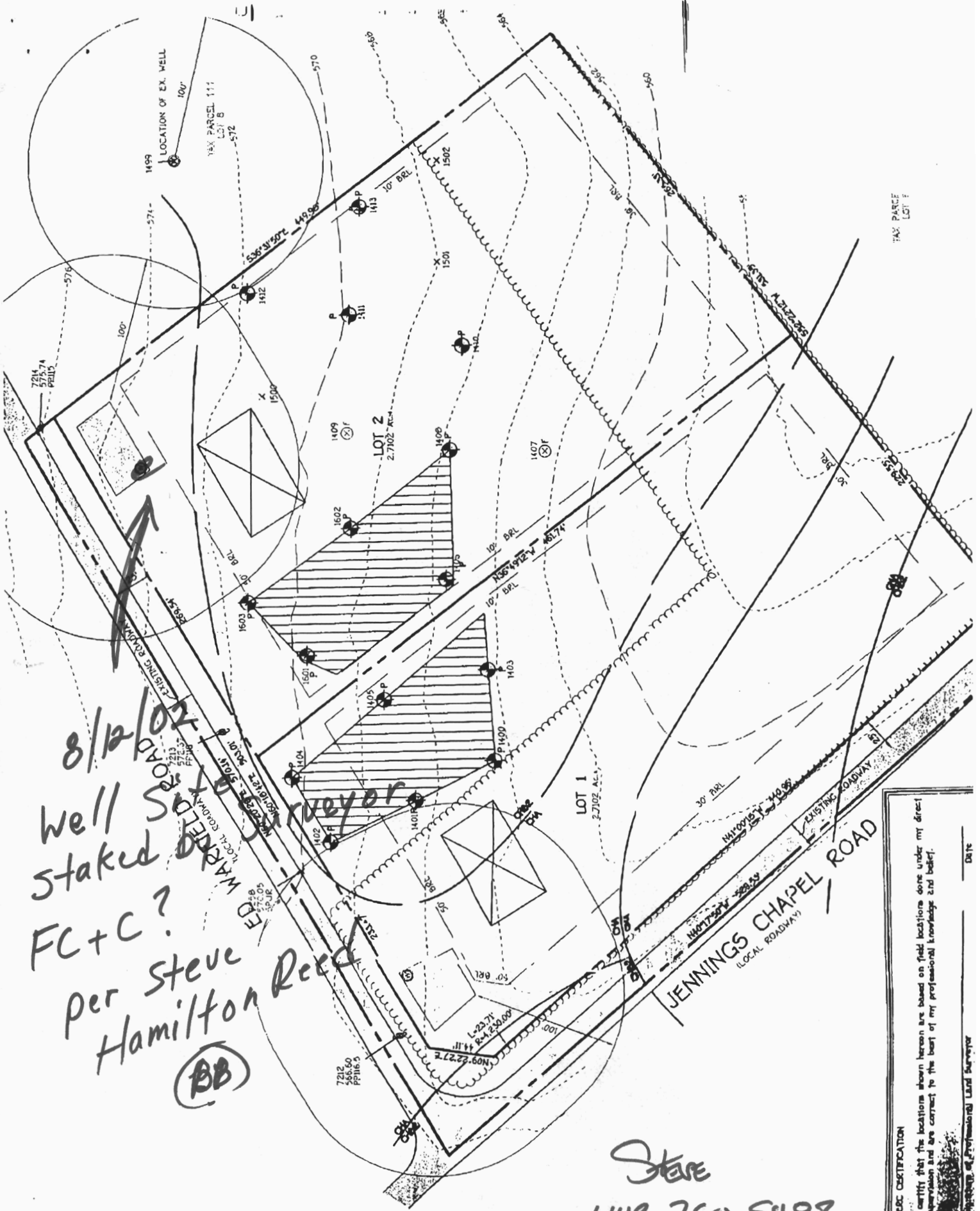
Piping to house      House Connection  
Type: 1" Black Plastic      PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min)      Approximate length of sleeve: 5  
Depth of supply line: 42 (36" min)      Sleeve caulked and sealed properly: YES

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

Allen Compton      10-14-04  
Signature of company representative responsible for installation      date

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

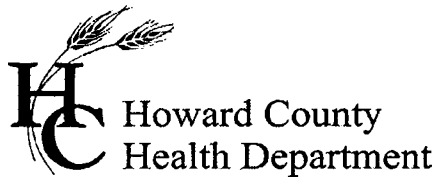
Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/27/05 (SC)  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed 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



8/12/02  
 Well staked  
 FC+C?  
 per Steve  
 Hamilton Reed  
 (BB)

Steve  
 443-250-5483

**PUBLIC CERTIFICATION**  
 I certify that the locations shown hereon are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.  
 \_\_\_\_\_  
 DATE \_\_\_\_\_



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

February 9, 2005

Williamsburg Group, LLC  
5485 Harpers Farm Road, Suite 200  
Columbia, MD 21044

**SENT VIA FACSIMILE 410-997-4358**

RE: Kahler Property, Lot 2  
16635 Ed Warfield Road  
Woodbine, MD 21797  
BP # B00146812  
Well Permit #HO-94-3465

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 09/20/2004. Final approval of the well line connection to the dwelling was approved on 01/27/2005.**

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.

#### 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-94-3465. 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: 01/26/2005  
Date of Well Completion: 08/30/2002

Respectfully,

Stuart Øster, R. S.  
Well and Septic Program

SO/mlb  
cc: Building Inspector's Office  
Community Services Program  
File