

C1 3610

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 06 27 2006

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0336

OWNER: Elm Street Development, last name Cavay Lane, first name [unclear], TOWN Woodstock, SUBDIVISION Saddlebrook Farm, SECTION [unclear], LOT 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Overburden 0 40 Gray Rock 40 300 x

water at 68'

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 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 32 ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 48

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN PL PLASTIC OT OTHER

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. M S D 1 6 2

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. A W D 7 6 6

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

DEPTH (nearest ft.)

HO 48 300

ACSHING 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88 68

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15.00

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.

WHEN PUMPING 160 ft.

TYPE OF PUMP USED (for test)

- A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

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

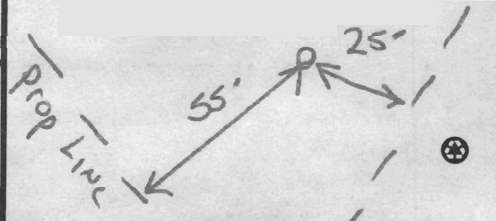
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (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)

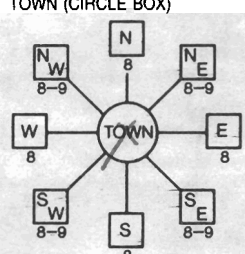


B 1 **6454** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-95-0336**
 1 2 3 6 524360 please type 70 fill in this form completely 79

Date Received (APA) **3/17/06**
 8 MM DD YY 13
Elm Street Development
 15 Last Name Owner First Name 34
5094 Dorsey Hall Drive, Suite 104
 36 Street or RFD 55
Ellicott City MD 21042
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Saddlebrook Farm
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **6** 50
Woodstock
 52 NEAREST TOWN 71
 MILES FROM TOWN-(enter 0 if in town) **0** M I
 73 76 77 78

DRILLER INFORMATION
Michael D. Isom M S D 162
 Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp.
 Firm Name
12047 Falls Road, Cockeysville 21030
 Address
 Signature **[Signature]** Date **2/20/06**

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Cavey Lane
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **200** 37 DISTANCE FROM ROAD
 ENTER FT OR MI
 TAX MAP: **11** BLK: **13** PARCEL **32**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE **5**
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **750**
 (GAL. PER DAY) 14 20

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

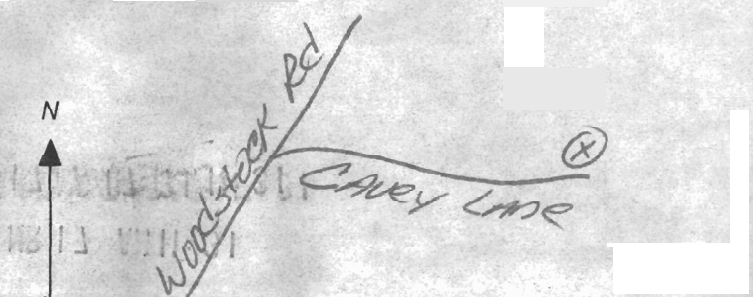
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD (13) **4516525**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE **[Signature]** INSERT S →
 DATE ISSUED **4/10/06** **[Signature]** **4/11/07**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **544** 0 0 0 EAST GRID **837** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
6454
 SOURCES OF DRILLING WATER
 1. **well**
 2. **Radium Sample**
 3. **Taken During Well Field Test**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8307**
 N **5404**
 000 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROtary DRive-POINT
 other _____

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
 39 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

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

 N
 Woodstock Rd
 Cavey Lane

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **HO 2005G009(01)**
 PERMIT No **HO-95-0336**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Spec. conditions @ county for Radium testing

HARR WELL DRILLING

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

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 6-06-06
Address: Cavey Lane
Owner Name: Elm Street Devel
Well Depth: 300 Ft

Permit Number: HO - 95-0336
Subdivision: Saddlebrook Farm L#6
Election District:
Static Water Level: 36 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0830	36 ft		17 sec	17.64
0845	110		20	15.00
0900	160		20	15.00
0915	160		20	15.00
0930	160		20	15.00
0945	160		20	15.00
1000	160		20	15.00
1015	160		20	15.00
1030	160		20	15.00
1045	160		20	15.00
1100	160		20	15.00
1115	160		20	15.00
1130	160		20	15.00

**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: Tri County Pump Service Telephone #: 301-482-0330
Address: 6711 Old National Pike
Beansboro, Md 21713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E. Griffith License# 20135

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Filice George, John Telephone #: _____
Subdivision: Saddlebrook Farm Lot #: 6 Well Tag #: HO-95-0336
Site Address: 10161 Saddlebrook Farm Trail
Woodstock, Md

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta Lite Make: American Gravity Inc. Two piece watertight cap: YES
Model #: _____ Model #: PT 800 Screened, vented well cap: YES
Pump Capacity: 2 GPM Depth: 36 (36" min) Cap secured to casing: YES
Well Yield: 15 GPM NSF/WSC approved: ✓ Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 300 (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 17.8.4
Torque arrestors, Cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house House Connection
Type: Poly PVC sleeve to undisturbed soil at well penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 10 ft
Depth of supply line: 36 (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: William E. Griffith Date: 7-11-2007

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely CAP BROKEN
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/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 ✓

7/12/07
EB



Howard County
Health Department

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:

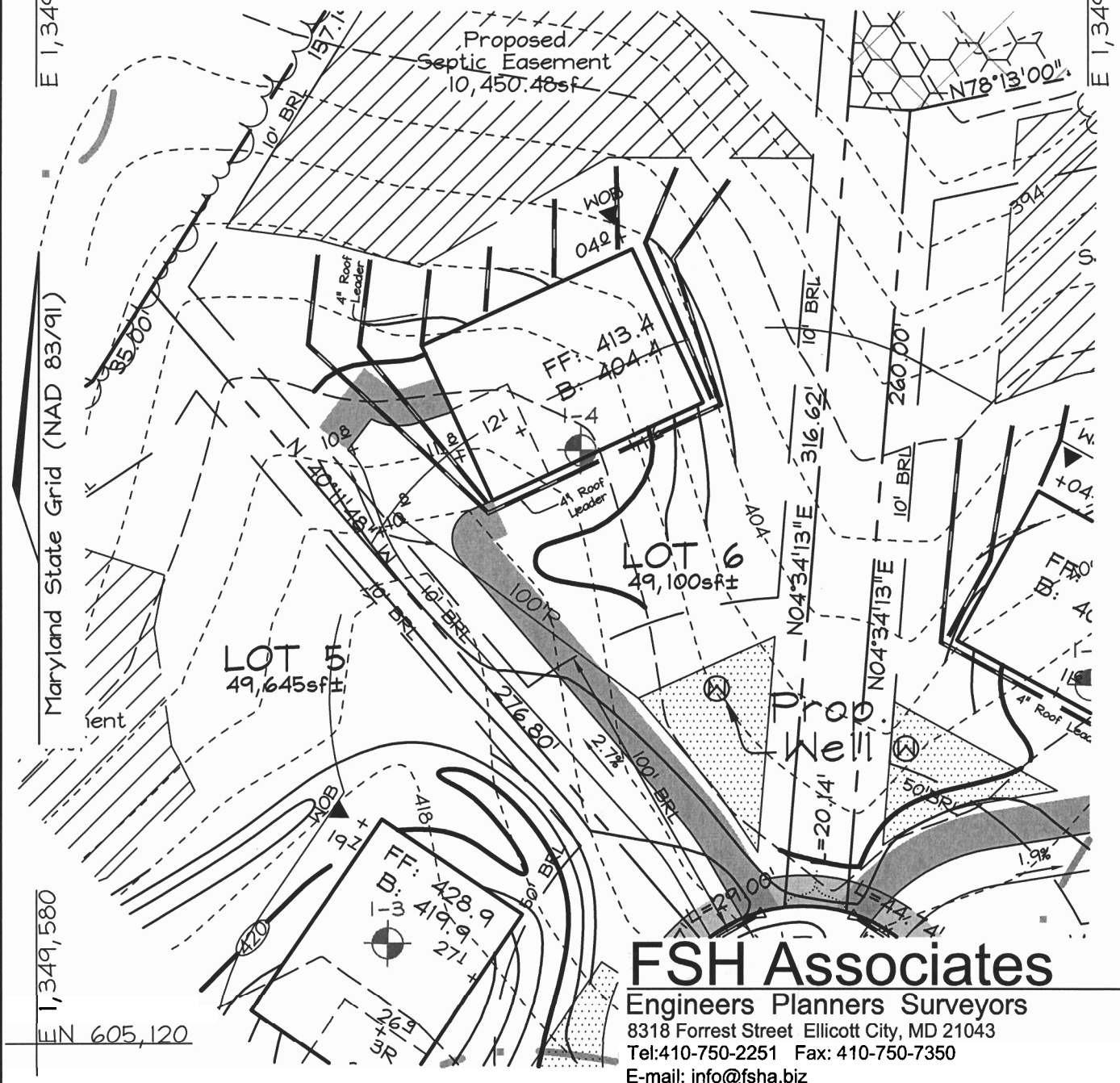
- The well site has been staked by FSH Inc
on Saddlebrook Farm and is ready for site inspection.
- _____ will call the Health Department
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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

KN

N 605,480
 E 1,349,580
 E 1,349,920
 N 605,480

Note:
 The proposed well shown on this plan will be
 staked out in the field by FSH Associates,
 Professional Surveyor prior to well drilling.



FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel:410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Mar. 13, 2006
 W.O. No.: 3165
 SHEET No.: 5 OF 11

**WELL PERMIT PLAN
 SADDLEBROOK FARM**

LOT 6

TAX MAP II GRID 13
 3RD ELECTION DISTRICT

PARCELS 19 & 32
 HOWARD COUNTY, MARYLAND



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

September 11, 2007

Shalehearth, LC
6820 Elm Street, Suite 200
McLean, Virginia 22101

RE: Saddlebrook Farm, Lot 6
10161 Saddlebrook Farm Trail
Woodstock, MD 21163
BP #: B07000567
Well Permit # HO-95-0336

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 07/06/2007. Final approval of the well line connection to the dwelling was approved on 09/11/2007.**

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.

Also, a Gross Alpha and Beta samples were collected on 06/06/2006. 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.

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-95-0336. 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: 09/04/2007
Date of Samples for Gross Alpha and Gross Beta: 06/06/2006
Date of Well Completion: 06/27/2006

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrice Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 167-1

Field Record

Site visit performed on: Tuesday, September 04, 2007 11:30 AM
by: Don Thomas State ID No. 8765DT
Affiliation: Tri-County Pump Service Inc.

Property Owner: Craftmark Homes
Property Address: Lot 6
10161 Saddlebrook Farm Trail

Sample Source: 1st Floor Powder Room

Field pH: 6.3
Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 9/4/07 12:35 PM

Bacteriological results:

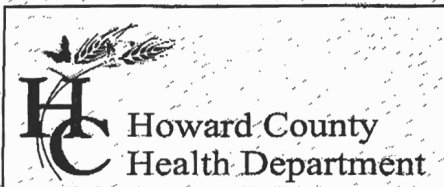
<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Date/Time Analysis Started</u>		<u>Method</u>	<u>Analyst</u>
<1	<1	9/4/07	2:17 PM	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption.
Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	3.3	mg/l	10	9/5/07	300.0	PH
Sand	<2	mg/l	5	9/6/07	0.065mm Filter	JD
Turbidity	0.5	NTU	10	9/4/07	180.1	PW

Verified by: M. S. Micaela Date: 9/7/07



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

June 26, 2006

Shalehearth L.C.
6820 Elm Street
Suite 200
McLean, Virginia 22101

RE: Saddlebrook Farm Lot 6
Well Tag: HO-95-0336

To Whom It May Concern:

A sample was collected from a yield test on June 6, 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 1.2 ± 0.9 picocuries/liter (pCi/L); while the **Gross Beta** level was 2.1 ± 1.4 pCi/L. Both the **Gross Alpha** and **Gross Beta** were below the maximum contaminant levels (MCL's) of 15 pCi/L and 50 pCi/L respectively. 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
Zac Fish, FSH Associates, 8318 Forrest St., E.C., MD 21043



Send Report To:
Howard County
Environmental
Health

State Shalehearth, L.C.
 DHMH - Lab
 Division of En
RADIATION
McLean, Virginia 22101

201 W. Preston Street 703.734.9730

John M. DeB

LABORATORY

CC: FSH Associates

Attn: Zac Fish

8318 Forrest Street

Ellicott City, MD 21043

410.750.2251

Sample Bottle No. A: 1 No. B: _____

Plant/Site Name: 10290 Cavey Lane

County: Howard

Sample Source: Saddlebrook Farm - Lot 6

Location: Well # HO-95-0336
 (well no., lab sink, sample tap, etc.)

County:

Plant No.

CHECK (one per box)

Drinking Water
 Landfill
 Stream
 Other

Community
 Non-community
 Private
 Other

Source (raw water)
 Distribution (treated)
 MCL

Emergency
 Routine
 Recheck
 Special

Collector: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 6/16/2006

Time Collected: 11:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____

Remarks: Sample Taken During Well Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>1016042-002</u>	<u>1.2 ± 0.9</u>	<u>6/12/06</u>
✓	Gross Beta	4100		<u>2.1 ± 1.4</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 1/1

Supervisor: _____

Analytical Summary Report

Client Name: Howard County Health Department Client Sample ID: SF6BB0336
Receipt Date/Time: 06/07/2006 Lab Sample ID: 606042-002-002-1/1
Prepared Date/Time: 6/9/06 Sample Matrix: WATER
Analysis Date/Time: 6/9/06 10:31 Analytical Method: ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 2σ	MDA	Q
Gross Alpha	1.1825 pCi/L	± 0.8759 pCi/L	1.4475 pCi/L	U
Gross Beta	2.0849 pCi/L	± 1.4309 pCi/L	3.0992 pCi/L	U