

SEQUENCE NO. (MDE USE ONLY)
 6609
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **(13) A517379**

ST/CO USE ONLY DATE RECEIVED MM DD YY
 DATE WELL COMPLETED MM DD YY
 Depth of Well 22 220 26 8/2/05
 (TO NEAREST FOOT) O.K. **(BB)** PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-95-0043

OWNER Land Marketing Consultants
 STREET OR RFD Rosemary Lane TOWN Ellicott City
 SUBDIVISION Wildflower Woods SECTION _____ LOT 3

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	35	
Sand Stone	35	45	✓
MICKA	45	75	
Sand Stone	75	80	✓
MICKA	80	120	
Sand Stone	120	125	✓
MICKA	125	220	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS 13 NO. OF POUNDS 1300
 GALLONS OF WATER 78
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 52 ft. to 30+ BOTTOM 58 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
 60 61 63 64 66 70

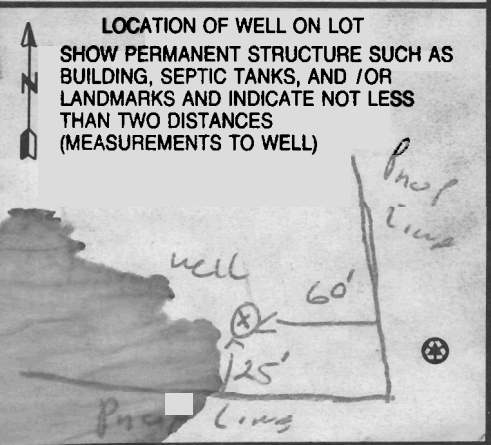
OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
(ST) STEEL **(BR)** BRASS **(HO)** OPEN HOLE
(PL) PLASTIC **(OT)** OTHER

C 2 DEPTH (nearest ft.)
 1 HO 46 220
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 3
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C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 10
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 42 ft.
 WHEN PUMPING 46 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 (CIRCLE) (YES OR NO) 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 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 } 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **(Y)** **(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 SD 1112
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 501 **(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 _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 8900

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0043 fill in this form completely

NS22471 please type

Date Received (APA)

OWNER INFORMATION

Land Marketing Consultants Inc
15 Last Name Owner First Name 34
3060 Washington rd.
36 Street or RFD 55
Elkwood MD 21238
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

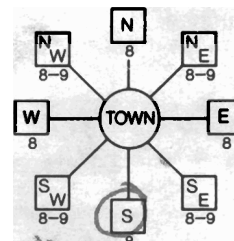
Howard
8 COUNTY 21
Wildflower woods
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2
73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne MSD 117
Driller's Name 76 License No. 81
Ralph E. Mayne Inc
Firm Name
17024 Handy Rd. Mt Airy MD 21771
Address
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Rosemary Lane
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH NORTH
WEST WEST EAST EAST
SOUTH SOUTH
34 1500 37
DISTANCE FROM ROAD 171
ENTER FT OR MI 39
TAX MAP: 22 BLK: 5 PARCEL 272

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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 13 A517379
COUNTY NAME COUNTY NO
STATE SIGNATURE INSERT S 41
DATE ISSUED 6/13/2005 Brian Baber 6/13/2006
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 527 000 EAST GRID 813 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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)

- 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 deepen an existing well
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

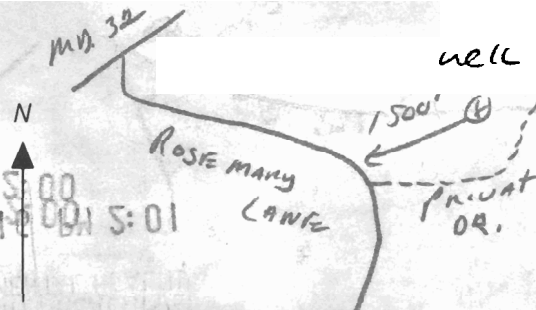
SOURCES OF DRILLING WATER

- 1 well
2
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

813
E
N 527

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



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

APPROX. PERMIT NUMBER G
PERMIT No. 40-95-0043

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0043
 Location of property (road) Rosemary Lane
 Subdivision Wildflower Woods Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Land Marketing Consultants

Depth of well 220
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 42 ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:45 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 46 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill; gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
11:45	42 ft	5 Sec	Test started	12 GPM	
12:00	46 ft	6 Sec		10 GPM	
12:15	46 ft	6 Sec		10 GPM	
12:30	46 ft	6 Sec		10 GPM	
12:45	46 "	6 "		10 "	
1:00	46 "	6 "		10 "	
1:15	46 "	6 "		10 "	
1:30	46 ft	6 Sec		10 GPM	
1:45	46 ft	6 Sec		10 GPM	
2:00	46 ft	6 Sec		10 GPM	
2:15	46 "	6 "		10 "	
2:30	46 "	6 "		10 "	
2:45	46 ft	6 Sec		10 "	
3:00	46 ft	6 Sec		10 GPM	
					6 GPM

LOT 3

24"E

495° 107

111
502±

497° 10
500

300

300

504.0±

507

108

201

10,150 SQ. FT. ±

510

512.0±

208

112
504±

515.0±

202

203

515.0±

PH

M1B2

510

510

30'

507.0±

106

106

512.0±

10,610 SQ. FT. ±

100

30'

30'

280±
SEPTIC

PH

WELL

100

102

517.0±

30'

100

30

54°48'36" 240.43
6/13/05

Well site stated
by Shanaberg
and Lane

BB

NO VISIBLE WELLS OR SEPTIC AREAS

520

100

322.60

10°59'W

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: J.A. Smith & Co. Inc. Telephone #: 410-796-7632
Address: 7080 KA Kat Rd.
ELKIDGE MD 21075

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Gregory J. Smith License# 9092

*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: RAY Bateman Telephone #: 410-531-5543
Subdivision: Wildflower Woods Lot #: 3 Well Tag #: HO-4-250
Site Address: 3275 ROSEMARY LANE 95-0043
WEST FARRADSHIP, MD. 21794

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Goulds Make: MATHEWSON Two piece watertight cap:
Model #: SG505412 Model#: B10X Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 42" (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: 220 (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: 1" Black Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 8'
Depth of supply line: 42 (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.

Gregory J. Smith 2/21/06
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/20 Date Insp. Approved: 3/3/06 (ite)
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



7178 Columbia Gateway Dr. • 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

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 Shanaberger + Kane on _____ 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

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

- P.O. Box 696, Bel Air, MD 21014 (410) 893-5257
- P.O. Box 861, Finksburg, MD 21048 (410) 876-2035
- 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090 (410) 691-2223
- 113 High St., Salisbury, MD 21801 (410) 546-1318
- P.O. Box 712, Stevensville, MD 21666 (410) 643-7711
- P.O. Box 463, Timonium, MD 21093 (410) 628-2855
- P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

Pugh Construction
4667 Beechwood Road
Elicott City, Md 21043

Reporting Date: 7/7/2006
Report #: K2201

Submitted Sample Address: 3275 Rosemary Lane, Lot J
West Friendship, Md 21794

Submitted Sample Source: Bathroom sink

Date / Time Collected: 7/5/2006 10:07 AM

Sample Type: Drinking Water

Sampler/Company: D. Pitts 4322 DP, WTL of MD

Field Record: Chlorine residual: Absent -----

Well #: HO-95-0043

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	4.6	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	5.5	SU	0.1	6.5-8.5 (SMCL)	SM 2130B

Notes:

1. Bacteriological analysis of this sample indicates this water is Safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: SLB



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

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

July 13, 2006

Nathan Bowers
634 River Road
Sykesville, MD 21784

RE: Wildflower Woods, Lot J
3275 Rosemary Lane
West Friendship, MD 21794
BP #: B00157174
Well Permit # HO-95-0043

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 06/08/2006. Final approval of the well line connection to the dwelling was approved on 03/03/2006.**

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-95-0043. 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: 07/05/2006
Date of Well Completion: 07/12/2005

Approving Authority,


Gabriel A. Creighton, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File