

C 1 2865 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 PRINT OR TYPE

COUNTY NUMBER A-50885

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11/20/95

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-93-0075

OWNER FROTHINGHAM BOB JR. STREET OR RFD 777 ROUTE 32 TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries for soil and rock layers.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (16), NO. OF POUNDS (1600), GALLONS OF WATER (80), DEPTH OF GROUT SEAL (52 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT).

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot).

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

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

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 40

DRILLERS SIGNATURE: Gene F. Entenlang

LIC. NO. MWD 501

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

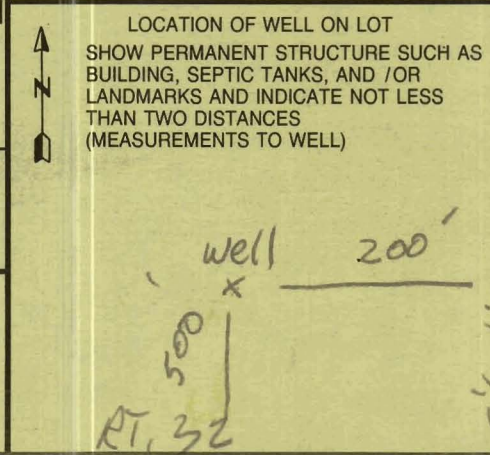
DEPTH (nearest ft.) table with handwritten entries for various casing depths (40, 58, 500).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: PUMPING TEST 2, HOURS PUMPED (6), PUMPING RATE (1.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (47 ft. before, 206 ft. when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below).



B 1 **3707** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-93-0075
 70 fill in this form completely 79

Date Received (APA) **702995**
OWNER INFORMATION
FROTHINGHAM BOB (JR.)
 15 Last Name 13 Owner First Name 34
799 ROUTE 32
 36 Street or RFD 55
SYKESVILLE MD 21784
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 1 **HOWARD** 2
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
SYKESVILLE 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** MI
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
George F. Easterday 40
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 10-24-95
 Signature Date

B 4 **799 Route 32** 11 NEAR WHAT ROAD 30
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **500** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 8 12 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **A50885**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **10/25/95** _____ EXP. DATE **10/25/96**
 43 48 CO SIGNATURE 41
 NORTH GRID **559000** EAST GRID **0810000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **810**
 N **550**
 000 X 000

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 DEEPEM 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
 SYKESVILLE
 (32)
 DAY RD
 X

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **40-93-0075**
 67 68 70 71 72 73 74 75 76 77 78 79

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

11/27/95 8:45

Page _____ of _____
Date _____

Review OK 12/21/95 DKS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 93-0075
Location of property (road) 799 ROUTE 32
Subdivision - _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller GEORGE EASTMAN Owner Bob ~~Ray~~ Frothingham

Depth of well 200 1 GPM
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 47'

I. High rate pumping -- reservoir drawdown

Time pump started 8:25 Pumping rate 10 gpm
Total time 30 min to reach pumping water level 210 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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	210'	53 sec	Pump set at 370'	1.13
9:30	208'	53 sec	Kent V Berry	1.13
9:45	205'	48 sec		1.4
10:00	205'	39 sec		1.54
10:15	205'	39 sec		1.54
10:30	205'	39 sec		1.54
10:45	205'	39 sec		1.54
11:00	205'	39 sec		1.54
11:15	205'	39 sec		1.54
11:30	206'	39 sec		1.54
11:45	206'	39 sec		1.54
12:00	206'	40 sec		1.5
12:15	206'	40 sec		1.5
12:30	206'	40 sec		1.5
12:45	206'	40 sec		1.5
1:00	206'	40 sec		1.5
1:15	206'	40 sec		1.5
1:30	206'	40 sec		1.5
1:45	206'	40 sec		1.5
2:00	206'	40 sec		1.5
2:15	206'	40 sec		1.5
2:30	206'	40 sec		1.5
2:45	206'	40 sec		1.5
3:00	206'	40 sec		1.5

HD-224 3:15 206' 40 sec 1.5 gpm

1/28/04
Cap Check
Anytime

**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: RFC WATER SYSTEMS INC. Telephone #: 410-239-0700
Address: 4322 OPALS CHOICE DR
MANCHESTER, MD, 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Rickey L. Roos, Sr. License# PEO-141

*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: JAMES FROTHINGHAM Telephone #: 410-795-7670
Subdivision: N/A Lot #: 3 Well Tag #: HO-93-0075
Site Address: 813 ROUTE 32 - SYKESVILLE RD.
SYKESVILLE, MD. 21784

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: EQUIC 5 Make: CAMPBELL Two piece watertight cap:
Model #: 56510412 Model: B-10X Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 2.5 GPM NSF approved: YES Conduit min 1 1/2" R.G.:
Depth of well encountered at time of pump installation: 500 (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 glands are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house **House Connection**
Type: PVC/PEX PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: FERNANDO BOOTS(S)

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: Rickey L. Roos, Sr. date: 9/8/03

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

Date Insp. Requested: 9/10/03 Date Insp. Approved: 9/10/03 SO
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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

1/28/04 - well cap OK SO



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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

January 28, 2004

James & Leona Frothingham
799 Sykesville Road
Sykesville, MD 21784

SENT VIA FACSIMILE 410-795-7670

RE: 813 Route 32 (Sykesville Road)
BP # B00138848
Well Permit # 93-0075

Dear Sirs:

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 9/2/2003.

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 #93-0075. 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.

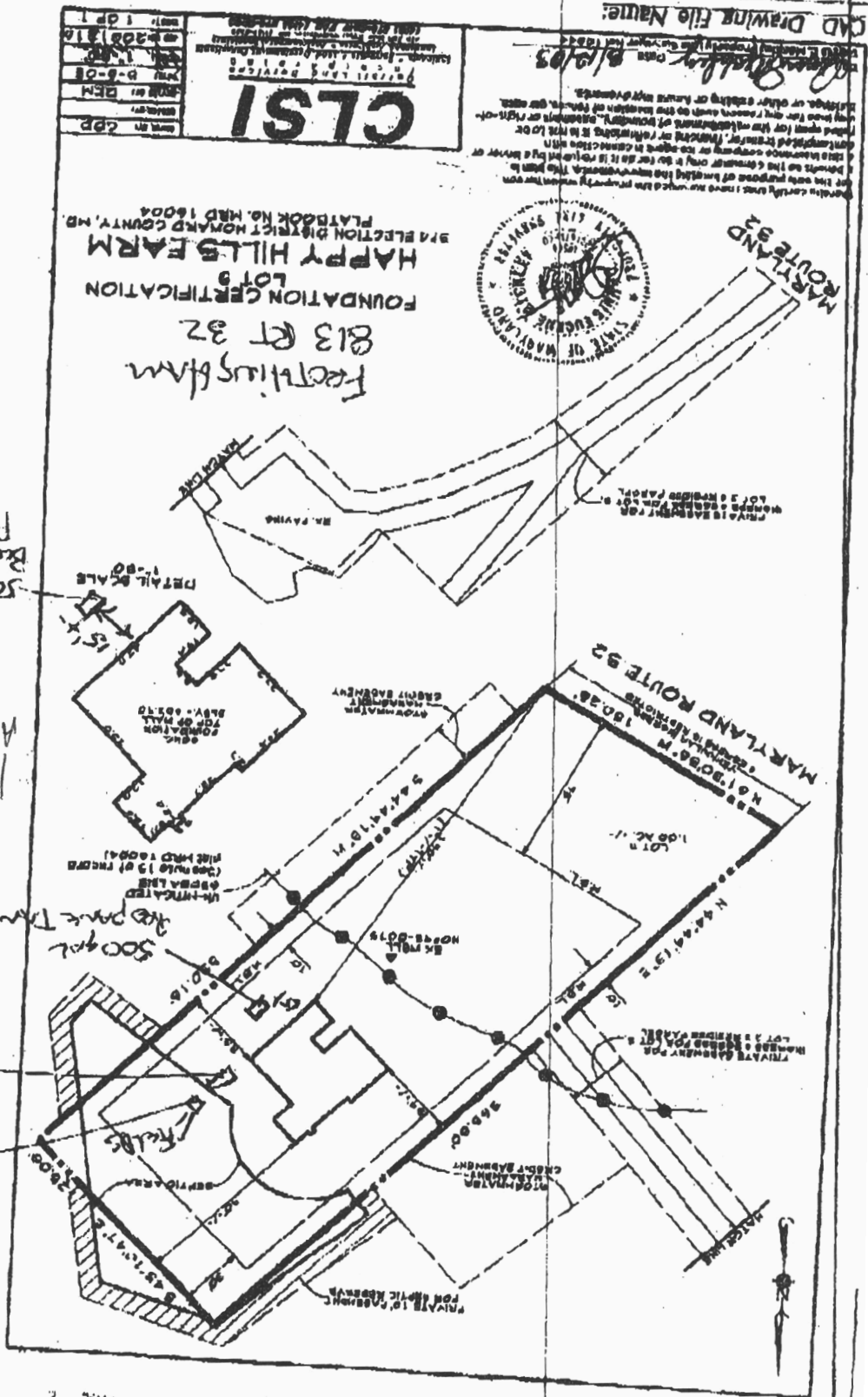
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/30/2003 & 1/23/2004
Date of Well Completion: 11/20/1995

Approving Authority,

Stuart F. Oster
Registered Environmental Sanitarian
Well & Septic Program

sjn
cc: Building Inspector's Office
Community Health Services
File



12/1/03
Although not
to scale, obvious
location of
proposed propane
tank from
septic well and
500 gal septic
tank
Propane OK.
Septic
Installation
done by KN
well.
BP BK 0014972
KN

DATE	12/1/03
BY	SH
SCALE	AS SHOWN
PROJECT	FOUNDATION CERTIFICATION
CLIENT	HAPPY HILLS FARM
ADDRESS	813 RT 32
CITY	PLATON
STATE	MARYLAND
COUNTY	ST. MARY'S
ZONING	RESIDENTIAL
RECORDING	1000000000
FILE NO.	1000000000

THIS DRAWING IS THE PROPERTY OF S H TEVIS & SON. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREON. ANY REUSE OR MODIFICATION OF THIS DRAWING WITHOUT THE WRITTEN CONSENT OF S H TEVIS & SON IS STRICTLY PROHIBITED. THE USER ASSUMES ALL LIABILITY FOR ANY ERRORS OR OMISSIONS IN THIS DRAWING. THE USER SHALL INDEMNIFY AND HOLD HARMLESS S H TEVIS & SON FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR RESULTING FROM THE USE OF THIS DRAWING.