

C1 14171

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)

COUNTY NUMBER 512673

ST/CO USE ONLY DATE RECEIVED 04 11 03

DATE WELL COMPLETED 08 15 03

Depth of Well 380

06/25/04

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-3676

OWNER Thompson Green Hollow Way TOWN Highland SUBDIVISION Owings Prop. SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandstone, and Micca.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO

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"

DRILLERS LIC. NO. M S 117 DRILLERS SIGNATURE

LIC. NO. D

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO CEMENT CM BENTONITE CLAY BC

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) 22

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 PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) HO 20 380

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Buc Lot WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 125 TYPE OF PUMP USED (for test) S submersible

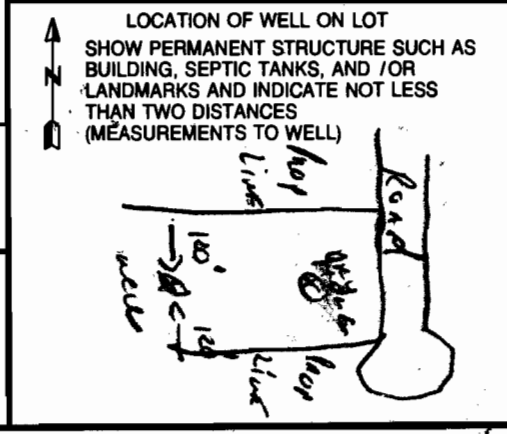
PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED

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)



B 1 8977 SEQUENCE NO. (MDE USE ONLY)

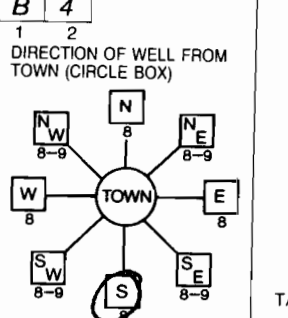
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-94-3676 fill in this form completely

OWNER INFORMATION Date Received (APA) 04 11 03 Thompson DALE INC 6300 Woodside Ct. Columbia MD 21043

LOCATION OF WELL Howard Owings Prop High Land NEAREST TOWN

DRILLER INFORMATION Ralph E. MAYNE MSD 117 MARYLAND WELL DRILLING 12024 HARDY RD. MT AIRY MD. 21771



Highland Rd. NEAR WHAT ROAD 1100 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 40 BLK: 4 PARCEL 44

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

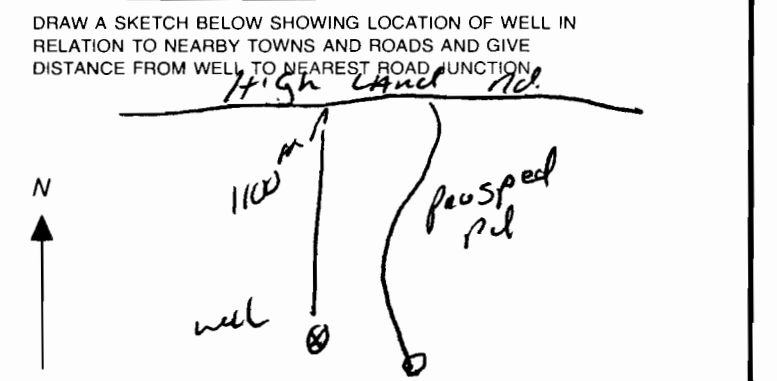
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 512673 13 DATE ISSUED 04/21/03 EXP. DATE 04/21/04

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 inch

SOURCES OF DRILLING WATER 1. well 8/15/03 No access to well

METHOD OF DRILLING (circle one) AIR-ROTARY



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER H02002G003 PERMIT No. H0-94-3676

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3676
 Location of property (road) Green Hollow Way
 Subdivision Quince Property Lot 101 Block Plat Sec
 Well Driller R. Mayne Owner Dale Thompson Buckner

Depth of well 350
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 25 ft

I. High rate pumping -- reservoir drawdown

Time pump started 6:00 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 675 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:00	25 ft	6 Sec	Test Started	10 GPM
6:30	125 ft	20 Sec		3 GPM
6:45	125 ft	20 Sec		3 GPM
7:00	125 ft	20 Sec		3 GPM
7:15	125 "	20 "		3 "
7:30	125 "	20 "		3 "
7:45	125 "	20 "		3 "
8:00	125 ft	20 Sec		3 GPM
8:15	125 ft	20 Sec		3 GPM
8:30	125 ft	20 Sec		3 GPM
8:45	125 "	20 "		3 "
9:00	125 "	20 "		3 "
9:15	125 "	20 Sec		3 "
9:30	125 ft	20 Sec		3 GPM
9:45	125 ft	20 Sec		3 GPM
10:00	125 ft	20 Sec		3 GPM
10:15	125 "	20 "		3 "
10:30	125 "	20 "		3 "
10:45	125 "	20 "		3 "
11:00	125 ft	20 Sec		3 GPM
11:15	125 ft	20 Sec		3 GPM
11:30	125 ft	20 Sec		3 GPM
11:45	125 "	20 "		3 "
12:00	125 "	20 "		3 "
HD-224 12:15	125 ft	20 Sec		3 GPM
12:30	125 ft	20 Sec		3 GPM

**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: WILLoughBY PLUMB Telephone #: 410-781-7051
Address: 6203 PATRIE DR
SIKESVILLE, MD 21184

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: License # 1092

Name (Print): Chris Willoughby
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeymen or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: DALE THOMPSON Bldg Telephone #: 410-995-1673
Subdivision: HIGHLAND OVERLOOK Lot #: 10 Well Tag #: HO-94-36719
Site Address: 6828 GREEN HOLLOW WAY
HIGHLAND, MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACOZZI</u>	Make: <u>HAERARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>6</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: _____	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>380</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 _____

25'

Piping to house
Type: CRESTLINE
PSI: 1" (160 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 6'
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.

Signature of company representative responsible for installation: Chris Willoughby date: 10/30/07

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

Date Insp. Requested: 6/1/07 Date Insp. Approved: 6/1/07 (SW)

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

BUILDABLE PRESERVATION
PARCEL P5
233,031 SQ FT
5.35 Ac.

TO BE ABANDONED

P4
59,667 SQ FT
1.37 Ac.

B3
39,418 SQ FT
0.90 Ac.

S 50°22'39" W 1805.98'

LOT 11
37,404 SQ FT
0.86 Ac.

LOT 10
36,899 SQ FT
0.85 Ac.

LOT 9
43,507 SQ FT
1.00 Ac.

SEPTIC AREA
10,058 s.f.
LOT 8
50,693 SQ FT
1.16 Ac.

SEPTIC AREA
10,037 s.f.

LOT 12
32,273 SQ FT
0.74 Ac.

GREEN HOLLOW WAY

SEPTIC AREA
10,030 s.f.

LOT 16
42,011 SQ FT
0.96 Ac.

BUILDABLE
PRESERVATION
PARCEL A
100,650 SQ FT
2.31 Ac.

EXISTING WELL
TO BE RELOCATED

SEPTIC AREA
S. 9-14
SQ FT
ION PARCEL E
FT. 8.07 Ac.

SEPTIC AREA
10,629 s.f.
LOT 15
40,850 SQ FT
0.94 Ac.

LOT 14
36,338 SQ FT
0.83 Ac.

LOT 13
33,090 SQ FT
0.76 Ac.

4/11/03 JAB
loc. staked by
licensed surveyor

* RAZING PERMIT
REQUIRED PRIOR TO
RECORD PLAT APPROVAL

TO REMAIN

TO REMAIN

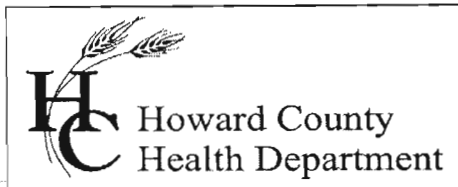
N 09°44'07"E

LOT 3

NON-BUILDABLE
PRESERVATION
PARCEL D
66,287 SQ FT
1.52 Ac.

A=141.67
R=125.01

S 39°37' W 830.38'



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

June 27, 2008

Dale Thompson Builders
6300 Woodside Court, Suite A
Columbia, MD 21046

SENT VIA FACSIMILE 410-381-8747

RE: Highland Overlook, Lot 10
Harwood Owings Property
6828 Green Hollow Way
Highland, MD 20777
BP #: B07000568
Well Permit # HO-94-3676

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 06/01/2007. Final approval of the well line connection to the dwelling was approved on 06/01/2007.**

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, Gross Alpha and Beta samples were collected on 06/20/2008. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L. 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.

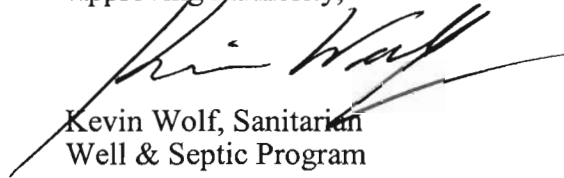
INTERIM CERTIFICATE OF POTABILITY

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-94-3676. 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.**

Dates of Water Sample: 06/20/2008
Date of Samples for Gross Alpha and Gross Beta: 06/20/2008
Date of Well Completion: 08/15/2003

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann
3456 Hoffner Ave., Suite 201 Orlando, FL 32812
Phone: (407) 382-7733 Fax: (407)382-7744
Certification I. D. # 278

Work Order #: 0806175
Date / Time Received: 06/24/08 09:45
Report Date: 06/26/08
PO Number: 5510

Report to: Trace Labs East
5 North Park Dr.
Hunt Valley, MD 21030
Attention: Allison Milburn

Lab Sample I.D.: 0806175-01

Client Sample I.D. 68732 (Dale Thompson Builders)

Sample Date / Time: 06/20/08 16:30

Results:

Gross Alpha:	2.4	Gross Beta:	4.3
Error +/-:	1.1	Error +/-:	1.3
MDL:	1.2	MDL:	1.8
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	06/24/08	Prep Date:	06/24/08
Analysis Date:	06/25/08	Analysis Date:	06/25/08
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards. The test results in this report relate only to the samples received.

Signed Michael J. Naumann
Michael J. Naumann - President

Date 6-26-08



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Dale Thompson Builders
 6300 Woodside Court
 Columbia, Maryland 21046

S/O Number: 68732
Report Date: June 23, 2008

Property Sampled: 6828 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook **Tax Map #:** 40
Lot #: 10 **Parcel #:** 44
Building Permit #: B07000568

Date/Time Collected: June 20, 2008 at 2:00 pm
Date/Time Received: June 20, 2008 at 3:45 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3676
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	2.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.9 NTU	EPA 180.1	10 NTU	Pass
pH	5.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:

Dale Thompson Builders
 6300 Woodside Court
 Columbia, Maryland 21046

S/O Number: 68732

Report Date: June 27, 2008

Property Sampled: 6828 Green Hollow Way, 20777

County: Howard

Subdivision: Highland Overlook

Tax Map #: 40

Lot #: 10

Parcel #: 44

Building Permit #: B07000568

Date/Time Collected: June 20, 2008 at 2:00 pm

Date/Time Received: June 20, 2008 at 3:45 pm

Sample Location: Laundry Tub Tap

Samples Iced: Yes

Sampler ID: 6308KW

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3676

Well Condition: 2-Piece Cap

Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	2.4 +/- 1.1 pCi/L	EPA 900.0	1.2 pCi/L	Pass
Gross Beta	4.3 +/- 1.3 pCi/L	EPA 900.0	1.8 pCi/L	Pass

Allison R. Milburn

Allison R. Milburn

Manager-Drinking Water Testing