

C1 14170

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 MM/DD/YY 04/17/03

DATE WELL COMPLETED MM/DD/YY 08/14/03

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3677

OWNER Thompson Green Hollow Way Date TOWN Highland

STREET OR RFD SUBDIVISION Owens Property SECTION LOT 11

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. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay)

NO. OF BAGS 9 NO. OF POUNDS 900 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 22

CASING RECORD casing types insert appropriate code below (Steel, Concrete, Plastic, Other)

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 (Steel, Brass, Bronze, Plastic, Open Hole, Other)

NUMBER OF UNSUCCESSFUL WELLS: 1

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"

DRILLERS LIC. NO. 1 M S D 117 DRILLERS SIGNATURE

LIC. NO. 1 D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.) 22 400

SCREEN RECORD (A-C) 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 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2.4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 19 ft.

WHEN PUMPING 22 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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

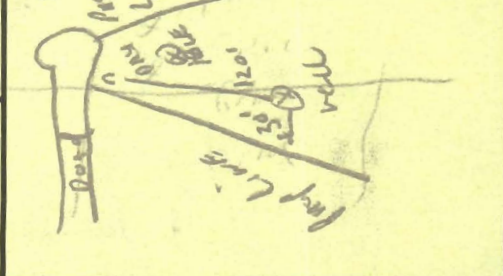
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 2 (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 1 976

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-3677
fill in this form completely

Date Received (APA)
04 11 03
8 MM DD YY 13

OWNER INFORMATION

Thompson DALE INC
15 Last Name Owner First Name 34
6300 WOODSIDE CT.
36 Street or RFD 55
Columbia MD. 21043
57 Town 70 State 72 Zip 76

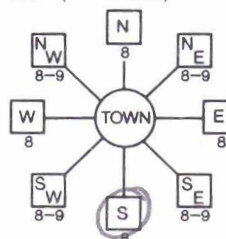
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Owings Prop
23 SUBDIVISION 42
SECTION LOT 011
44 46 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) I M I
73 76 77 78

DRILLER INFORMATION

Ralph E MAYNE M S D 117
81 Driller's Name 76 License No. 81
Ralph E. Mayne Well Drilling
Firm Name
17024 Handy Rd. Mt Airy MD. 21771
Address
Ralph E. Mayne 6-4-02
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Highland Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST SOUTH EAST
34 1700 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 4 PARCEL 44

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
8 (GAL. PER MIN.) 12
AVERAGE DAILY QUANTITY NEEDED 500
14 (GAL. PER DAY) 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 512673 (13)
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 04/21/03 JEM 04/21/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 491 0 0 0 EAST GRID 810 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 1/2 INCH NEAREST

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 DEEPEM 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)

APPROX. PERMIT NUMBER HO2002G003
PERMIT No. HO-94-3677
70 71 72 73 74 75 76 77 78 79

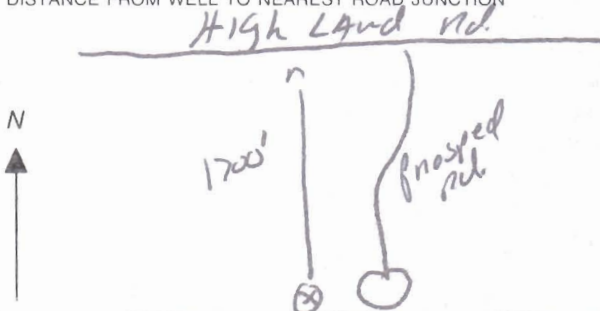
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- well
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810
N 490491
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 -

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3677
 Location of property (road) Green Hollow Way (off of Highland Rd)
 Subdivision Owings Property Lot 11 Block _____ Plat _____ Sec. _____
 Well Driller R. Mayne Owner Duke Thompson Builders

Depth of well 400 #
 Distance of measuring point (M.P.) above ground 2 #
 Static water level (S.W.L.) below M.P. 19 #

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 155 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)
8:15	19 #	6 Sec	Test Started	10 GPM
8:45	155 #	25 Sec	"	2.4 GPM
9:00	155 #	25 Sec	"	2.4 GPM
9:15	155 #	25 Sec	"	2.4 GPM
9:30	155 #	25 "	"	2.4 "
9:45	155 #	25 "	"	2.4 "
10:00	155 #	25 "	"	2.4 "
10:15	155 #	25 Sec	"	2.4 GPM
10:30	155 #	25 Sec	"	2.4 GPM
10:45	155 #	25 Sec	"	2.4 GPM
11:00	155 #	25 "	"	2.4 "
11:15	155 #	25 "	"	2.4 "
11:30	155 #	25 "	"	2.4 "
11:45	155 #	25 Sec	"	2.4 GPM
12:00	155 #	25 Sec	"	2.4 GPM
12:15	155 #	25 Sec	"	2.4 GPM
12:30	155 #	25 "	"	2.4 "
12:45	155 #	25 "	"	2.4 "
1:00	155 #	25 "	"	2.4 GPM
1:15	155 #	25 Sec	"	2.4 GPM
1:30	155 #	25 Sec	"	2.4 GPM
1:45	155 #	25 Sec	"	2.4 "
2:00	155 #	25 "	"	2.4 "
2:15	155 #	25 "	"	2.4 GPM
2:30	155 #	25 Sec	"	2.4 GPM
2:45	155 #	25 Sec	"	2.4 GPM

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 Plumbing Telephone #: 410-781-7051
 Address: 6203 PATRICK, DE.
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): CHES WILLOUGHBY License# 6992

*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: Running Brook, LLC Telephone #: 410-995 6736
 Subdivision: HIGHLAND OVERLOOK Lot #: 11 Well Tag #: HO 94 31277
 Site Address: 62834 GREEN HOLLOW WAY
HIGHLAND, MD 20777

*41
static*

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDEFS</u>	Make: <u>CAMPBELL</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>2</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</u> (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, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house	House Connection
Type: <u>CRESTLINE</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1"</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: 3-17-08

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

Date Insp. Requested: _____ Date Insp. Approved: 3/18/08 Inspector: RB

Inspection Data:

- Pitless adapter watertight & 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 not 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

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

TO BE ABANDONED

P4
59,667 SQ FT
1.37 Ac.

39,418 SQ FT
0.90 Ac.

S 30°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.

SEPTIC AR
10,037 s.f.

LOT 8
50,693 SQ FT
1.16 Ac.

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
10,629 s.f.

LOT 15
40,850 SQ FT
0.94 Ac.

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

LOT 13
33,090 SQ FT
0.76 Ac.

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

*RAZING PERMIT
REQUIRED PRIOR TO
RECORD PLAT APPROVAL

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

LOT 3

N 4°39'37"W 830.38'

A=141.64
R=125.01'

N 09°44'07"E

S 09°44'07"W

TO REMAIN

TO REMAIN

TO BE REMOVED

TO BE REMOVED

TO BE REMOVED

TO BE REMOVED

TO BE REMOVED

TO BE REMOVED

TO BE REMOVED

TO BE REMOVED

TO BE REMOVED

TO BE REMOVED

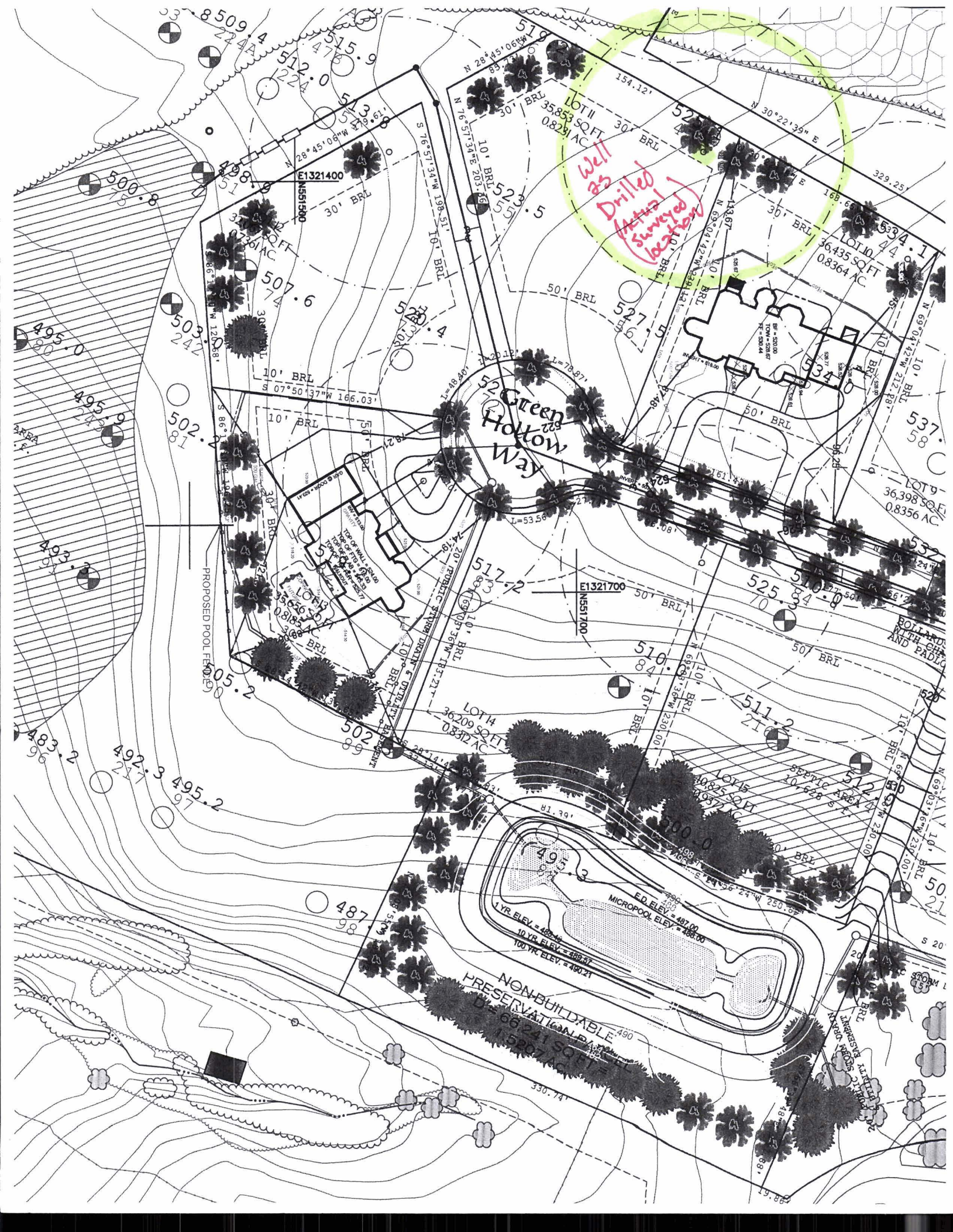
LOT 1

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

P4
59,667 SQ FT
1.37 Ac.



Alternative well site due to dry holes &



Well as Drilled (Actual Surveyed Location)

Green Hollow Way

NON-BUILDABLE PRESERVATION

PROPOSED POOL FENCE

BOLLARDS WITH CHAIRS AND PAVING

ED. ELEV. = 487.00
MICROPOOL ELEV. = 488.00
1 YR. ELEV. = 488.46
10 YR. ELEV. = 489.47
100 YR. ELEV. = 490.21





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

July 10, 2008

Running Brook LLC
6300 Woodside Court
Columbia, MD 21046

SENT VIA FAX: 410-381-8947

RE: Harwood Owings Property, Lot 11
6834 Green Hollow Way
Highland, MD 20777
BP #: B07002337
Well Permit # HO-94-3677

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval for the house connection to gravity shared septic line was granted on 03/14/2008. Final approval of the well line connection to the dwelling was approved on 03/18/2008.**

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 07/07/2008. 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.

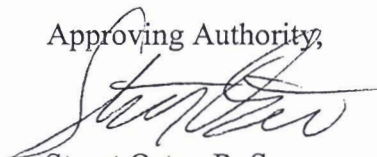
INTERIM CERTIFICATE OF POTABILITY

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-94-3677. 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:	07/07/2008
Date of Gross Alpha & Gross Beta Samples:	07/07/2008
Date of Well Completion:	10/24/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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: 68908

Report Date: July 8, 2008

Property Sampled: 6834 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook **Tax Map #:** 40
Lot #: 11 **Parcel #:** 44
Building Permit #: B07002337

Date/Time Collected: July 7, 2008 at 11:00 am

Date/Time Received: July 7, 2008 at 1:15 pm

Sample Location: Laundry Tub Tap
Sampler ID: 9813AM

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

Well Tag Number: HO-94-3677
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.7 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.

From: TRACE LABS INC

4105849117

07/11/2008 11:29

#588 P.001/001



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: 68908
Report Date: July 11, 2008

Property Sampled: 6834 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook **Tax Map #:** 40
Lot #: 11 **Parcel #:** 44
Building Permit #: B07002337

Date/Time Collected: July 7, 2008 at 11:00 am
Date/Time Received: July 7, 2008 at 1:15 pm

Sample Location: Laundry Tub Tap
Sampler ID: 9813AM

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

Well Tag Number: HO-94-3677
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	4.1 +/- 1.2 pCi/L	EPA 900.0	1.1 pCi/L	Pass
Gross Beta	8.7 +/- 1.3 pCi/L	EPA 900.0	1.6 pCi/L	Pass

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