

SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (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 A518028-A

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
6 6 03
 15 20
 Depth of Well
 22 340 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-94-3691
 28 29 30 31 32 33 34 35 36 37

OWNER Greenfield Homes
 STREET OR RFD Frederick Road TOWN W. Friendship
 SUBDIVISION BUELL/GREENFIELD SECTION _____ LOT Map 16, P. 75

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	
Sand	0	56	
Gray Mica Rock	56	340	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 Y N
 44 44
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 20 NO. OF POUNDS 1880
 GALLONS OF WATER 1120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 8 ft. to 36 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 ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H I N G

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

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. MS D 024
 DRILLERS SIGNATURE Joseph & Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MS D 027

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

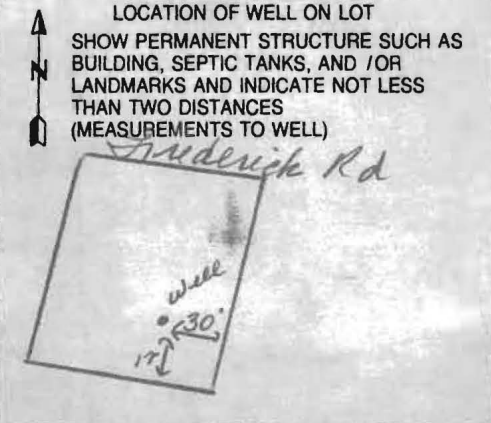
C 2 DEPTH (nearest ft.)
 1 2
H0 58 340
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 E S L O T S I Z E 1 2 3
 N
 DIAMETER OF SCREEN (NEAREST INCH)
56 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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
 8 9
 PUMPING RATE (gal. per min.) 7.5
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 23 ft.
 17 20
 WHEN PUMPING 169 ft.
 22 25
 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)
 49 50 51



B 1 5118

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518614 please type

STATE PERMIT NUMBER HO-94-3691 fill in this form completely

OWNER INFORMATION Date Received (APA) 04/07/03 Greenfield Homes Inc Last Name Owner First Name 34 6656 Lueter Dr. Street or RFD 55 Highland Md 20977 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard COUNTY 8 Buell + Greenfield SUBDIVISION 23 SECTION 44 LOT Parcel 75 NEAREST TOWN West Friendship MILES FROM TOWN (enter 0 if in town) 2 1/2

DRILLER INFORMATION Driller's Name Joseph E. Mayne License No. M 5 D 024 Firm Name Joseph E. Mayne Well Drilling Address 5512 Ridge Rd. Mt Airy Md 21771 Signature Joseph E. Mayne Date 4/4/03

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N, NE, E, SE, S, SW, W, NW. NEAR WHAT ROAD Md. 149 Frederick Road. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, SOUTH, EAST. DISTANCE FROM ROAD 225 FT. TAX MAP: 16 BLK: 14 PARCEL 75

WELL INFORMATION B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

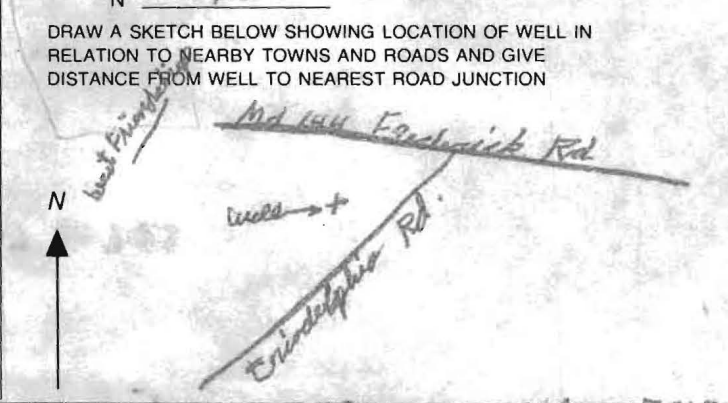
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A 518028-A COUNTY NO. STATE SIGNATURE Mark E. Riffin INSERT S DATE ISSUED 05/13/03 EXP. DATE 5/13/04 NORTH GRID 532 EAST GRID 0822

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 82x2 N 53x2

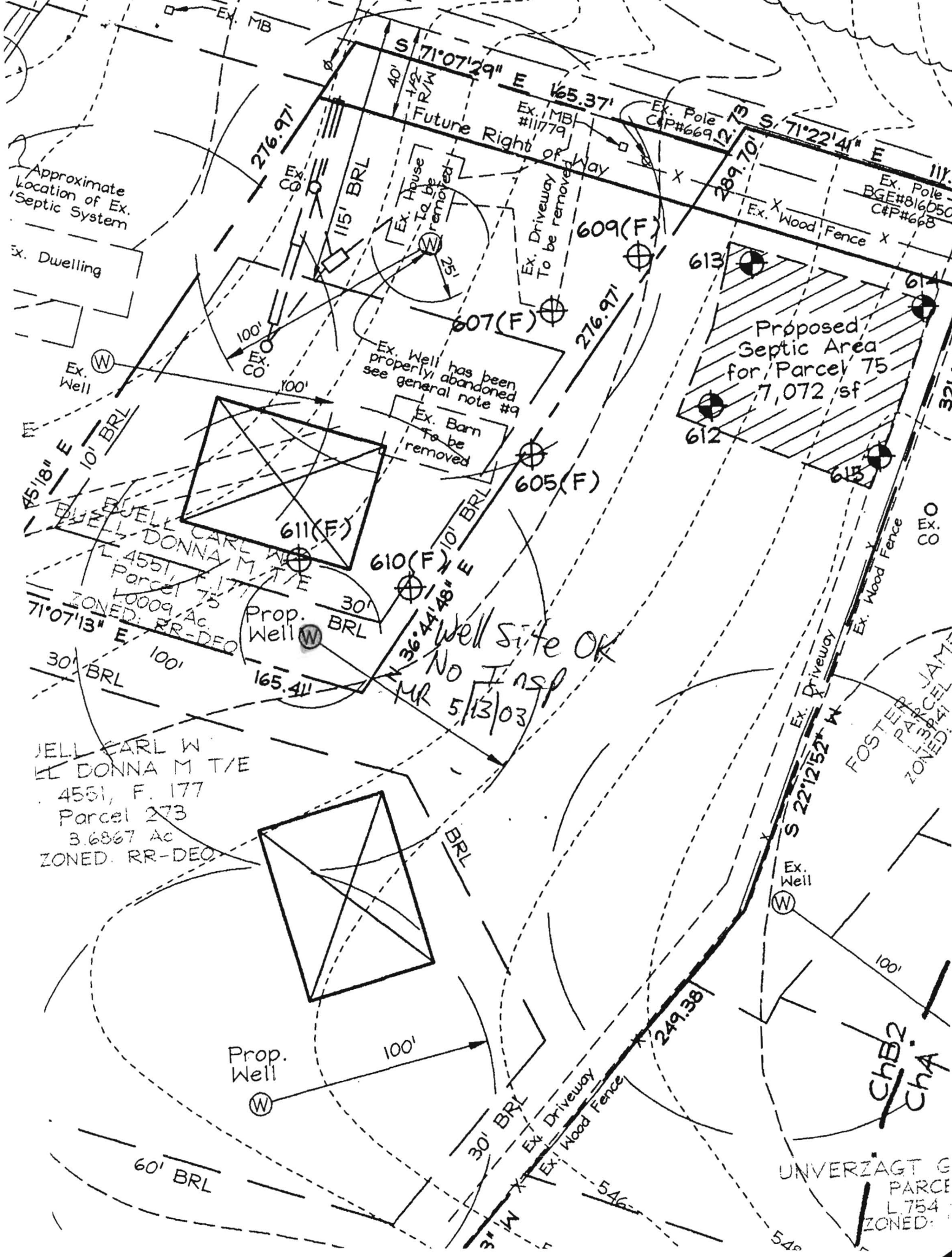
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-94-3691

SPECIAL CONDITIONS WELL DRILLED AS TEST WELL SINCE OFFSITE SEWAGE ESMT. NOT RECORDED



Approximate
Location of Ex.
Septic System

Ex. Dwelling

Ex. Well

Ex. Well has been
properly abandoned
see general note #9

Ex. Barn
To be
removed

Well site OK
No Insp
MR 5/13/03

Proposed
Septic Area
for Parcel 75
7,072 sf

JELL EARL W
L DONNA M T/E
4551, F. 177
Parcel 273
3.6867 Ac
ZONED: RR-DEO

Prop.
Well

UNVERZÄGT G
PARCE
L 754
ZONED:

ChB2
ChA

**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: Gartland Plumbing Telephone #: 410-825-5303
Address: 1620 W. Old Liberty Rd
Sykesville, MD 21284

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

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

Name (Print): Joseph Gartland License# 6352

*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: Burkett Karen Telephone #: 443 226 8990
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3691
Site Address: 11779 Frederick Rd
ELLICOTT CITY MD 21042

Submersible Pump Data

Make: Goulds
Model #: 76310422
Pump Capacity 2 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Campbell
Model#: PA 800
Depth: 48 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 300 (feet)

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

Type: Poly
PSI: Yes (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

} Sleeved Under Foot

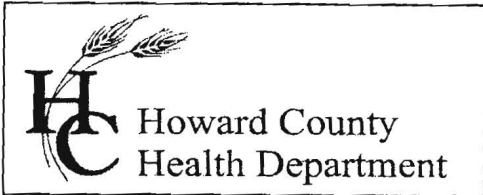
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature]
Signature of company representative responsible for installation

3-7-05
date

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

Date Insp. Requested: _____	Date Insp. Approved: <u>10/27/04</u> (50)
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"/>



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

May 18, 2005

Greenfield Homes, Inc.
6656 Luster Drive
Highland, MD 20777

443-535-0551
RE: 11779 Frederick Road
Ellicott City, MD 21042
BP # B00142898 B00148485
Well Permit # HO-94-3691

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 04/27/2005. Final approval of the well line connection to the dwelling was approved on 10/27/2004.**

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-94-3691. 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: 05/02/2005 & 5/12/2005
Date of Well Completion: 06/06/2003

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

BB/mlb
cc: Building Inspector's Office
Community Services Program
File

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: May 3, 2005

County: Howard

Lab Number: 05-2028

Sample Iced: Yes

Residual Cl₂ <0.1 mg/L: Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Greenfield Homes
Mr. Wayne Greenfield
6656 Luster Drive
Highland, Maryland 20777

Property Sampled: U&O: 11779 Frederick Road

Station Sampled: Laundry Room Tap

Tax Map #: 16

Date/Time Sampled: May 2, 2005 1:25 pm

Parcel #: 75

Owner, Telephone No.: Burkett

Sampler: 67246P

Subdivision Name:

Lot Number: Par 1

Building Permit No.: B00148485

Well Number: HO-94-3691

Observation: 2-Piece Cap
Cap tight
1 bolt loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	8.8 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	22.6 NTU	EPA 180.1	*10 NTU	HIGH
pH	5.5 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Iron	1.7 mg/L as Fe		**0.3 mg/L as Fe	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: NONE

Note: The high turbidity in this water sample is most likely caused by the elevated iron level.

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



Heather R. Beam

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: May 12, 2005

County: Howard

Lab Number: 05-2350

Sample iced: Yes

Residual Cl₂ <0.1 mg/L: Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Greenfield Homes
Mr. Wayne Greenfield
6656 Luster Drive
Highland, Maryland 20777

Property Sampled: U&O: 11779 Frederick Road, retest #1

Station Sampled: Laundry Room Tap

Tax Map #: 16

Date/Time Sampled: May 12, 2005 12:30 pm

Parcel #: 75

Owner, Telephone No.: Burkett

Sampler: 6724GP

Subdivision Name:

Lot Number: Par 1

Building Permit No.: B00148485

Well Number: HO-94-3691

Observation: 2-Piece Cap
Cap tight
1 bolt loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Turbidity	2.8 NTU	EPA 180.1	*10 NTU	Pass

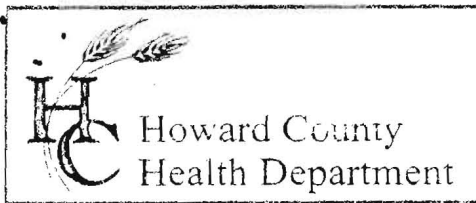
Treatment/Conditioning: NONE



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level




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

March 5, 2003

MEMORANDUM

TO: Greenfield Homes
6656 Luster Drive
Highland, MD 20777

FROM: Mark Rifkin, R.S. 
Water & Sewerage Program
Bureau of Environmental Health

RE: 11779 Frederick Road
Tax Map 16, Parcel 75

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the referenced property.

You have produced suitable documentation for proper abandonment of the existing well and septic system. If any well or septic issues arise during demolition, please notify this office.

MR

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3-3-04 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL none

* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Greenfield Homes

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: Howard

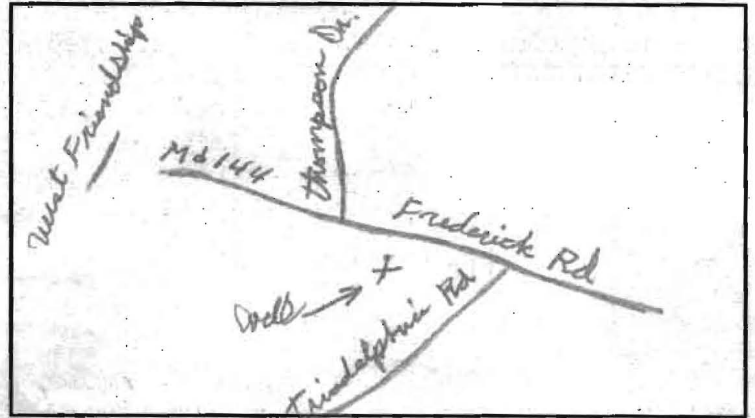
NEAREST TOWN: West Friendship

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: 11779 Frederick Rd



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 24 INCHES IN DIAMETER

* DEPTH OF WELL: 20 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	5
Washed gravel	5	20
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne LICENSE # 024

MWD/MSD/MGD CIRCLE ONE

DATE 3-4-03