

3757

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A518554

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07 26 2004

Depth of Well 8/4/04 405 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3989

OWNER Swartz Edward first name last name STREET OR RFD Pfefferkorn Road TOWN West Friendship SUBDIVISION Swartz Property SECTION LOT 2

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. Rows include Dirt, Soft Br. Mica Schist, Hard Br. Schist, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 18 NO. OF POUNDS 1632

CASING RECORD

MAIN CASING TYPE (S) (T) (6) (81) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) (O) (T)

DEPTH (nearest ft.)

Table for DEPTH with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 124 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) 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) + above LAND SURFACE - below (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)

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. 1 M WD 296 Ronald Ryker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JW D 334

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

B 1 5867

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520756 please type

STATE PERMIT NUMBER

HO - 94 - 3989 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

SWARTZ EDWARD Last Name Owner First Name 34 647 santa maria lane Street or RFD 55 DAVIDSONVILLE MD 21035-1329 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

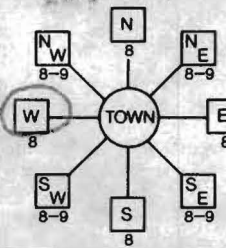
HOWARD COUNTY 8 21 SWARTZ PROP 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 WEST FRIENDSHIP 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION

RONALD KYKER M W D 296 Driller's Name 76 License No. 81 WESTMINSTER WELL DRILL INC Firm Name P.O. BOX 861 WESTMINSTER MD 21157 Address Ronald Kyker Signature Date JUNE 28-04

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



PFEFFERKORN RD

11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 300 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 8 PARCEL 1

B 2

WELL INFORMATION

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

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 13 A518554 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 7/22/2004 Brian Baker 7/22/2005 EXP. DATE 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 537 000 EAST GRID 805 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEMED 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 DEEPEMED 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)

APPROP. PERMIT NUMBER G PERMIT No. HO-94-3989 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

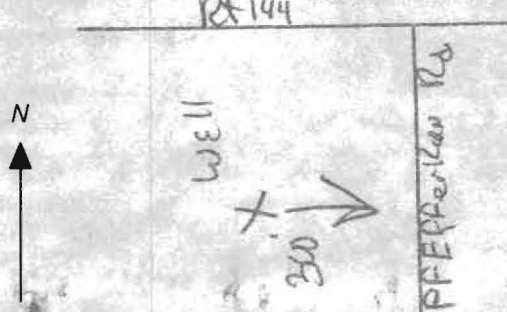
- 1. CITY 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 805 N 537

WELL 7/26/04 3 Hour Yield + Grout 8:30 - No Insp BB

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

7/20/04
 Well Site Staked By
 Fisher, Collins + Carter
 (P)

LOT 1
 1.000 Ac.

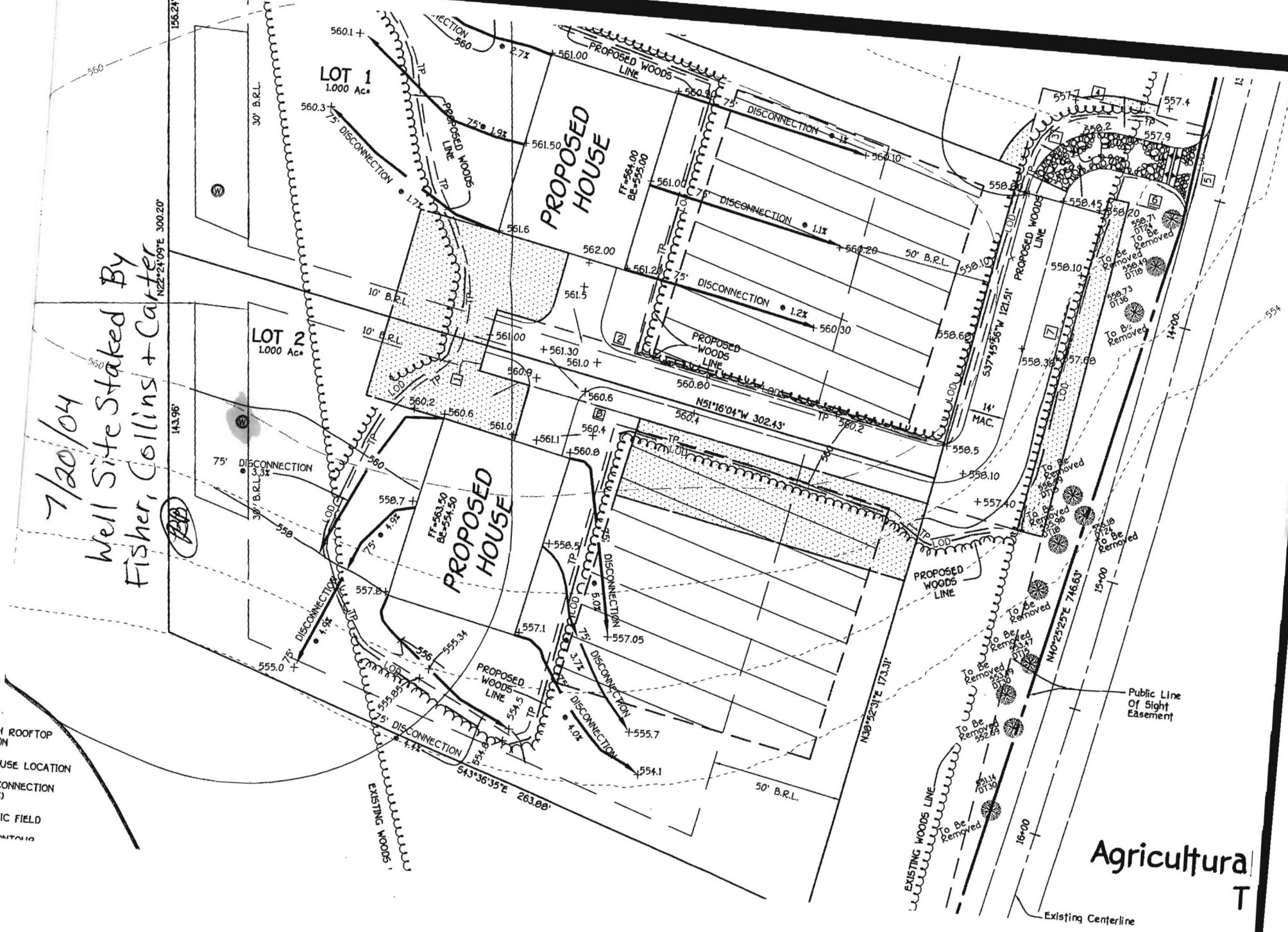
LOT 2
 1.000 Ac.

PROPOSED HOUSE

PROPOSED HOUSE

1 ROOFTOP
 X USE LOCATION
 CONNECTION
 TIC FIELD
 ONTO

Agricultural
 T



**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: R & G 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# PI 0141

*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: PH-HOMES Telephone #: 410-730-2100

Subdivision: _____ Lot #: 2 Well Tag #: HO-HO-94-3987

Site Address: 2358 PEPPERCOAN ROAD
WEST FLEMINGSHIP, MD.

Submersible Pump Data

Make: GRUNDFOSS
Model # 55WE100-22
Pump Capacity 15 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: CAMPBELL
Model#: 310X
Depth: 42" (36" min)
NSF approved:

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: _____ (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: PVC
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 2" PVC
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: YES

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: 6/13/06

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

Date Insp. Requested: _____ Date Insp. Approved: 6/13/06 **BB**
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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2356
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 5553 - 1-2

Field Record

Site visit performed on: Thursday, November 16, 2006 9:30 AM
 by: John Straits State ID No. 4729JS
 Affiliation: Fredericktowne Labs, Inc.
 Property Owner: NU-Homes
 Property Address: 2358 Pfefferkorn Rd.
 West Friendship, MD 21044
 Sample Source: Bathroom Sink
 Treatment Devices Noted: No Treatment Devices Present
 Sample taken after treatment: No
 Well No.: HO-94-3989
 Field pH: 7.6
 Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 11/16/06 12:02 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Date/Time Analysis Started</u>		<u>Method</u>	<u>Analyst</u>
<1	<1	11/16/06	1:43 PM	9221B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption.
 Analysis was performed according to the 20th edition of Standard Methods

Verified by: John B. Straits / jms 11/17/06
 Date



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 5553 - 1-1

Field Record

Site visit performed on: Thursday, October 26, 2006 8:40 AM
 by: John Straits State ID No. 4729JS
 Affiliation: Fredericktowne Labs, Inc.
 Property Owner: NU-Homes
 Property Address: 2358 Pfefferkorn Rd.
 West Friendship, MD 21044
 Sample Source: Bathroom Sink
 Treatment Devices Noted: No Treatment Devices Present
 Sample taken after treatment: No
 Well No.: HO-94-3989
 Field pH: 6.8
 Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 10/26/06 2:35 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli.(/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
4.2	<1	10/26/06 2:45 PM	9221B	KMW

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
 Analysis was performed according to the 20th edition of Standard Methods

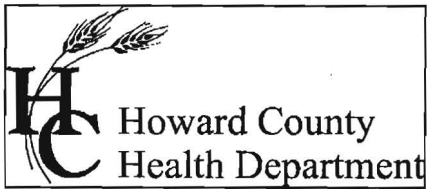
Inorganic Chemical results:

<u>Parameter</u>	<u>Result Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	1.4 mg/l	10	10/26/06	300.0	SER
Sand	<2 mg/l	5	10/31/06	0.065mmFilter	JD
Turbidity	3.5 NTU'	10	10/27/06	180.1	KA

Verified by:

M. A. Wilson / *gmp* 11/17/06
 Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M



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

December 8, 2006

NU-Homes, Inc.
10630 Little Patuxent Pkwy. # 146
Columbia, MD 21044

SENT VIA FACSIMILE 410-736-2011

RE: Swartz Property, Lot 2
2358 Pfefferkorn Rd.
West Friendship, MD 21794
BP #: B00156052
Well Permit # HO-94-3989

Dear Sir/Madam:

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 6/6/2006. Final approval of the well line connection to the dwelling was approved on 6/13/2006.**

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.

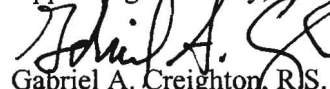
INTERIM CERTIFICATE OF POTABILITY

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-94-3989. 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: 10/26/2006 *11/16/06*
Date of Well Completion: 07/26/2004

Approving Authority,


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

cc: Building Inspector's Office
Community Health Services
File