

C1 3746

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A518602

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 7/15/04

Depth of Well 400 (TO NEAREST FOOT)

7/27/04 O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3978

OWNER Croser Homes Inc. STREET OR RFD Day Road TOWN Sykesville SUBDIVISION Talley Property SECTION LOT 5

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 Brown Shale, Gray Granite, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 13 NO. OF POUNDS 1222

CASING RECORD

MAIN CASING TYPE (S) T Nominal diameter top (main) casing 6 Total depth of main casing 42

OTHER CASING (if used)

Each casing diameter depth (feet) from to

SCREEN RECORD

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

DEPTH (nearest ft.)

Table with columns: T, 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

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.7 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP 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

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)

See attached location -

B 1 9897

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3978

520450

please type

fill in this form completely

Date Received (APA) 6/29/2004

OWNER INFORMATION

Crosen Homes Inc, 3825 Shady Lane, Glenwood Md 21738

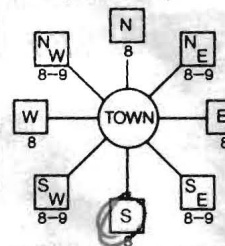
LOCATION OF WELL

Howard County, Talley Property, Sykesville

DRILLER INFORMATION

Joseph L. Mayne MS DO24, 5512 Ridge Rd. Mt Airy Md 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Day Road, 300 FT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



TAX MAP: 9 BLK: 4 PARCEL 316

WELL INFORMATION

APPROX. PUMPING RATE 4 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A518602, Brian Baker 7/7/2005

APPROXIMATE DEPTH OF WELL 280 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary, JETted, CABLE, REVerse-ROTary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEMED AN EXISTING WELL

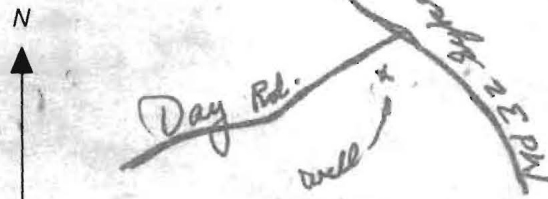
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810, N 5501

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G, PERMIT No. HO-94-3978

SPECIAL CONDITIONS

APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3978
 Location of property (road) Day Road
 Subdivision Talley Property Lot 5 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Crosen Homes

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2 1/2
 Static water level (S.W.L.) below M.P. 45'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm.
 Total time 45 min. to reach pumping water level 350 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)
7:15	160	3 sec.	N/A	20 gpm.
7:30	289	4		15
7:45	350	4		15
8:00	348	22		2.7
8:15	348	22		2.7
8:30	348	22		2.7
8:45	348	22		2.7
9:00	348	22		2.7
9:15	348	22		2.7
9:30	348	22		2.7
9:45	348	22		2.7
10:00	348	22		2.7
10:15	348	22		2.7
10:30	348	22		2.7
10:45	348	22		2.7
11:00	348	22		2.7
11:15	348	22		2.7
11:30	348	22		2.7
11:45	348	22		2.7
12:00	348	22		2.7
12:15	348	22		2.7
12:30	348	22		2.7
12:45	348	22		2.7
1:00	348	22		2.7
HD-224 1:15	348	22		2.7
1:30	348	22		2.7
1:45	348	22		2.7

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 26.64.04 (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: 1003 PATRICK DR SUKESVILLE, 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 (Primr): CHRIS 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: ROBERT & JEAN BEAN Telephone #: 410-870-9163
Subdivision: TALLEY PROPERTY Lot #: 5 Well Tag #: HO 94-3978
Site Address: 839 DALL RD SUKESVILLE, MD 21784

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACOZZI Make: HALVARD Two piece watertight cap: [check]
Model #: Model#: Screened, vented well cap: [check]
Pump Capacity: GPM Depth: 48" (36" min) Cap secured to casing: [check]
Well Yield: 6 GPM NSF/WSC approved: Conduit min 18" B.G.: [check]
Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: [check]
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 inside of well casing

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

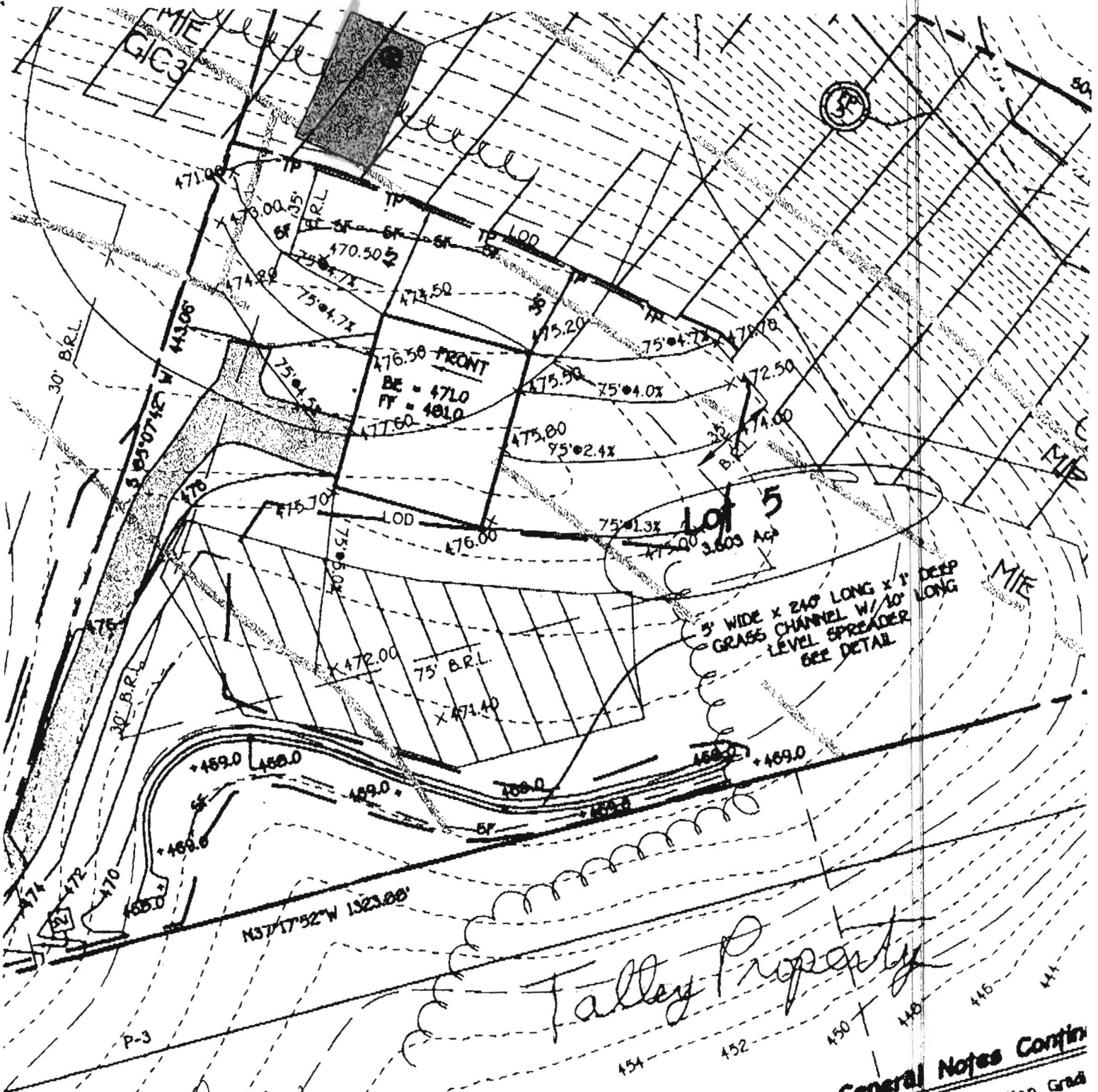
House Connection
PVC sleeve to undisturbed soil at wall penetration: [check]
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: [check]

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: 5-2-05

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

Date Insp. Requested: Date Insp. Approved: 03/31/05 Inspector: PAJ
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope not seen outside of well cap/casing [check]
Correct well tag attached properly and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection [check]
Adequate grout observed below pitless adapter [check]



Falley Property

Don Crossen

410-442-8262 7/3/04
 410-916-1536 6/8/04

DAVID R. MALAI & WIFE
 LIBER #07/FOLIO E34
 TAX MAP 9 ~ PARCEL #16
 ZONING: RC-DEC

Well site
 Staked By
 F, C + C.

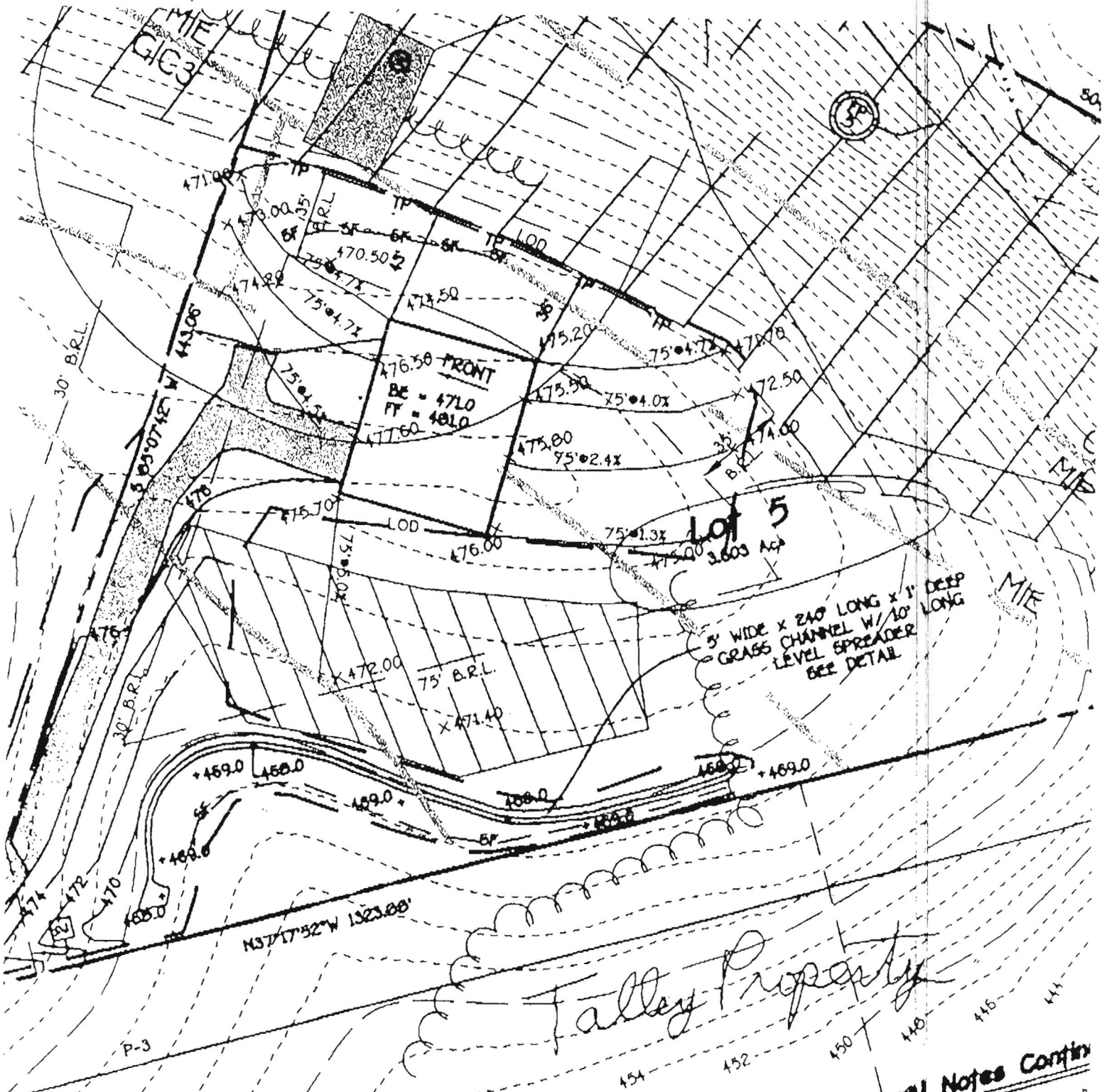
BB

Reward AS PLAT
 16722
 on 6/9/04

F-04-50

General Notes Contn

14. No Construction Grad Within The Floodplain
15. All Areas Are More Or
16. Distances Shown Are
17. Stormwater Manager Design Manual Vol.
18. Traffic Study Was
19. No Cemeteries Exd
20. The Howard Court Forest Stand Def Dated September
21. Landscaping Plan Lot 5 Is Exem Dwelling To R Land



DAVID R. MALAI & WIFE
 LIBER #07/FOLIO 634
 TAX MAP 9 ~ PARCEL 116
 ZONING: RC-DEC

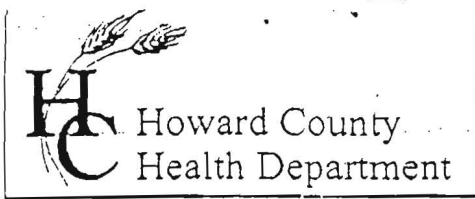
Falley Property

Revised as PRAT
 16722
 on 6/9/04

F-04-50

General Notes Contin

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18. Traffic Study Was
19. No Cemeteries Exd The Howard Court Forest Stand Det Dated September
20. Landscaping Plan Lot 3 Is Exem Dwelling To R
21. Land



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

TO ALL INTERESTED PARTIES

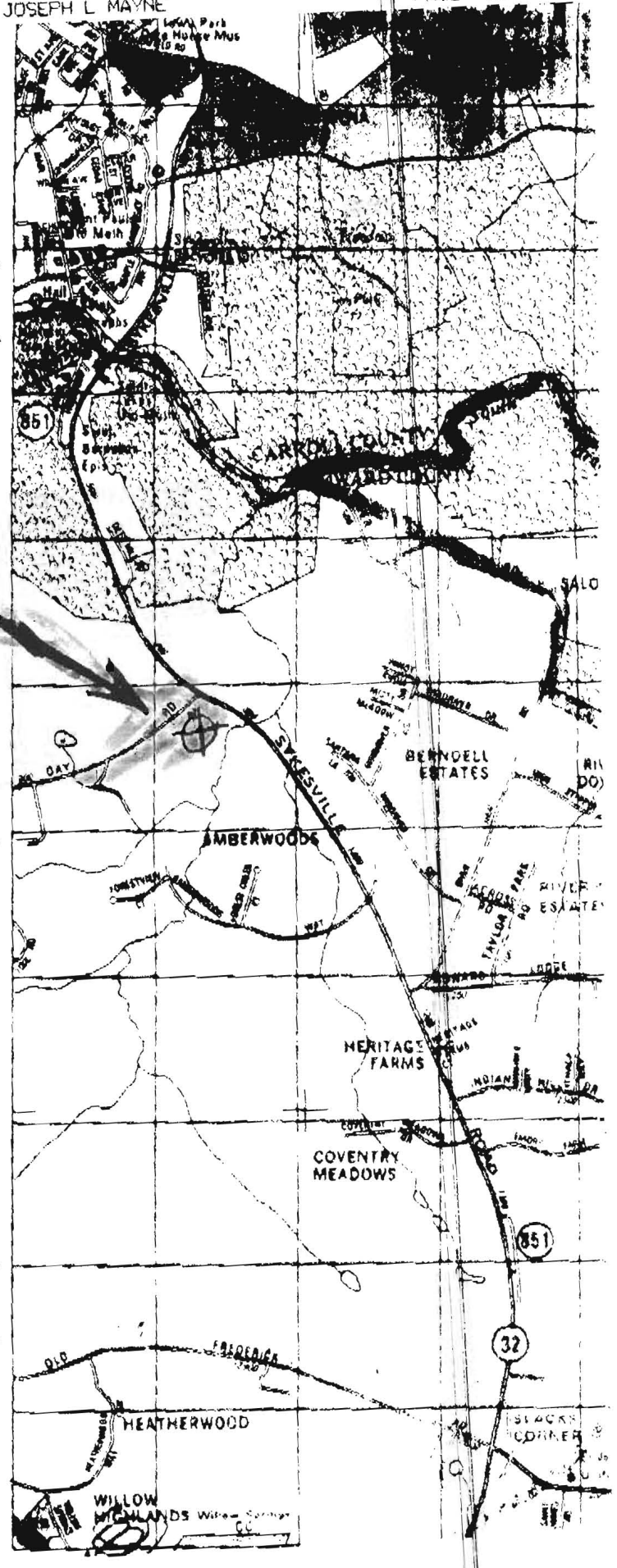
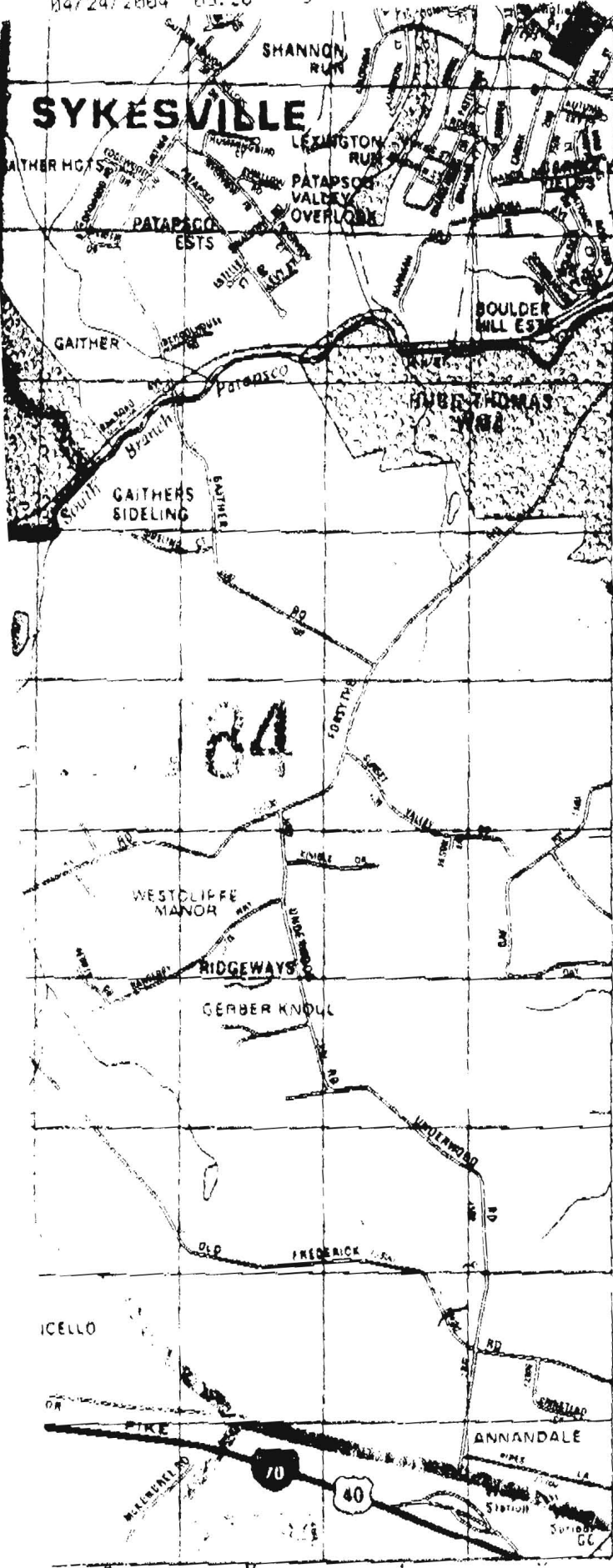
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Crosen Homes - Fisher Collins & Carter
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

Mr. Donald Crosen will call for date to meet at site for inspection of well stake -





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

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

July 14, 2005

Robert & Theresa Bean
1009 Kinsdale Drive
Raleigh, NC 27615

RE: Talley Property, Lot 5
839 Day Road
Sykesville, MD 21784
BP #: B00150925
Well Permit # HO-94-3978

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 03/31/2005. Final approval of the well line connection to the dwelling was approved on 03/31/2005.**

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-94-3978. 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 Sample(s): 07/13/2005
Date of Well Completion: 07/15/2004

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASELL TESTING, INC.

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

REPORT DATE: Jul 14, 2005

County Howard

Lab Number T-0631

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: Crosen Homes
Attn: Don Crosen
3785 Shady Lane
Glenwood, Maryland 21738

Property Sampled: U&O: 839 Day Road

Station Sampled: Kitchen tap

Tax Map #: 9

Date/Time Sampled: Jul 13, 2005 12:00 n

Parcel #: 316

Owner, Telephone No.: Beam

Sampler: 67246P

Subdivision Name: Talley Property

Lot Number: 5

Building Permit No.: B00150925

Well Number: HQ-94-3978

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.1 NTU	EPA 180.1	*10 NTU	Pass
pH	6.1 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter-filter removed

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



Sharon K. Cassell

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

To: John Boris Jr. R.S.
From: Charles A. Sharp

May 18, 2004

Per DPZ letter of rejection (see enclosed) from the Health Dept., lots 4 and 5, Talley Property F04 -50, I request a waiver to record without drilling wells on lot 4 & 5. Since the lots are +3 acres in size with many locations for wells and no history of difficulty in drilling wells on this site and the fact that the Department of Health informed /DPZ in October 2003, F04 - 50 was ready for recordation.

Thank you for your consideration,

Sincerely,

Charles Sharp

Charles Sharp

Approval Through discussion w/ F. Skinner on 5/24/04

[Signature]