

C 1 07778

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A59334

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 600

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-91-2693

OWNER CRAMPTON CHRIS TOWN FULTON

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 handwritten notes: 'Overburden Gray Rock', 'water at 80'', 'DRILLER REPORTS HYDROFRAC BY OTHERS QUINN CRAWWELL CONFIRMS WORK ON 8/23/00'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 5 NO. OF POUNDS 300

CASING RECORD (S) (C) (P) (O) 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 (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 20 600

NUMBER OF UNSUCCESSFUL WELLS: 10

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. M D 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 15 D 049

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

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

PUMPING TEST

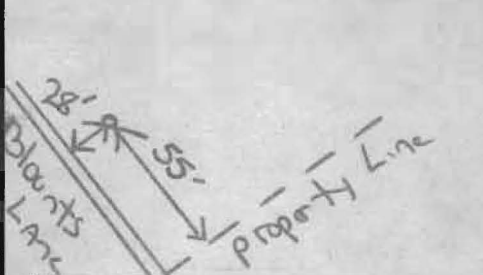
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 162.5 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 34 WHEN PUMPING 360 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (N)

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 (N) (-) below LAND SURFACE (nearest foot) 49 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 19357

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2693 fill in this form completely

Date Received (APA)

OWNER INFORMATION 453-0500

8 MM DD YY 13

Crompton Chris 16 Green Meadow Drive Lutherville MD 21093

B 3 LOCATION OF WELL

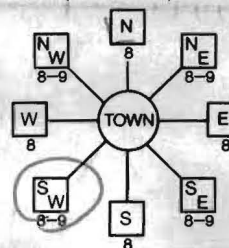
Howard 8 COUNTY Beau Fort Park 23 SUBDIVISION SECTION 44 46 LOT 9 48 50 Fulton 52 NEAREST TOWN MILES FROM TOWN 2

DRILLER INFORMATION

Paul M Fabuzak MW D 399 Driller's Name License No. G Edgar Harr Sons Corp Firm Name 12047 Falls Rd Cockeysville 21033 Address 34-20-00 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clarkson Drive 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 130 Ft ENTER FT OR MI TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 750 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS9334 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 05 22 00 C. Wille 5/21/01 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 474 000 EAST GRID 0815 000

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

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

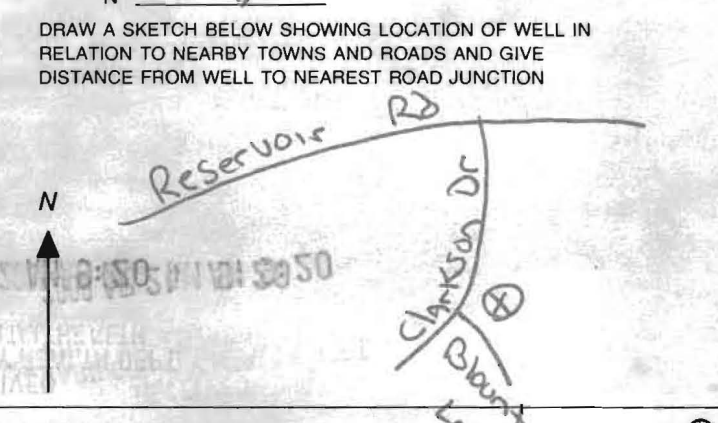
METHOD OF DRILLING (circle one)

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)

- 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8105 N 4704



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

APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. Ho - 94 - 2693

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

MR SRK

TEST PERFORMED AFTER HYDROFRACTURE

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2693
 Location of property (road) Clarkson Drive
 Subdivision Beaufort Park Lot 9 Block _____ Plat _____ Sec. _____
 Well Driller G. Edgar, Harr Sons' Corp Owner Ted Winston

Depth of well 600'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown

Time pump started 0800 Pumping rate 15.0
 Total time 1hr 15 min to reach pumping water level 306 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0800	35'	4		15.00
0815	106'	5		12.00
0830	180'	7		8.57
0845	242'	10		6.00
0900	299'	13		4.61
0915	306	16		3.75
0930	309'	18		3.33
0945	316'	20		3.00
1000	319'	21		2.85
1015	331'	30		2.00
1030	342'	38		1.57
1045	341'	37		1.62
1100	341'	37		1.62
1115	341'	37		1.62
1130	341'	37		1.62
1145	341'	37		1.62
1200	341'	37		1.62
1215	341'	37		1.62
1230	341'	37		1.62
1245	341'	37		1.62
1300	341'	37		1.62
1315	341'	37		1.62
1330	341'	37		1.62
1345	341'	37		1.62

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: STEPHEN JOHNSON Telephone #: 301-498-2241
Address: 8815 BLOUNTS LN.
FULTON, MD 20759

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

*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: STEPHEN JOHNSON Telephone #: 301-498-2241
Subdivision: BEAUFORT PARK Lot #: 9 Well Tag #: HO-94-2693
Site Address: 8815 BLOUNTS LANE
FULTON, MD 20759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GALLARD Make: WELLS Two piece watertight cap:
Model #: 5954377 Model#: 136777 Screened, vented well cap:
Pump Capacity: 10 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF/WSC approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 42 (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 inside of well casing

Piping to house House Connection
Type: BLK PLASTIC FVC sleeve to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 36"
Depth of supply line: 42 (36" min) 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] 9/19/05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 9/16/03 Date Insp. Approved: 9/2/05 Inspector: GAC
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 seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sloped adequately at house connection
Adequate grout observed below pitless adapter

Well sits in Driveway
Ballards used
Not Seen for Protection

Water Testing Laboratories

If responding, please contact:

- P.O. Box 696, Bel Air, MD 21014 (410) 893-5257
- P.O. Box 881, Finksburg, MD 21048 (410) 876-2035
- 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090 (410) 691-2223
- 113 High St., Salisbury, MD 21801 (410) 546-1318
- P.O. Box 712, Stevensville, MD 21666 (410) 643-7711
- P.O. Box 463, Timonium, MD 21093 (410) 628-2855
- P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

of Maryland, Inc.

Ms. Susan Carbone
8515 Blounts Lane
Fulton, Md 20759

Reporting Date: 9/1/2005
Report #: K61247

Submitted Sample Address: 8515 Blounts Lane
Fulton, Md 20759
Submitted Sample Source: Kitchen sink
Date / Time Collected: 8/31/2005 12:44 PM
Sample Type: Drinking Water
Sampler/Company: J. Schwarzmann 0457JS, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HC94-2693
Permit #: B00132809

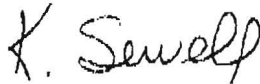
Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,



K. Sewell, Customer Service Representative

Reviewed by: LB

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

<input type="checkbox"/> P.O. Box 696, Bel Air, MD 21014	(410) 893-5257
<input type="checkbox"/> P.O. Box 861, Finksburg, MD 21048	(410) 878-2035
<input type="checkbox"/> 408 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090	(410) 691-2223
<input type="checkbox"/> 113 High St., Salisbury, MD 21801	(410) 546-1318
<input type="checkbox"/> P.O. Box 712, Stevensville, MD 21666	(410) 643-7711
<input type="checkbox"/> P.O. Box 463, Timonium, MD 21093	(410) 628-2855
<input type="checkbox"/> P.O. Box 10591, Burke, VA 22009-0591	(703) 250-7711

Susan Carbone
8515 Blounts Lane
Fulton, Md 20759

Reporting Date: 8/19/2005
Report #: K61229

Submitted Sample Address: 8515 Blounts Lane
Fulton, Md 20759
Beaufort Park

Submitted Sample Source: Outside faucet

Date / Time Collected: 8/17/2005 11:57 AM

Sample Type: Drinking Water

Sampler/Company: J. Schwarzmans 0457JS, WTL of MD

Field Record: Chlorine residual: Absent Clear when drawn No Devices on System

Well #: HO942693

Permit #: B00132809

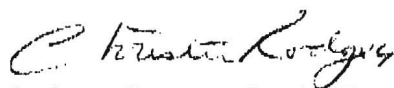
Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Present	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	6.3	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	6.8	SU	0.1	6.5-8.5 (SMCL)	SM 2130B

Notes:

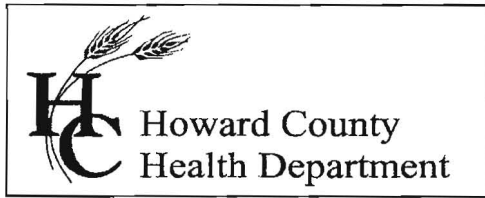
1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: XB



Bureau of Environmental Health
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

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 16, 2005

Susan Brigerman
8515 Blounts Lane
Fulton, MD 20759

SENT VIA FACSIMILE 301-362-5943

RE: Beaufort Park, Lot 9
8515 Blounts Lane
Fulton, MD 20759
BP #: B00132809
Well Permit # HO-94-2693

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 07/15/2005. Final approval of the well line connection to the dwelling was approved on 09/02/2005.**

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-94-2693. 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): 08/17/2005 & 08/31/2005
Date of Well Completion: 07/05/2000

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File