

OWNER INFORMATION
 Date Received (APA) **9/12/03**
 8 MM DD YY 13
 15 Last Name **TRADITION Home Builders Inc.** Owner First Name 34
 36 **4540 Ten OAKS Rd** Street or RFD 55
 57 **Dayton** Town 70 **MO** State 72 **21036** Zip 76

LOCATION OF WELL
 B 3 **Howard**
 8 COUNTY 21
 23 SUBDIVISION **The OAKS AT BUSBY PARK** 42
 SECTION [] 44 46 LOT **I** 48 50
 52 NEAREST TOWN **COOKS VILLE** 71
 MILES FROM TOWN (enter 0 if in town) **2** M I I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Ralph E. MAYNE M S D 117** 76 License No. 81
 Firm Name **Ralph E. MAYNE well drilling**
 Address **17024 Handy Rd Mt Airy MD 21771**
 Signature **Ralph E. Mayne** Date **9-9-03**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 B 4
 1 2
 N W 8-9 N 8 N E 8-9
 W 8 TOWN E 8
 S W 8-9 S 8 S E 8-9
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 **Bushy Park Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 34 **50** 37 DISTANCE FROM ROAD 38 39
 ENTER FT OR MI
 TAX MAP: **8** BLK: **21** PARCEL **66**

WELL INFORMATION
 B 2 APPROX. PUMPING RATE **5**
 7 2 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **500**
 (GAL. PER DAY) 14 20

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

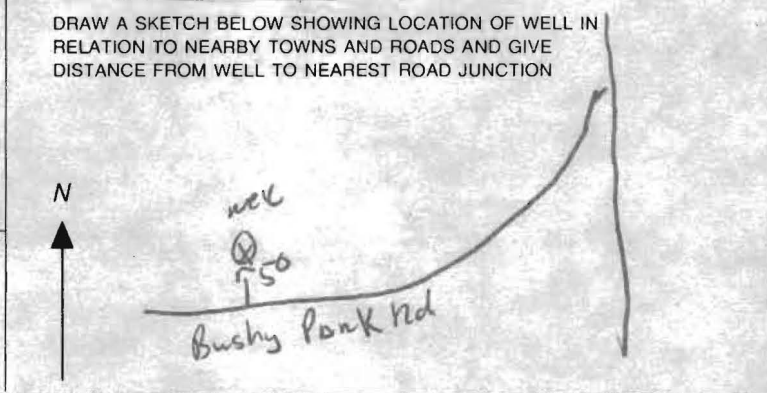
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A519029**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **10/24/03** Mark E. Rifkin 10/24/04 41
 43 MM DD YY 48 CO SIGNATURE EXP DATE
 NORTH GRID **541** 0 0 0 EAST GRID **0789** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **64** INCH
 NEAREST INCH

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 **541**
 N **0789**
 000
 000

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
 39 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 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)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-94-3826**
 70 71 72 73 74 75 76 77 78 79

 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: Feb 23 2004 (month/day/year)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

* PERMIT NUMBER OF ABANDONED WELL (if any)

| | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| H | 0 | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Ralph E. MAYNE

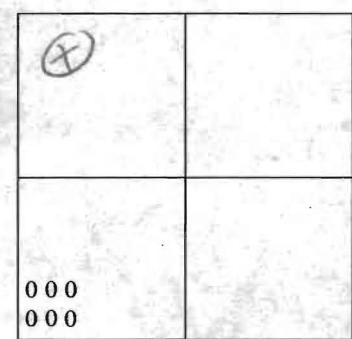
WELL DRILLERS LICENSE NUMBER: 117

* OWNER'S NAME: TRADITION HOMES

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: COOKSVILLE
 TAX MAP 8 BLOCK 21 PARCEL 66
 SUBDIVISION: The OAKS At Bushy Park
 SECTION: - LOT: I



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 541
 N 789 ←

* TYPE OF WELL BEING ABANDONED:

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

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|------------|------|----|
| | FROM | TO |
| Blue Stone | 30 | 20 |
| Cent | 20 | 4 |
| Pit | 4 | 0 |

* USE CODE:

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

* TYPE OF CASING:

- STEEL
- CONCRETE
- OTHER (specify) TAIRA COTTA

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 30 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

Ralph E. Mayne SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN
117 LICENSE #
MWD/MSD/MGD Feb 23 2004 CIRCLE ONE DATE



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: Robert L. Feezer Co Telephone # (410) 795-1405
Address: 6321 Barnett Ave
Starksville, 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): RICK CROSS License # 2122

*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: RICHARD BLDG + DEV Telephone # (410) 916-6262
Subdivision: _____ Lot #: _____ Well Tag #: HO-943826
Site Address: 15094 Bushy Park RD

Submersible Pump Data

Make: Starite
Model #: 7P4D02HL-03
Pump Capacity 7 GPM
Well Yield: 6 GPM

Pitless Adapter

Make: Campbell
Model #: PT-800
Depth: 48 (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: 200 feet
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors on Cable guard are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt:

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10 FT
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 of company representative responsible for installation: Robert L. Feezer

date: 11/1/2005

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

Date Insp. Requested: 11/1/2005 Date Insp. Approved: 11/1/2005 GAC for 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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

CASELL TESTING, INC.

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

REPORT DATE: Dec 14, 2005

County Howard

Lab Number 06-1527

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: Richland Builders
 Attn: Richard Leeland
 117 Old Padonia Road Suite A
 Cockeysville, Maryland 21030

Property Sampled: U&O: 15094 Bushy Park Road

Station Sampled: Pressure Tank Tap

Date/Time Sampled: Dec 13, 2005 1:25 pm

Owner, Telephone No.:

Subdivision Name:

Building Permit No.: B00154134

Well Number: HO-94-3826

Tax Map #:

Parcel #:

Sampler: 6551DB

Lot Number:

Observation: 2-Piece Cap
 Bolts Missing upon
 arrival but placed
 in cap on-site and
 tightened

RESULTS OF ANALYSIS:

| PARAMETER | RESULT | METHOD | *MCL/**SMCL | |
|---------------------------|---------------|-----------|-----------------|------|
| Nitrate | 2.1 mg/L as N | SM 4500D | *10 mg/L as N | Pass |
| Turbidity | 1.1 NTU | EPA 180.1 | *10 NTU | Pass |
| pH | 5.7 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

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

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level



Howard County
Health Department

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

December 14, 2005

Jason Lohman
6605 Edgewood Road
New Market, MD 21774

SENT BY FACSIMILE 410-560-3366

RE: Oaks at Bushy Park, Lot 1
15094 Bushy Park Road
Woodbine, MD 21797
BP#: B00154134
Well Permit # HO-94-3826

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 11/25/2005. Final approval of the well line connection to the dwelling was approved on 11/01/2005.**

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-94-3826. 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.**

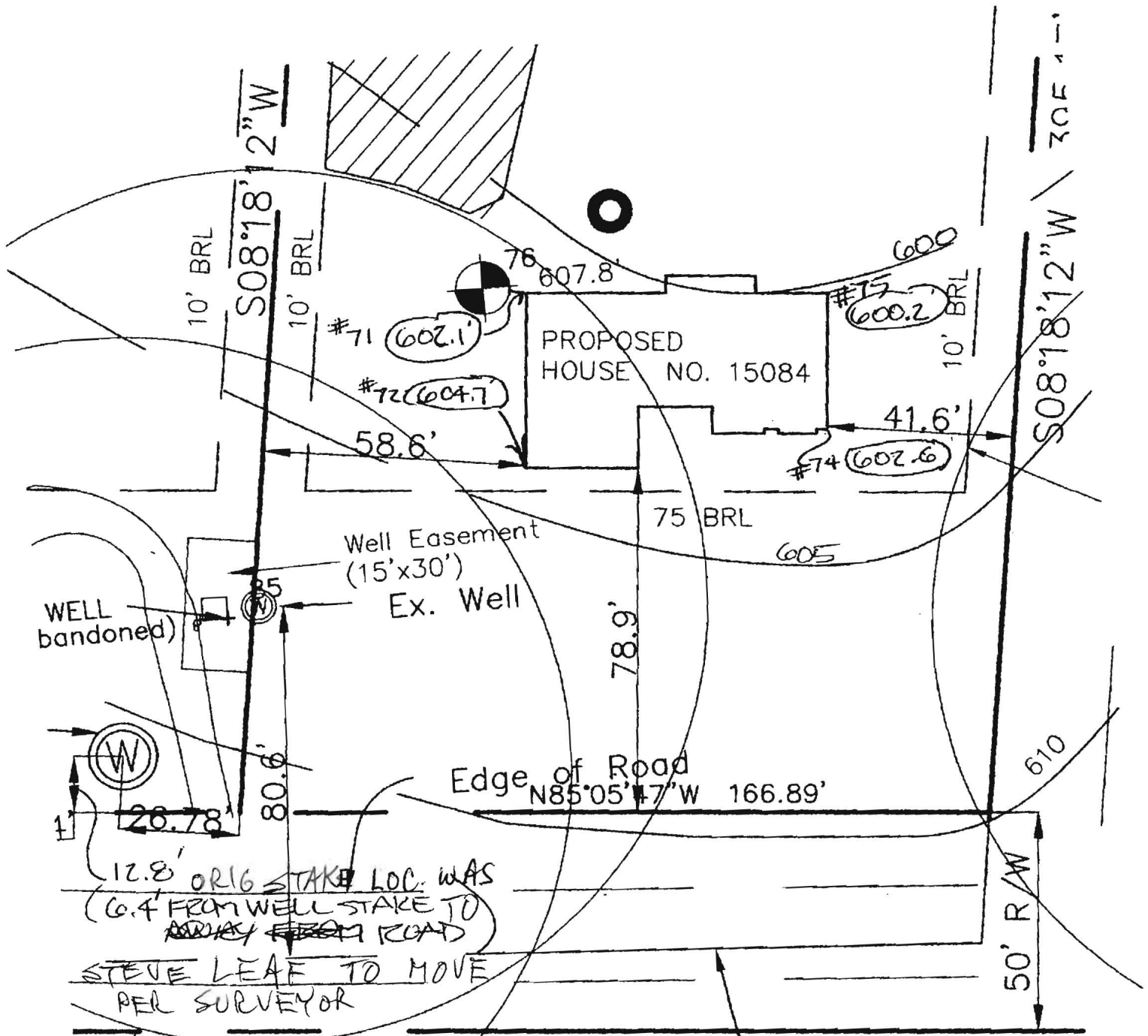
Date of Water Sample(s): 12/13/2005
Date of Well Completion: 02/23/2004

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

THE OAKS AT BUSBY PARK



12.8' ORIG STAKE LOC. WAS
 (6.4' FROM WELL STAKE TO
~~ROAD~~ FROM ROAD)
 STEVE LEAF TO MOVE
 PER SURVEYOR

10/24/03 WELL STAKED MOVED INTO LOT 25'
 SCALE 1" = 30' OK NO INSP
 MR