

C1 6464

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A519617

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

DATE WELL COMPLETED MM DD YY 5 6 05

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4156

OWNER Rachuba Home Builders STREET OR RFD Ed Warfield Road TOWN Woodbine SUBDIVISION Mariani Property SECTION LOT 1

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 entries for Brown mica and Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 52 NO. OF POUNDS 4888 GALLONS OF WATER 312 DEPTH OF GROUT SEAL 120 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 130

OTHER CASING (if used)

Empty table for other casing details.

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 with columns: E, A, C, H, S, R, E, N and depth intervals (8-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53).

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

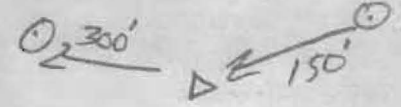
HOURS PUMPED (nearest hour) 06 PUMPING RATE (gal. per min.) 3.8 METHOD USED TO MEASURE PUMPING RATE 1966 WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 95 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (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 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 () below LAND SURFACE 02 (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 MSD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 8119

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4156 fill in this form completely

522063 please type

Date Received (APA) 4/1/2005

OWNER INFORMATION

Rachula Home Builders 946-A Marimich Ct Sykesville Md 21784

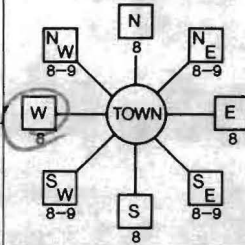
LOCATION OF WELL

Howard COUNTY MARIANI PRO. SECTION 44 46 LOT 48 50 Glenwood NEAREST TOWN 4 MILES FROM TOWN

DRILLER INFORMATION

Allen Compton Fogles Well Drilling 580 Obrecht Rd. 3-30-05

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ed Warfield Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



400 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 13 BLK: 23 PARCEL 277

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY A519617 STATE SIGNATURE DATE ISSUED 4/7/2005 CO SIGNATURE Brian Baker 4/7/2006 NORTH GRID 531 000 EAST GRID 778 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary (circled) AIR-PERCussion ROTARY (Hydraulic Rotary) JETTED Jettted & DRIVEN CABLE REVerse-ROTary DRive-POINT

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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

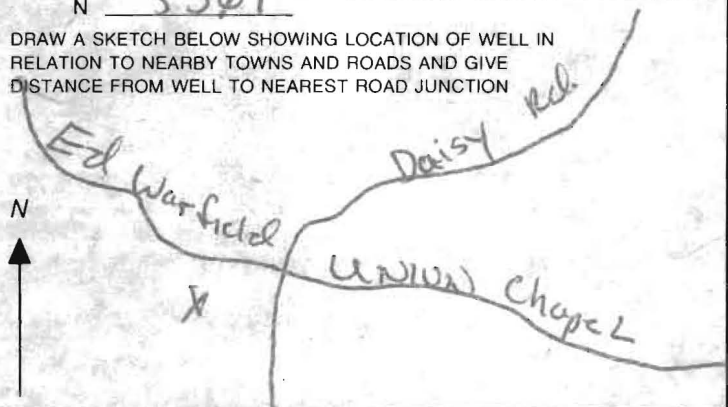
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 78078 N 5301

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)

APPROX. PERMIT NUMBER G PERMIT No. HO-94-4156

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4156
 Location of property (road) Ed Warfield Road
 Subdivision Mariani Property Lot 1 Block _____ Plat _____ Sec. _____
 Well Driller Fogles/Compton Owner Rachuba Home Builders

Depth of well 300
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 45'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 8.5
 Total time 15 min. to reach pumping water level 95 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)
8:00	45	7		8.5
8:15	95	15.5		3.8
8:30	95	15.5		3.8
8:45	95	15.5		3.8
9:00	95	15.5		3.8
9:15	95	15.5		3.8
9:30	95	15.5		3.8
9:45	95	15.5		3.8
10:00	95	15.5		3.8
10:15	95	15.5		3.8
10:30	95	15.5		3.8
10:45	95	15.5		3.8
11:00	95	15.5		3.8
11:15	95	15.5		3.8
11:30	95	15.5		3.8
11:45	95	15.5		3.8
12:00	95	15.5		3.8
12:15	95	15.5		3.8
12:30	95	15.5		3.8
12:45	95	15.5		3.8
1:00	95	15.5		3.8
1:15	95	15.5		3.8
1:30	95	15.5		3.8
1:45	95	15.5		3.8
HD-224 2:00	95	15.5		3.8
2:15	95	15.5		3.8

**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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: Marfani Prop Lot #: 1 Well Tag #: HO-94-4156
Site Address: 16125 Ed. Westfield Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 12/15/06
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 ✓

HW
→ told plumber to tighten bolts after pump installed

410-313-2648

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: WILLOUGHBY PLUMBING Telephone #: 410-549-2323
Address: 6203 PATRICK DR
SYKESVILLE, 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): CHRIS WILLOUGHBY License# 6992

*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: RACHUBA HOME BIDS Telephone #: 410-178-3400
Subdivision: DAKDALE Lot #: 1 Well Tag #: HO-
Site Address: 16125 ED WARFIELD RD
WOODBINE, MD

Submersible Pump Data: Make: JACUZZI Pitless Adapter: Make: HARVARD Well Cap and Electric Conduit: Two piece watertight cap:
Model #: _____ Model #: _____ Screened, vented well cap:
Pump Capacity: 6 GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 3 GPM NSF approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

water level
45

Piping to house: Type: CRESSLINE House Connection: PVC sleeved to undisturbed soil at wall penetration:
PSI: " (160 psi min) Approximate length of sleeve: 6
Depth of supply line: (36" min) Sleeve caulked and sealed properly:

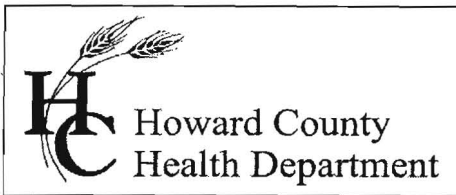
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby date: 12-14-06

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 ground observed below pitless adapter

12/16/06
Not Finished -
Make Sure
Bolts Tight
(KW)



Bureau of Environmental Health
7178 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

Peter Beilenson, M.D., M.P.H., Health Officer

March 26, 2007

Rachuba Homes Builder
946-A Marimich Court
Eldersburg, MD 21784

SENT BY FACSIMILE 410-781-3475

RE: Mariani Property, Lot 1
16125 Ed Warfield Road
Woodbine, MD 21797
BP #: B00158163
Well Permit # HO-94-4156

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 12/15/2006. Final approval of the well line connection to the dwelling was approved on 12/15/2006.**

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-94-4156. 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.

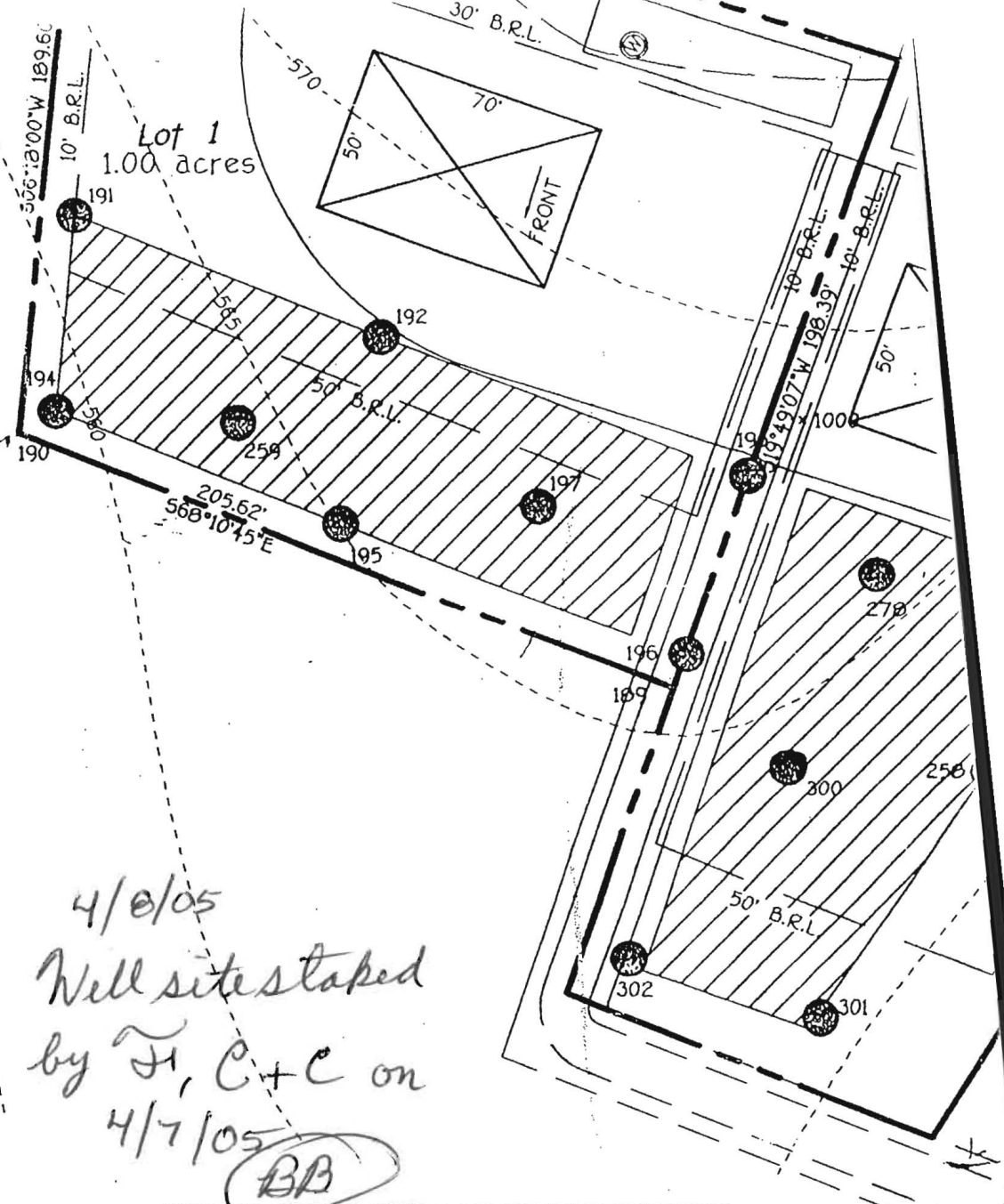
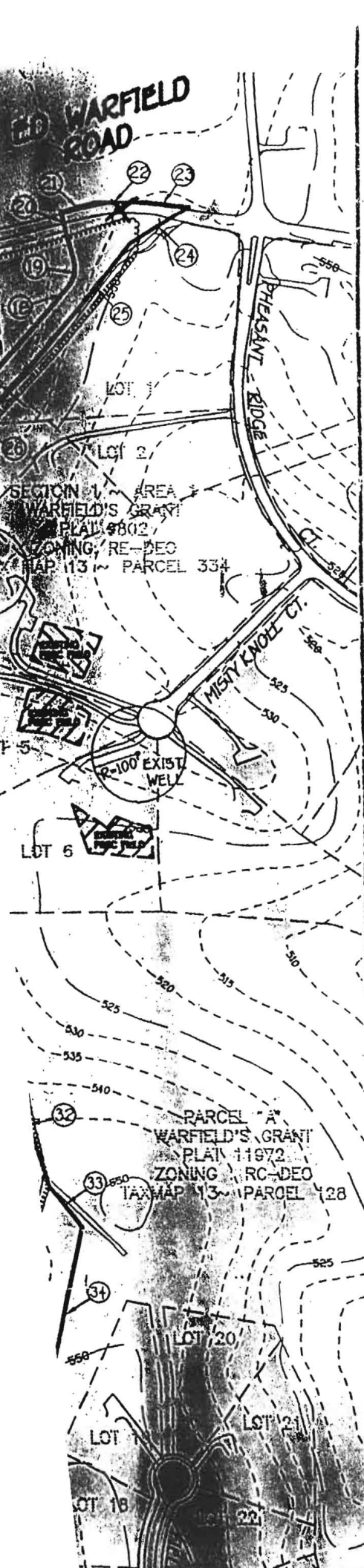
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 3/20/2007
Date of Well Completion: 05/06/2005

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



4/8/05
 Well site staked
 by J, C + C on
 4/7/05
 BB

METES AND BOUNDS TABULATION		
Course Number	Bearing And Distance	
1	N43°28'11"E	355.50'
2	N28°43'12"E	370.00'
3	N24°11'12"E	238.34'
4	N34°21'12"E	564.56'
5	N55°25'12"E	248.16'
6	N33°25'14"E	118.22'
7	N74°26'12"E	79.77'
8	N75°03'12"E	71.72'
9	S33°25'14"W	251.45'
10	S55°25'12"W	249.00'
11	S34°21'12"W	101.88'
12	S72°08'52"E	235.48'
13	S71°28'12"E	339.90'
14	S73°37'10"E	49.98'
15	N14°36'33"E	60.19'
16	N34°13'41"E	285.62'
17	N40°38'40"E	280.62'
18	N40°11'19"E	212.47'
19	R=50.00'	L=47.79'
20	N14°34'50"W	99.20'
21	N75°03'11"E	80.51'
22	N88°49'12"E	112.63'
23	S83°28'48"E	91.88'
24	S57°54'03"W	147.35'
25		

24' INGRESS AND EGRESS EASEMENT

14' M



CERTIFICATE OF ANALYSIS

Requester:
Rachuba Builders
946 A Marimich Court
Eldersburg, Maryland 21784

S/O Number: 62527
Report Date: March 21, 2007

Property Sampled: 16125 Ed Warfield Road

County: Howard
Subdivision: Oakdale
Lot #: 1
Building Permit #: B00158163
Tax Map #: 13
Parcel #: 356

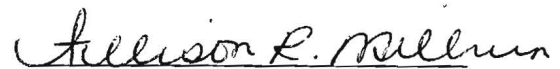
Date/Time Collected: March 20, 2007 at 10:45 am
Date/Time Received: March 20, 2007 at 12:36 pm

Sample Location: Bathroom Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-4156
Well Condition: 2-Piece Cap
Cap Tight
2 Bolts Missing

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	9.4 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

2007 MAR 23 PM 12:18