

11 3457

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER A58566

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

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

DATE WELL COMPLETED
MM DD YY
8 - 9 - 02
15 20

Depth of Well
22 240 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3421
28 29 30 31 32 33 34 35 36 37

OWNER Peter Matzner Dawn
STREET OR RFD 13031 Hall Shop Rd TOWN _____
SUBDIVISION Mat Hut Est. SECTION _____ LOT 7

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
|---|-----------|------------|------------------------|
| | FROM | TO | |
| <u>Sand</u> | <u>0</u> | <u>37</u> | |
| <u>Gray Mica Rock</u> | <u>37</u> | <u>240</u> | <u>v</u> |

GROUTING RECORD (yes) (no)
 Y N
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 13 NO. OF POUNDS 1922
 GALLONS OF WATER 78
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 48 ft. to 37 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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

DEPTH (nearest ft.)
 1 HO 2 39 3 240
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 _____ 60 _____
 from _____ to _____

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 SD 24 |
Joseph L. Matzner
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 M D |

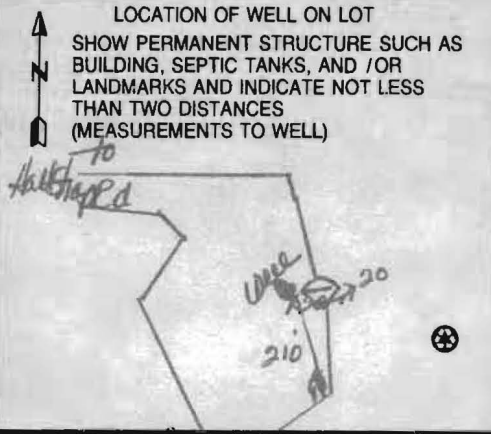
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) W Q _____
 70 _____ 72 _____ 74 75 76

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 10
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 28 ft.
 17 20
 WHEN PUMPING 72 ft.
 22 25
 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 YES NO
 (CIRCLE) (YES OR 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. _____ 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)
 49 50 51



See attached location

B 1 7998

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W517307 please type

110-94-3421 fill in this form completely 79

Date Received (APA)

060602

OWNER INFORMATION

Matzen M. Dawn

10640 Gorman Rd

Laurel Md 20723

LOCATION OF WELL

Howard

MAT-Pot Est -

SECTION 44 46 LOT 7 48 50

Highland

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

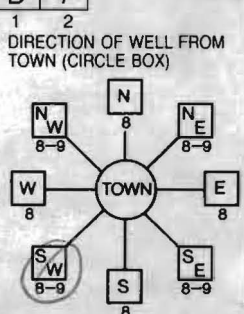
Joseph G. Mayne MSD 24

Joseph G. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy Md. 21771

Joseph G. Mayne 6/3/02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13031 Hall Shop Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1350 FT

DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 40 BLK: 9410 PARCEL 43

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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 A58566

STATE SIGNATURE INSERT S

DATE ISSUED 06/07/02

CO SIGNATURE KACU Noonan

NORTH GRID 489000 EAST GRID 810000

APPROXIMATE DEPTH OF WELL 300 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
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

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

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

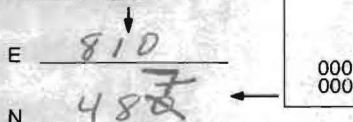
APPROP. PERMIT NUMBER G PERMIT No. 110-94-3421

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

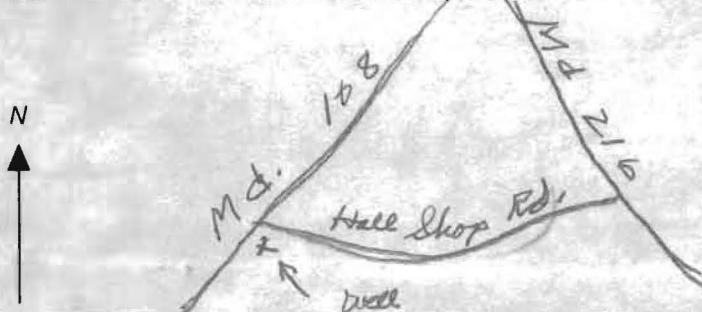
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

ATTN: STAFFMAN'S

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: WTC III Telephone #: 410-489-4457
Address: 1820 GILLIS FALLS ROAD
WOODBINE MD 21797

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

License # and name of individual responsible for the field installation:
Name (Print): WTC III PLUMBING - BILL CUMBERLAND License# #7979

*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: DAWN PETTIT Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3421
Site Address: 13031 HALL SHOP ROAD

Submersible Pump Data

Make: GOULDS
Model #: _____
Pump Capacity 6 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: CAMBELL
Model #: _____
Depth: 48" (36" min)
NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 240 (feet)
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: IP
PSI: 160 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

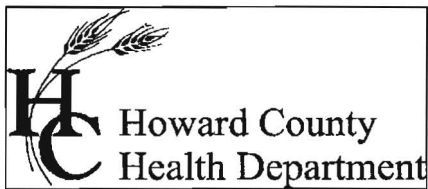
PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: YES

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: [Signature] date: MAY 25 2006

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

Date Insp. Requested: _____ Date Insp. Approved: 11/25/03 Inspector: [Signature]
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 sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____



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

October 13, 2006

Dawn Pettit
10640 Gorman Road
Laurel, MD 20723

RE: Mat Pet Estates, Lot 7
13031 Hall Shop Road
Highland, MD 20777
BP #: B00137946
Well Permit # HO-94-3421

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 10/12/2004. Final approval of the well line connection to the dwelling was approved on 11/25/2003.**

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.

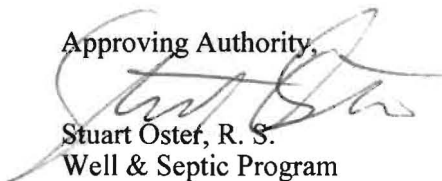
INTERIM CERTIFICATE OF POTABILITY

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-94-3421. 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: 04/29/2005
Date of Well Completion: 08/09/2002

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

**Environmental
Testing Lab Inc.**
108 Old Solomons Island Rd
Annapolis, MD 21401
est. 1984



**Chesapeake
Analytical Lab (dba)**
Serving Southern Maryland
3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality Laboratory # 106 & 139

REPORT OF ANALYSIS

May 02, 2005

Ted Green
8685 Kentucky Avenue
La Plata, MD 20646

Lab Number: 56628
Date Received: 4/29/05 11:51
Project:

Sample No: 56628-01 Sampled: 4/29/2005
Client ID: 13031 Hall Shop Rd. Sampler: 5071TG Green
 Highland, MD

| Parameter | Method | Result | Units | MDL | Test Date | Analyst |
|-------------------------|-----------|-------------|-----------|------|-----------|---------|
| Total Coliform Bacteria | EPA 10029 | Absent/PASS | Per/100ml | 1 | 4/29/2005 | RB |
| Fecal Coliform Bacteria | EPA 10029 | Absent/PASS | Per/100ml | 1 | 4/29/2005 | RB |
| pH | Field | * 5.5 | pH Units | | 4/29/2005 | |
| Iron | EPA 236.1 | * 0.40 | mg/l | 0.05 | 5/2/2005 | KE |
| Turbidity | EPA 180.1 | 2.4 | NTU | 0.5 | 5/2/2005 | KE |
| Nitrate + Nitrite as N | EPA 353.2 | 4.26 | mg/l | 0.05 | 5/2/2005 | PM |

Notes:

- 56628-01 -No chlorine was present at the time of collection as reported by the sample collector. PH results provided by sample collector.
- The Maximum Contaminate Levels are as follows: Nitrate/Nitrite 10.0, Nitrite 1.0, Nitrate 10.0, Iron 0.3, Turbidity 10.0, and PH 6.5-8.5.
- An "*" next to a result means the result exceeded the Maximum Contaminate Level as established by the EPA.
- "<" = Less Than ; ">" = Greater Than.
- Lead & Nitrate/Nitrite are "Primary Contaminates"; Health related, enforceable.
- Iron,pH,Turbidity are "Secondary Contaminates" Non-Health related, non-enforceable.

Reviewed and Approved by:

Daniel J. Brumsted
Laboratory Director

Handwritten notes:
10 - 20 - 2/21