

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3484	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER (13) A56366-D

ST/GO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 5 11 04	Depth of Well 22 220' 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 3940 28 29 30 31 32 33 34 35 36 37
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OWNER Greenfield Homes
 STREET OR RFD 6593 Paper Place first name TOWN Highland
 SUBDIVISION Van't Hoff 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			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	39	
Gray Mica Rock	39	220	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT: <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS <u>12</u>	NO. OF POUNDS <u>1128</u>
GALLONS OF WATER <u>72</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>38</u> ft. (enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>42</u>

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

SCREEN RECORD	
screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> 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

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. MSD 024

DRILLERS SIGNATURE [Signature]

LIC. NO. MSD 027

SITE SUPERVISOR (sign. of driller or journeyman)

DEPTH (nearest ft.)	
T 1 2	<u>Ho</u> <u>41</u> <u>220</u>
E 1 8 9 11	
C 2 H 23 24 26	
S 3 R 38 39 41	
E N SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to	

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

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>3</u>
PUMPING RATE (gal. per min.)	<u>20</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>38</u> ft.
WHEN PUMPING	<u>72</u> ft.
TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O (describe below)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

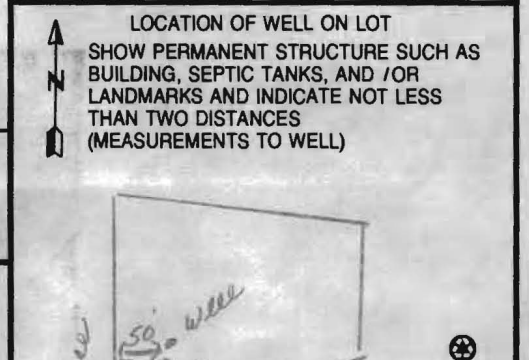
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } 1 (nearest foot)



B 1 9808

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520333 please type

STATE PERMIT NUMBER

HO-94-3940 fill in this form completely

Date Received (APA) 4/29/04

OWNER INFORMATION

Greenfield Homes, 6656 Luster Dr., Highland Md 20977

B 3 LOCATION OF WELL

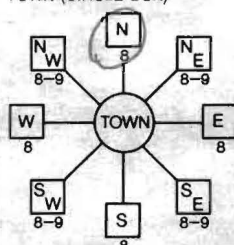
Howard, Willow Pond Van't Hoff Property, Highland, Md

DRILLER INFORMATION

Joseph L Mayne, MS D 024, Joseph L Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6543 Paper Place, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 30 FT, TAX MAP: 34 BLK: 17 PARCEL 393

B 2 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 (D), Farming (F), Industrial (I), Public Water Supply Well (P), Test/Observation (T), Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A56366-D, COUNTY NAME, STATE SIGNATURE Brian Baker 5/4/2005, DATE ISSUED, CO SIGNATURE, EXP. DATE, NORTH GRID 496 000, EAST GRID 813 000

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, other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (N), This well will replace a well that will be abandoned and sealed (Y), This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells (S), This well will deepen an existing well (D)

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER G, PERMIT No. HO-94-3940

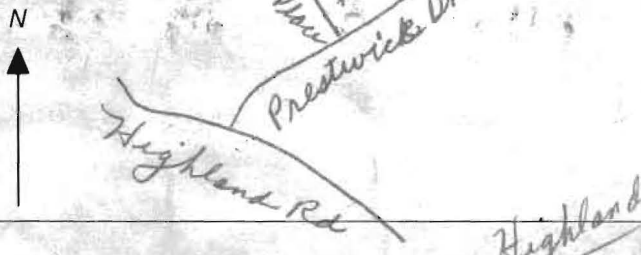
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well

5/11/04 - Grout 9am, No Insp (S)

WRITE THE BOX NUMBER FROM THE MAP HERE

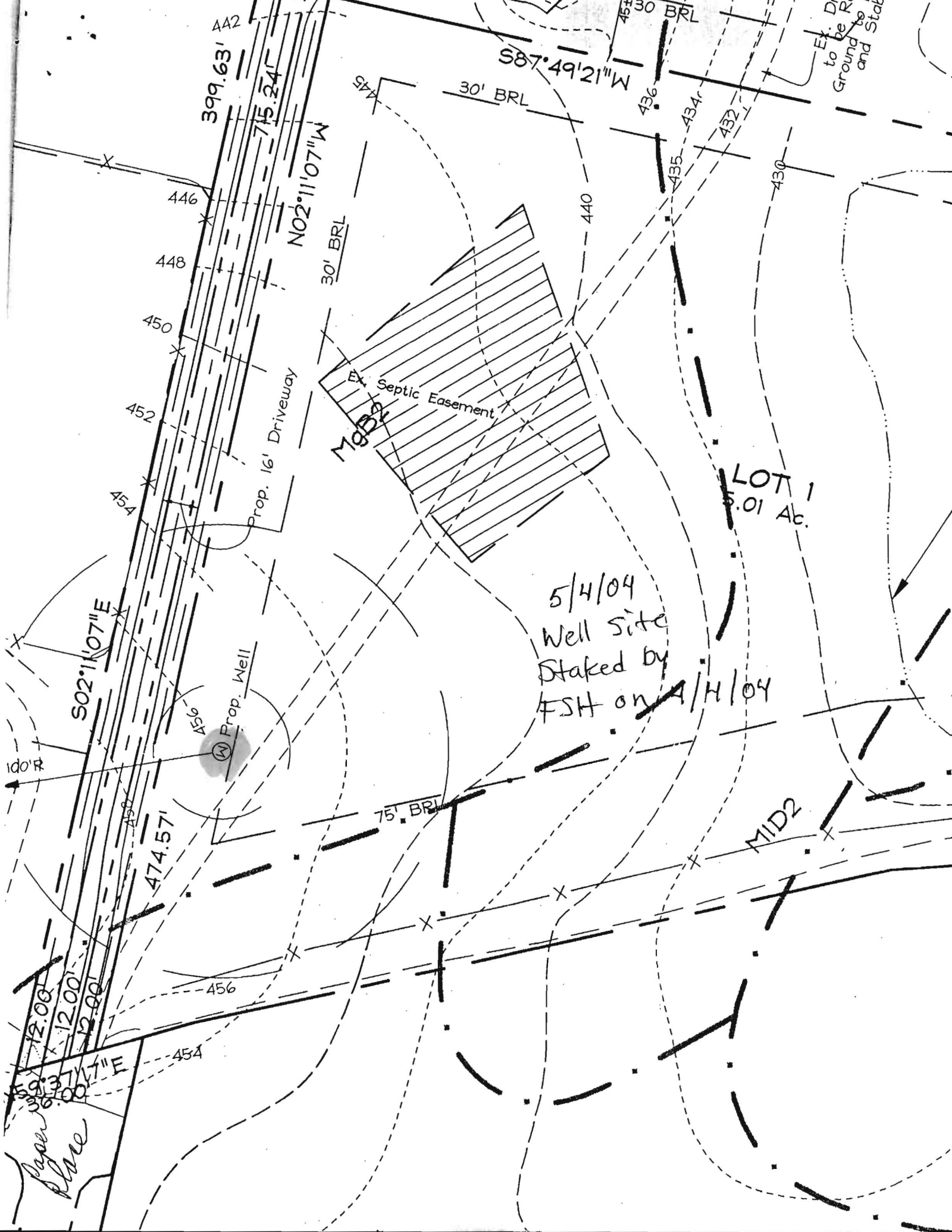
E 813, N 496

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



399.63' A42

S87°49'21\"/>

N02°11'07\"/>

30' BRL

30' BRL

30' BRL

Ex. Dr. to be Re Ground to b and Stabl

446

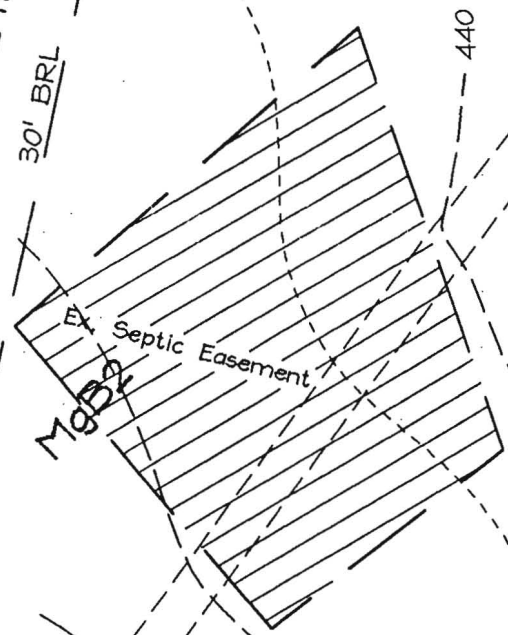
448

450

452

454

Prop. 16' Driveway



Ex. Septic Easement

M932

LOT 1
5.01 Ac.

5/4/04
Well site
Staked by
FSH on 4/14/04

S02°11'07\"/>

Prop. Well

75' BRL

MID2

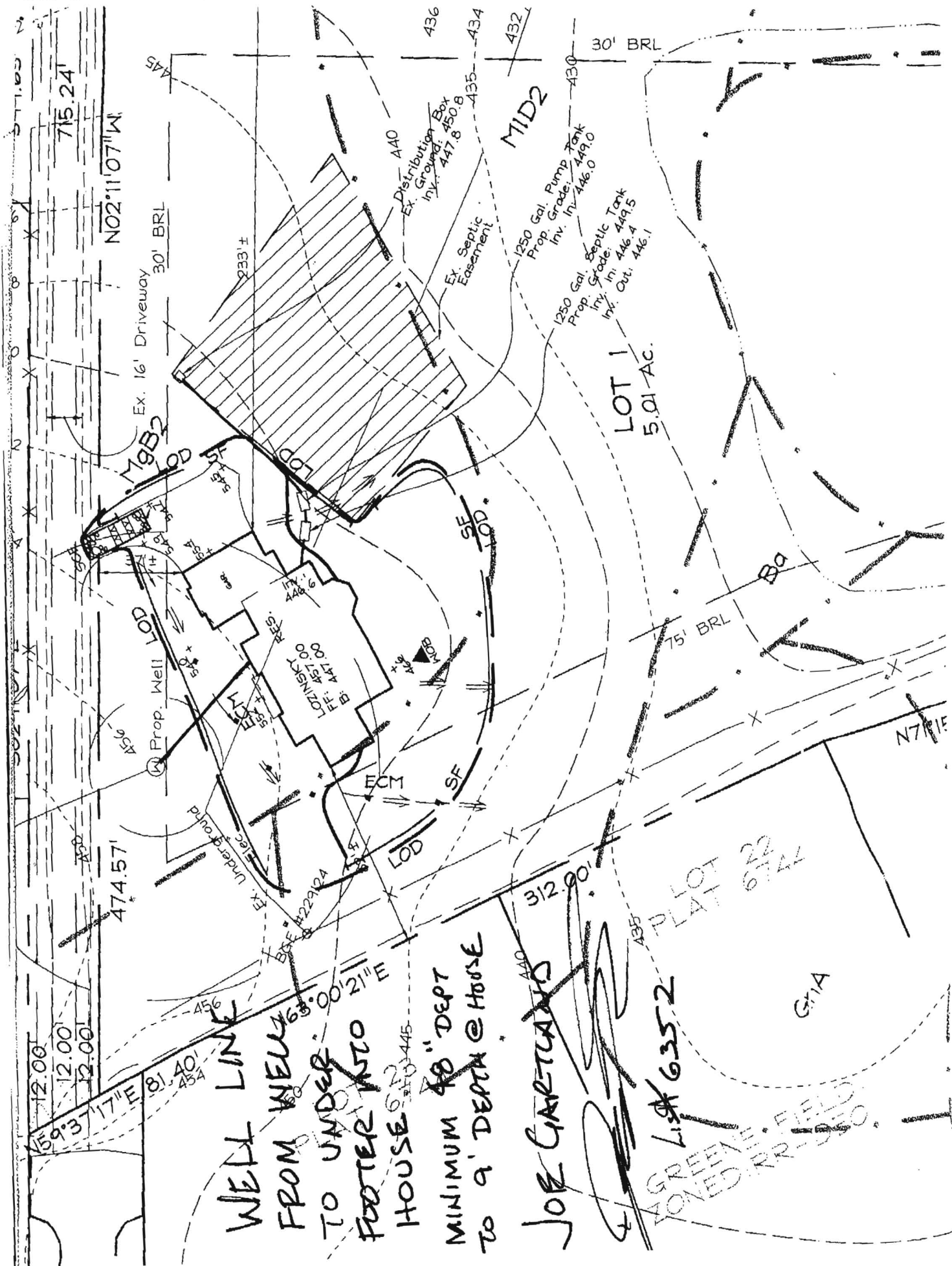
474.57'

100' R

12.00'
12.00'
12.00'
S69°37'17\"/>

456

454



WELL LINE
 FROM WELL
 TO UNDER
 FOOTER INTO
 HOUSE
 MINIMUM 9' DEPT
 TO 9' DEPT @ HOUSE

JOE GARRETT

LOT 22
 LAT 6742

LIST 6352

GREENFIELD
 ZONED RR-100

ENVIRO-CHEM LABORATORIES, INC.



100 Lakefront Drive, Hunt Valley, Maryland 21030

(410) 785-9739

CERTIFICATE OF ANALYSIS

Meadow Brook Water
7410 Rossville Blvd
Baltimore, Maryland 21237

Date of Report: October 7, 2005
Use and Occupancy

COLLECTION INFORMATION

ADDRESS: 6543 Paper Place, Highland MD 20777

LOT: NA

SUBDIVISION: NA

WELL TAG NO.: HO 94-3940

PERMIT NO.: NA

COLLECTED BY: A. Salins #0504-00149

STATION: Hose Bib

DATE & TIME COLLECTED: 10/04/05 @ 1830

LABORATORY INFORMATION

DATE & TIME RECEIVED: 10/05/05 @ 0915

ENVIRO-CHEM LAB ID: 39242

TOTAL COLIFORM (SM9223): Absent		PASS
Date & Time Started: 10/05/05 @ 1200	Analyst: SES	
E. Coli (SM9223): Absent		PASS
Date & Time Started: 10/05/05 @ 1200	Analyst: SES	
NITRATE-N (EPA 300.0): <0.2 mg/L as N		PASS
Date & Time Started: 10/05/05 @ 1305	Analyst: SES	
pH (EPA 150.1): 6.7 std units		
Date & Time Started: 10/05/05 @ 1328	Analyst: SES	
TURBIDITY (EPA 180.1): <0.5 NTU		
Date & Time Started: 10/05/05 @ 1400	Analyst: SES	
SAND: Not Detected		

Enviro-Chem Laboratories, Inc.
Stephen E. Shelley, Laboratory Director

Based on Coliform bacteriological standards, at the time of sampling, this water was **SAFE** for drinking water purposes

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: Gartland Plumbing Telephone #: 410-825-5303
Address: 1620 Old Liberty Rd Sykesville MD 21784

(Most circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joseph Gartland License# 6352

*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: Lozinsky Steven Telephone #: 301 598 0670
Subdivision: Joint Hoff Prop Lot #: 1 Well Tag #: HO-99-3940
Site Address: 6543 Paper Pl Highland, MD 20777

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: /
Model #: 26510442 Model#: PA800 Screened, vented well cap: /
Pump Capacity 7 GPM Depth: 48 (36" min) Cap secured to casing: /
Well Yield: 12 GPM NSF approved: Yes Conduit min 18" B.G.: /
Depth of well encountered at time of pump installation: 120 (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 Yes

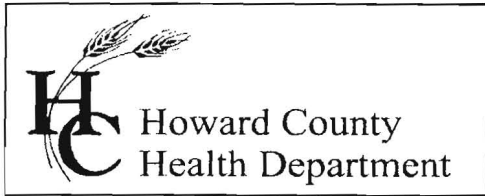
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration: } Sleeved Under Footc
PSI: 160 (160 psi min) Approximate length of sleeve:
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly: }

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 5-12-05 date

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

Date Insp. Requested: Date Insp. Approved: 10/2/05
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 /



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

October 24, 2005

Steven Lozinsky
10309 Pimlico Place
Laurel, MD 20723

RE: Van't Hoff Property, Lot 1
6543 Paper Place
Highland, MD 20777
BP #: B00148486
Well Permit # HO-94-3940

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 10/20/2005. Final approval of the well line connection to the dwelling was approved on 10/24/2005.**

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-94-3940. 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): 10/04/2005
Date of Well Completion: 05/11/2004

Approving Authority,

Gabe Creighton, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File