

C1 9292

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM DD YY 02 28 2000

Depth of Well 22 355 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 2343

OWNER Digi-Data last name first name TOWN West Friendship SUBDIVISION Hawksfield Estates SECTION LOT 11

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. Rows include Dirt, Soft Br. Mica, Schist, Blue Schist, Hard Blue Schist, Hard Blue Mica, Fracture, Hard Blue Sandstone, White Sandstone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 100 ft.

CASING RECORD

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 102

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below S T B R H O P L O T

DEPTH (nearest ft.) 102 355

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 71 ft. WHEN PUMPING 130 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 LAND SURFACE - below 2 (nearest foot)

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

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES Y NO N

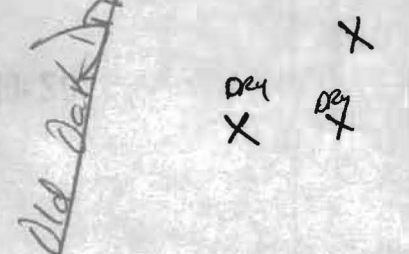
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. M WD 296 Ronald Kyker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. J WD 334 Danney Kyker JUTL

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



B 1 SEQUENCE NO. (MDE USE ONLY) **8561** STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-2343**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) **07/20/99**
 Last Name **IGI-DATA** Owner **40/DVINGS** First Name **40/DVINGS**
 Street or RFD **9891 BROOKER/AND PARKWAY**
 Town **COLUMBIA** State **MD** Zip **21046**

B 3 LOCATION OF WELL
 County **HOWARD** Subdivision **HAWKSFIELD ESTATES**
 SECTION **7** LOT **111**
 Nearest Town **WEST FALLANDISHIP**
 Miles from town (enter 0 if in town) **4** MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 Driller's Name **Ronald Kyker** License No. **299**
 Firm Name **Westminster Rotary Well Drilling Inc**
 Address **P.O. Box 861 Westminster Md 21156**
 Signature **Ronald Kyker** Date **7/29/99**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Old Oak Drive**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **W**
 DISTANCE FROM ROAD **1740** ENTER FT OR MI **FT**
 TAX MAP: **16** BLK: **20** PARCEL **258**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 County Name **Howard Co** County No. **A39714**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **07/30/99** CO SIGNATURE **A 7th Mill** EXP. DATE **7/30/00**
 NORTH GRID **530000** EAST GRID **820000**

APPROXIMATE DEPTH OF WELL **325** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **city**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **820**
 N **580**

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

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)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-2343**

**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 Inc Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
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): Joe 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: Nosajice Mirza Telephone #: 410-531-8473
Subdivision: Hawksfield Lot #: 11 Well Tag #: HO-94-2345
Site Address: 3161 Old Oak Drive
ELLICOTT CITY MD 21042

Submersible Pump Data

Make: Goulds
Model #: 76510422
Pump Capacity 7 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Cambeck
Model #: PA800
Depth: 48 (36" min)
NSF approved: Yes

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: 350 (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 Yes

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: _____
Sleeve caulked and sealed properly:

Sleeved Under footer

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: 4-7-05

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

Date Insp. Requested: 2/18/05 Date Insp. Approved: 1/4/06
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

originally passed 3/25/05 but water test indicate "cap removable"
CAC

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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: _____ Lot #: _____ Well Tag #: HO - 94-2343
Site Address: 3161 Old Oak Drive

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)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

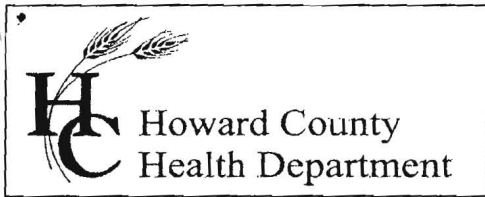
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 3/25/05 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 ✓

2/18/05
Not Quite 8"
Sleeved Under Footer Left
Note
to Regrade Area (BB)
3/25/05
Grading around well
O.K. (BB)



7178 Columbia Gateway Drive, Columbia
Maryland 21046
(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

1/11/2006

Greenfield Homes, Inc.
6656 Luster Drive
Highland, MD 20777

SENT VIA FACSIMILE 443-535-0551

RE: Hawksfield Estates, Lot 11
3161 Old Oak Drive
Ellicott City, MD 21042
BP #: B00151255
Well Permit # HO-94-2343

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 1/11/2006. Final approval of the well line connection to the dwelling was approved on 1/04/2006.**

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-94-2343. 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: 12/28/2005
Date of Well Completion: 2/28/2000

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASSELL TESTING, INC.

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

REPORT DATE: Dec 29, 2005

County Howard

Lab Number 06-1709

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: Greenfield Homes
Mr. Wayne Greenfield
6656 Luster Drive
Highland, Maryland 20777

Property Sampled: U&O: 3161 Old Oak Drive

Station Sampled: Kitchen tap

Tax Map #: 16

Date/Time Sampled: Dec 28, 2005 11:00 am

Parcel #: 40

Owner, Telephone No.: Nufairee

Sampler: 7334JB

Subdivision Name: Hawksfield Estates

Lot Number: 11

Building Permit No.:

Well Number: HD-94-2343

Observation: 2-Piece Cap
CAP REMOVABLE
4 bolts loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	5.0 NTU	EPA 180.1	*10 NTU	Pass
pH	6.9 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: None

Sharon K. Cassell

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