

C1 0808

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 OKSRU 7/31/01

1 2 3 6 (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 07 27 01

Depth of Well 22 340 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3120

OWNER Dale Thompson Builders last name first name STREET OR RFD Preservation Court TOWN Fulton SUBDIVISION Pindell Woods SECTION LOT 14

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (55).

OTHER CASING (if used) Form: diameter inch, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y, N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted to production)

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...

DRILLERS LIC. NO. M SD, DRILLERS SIGNATURE, LIC. NO. M D

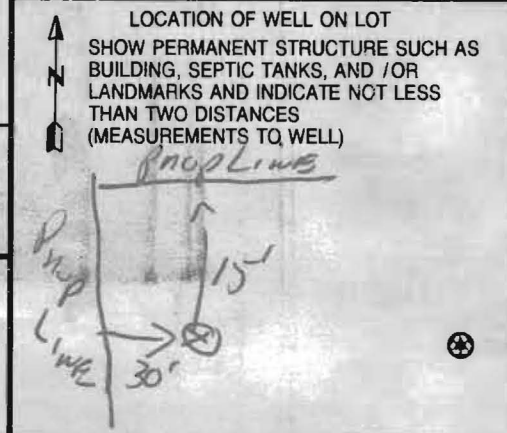
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) Table: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

PUMPING TEST Form: HOURS PUMPED (6), PUMPING RATE (2), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (55), WHEN PUMPING (150), TYPE OF PUMP USED (S) submersible

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER, PUMP COLUMN LENGTH (37-41), CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below (3) (nearest foot)



B 1 18624

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3120 fill in this form completely

W514687 please print or type

Date Received (APA) 12-13-00

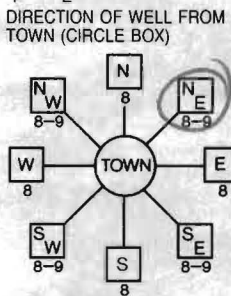
OWNER INFORMATION

Thomas, Dale, Builders 630 Woodside Court Columbia, MD 21045

LOCATION OF WELL

Howard Pindellwoods SECTION 44 46 LOT 14 FULTON NEAREST TOWN 3 MILES FROM TOWN

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Preservation Benevolence Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 225' DISTANCE FROM ROAD

DRILLER INFORMATION

Ralph Mayne M S D 117 Ralph Mayne Well Drilling 17624 Hardy RD Mt. Airy MD

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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 06-11-01 CO SIGNATURE EXP. DATE NORTH GRID 488 000 EAST GRID 0823 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary (circled) JETTED 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 (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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

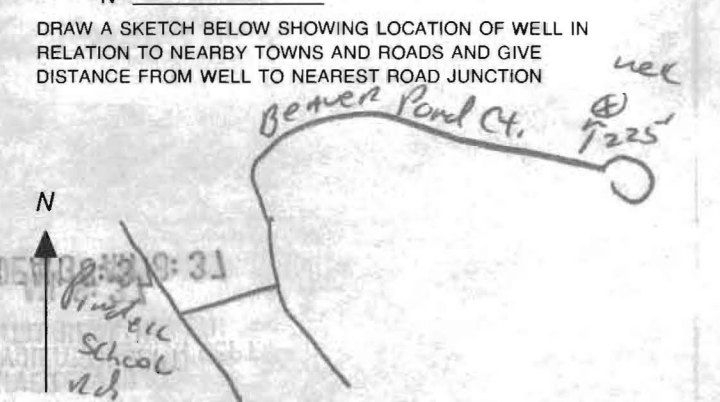
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 000 GAP 012(01) PERMIT No. HO-94-3120

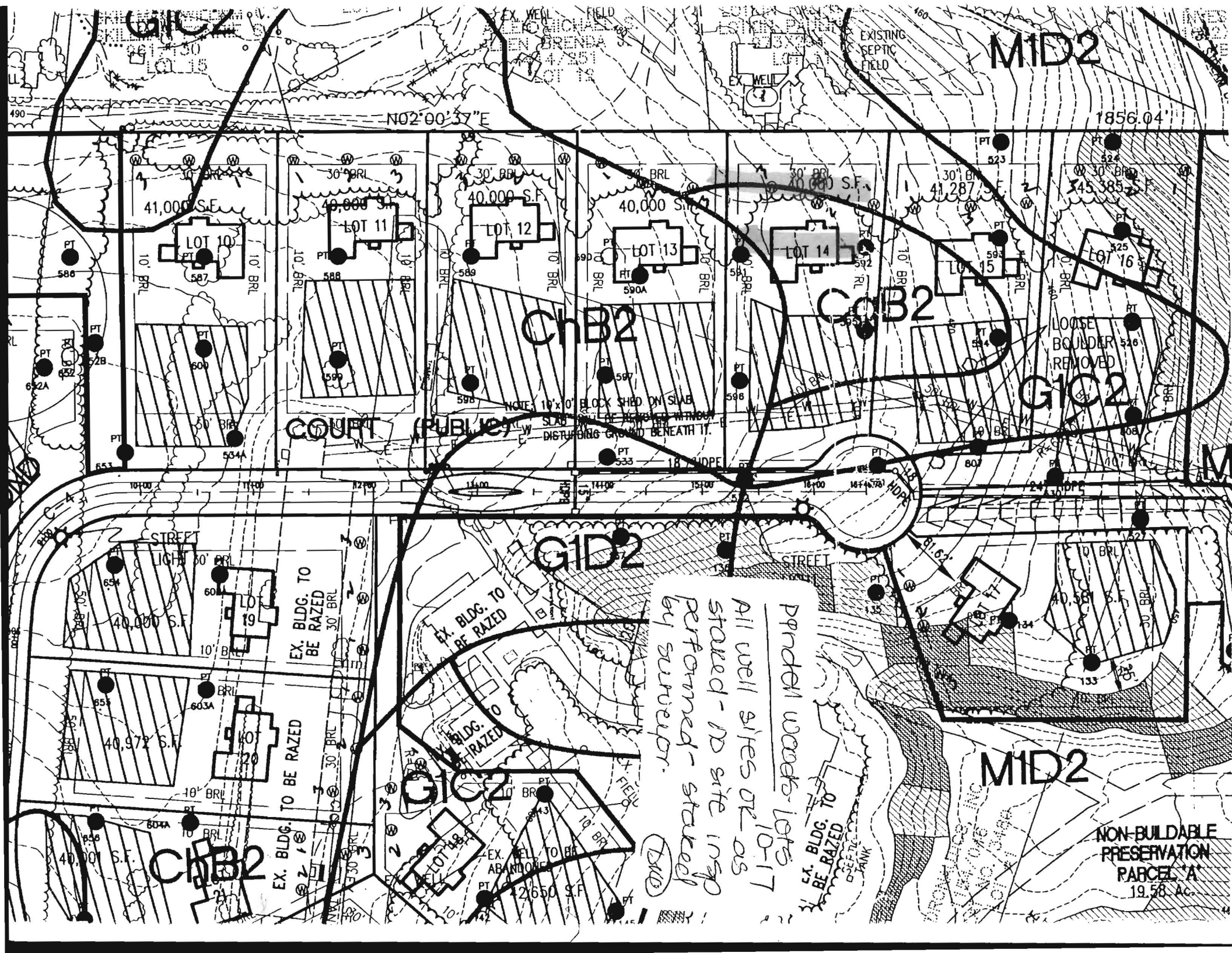
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 7/27/01 9:30

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE E 488x N 8203



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Ponder woods lots
 All well sites or as
 stored - 10 site insp
 performed - stored
 by surveyor.

NON-BUILDABLE
 PRESERVATION
 PARCEL 'A'
 19.58 Ac.

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 #: 410-781-7051
Address: 10203 PATRICK DR
SYKEVILLE, MD.

(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: MOUNT VIEW LLC Telephone #: 410-995-6736
Subdivision: TAYLOR RESERVATION CT. Lot #: 14 Well Tag #: HO 95-12181
Site Address: FULTON, MD. 94 3120

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SVC 221 Make: HAWARD Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity 5 GPM Depth: 340' (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: _____ (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 _____

Piping to house House Connection
Type: Crestline PVC sleeved to undisturbed soil at wall penetration:
PSI: 111 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: (36" min) Sleeve caulked and sealed properly:

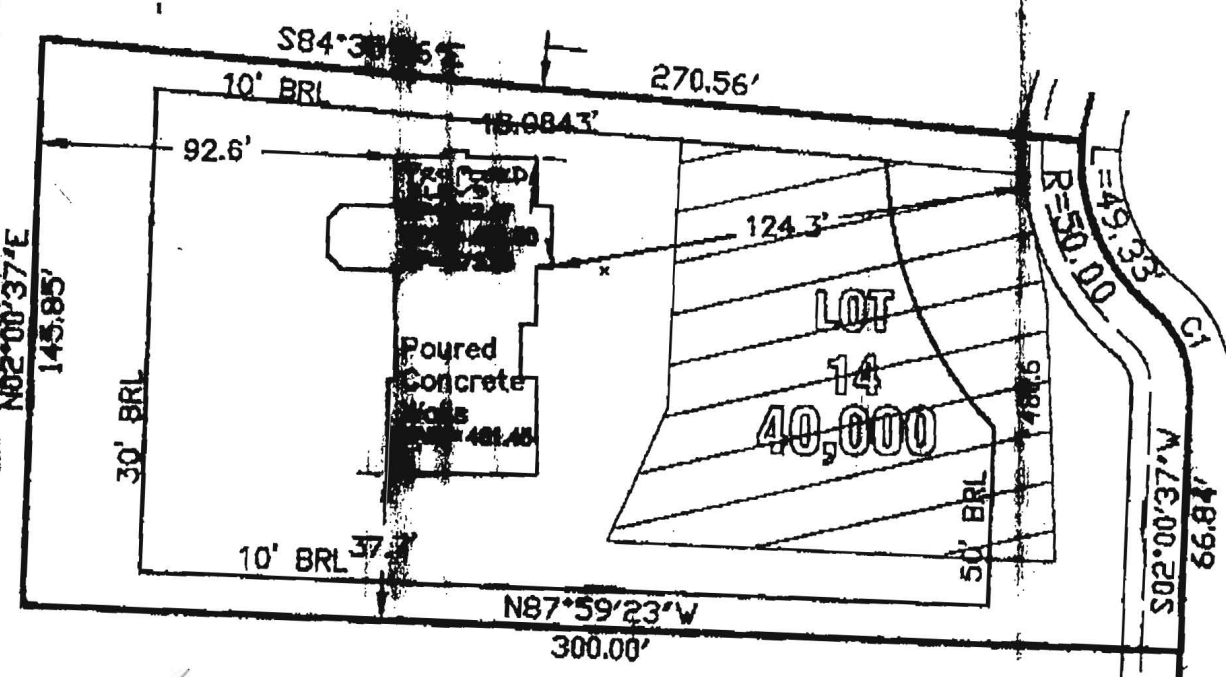
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby date: 8/11/05

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

Date Insp. Requested: 8/12/05 PM Date Insp. Approved: 8/12/05
Inspection Date: 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

MD. STATE GRID MERIDIAN



*5/10/05
well loc.
field located
on site plan*

(Handwritten initials)



PRESERVATION COURT

THE EXISTING WELL(S) SHOWN ON THIS PLAN IDENTIFIED WITH THE ATTACHED WELL TAG NO. HQ 04-3120 HAS BEEN FIELD LOCATED AND IS ACURATELY SHOWN.

TOP OF WALL ELEVATION: 481.60'

RECORD REFERENCES	WALL CHECK	MARKS & ASSOCIATES L.L.C.
LIBER/FOLI/O PLAT BOOK PLAT NO./FOLI/O	_____ PINDELL WOODS	ENGINEERING - SURVEYING - LAND PLANNING 4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND TELEPHONE (410) 747-8788 FAX (410) 747-8789
SCALE <u>1"=50'</u> DATE <u>05/09/05</u>	_____ LOT 14 _____ HENRIARD COUNTY, MARYLAND	I HEREBY CERTIFY, THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.
		ERIK C. MARKS R.P.L.S. #607

CASSELL TESTING, INC.

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

REPORT DATE: Feb 8, 2006

County Howard

Lab Number 06-2268

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: Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

Property Sampled: U&O: 7245 Preservation Court

Station Sampled: Pressure Tank Tap & Laundry Tub Tap Tax Map #: 41

Date/Time Sampled: Feb 7, 2006 12:20 pm Parcel #: 274

Owner, Telephone No.: Sampler: 67246P

Subdivision Name: Pindell Woods Lot Number: 14

Building Permit No.: B00152377

Well Number: HO-94-3120

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	2.8 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (trtd)	<1.0 NTU	EPA 180.1	*10 NTU	Pass
Turbidity (raw)	1.8 NTU	EPA 180.1	*10 NTU	Pass
pH	5.4 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

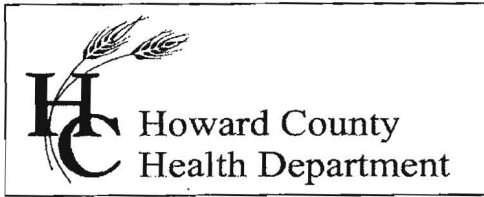
aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



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

Penn E. Borenstein, M.D., M.P.H., Health Officer

February 10, 2006

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

SENT VIA FACSIMILE 410-381-8747

RE: Pindell Woods, Lot 14
7245 Preservation Court
Fulton, MD 20759
BP #: B00152377
Well Permit # HO-94-3120

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 09/14/2005. Final approval of the well line connection to the dwelling was approved on 08/12/2005.**

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-94-3120. 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: 02/07/2006
Date of Well Completion: 07/27/2001

Approving Authority,



Michael J. Davis, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File