

C1 3834

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.

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

COUNTY NUMBER 13 514672

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 400' 26 8/17/04

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3801

OWNER GREENFIELD HOMES STREET OR RFD FREDERICK RD TOWN WEST FRIENDSHIP SUBDIVISION MEADOW SPRINGS SECTION LOT 2

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 Sand, Gray Mica, and Rock.

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 33 NO. OF POUNDS 3702

CASING RECORD

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

OTHER CASING (if used)

SCREEN RECORD

Table for screen depth and slot size. Includes columns for depth (nearest ft.) and slot size (1, 2, 3).

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 28.5 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [] NO [X] 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) [X] above LAND SURFACE [] below (nearest foot) 2

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 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. 1 M 50 24 1

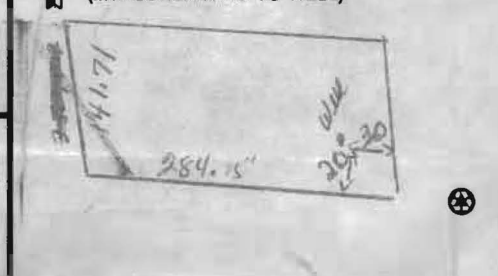
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **5191**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
519040 please type 50

STATE PERMIT NUMBER
40-94-3801
fill in this form completely 79

Date Received (APA)
077 03
8 MM DD YY 13

OWNER INFORMATION

Greenfield Homes
15 Last Name Owner First Name 34
6656 Leate Drive
36 Street or RFD 55
Khigland Md 20777
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

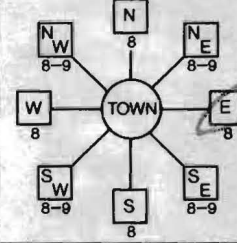
Howard
8 COUNTY 21
Meadow Springs
23 SUBDIVISION 42
SECTION **44 46** LOT **2** 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2 1/2** MI 73 76 77 78

DRILLER INFORMATION

Joseph G. Mayra M S D 024
76 License No. 81
Joseph G. Mayra Well Drilling
Firm Name
5512 Ridge Rd. Int Dairy Md 21771
Address
Joseph G. Mayra 7/3/03
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Md 144
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **500** 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: **16** BLK: **14** PARCEL **283**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **4**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

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 **A 544672**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED **092303** **FRANK ALVARADO** 9/23/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **532** 0 0 0 EAST GRID **822** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

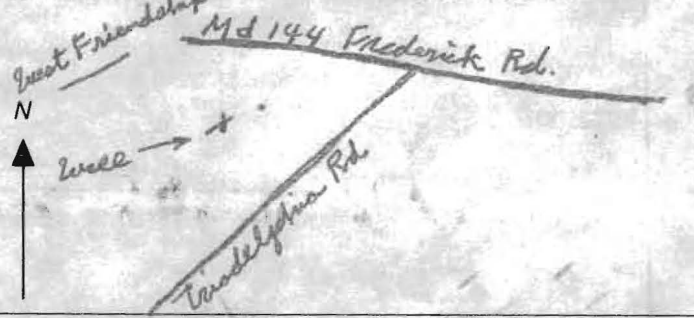
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. **well**
 - 2.
 - 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **822 822**
N **530 532**

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 **40-94-3801**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

A 514672

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3801
 Location of property (road) Frederick Rd
 Subdivision Meadow Springs Lot 2 Block 14 Plat _____ Sec. _____
 Well Driller Joseph Maynt Owner Greenfield Homes

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 10'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 209pm
 Total time 45 min to reach pumping water level 285 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 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	109'	3 sec		20
7:30	201	4		15
7:45	285	5		12
8:00	285	24		2.5
8:15	285	24		2.5
8:30	285	24		2.5
8:45	285	24		2.5
9:00	285	24		2.5
9:15	285	24		2.5
9:30	285	24		2.5
9:45	285	24		2.5
10:00	285	24		2.5
10:15	285	24		2.5
10:30	285	24		2.5
10:45	285	24		2.5
11:00	285	24		2.5
11:15	285	24		2.5
11:30	285	24		2.5
11:45	285	24		2.5
12:00	285	24		2.5
12:15	285	24		2.5
12:30	285	24		2.5
12:45	285	24		2.5
1:00	283	24		2.5
HD 12:45	285	24		2.5
1:30	285	24		2.5
1:45	285	24		2.5

333,825

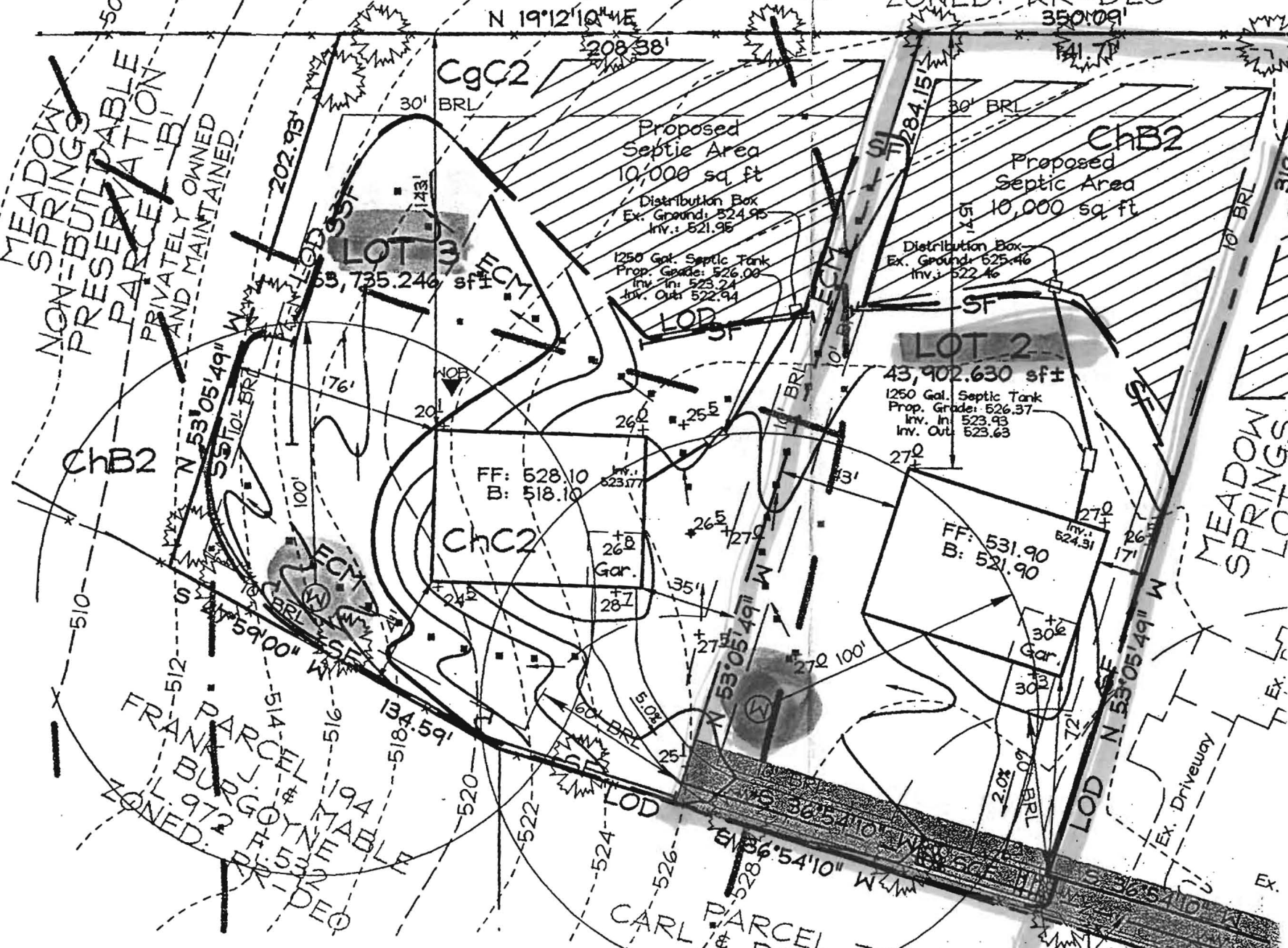
Copy of well site location sent w/ well permit to dwlbr. Note included to have well site field located & staked by surveyor.

FA 9/23/03

PARCEL 300
D.C. FLEEGLE
L.692 F.92
ZONED: RR-DEO
350109'

MEADOW SPRINGS
NON-BUILDABLE
PRESERVATION
PARCEL
PRIVATELY OWNED
AND MAINTAINED

MEADOW SPRINGS
LOTS



CE

34" MINIMUM

36" MINIMUM

6" MINIMUM

STANDARD SYMBOL

SSF

with the specification

with wire ties.

at caps are not



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by FSH Associates,
(professional land surveyor or company employing professional land surveyors)
on June / 03 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

2003 JUN 10 09:30



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MEMORANDUM

TO: Cindy Hamilton, Planning Manager
Howard County Department of Land Development

FROM: Brian Baker, Registered Sanitarian
Howard County Environmental Health

DATE: August 17, 2004

SUBJECT: Meadow Springs, Lot 2 & 3, Plat # F-02-002

The wells located in the Meadow Springs Subdivision consisting of 2 lots have been drilled and have received preliminary approval by the Howard County Health Department. The recordation of plat F-02-002 should not be held up any longer due to issues involving well drilling as the developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, please call me at 410-313-1771.

Sincerely,

Brian Baker

Brian Baker,
Registered Sanitarian

Cc Jeanette Anders
Rick Minor, Greenfield Homes
File

**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 21284

(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# 5362

*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: Greenfield Homes Telephone #: 410-781-6782
Subdivision: Meadow Springs Lot #: 2 Well Tag #: HO-99-3801
Site Address: 11815 Frederick Rd
ELlicott City MD 21042

Submersible Pump Data
Make: Goulds
Model #: 2G 307
Pump Capacity 10 GPM
Well Yield: 12 GPM

Pitless Adapter
Make: RA
Model#: P100LT
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: 300 (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 guard 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: 9-11-05

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

Date Insp. Requested: 2/10/06 Date Insp. Approved: 2/10/06 (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



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

2/14/2006

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

SENT VIA FACSIMILE 443-535-0551

RE: Meadow Springs, Lot 2
11815 Frederick Road
Ellicott City, MD 21042
BP #: B00152955
Well Permit # HO-94-3801

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 2/09/2006. Final approval of the well line connection to the dwelling was approved on 2/10/2006.**

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.

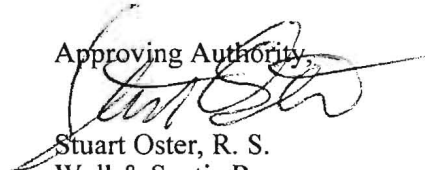
INTERIM CERTIFICATE OF POTABILITY

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-94-3801. 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: 2/07/2006
Date of Well Completion: 6/07/2004

Approving Authority


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASELL TESTING, INC.

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

REPORT DATE: Feb 7, 2006

County Howard

Lab Number 06-2267

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. Rick Minor
6656 Luster Drive
Highland, Maryland 20777

Property Sampled: U&O: 11815 Frederick Road

Station Sampled: Powder Room Tap

Tax Map #: 16

Date/Time Sampled: Feb 7, 2006 11:20 am

Parcel #: 283

Owner, Telephone No.: Greenfield Homes

Sampler: 0887LF

Subdivision Name:

Lot Number: 2

Building Permit No.: B00152955

Well Number: HD-94-3801

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	2.5 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

***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