

191

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A518028-B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-97-3692

OWNER Greenfield Homes last name first name STREET OR RFD Frederick Road TOWN W. Friendship SUBDIVISION Buell/Greenfield SECTION LOT 16, P. 273

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-56) and Gray Mica Rock (56-400).

GROUTING RECORD section with checkboxes for YES/NO and fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (19), NO. OF POUNDS (1786), GALLONS OF WATER (114), DEPTH OF GROUT SEAL (0-35).

CASING RECORD section with checkboxes for STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT). Includes fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (60).

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section with checkboxes for STEEL (ST), BRASS (BR), OPEN HOLE (HO), BRONZE, PLASTIC (PL), OTHER (OT). Includes field for DEPTH (58).

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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...

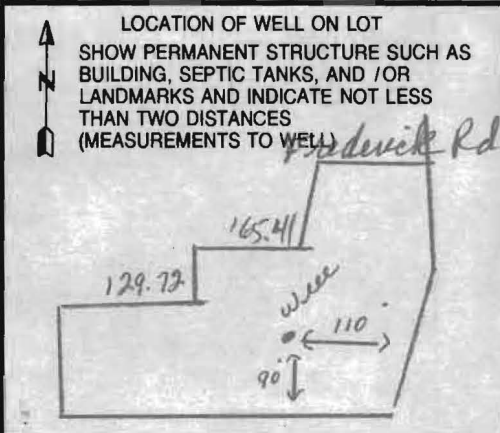
DRILLERS LIC. NO. 1 M SD 024, DRILLERS SIGNATURE (Joseph L. Mayne), LIC. NO. 1 D

DEPTH (nearest ft.) table with rows for casing height and screen diameter. Includes fields for GRAVEL PACK (68) and MDE USE ONLY (T, W, Q).

TELESCOPE CASING, LOG INDICATOR, OTHER DATA fields.

PUMPING TEST section with fields for HOURS PUMPED (6), PUMPING RATE (2.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (25), BEFORE PUMPING (25), WHEN PUMPING (272), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2).



B 1 5117
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
518614 please type

STATE PERMIT NUMBER
HO-94-3692
70 fill in this form completely 79

Date Received (APA)
04 07 03
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Greenfield Homes Owner First Name 34
36 Street or RFD 6656 Luister Dr. 55
57 Town Highland Md 70 State MD 72 Zip 20977 76

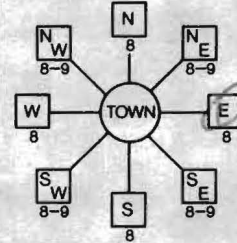
B 3 LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION Buell + Greenfield 42
SECTION 44 46 LOT Parcel 273 48 50
52 NEAREST TOWN West Friendship 71
MILES FROM TOWN (enter 0 if in town) 2 1/2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne 76 License No. MSD024 81
Firm Name Joseph L. Mayne Well Drilling
Address 5572 Ridge Rd. Mt Airy Md. 21771
Signature Joseph L. Mayne 4/4/03 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD rd. 144 Frederick Road 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 460 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 16 BLK: 14 PARCEL 273

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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

COUNTY NAME Howard COUNTY NO. A518028-B
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 0516 03 Mark E. Ruffin 5/16/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 532 0 0 0 EAST GRID 0822 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 6/9/03 9:30 am

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8202
N 5302

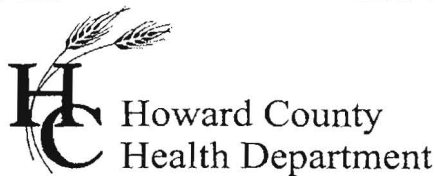
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. HO-94-3692
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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

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

February 14, 2005

Greenfield Homes, Inc
6656 Luster Drive
Highland, MD 20777

SENT VIA FACSIMILE 443-535-0551

RE: Buell/Greenfield
11793 Frederick Road
Ellicott City, MD 21042
BP #: B00144186
Well Permit # HO-94-3692

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 01/31/2004. Final approval of the well line connection to the dwelling was approved on 01/06/2004.**

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-94-3692. 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: 02/03/2005 & 02/09/2005
Date of Well Completion: 06/09/2003

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File