

C1 0291

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 BR SKY 7/22/01

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 4 12 01

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2968

OWNER SDC last name first name STREET OR RFD Huntersworhh TOWN Glenwood SUBDIVISION Wellington SECTION III LOT 12

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-12) and Gray Mica Rock (12-400).

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (8), NO. OF POUNDS (152), GALLONS OF WATER (48), DEPTH OF GROUT SEAL (0-30).

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (21).

OTHER CASING (if used) form with fields: diameter inch, depth (feet) from to.

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 20, 400.

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

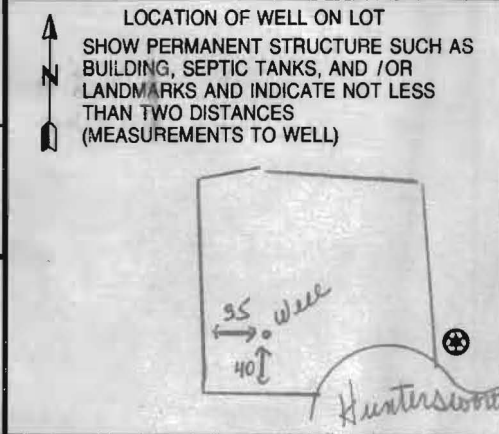
Table with columns: E A C H S C R E E N, rows for slot size and diameter of screen (56, 60).

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 with fields: HOURS PUMPED (3), PUMPING RATE (5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (before/when pumping), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below).



DRILLERS LIC. NO. MSD 024, DRILLERS SIGNATURE (Must match signature on application), LIC. NO. M D, SITE SUPERVISOR responsible for sitework if different from permittee.

C1 0457

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 455

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2968

OWNER Williamsburg Builders STREET OR RFD 3734 Huntersworth way TOWN SUBDIVISION SECTION LOT 12

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 FROM TO check if water bearing Drilled well deeper from 400' to 455' Gray Limestone 400 455 ✓

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER 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 SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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 (nearest foot) 49 50 51

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)

B 1 03753

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2968

W51470 please print or type

fill in this form completely

Date Received (APA)

12/2/00

OWNER INFORMATION

Security Development Group P.O. Box 417 Ellicott City Md 21041

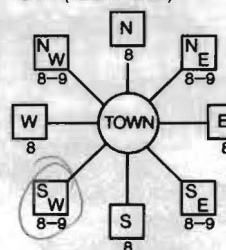
B 3 LOCATION OF WELL

Howard Wellington 3 12 Glenwood 1 1/2

DRILLER INFORMATION

Joseph L. Mayne M SD 024 Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunterworth 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/4/02 CO SIGNATURE EXP. DATE NORTH GRID 528 000 EAST GRID 0786 000

APPROXIMATE DEPTH OF WELL 260 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

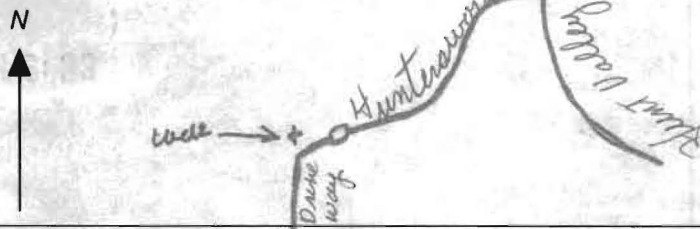
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 786 N 5208

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 54 HO 00 GAP 013/01 63 PERMIT No. HO-94-2968 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht 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): Allen Compton License# MSD009

*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: Williamsburg Ground Telephone #: _____
Subdivision: Wellington Lot #: 12 Well Tag #: HO-94-2968
Site Address: 3234 Huntersworth Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>15 SDF10C-250</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>yes</u>

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 N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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.

Allen Compton 2/20/05
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: 1/18/05 50 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 ✓



Howard County
Health Department

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

August 15, 2005

Williamsburg Group
5485 Harpers Farm Road #200
Columbia, Maryland 21044

SENT VIA FACSIMILE 410-997-4358

RE: Wellington III, Lot 12
3234 Huntersworth Way
Glenwood, MD 21738
BP #: B00150082
Well Permit # HO-94-2968

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 7/26/2005. Final approval of the well line connection to the dwelling was approved on 1/18/2005.**

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-94-2968. 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: 8/10/2005
Date of Well Completion: 4/12/2001

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 55944 Account #: 4470
Reference: Wellington Lot 12 Company: Williamsburg Group LLC
Location: 3234 Huntersworth Way Requested By: Chip Lundy/ Bob Corbett
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 08/10/05 1108 Site: Laundry Room Sink Tap
Date/Time Rec'd: 08/10/05 1333 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.09
Collected By: J. Yeager 6176JY Well #: HO-94-2968

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/11/05 / 0930 / B. Dutterer
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/11/05 / 0930 / B. Dutterer
Nitrate	1.65	mg/L	10	601	08/11/05 / 1100 / C. Mooshian
Turbidity	0.36	NTU	<10	SM18 2130B	
Sand	NS	mg/L	5	Visual/Gravimetric	08/11/05 / 0900 / C. Mooshian

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
Building Permit # : B00150082

Date Reported: 08/11/05