

C 4 5263
 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
 COUNTY NUMBER A 519138 *OK 9/19*

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

DATE WELL COMPLETED
 MM DD YY
 10 20 01
 Depth of Well
 22 300 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 H0 - 94 - 3077
 28 29 30 31 32 33 34 35 36 37

OWNER Light Francis
 STREET OR RFD Galther Road TOWN Sykesville
 SUBDIVISION Light Property SECTION _____ LOT Parcel 69

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		check if water bearing
	FROM	TO	
Brown slate	0	17	
Gray slate	17	190	
White	190	191	✓
Gray slate	191	300	
Cement	0	120	①
Rock Caving S	120	300	700

Buyer wants to use second well for GED Thermal

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 658
 GALLONS OF WATER 42
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 19 ft.
 (enter 0 if from surface)
 48 TOP 52 ft. to 54 BOTTOM 58

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch)
 Total depth of main casing (nearest foot)
ST 06 24
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)
 1 2
 H0 19 300
 E A C H C A S I N G
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 E S L O T S I Z E 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 06
 8 9
 PUMPING RATE (gal. per min.) 1.5
 11 15
 METHOD USED TO MEASURE PUMPING RATE 196L
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 45 ft.
 17 20
 WHEN PUMPING 226 ft.
 22 25
 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 } 01 (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)

NUMBER OF UNSUCCESSFUL WELLS: 2
 WELL HYDROFRACTURED Y 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 MSD 009
 DRILLERS SIGNATURE Alton Compton
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 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
 70 72 74 75 76

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

No survey stakes

B 1 3281

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3077

W515207 please print or type

fill in this form completely

Date Received (APA)

4/19/01

OWNER INFORMATION

Last Name First Name

Light Francis

Street or RFD

6798 9209 Friars rd.

Town State Zip

Bethesda MD 20817

B 3

LOCATION OF WELL

COUNTY

Howard

SUBDIVISION

Light Property

SECTION LOT

44 46 48 50 69

NEAREST TOWN

Sykesville

MILES FROM TOWN (enter 0 if in town)

3

DRILLER INFORMATION

Driller's Name

Allen Compton M S D 009

Firm Name

Fogles Well Drilling

Address

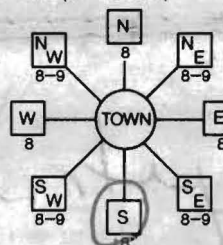
580 Obrecht rd. Sykesville

Signature Date

Allen Compton 4-13-01

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

Gaither rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150 FT

DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: 4 BLK: 14 PARCEL 69

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

500

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 A513/38

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED

4/23/01 Paul Pinsky 4/23/02

CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

555 000 0802 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST 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)

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)

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

APPROX. PERMIT NUMBER

G

PERMIT No. HO-94-3077

SPECIAL CONDITIONS

APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

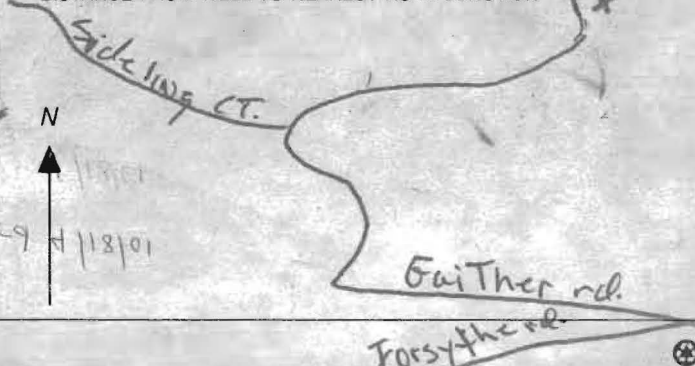
- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8002

5505

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3077
 Location of property (road) Gaither Road (Tax Map 4 Grid 14 Parcel 69)
 Subdivision Light Property Parcel 69 Block _____ Plat _____ Sec. _____
 Well Driller Kayles Well Drilling (Allen Compton) Owner Francis Light
 Depth of well 300'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 45'

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 20
 Total time 30 min. to reach pumping water level 226 ft. below M.P.

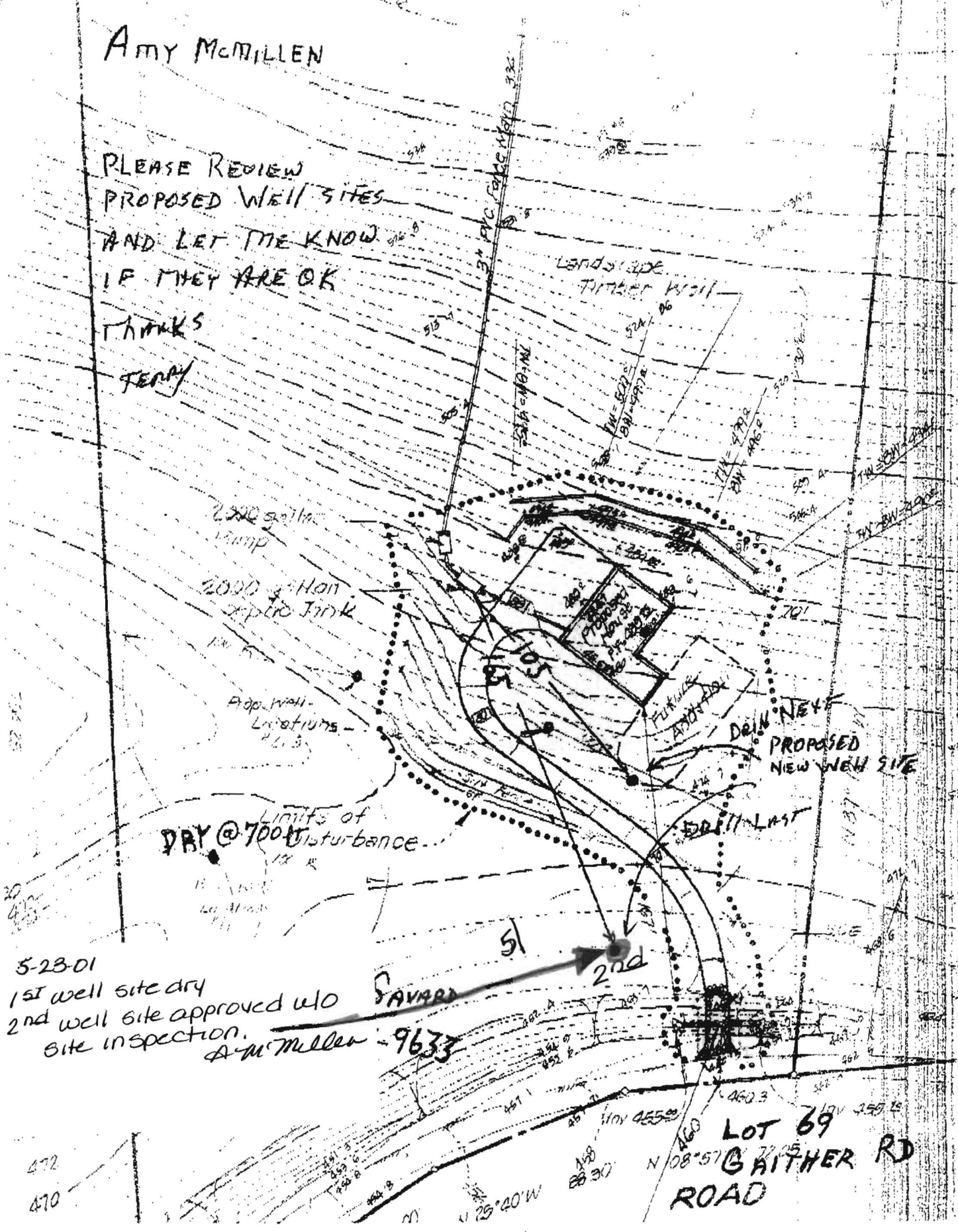
II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	45	3		20
11:15	160	4		15
11:30	226	5		12
11:45	226	40		1.5
12:00	226	40		1.5
12:15	226	40		1.5
12:30	226	40		1.5
12:45	226	40		1.5
1:00	226	40		1.5
1:15	226	40		1.5
1:30	226	40		1.5
1:45	226	40		1.5
2:00	226	40		1.5
2:15	226	40		1.5
2:30	226	40		1.5
2:45	226	40		1.5
3:00	226	40		1.5
3:15	226	40		1.5
3:30	226	40		1.5
3:45	226	40		1.5
4:00	226	40		1.5
4:15	226	40		1.5
4:30	226	40		1.5

AMY McMILLEN

PLEASE REVIEW
PROPOSED WELL SITES
AND LET ME KNOW
IF THEY ARE OK

THANKS
TERRY



5-23-01
 1st well site dry
 2nd well site approved w/o
 site inspection.
 A.M. Miller - 9633

LOT 69
 GATHER RD
 ROAD

F
11-11-05
Retoxed
12-15-05

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: Paragon Custom Homes Telephone #: _____
Subdivision: Gaither Lot #: 69 Well Tag #: HO-94-3077
Site Address: 501 Gaither Rd
Gaither Rd

<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>5SB05422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1.5</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>300</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 _____
Signature of company representative responsible for installation date 11-10-05

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

Date Insp. Requested: _____ Date Insp. Approved: 10/28/05 (BB) /mlb

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

- P.O. Box 696, Bel Air, MD 21014 (410) 893-5257
- P.O. Box 861, Finksburg, MD 21048 (410) 876-2035
- 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090 (410) 691-2223
- 113 High St., Salisbury, MD 21801 (410) 546-1318
- P.O. Box 712, Stevensville, MD 21668 (410) 643-7711
- P.O. Box 463, Timonium, MD 21093 (410) 628-2855
- P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

Paragon Custom Homes
 P.O. Box 409
 Jarrettsville, Md 21084

Reporting Date: 12/15/2005
 Report #: K1301

Submitted Sample Address: 501 Gaither Road
 Sykesville, Md 21784
 Submitted Sample Source: Outside faucet
 Date / Time Collected: 11/30/2005 11:15 AM
 Sample Type: Drinking Water
 Sampler/Company: M. Sibol 7240MS, WTL of MD
 Field Record: Chlorine residual: Absent -----
 Well #: HO-94-3894
3077

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Present	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	4.7	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	5.3	SU	0.1	6.5-8.5 (SMCL)	SM 2130B

Notes:

1. Bacteriological analysis of this sample indicates this water is unsafe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND -- Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. SM -- Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,

Kathy Sewell

K. Sewell, Customer Service Representative

Reviewed by: LS



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

December 28, 2005

Terry Savard
6798 Mid Cities Avenue
Beltsville, MD 20705

SENT VIA FACSIMILE 410-557-4065

RE: Light Property, Lot 4
501 Gaither Road
Sykesville, MD 21784
BP #: B00143969
Well Permit # HO-94-3077

Dear Sir:

The issuance of this ICOP letter is based on the condition that the well (tag # HO-94-3894) that was drilled for geo-thermal use will either be used for that purpose or abandoned and sealed within 30 days of this letter.

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 12/06/2005. Final approval of the well line connection to the dwelling was approved on 10/28/2005.**

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.

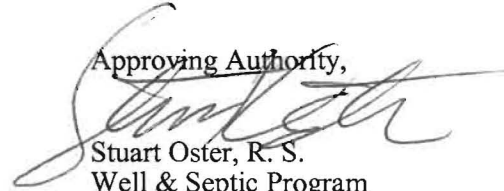
INTERIM CERTIFICATE OF POTABILITY

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-94-3077**. 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: 11/30/2005 & 12/7/2005
Date of Well Completion: 10/20/2001

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", is written over the printed name and title.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

<input type="checkbox"/>	P.O. Box 696, Bel Air, MD 21014	(410) 893-5257
<input type="checkbox"/>	P.O. Box 861, Finksburg, MD 21048	(410) 876-2035
<input type="checkbox"/>	406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090	(410) 691-2223
<input type="checkbox"/>	113 High St., Salisbury, MD 21801	(410) 546-1318
<input type="checkbox"/>	P.O. Box 712, Stevensville, MD 21666	(410) 643-7711
<input type="checkbox"/>	P.O. Box 463, Timonium, MD 21093	(410) 628-2855
<input type="checkbox"/>	P.O. Box 10591, Burke, VA 22009-0591	(703) 250-7711

Paragon Custom Homes
P.O. Box 409
Jarrettsville, Md 21084

Reporting Date: 12/15/2005
Report #: K1335

Submitted Sample Address: 501 Gaither Road
Sykesville, Md 21784
Submitted Sample Source: Laundry Tub
Date / Time Collected: 12/7/2005 10:26 AM
Sample Type: Drinking Water
Sampler/Company: J. Schwarzmann 0457JS, WTL of MD
Field Record: Chlorine residual: Absent -----
Well #: HO-94-3894
3077

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,

Christine Rodgers

C. Rodgers, Customer Service Representative

Reviewed by: AB