

C1 3424

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A56366A

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Greenfield Homes STREET OR RFD 6547 Paper Place TOWN Highland SUBDIVISION Van't Hoff Property SECTION LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

C 3

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

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 and Gray Micaceous Rock.

CASING RECORD (Steel, Concrete, Plastic, Other)

MAIN CASING TYPE (Nominal diameter, Total depth)

OTHER CASING (if used) (diameter, depth)

SCREEN RECORD (Steel, Brass, Plastic, Open Hole, Other)

DEPTH (nearest ft.) (Slot size, Diameter of screen)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 M SD 024 DRILLERS SIGNATURE

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS



B 1 9801

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3892 fill in this form completely

W520059 please type

Date Received (APA)

02-12-04

OWNER INFORMATION

Greenfield Homes, 6656 Luster Dr., Highland Md 20777

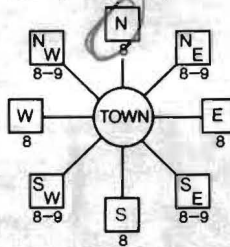
LOCATION OF WELL

Howard County, Van't Hoff Property, Highland, 1 1/2 miles from town

DRILLER INFORMATION

Joseph R. Mayne, MS D024, Joseph R. Mayne Well Drilling, 5512 Ridge Rd., Mt Airy Md 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6547 Paper Place, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD 35 FT, TAX MAP: 34 BLK: 17 PARCEL 393

WELL INFORMATION, APPROX. PUMPING RATE 4 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A56366A, COUNTY NAME, STATE SIGNATURE, DATE ISSUED 2/19/2004 Brian Baber 2/19/2005, CO SIGNATURE, NORTH GRID 496, EAST GRID 813

APPROXIMATE DEPTH OF WELL 300 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

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 deepen 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 G, PERMIT No. HO-94-3892

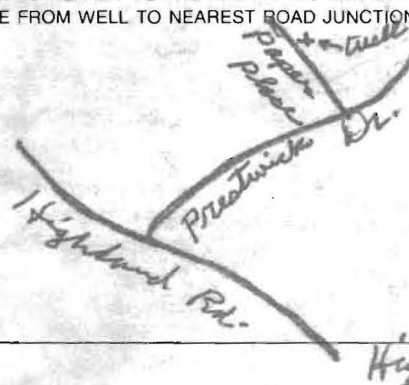
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8143, N 4946

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



**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 Telephone #: 410-875-5303
Address: 1620 W. Old Liberty 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): Joseph 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: Shahrokh Faridat Telephone #: 410-772-3902
Subdivision: Lake Highland Lot #: 2 Well Tag #: HO-94-3892
Site Address: 6547 Paper Place
Highland MD 20772

Submersible Pump Data

Make: Gold's
Model #: 26 510442
Pump Capacity: 2 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model#: PK800
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 guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

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 foot

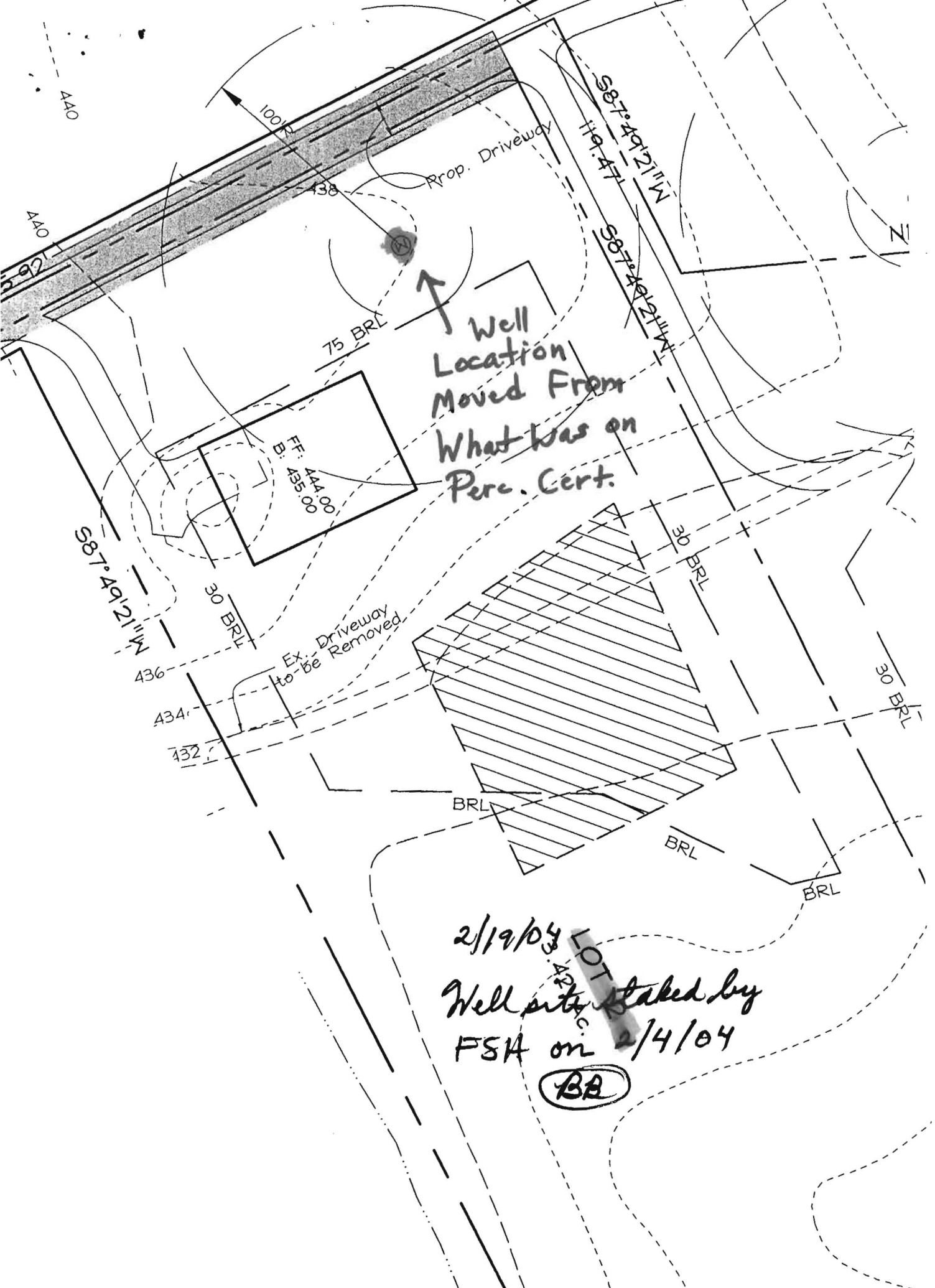
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 8-16-05

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

Date Insp. Requested: _____ Date Insp. Approved: 8/16/05 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 property and casing 8" above finished grade
- _____ at house connection



Well Location Moved From What Was on Perc. Cert.

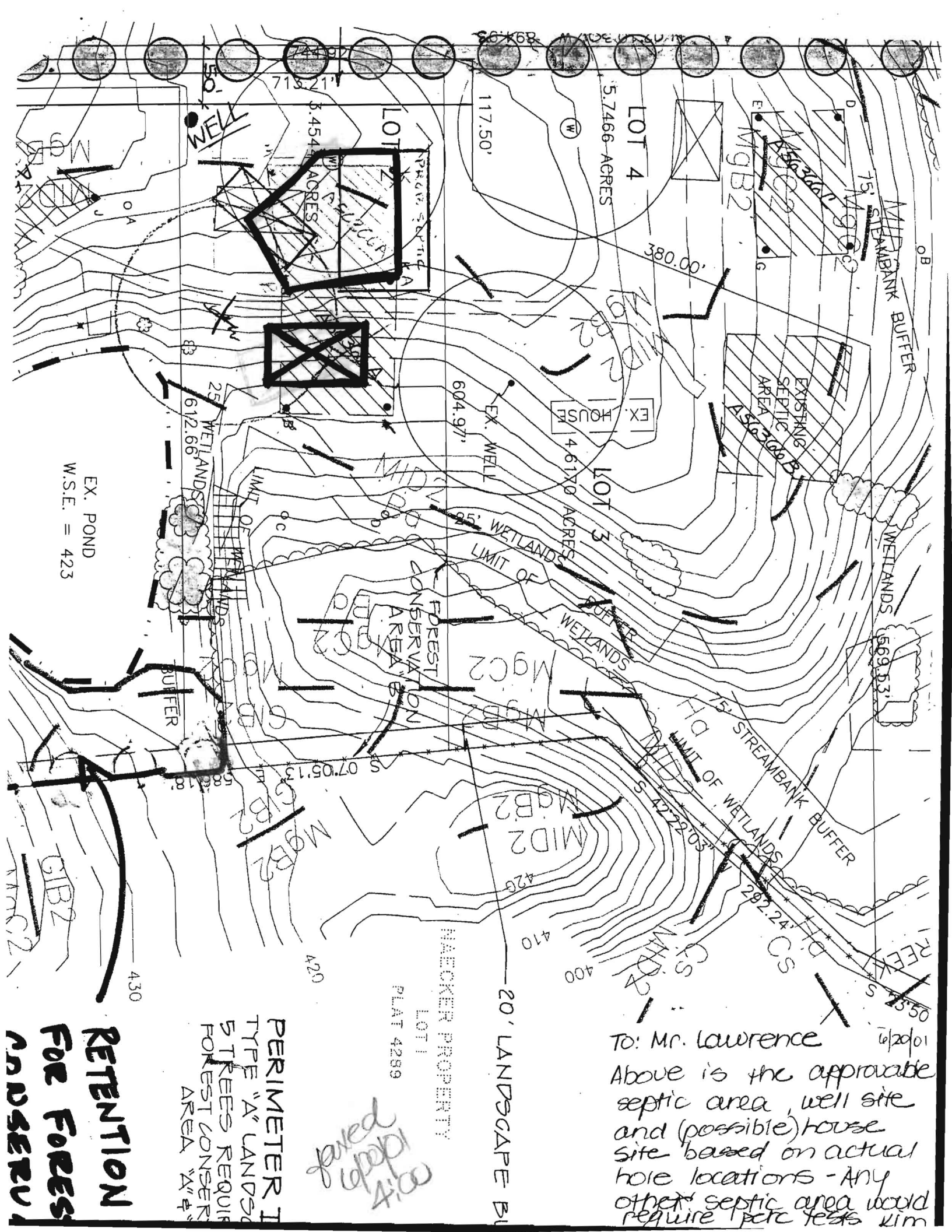
FF: 444.00
B: 435.00

Ex. Driveway to be Removed

2/19/04
Well site staked by
FSA on 2/4/04

BA

LOT 43



EX. POND
W.S.E. = 423

PERIMETER TYPE "A" LANDSCAPE TREES REQUIRED FOR FOREST CONSERVATION AREA "A"

RETENTION FOR FOREST AND SERV

dated 10/20/03 4:00

NAECKER PROPERTY
LOT 1
PLAT 4289

To: Mr. Lawrence 10/20/03
Above is the approvable septic area, well site and (possible) house site based on actual bore locations - Any other septic area would require perc tests kim

20' LANDSCAPE BU

CERTIFICATE OF ANALYSIS

Requester:
Mr. Wayne Greenfield
Greenfield Homes
6656 Luster Drive
Highland, Maryland 20777

S/O Number: 07-1077
Report Date: July 12, 2006



TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connex.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

Property Sampled: 6547 Paper Place

County: Howard
Subdivision: Willow Pond
Lot #: 2
Building Permit #: B00152758

Tax Map #: 34
Parcel #: 393

Date/Time Collected: July 11, 2006 at 10:20 am
Date/Time Received: July 11, 2006 at 3:15 pm

Sample Location: 1st Floor Bathroom Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3892
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

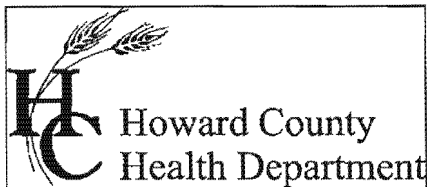
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	8.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.5 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

July 12, 2006

Greenfield Homes
6656 Luster Drive
Highland, MD 20777

SENT VIA FACSIMILE 443-535-0551

RE: Van't Hoff Property, Lot 2
6547 Paper Place
Highland, MD 20777
BP #: B00152758
Well Permit # HO-94-3892

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 09/09/2005. Final approval of the well line connection to the dwelling was approved on 08/16/2005.**

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.

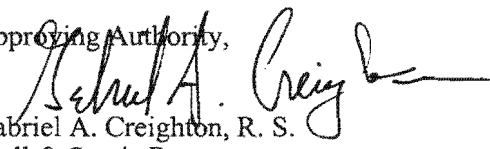
INTERIM CERTIFICATE OF POTABILITY

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-94-3892. 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: 07/11/2006
Date of Well Completion: 03/23/2004

Approving Authority,


Gabriel A. Creighton, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File