

C 1 7274 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.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-1335

OWNER Spring Mill LLC last name first name STREET OR RFD Goose Chase Way TOWN West Friendship SUBDIVISION Cloverfield SECTION 2 LOT 4

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include red clay, Brown shale, Gray Limestone.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 51 NO. OF POUNDS 4494 GALLONS OF WATER 306 DEPTH OF GROUT SEAL 0 to 59 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 63

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 86 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 (CIRCLE) (YES) (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 () below LAND SURFACE 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

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 M 3D009 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)

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

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) NO Survey stakes

B 1 8227

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-1335 fill in this form completely

527862 please type

Date Received (APA)

OWNER INFORMATION

Spring Mill, LLC P.O. Box 417 Ellicott City, Md. 21041

B 3

LOCATION OF WELL

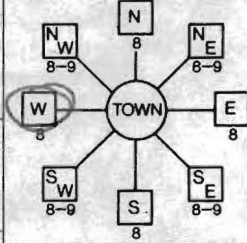
Howard County Cloverfield West Friendship

DRILLER INFORMATION

Allen Compton MS D 009 Eagle's Well Drilling 6003 Woodbine Rd

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1000 FT DISTANCE FROM ROAD TAX MAP: 15 BLK: 2 PARCEL 119

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 County 1520768 STATE SIGNATURE DATE ISSUED 2/25/09 CO SIGNATURE EXP. DATE 2/25/09

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary (circled) JETTED Jetted & DRIVEN 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 (circled) 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

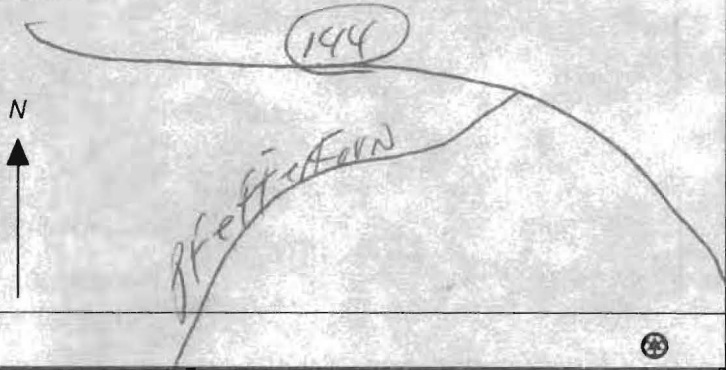
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8002 536

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 HD 2107 G 003 PERMIT No. HD-95-1335

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

1 2 3
4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 19

DATE WELL COMPLETED
MM DD YY
15 21 08

Depth of Well
22 300 28
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-1335
28 29 30 31 32 33 34 35 36 37

OWNER Spring mill LLC
STREET OR RFD Goble Chase Way TOWN West Friendship
SUBDIVISION Cloverfield SECTION 2 LOT 4

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	
red clay	0	8	
Brown shale	8	59	
gray limestone	59	300	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 51 NO. OF POUNDS 9194
GALLONS OF WATER 306
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 48 ft. to 59 BOTTOM 58 ft.
(enter 0 if from surface)

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

MAIN CASING TYPE ST 06 63 300
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
 ST STEEL BR BRASS HO HOLE
 PL PLASTIC OT OTHER

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 50009
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

DEPTH (nearest ft.)
1 63 2 300

A	8	11	16	17	21
C	23	24	26	30	32
R	38	39	41	45	47
E	38	39	41	45	47

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 20
METHOD USED TO MEASURE PUMPING RATE 1 gal
WATER LEVEL (distance from land surface)
BEFORE PUMPING 34 ft.
WHEN PUMPING 86 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 (CIRCLE) (YES OR NO) YES 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 } 02 (nearest foot)

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)

NO Survey stakes

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1771**

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: ATLANTIC BLUE Telephone #: 410-840-8112
Address: 25 ARLING CT SUITE 7
WESTMINSTER MD. 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MARK MATHIAS License# 63797

*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: CATONSVILLE HOMES Telephone #: 410-442-2211
Subdivision: CLOVERFORD II Lot #: 4 Well Tag #: HO 95-1335
Site Address: 2519 GORSE CHASE WAY
WESTMINSTER MD. 21154

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>J CLASS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>275154-2W</u>	Model#: <u>PA 80</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" R.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <input type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeved to undisturbed soil at well penetration: <u>YES</u>
PSI: <u>60</u> (160 psi min)	Approximate length of sleeve: <u>2 ft</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.

Signature of company representative responsible for installation: [Signature] date: 1/27/14

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

Date Insp. Requested: _____ Date Insp. Approved: 1/28/14 (KW)

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

MD Well Permit # H0-95-1335

Date of Test: 2-28-08

Subdivision Name: Clave Field

Section: _____ Lot # 4

Street Address: Goose Chase Way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth: 300 ft.

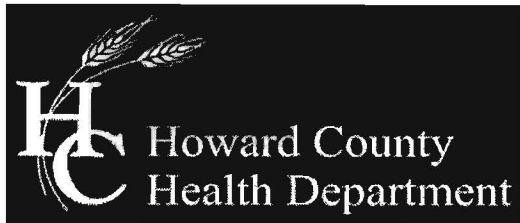
Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level	Pumping Rate	Calculated Flow	
	<u>34</u> ft.	() Time to fill bucket () Flow meter reading (if used)	(gallons per minute)	
<u>2:00</u>			<u>20</u>	
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	<u>2:00</u>	<u>34</u> ft.	<u>3</u>	<u>20</u> GPM
2	<u>2:15</u>	<u>54</u> ft.	<u>3</u>	<u>20</u> GPM
3	<u>2:30</u>	<u>74</u> ft.	<u>3</u>	<u>20</u> GPM
4	<u>2:45</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
5	<u>3:00</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
6	<u>3:15</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
7	<u>3:30</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
8	<u>3:45</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
9	<u>4:00</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
10	<u>4:15</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
11	<u>4:30</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
12	<u>4:45</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
13	<u>5:00</u>	<u>86</u> ft.	<u>3</u>	<u>20</u> GPM
14		ft.		GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 30, 2014

May 30, 2014

Homeowner
2519 Goose Chase Way
Glenelg, MD 21737

**RE: Cloverfield II, Lot 4
2519 Goose Chase Way
Building Permit: B13003223
Well Permit: HO-95-1335**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/30/2014**. Final approval of the well line connection to the dwelling was granted on **1/28/2014**. The well construction was completed on **2/28/2008**. Water samples were collected on **5/16/2014 and 5/27/2014**.

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. 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-95-1337. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read 'Jeff Williams', with a long horizontal flourish extending to the right.

Jeff Williams
Program Manager
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

10/03/01
MID 2

NON-BUILDABLE PRESERVATION
PARCEL A

Bill & Linda
Ward

PROPOSED SUBDIVISION
(PARCEL 4 ZONED: RESIDENTIAL
SP-05-002)

MITCHELLS WAY
(PUBLIC ACCESS PLACE)

GOOSE CHASE WAY
(PUBLIC ACCESS PLACED)

MITCHELLS WAY
(PUBLIC ACCESS PLACED)

NO.	DATE



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 #: 94251 Account #: 1045
Reference: CH Clearfield Lot 4 Company: Atlantic Blue Water Services
Location: 2519 Goose Chase Way Requested By: Mark Mather
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 5/16/2014 1530 Site: Kitchen Sink Tap
Date/Time Rec'd: 5/16/2014 1620 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: M. Mather 3480MM Well #: HO-95-1335

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	5/17/2014 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/17/2014 / 1030 / LLO
Nitrate	1.63	mg/L	10	601	5/16/2014 / 1615 / CRS
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	5/16/2014 / 1640 / CCH
Turbidity	2.05	NTU	<10	SM18 2130B	5/16/2014 / 1710 / CRS

NOTES

- 1 Revised Report: Well number and building permit number added to report 5/28/14 CCH
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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; N/A: Not Available
- 7 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B13003223

Date Reported: 5/28/2014

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 #: 94375 Account #: 1045
Reference: CH Clearfield Lot 4 Company: Atlantic Blue Water Services
Location: 2519 Goose Chase Way Requested By: Mark Mather
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 5/27/2014 1015 Site: Kitchen Sink Tap
Date/Time Rec'd: 5/27/2014 1215 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: M. Mather 3480MM Well #: HO-95-1335

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/28/2014 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/28/2014 / 1015 / LLO
Sand	NS	mg/L	5	Visual/Gravimetric	5/28/2014 / 1515 / CRS

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected
- 5 pH and Chlorine level tested in lab
- 6 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B13003223

Date Reported: 5/28/2014

B 1 1030 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-95-1335
 1 2 3 6
APPLICATION FOR PERMIT TO DRILL WELL please type 527862 70 fill in this form completely 79

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
Security Development Corporation
 15 Last Name Owner First Name 34
Box 417
 36 Street or RFD 55
Ellicott City Md 21041
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Cherryfield Section II
 23 SUBDIVISION 42
 SECTION 2 LOT 4
 44 46 48 50
West Friendship
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 M I
 73 76 77 78

DRILLER INFORMATION
Joseph L Mayne M 5 D 024
 Driller's Name 76 License No. 81
Joseph L Mayne Well Drilling
 Firm Name
5512 Ridge Rd Mt. Airy Md 21771
 Address
Joseph L Mayne 10-15-07
 Signature Date

B 4
 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 2 NEAR WHAT ROAD Horse Chase Way
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 20 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 5 BLK: 7 PARCEL 119

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE 5
 2 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 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) A520768
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 10/30/2007 Brian Baker 10/30/2008
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 536 0 0 0 EAST GRID 802 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

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 802
 N 536
 000
 000

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

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

 N
 Horse Chase Way
 Mitchell's Way
 West Friendship

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO2007G003
 PERMIT No. HO-95-1335
 70 71 72 73 74 75 76 77 78 79