

ST/CO USE ONLY DATE Received MM DD YY 07 16 01 DATE WELL COMPLETED 07 16 01 Depth of Well 400 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3035

OWNER Mid Atlantic STREET OR RFD Hunters View Rd TOWN Clarksville SUBDIVISION Gaither Hunt II SECTION LOT 7678

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	
Top Soil	0	2	
Sandy	2	15	
Sand Stone	15	20	
MICKN	20	30	
Sand Stone	30	35	
MICKA	35	400	

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 8 NO. OF POUNDS 800
GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 26 ft.
(enter 0 if from surface)

CASING RECORD

main casing TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 28

60 61 63 64 66 70

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

SCREEN RECORD

screen type or open hole **ST** **BR** **HO**
STEEL BRASS OPEN HOLE
PL **OT**
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED yes no **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. MSD 112
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MD

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

C2 DEPTH (nearest ft.)

HO 26 = 400

1 2 3 4 5 6 7 8 9 11 15 17 21
E A C H S R E E N
23 24 26 30 32 36
38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 6
8 9

PUMPING RATE (gal. per min.) 2
11 15

METHOD USED TO MEASURE PUMPING RATE Beck

WATER LEVEL (distance from land surface)
BEFORE PUMPING 30 ft.
17 20
WHEN PUMPING 130 ft.
22 25

TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

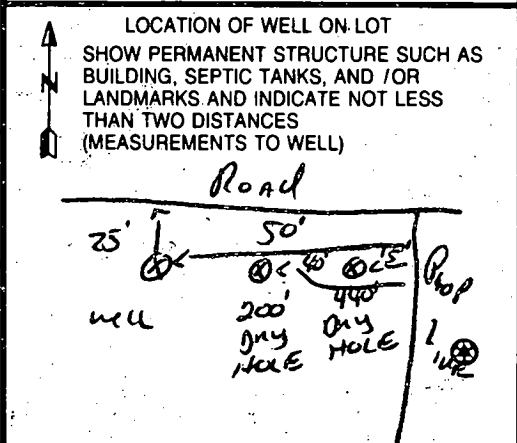
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29

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 48
- below 2 (nearest foot)
49 50 51



B1 0934

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL W 514967 please print or type

STATE PERMIT NUMBER 40-94-3035 fill in this form completely

Date Received (APA) 3/8/01

OWNER INFORMATION

MID ATLANTIC Development 8808 Centre Park Dr Suite 209 Columbia MD 21045

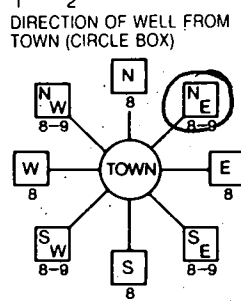
LOCATION OF WELL

Howard CO GAITHOR Hunt SECTION 2 LOT 76 CLANKSVILLE MILES FROM TOWN 2

DRILLER INFORMATION

Ralph E. MAYNE MSD 117 Driller's Name Firm Name 17024 Handy Rd Mt Airy MD Signature Date 2-28-01

DIRECTION OF WELL FROM TOWN



Hunter's VIEW RD. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 25 ENTER FT OR MI

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 3/9/01 EXP. DATE 3/9/02 NORTH GRID 510 000 EAST GRID 830 000

- 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

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1 well 2 3

Handwritten notes: 7/12/01, 7/6/02, NO INSP report, MR, 7/6/01 Missed Grout BB

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

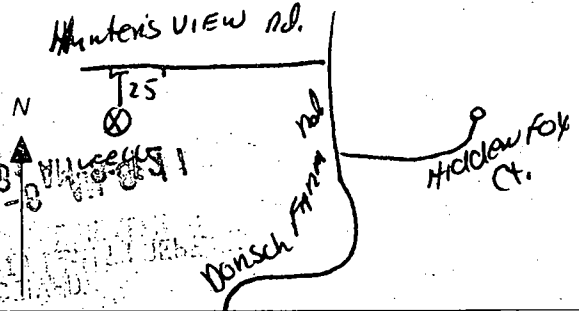
WRITE THE BOX NUMBER FROM THE MAP HERE

E 830 N 510

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)

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 H.O. 97-6026 PERMIT No. 40-94-3035

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3036
 Location of property (road) Hunters View Rd
 Subdivision Granther Hunt II Lot 76 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Mid Atlantic Development

Depth of well 400
 Distance of measuring point (M.P.) above ground 2nd
 Static water level (S.W.L.) below M.P. 30

I. High rate pumping -- reservoir drawdown

Time pump started 1:30 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 130 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 3 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:30	30 Ft.	6 Sec		10 GPM
2:00	130 Ft.	30 Sec		2 GPM
2:15	130 Ft.	30 Sec		2 GPM
2:30	130 Ft.	30 Sec		2 GPM
2:45	130 "	30 "		2 "
3:00	130 "	30 "		2 "
3:15	130 "	30 "		2 "
3:30	130 Ft.	30 Sec		2 GPM
3:45	130 Ft.	30 Sec		2 GPM
4:00	130 Ft.	30 Sec		2 GPM
4:15	130 "	30 "		2 "
4:30	130 "	30 "		2 "
4:45	130 "	30 "		2 "
5:00	130 Ft.	30 Sec		2 GPM
5:15	130 Ft.	30 Sec		2 GPM
5:30	130 Ft.	30 Sec		2 GPM
5:45	130 "	30 "		2 "
6:00	130 "	30 "		2 "
6:15	130 "	30 "		2 "
6:30	130 Ft.	30 Sec		2 GPM
6:45	130 Ft.	30 Sec	7:45 130 30 2	2 GPM
7:00	130 Ft.	30 Sec	8:00 130 30 2	2 GPM
7:15	130 "	30 "		2 "
7:30	130 Ft.	30 Sec		2 GPM

HD-224 Lot 76 28 CAS 44 26 opa 813495

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: Van Sant Plumbing Telephone #: 301-829-0444
Address: 3 N Main St
MD New Md 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Harford Van Sant License# 14407
*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: My Homes Telephone #: 301-858-0522
Subdivision: Scatter Hunt Lot #: 78 Well Tag #: HO-94-3035
Site Address: 11009 Hunters View Rd
Ellicott City, MD 21043

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Jambell Two piece watertight cap:
Model #: TG301452 Model#: B10X Screened, vented well cap:
Pump Capacity: _____ GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF approved: Yes Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 380 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arresters or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt No

Piping to house House Connection
Type: 1/2" Polyethylene PVC sleeved to undisturbed soil at wall penetration: 15
PSI: 20 (100 psi min) Approximate length of sleeve: 15 yds
Depth of supply line: 12 (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage plying, 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: Harford Van Sant date: 6/20/02

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

Date Insp. Requested: 5/23/02 Date Insp. Approved: 5/23/02 SRK/50
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
BB

6/21/01

1st Hole Dry - OK to drill
25' down Huntersview Rd
or 40' down the left
lot line.

ROAD

EXISTING PUBLIC
10' WIDE TREE
MAINTENANCE
EASEMENT
PLAT No. 13210

A. McMillan

373

EDGE ROAD
SD INLET

CENTERLINE ROAD

EDGE ROAD

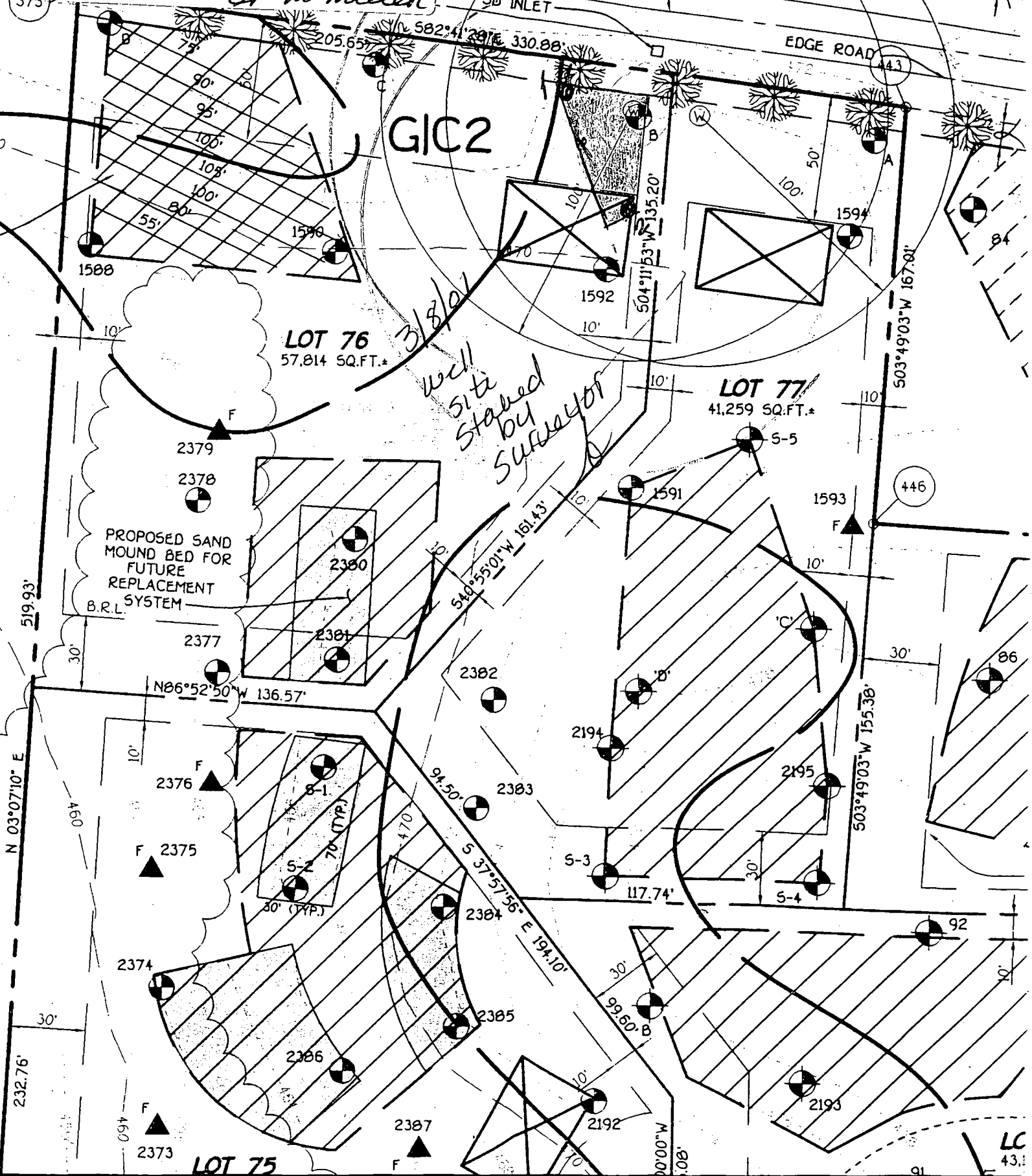
GIC2

LOT 76
57,814 SQ.FT.*

LOT 77
41,259 SQ.FT.*

*well site
staked
by
surveyor*

PROPOSED SAND
MOUND BED FOR
FUTURE
REPLACEMENT
B.R.L. SYSTEM



LC
43.1



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

July 30, 2002

NVR Inc.
2200 Defense Hwy
Crofton, MD 21114

RE: Gaither Hunt, Lot # 78
11009 Hunters View Road
BP # B00133204
Well Permit #HO-94-3035

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 7/23/2002.

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 raw nitrate sample results were previously documented to be 15.2 ppm on July 23, 2002. **A nitrate device has been installed to treat the excessive nitrate contamination.** The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on July 30, 2002, of which indicated a nitrate level of less than 1.0 ppm.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a yearly nitrate analysis be performed by a laboratory certified for water testing. (certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

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-94-3035. 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 and nitrate tests, which are to be taken by the health department within six months of the date 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(s): July 23, 2002 & July 30, 2002

Date of Well Completion: July 16, 2001

Approving Authority



Steven R. Krieg
Registered Environmental Sanitarian
Well & Septic Program

sjn
cc: Building Inspector's office,
File