

C1 9038 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 4 (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 1 13 10

Depth of Well 22 100 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 - 1854

OWNER last name first name WILLIAMSBURG GROUP STREET OR RFD 4011 Sheppard Manor TOWN ELLICOTT SUBDIVISION Sheppard Manor SECTION LOT 3

WELL LOG

Not required for driven wells

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 Brown Shale (0-34) and Gray Limestone (34-100).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL 0 to 39 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (J) Nominal diameter top (main) casing 06 Total depth of main casing 42

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (B) (H) (P) (L) (O) (J) insert appropriate code below

DEPTH (nearest ft.)

Table for DEPTH with columns for casing types and depths (100, 42, 100).

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

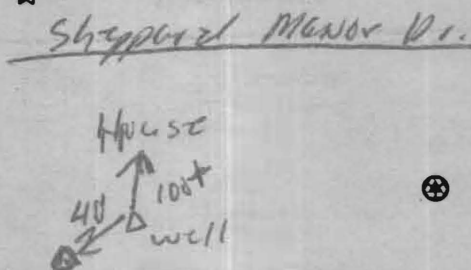
HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 19 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 32 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

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) 15 PUMP HORSE POWER 3/4 PUMP COLUMN LENGTH (nearest ft.) 80 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE 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)



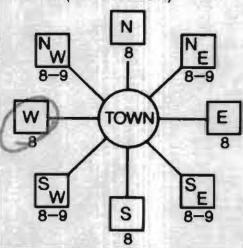
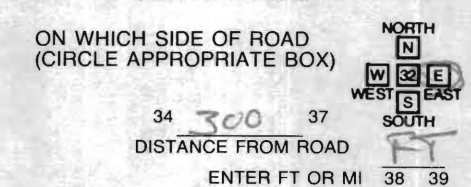
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**B 1** 9522 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER 140-95-1854  
 1 2 3 6 70 **APPLICATION FOR PERMIT TO DRILL WELL** fill in this form completely 79  
 please type

Date Received (APA) \_\_\_\_\_  
**OWNER INFORMATION**  
 8 MM DD YY 13  
Williamsburg Group  
 15 Last Name Owner First Name 34  
5485 Harpers Farm Rd Suite 200  
 36 Street or RFD 55  
Columbia, Md 21044  
 57 Town 70 State 72 Zip 76

**B 3** **LOCATION OF WELL**  
Howard  
 8 COUNTY 21  
Sheppards Manor  
 23 SUBDIVISION 42  
 SECTION \_\_\_\_\_ LOT 3  
 44 46 48 50  
Ellicott City  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 7 M I  
 73 76 77 78

**DRILLER INFORMATION**  
Allen Compton M S D 009  
 76 License No. 81  
Eagles Well Drilling  
 Firm Name  
6003 Woodbine Rd  
 Address  
Allen Compton 1-6-10  
 Signature Date

**B 4**  
 1 2  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
Sheppard LA  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 300 37 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: 29 BLK: 1 PARCEL 268

**B 2** **WELL INFORMATION**  
 1 2  
 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

**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

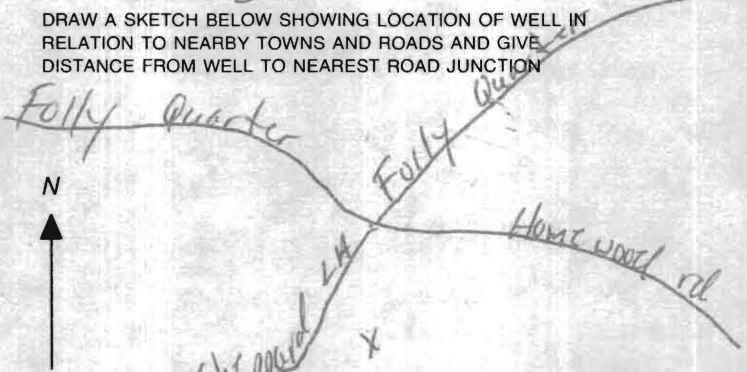
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard (13) A518599  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → \_\_\_\_\_  
 DATE ISSUED 1/6/10 Allen Compton 1/8/11  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 515 0 0 0 EAST GRID 0818 0 0 0  
 50 55 57 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.  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 818  
 N 515  
 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)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ✓  
 39  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) 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  
  
 Folly Quarter  
 Sheppard LA  
 Home wood rd

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. \_\_\_\_\_  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS** Seal off Ex. well. Radium test Needed.  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

FIELD Test Data Sheet

County/ File # \_\_\_\_\_

District \_\_\_\_\_

MD Well Permt #. 40-95-1854

Date of Test: 1-13-10

Subdivision Name: Sheppard Manor

Section \_\_\_\_\_ Lot # 3

Street Address: 4611 Sheppard Manor Dr.

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

Distance from MP to ground surface 2 ft.

Well Depth 100' 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>5</u> ft.	( ) Time to fill 1 gal. bucket ( ) Flow meter reading (if used)	(gallons per minute)
<u>9:00</u>			<u>20</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1. <u>9:00</u>	<u>5</u> ft.	<u>3</u>	<u>20</u> GPM
2. <u>9:15</u>	<u>30</u> ft.	<u>3</u>	<u>20</u> GPM
3. <u>9:30</u>	<u>30</u> ft.	<u>3</u>	<u>20</u> GPM
4. <u>9:45</u>	<u>30</u> ft.	<u>3</u>	<u>20</u> GPM
5. <u>10:00</u>	<u>31</u> ft.	<u>3</u>	<u>20</u> GPM
6. <u>10:15</u>	<u>31</u> ft.	<u>3</u>	<u>20</u> GPM
7. <u>10:30</u>	<u>31</u> ft.	<u>3</u>	<u>20</u> GPM
8. <u>10:45</u>	<u>32</u> ft.	<u>3</u>	<u>20</u> GPM
9. <u>11:00</u>	<u>32</u> ft.	<u>3</u>	<u>20</u> GPM
10. <u>11:15</u>	<u>32</u> ft.	<u>3</u>	<u>20</u> GPM
11. <u>11:30</u>	<u>32</u> ft.	<u>3</u>	<u>20</u> GPM
12. <u>11:45</u>	<u>32</u> ft.	<u>3</u>	<u>20</u> GPM
13. <u>12:00</u>	<u>32</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:

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 LLC Telephone #: 443-609-4195  
 Address: 6003 Woodbine Rd  
Woodbine Md 21797

(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 Group Telephone #: 410-997-8800  
 Subdivision: Sheppard Manor Lot #: 3 Well Tag #: HO-95-1854  
 Site Address: 4611 Sheppard Manor Dr  
Ellicott City Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>ISS08.07-180</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>20</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>100</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 NA

<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 (5 foot minimum): <u>5</u>

Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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: Allen Compton date: 1-18-10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/14/2010 (New Well)

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 ✓

10/15/09



**Bureau of Environmental Health**  
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

**Peter L. Beilenson, M.D., M.P.H., Health Officer**

**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

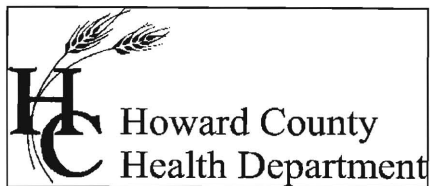
Well Site Location:

Sheppard Manor      3      Sheppard Manor Dr  
 Subdivision/Property Name      Lot#      Road Name

- The well site has been staked by M. C. CRONE,  
 (professional land surveyor or company employing professional land surveyors)  
 on 1-6-10 (date) and does not require a site inspection.
  
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

**Revised 3/11/05**



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](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

January 26, 2010

Homeowner  
4611 Sheppard Manor Drive  
Ellicott City, MD 21042

RE: Sheppard Manor, Lot 3  
4611 Sheppard Manor Drive  
BP# B09001836  
Well Tag #: HO-95-1854

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 01/20/2010. Final approval of the well line connection to the dwelling was approved on 01/14/2010.**

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.

Gross Alpha and Beta samples were also collected on 01/13/2010. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for **these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate are copies of the septic permit and the septic as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

#### 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-95-1854. 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:	01/18/2010 & 01/22/2010
Date of Samples for Gross Alpha & Gross Beta:	01/13/2010
Date of Well Completion:	07/13/2010

Approving Authority,



Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

143 Old Lane Road, Westminster, MD 21157-3074 (410) 878-4554 FAX (410) 878-4555

## REPORT OF ANALYSIS

Laboratory ID #:	74144.1	Account #:	4470
Reference:	Sheppard Manor Lot 3	Company:	Williamsburg Group LLC
Location:	4611 Sheppard Manor Drive Ellicott City, MD 21042	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	1/22/2010 1151	Source:	Well Water
Date/Time Rec'd:	1/22/2010 1300	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.8
		Well #:	HO-95-1854

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME
Turbidity	0.43	NTU	<10	SM18 2130B	1/22/2010 / 1345 / CCH

### NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 ND:None Detected
- 3 Visual well check: Sealed, vented cap
- 4 pH tested on-site

Reason for Test : Use & Occupancy retest 74095  
 Building Permit # : B09001836

Date Reported: 1/22/2010



## REPORT OF ANALYSIS

Laboratory ID #: 74144 Reference: Sheppard Manor Lot 3 Location: 4611 Sheppard Manor Drive Ellicott City, MD 21042 Date/ Time Collected: 1/22/2010      1151 Date/Time Rec'd: 1/22/2010      1300 Chlorine ppm: Free: ND      Total: ND Collected By: J.Yeager      6176JY	Account #: 4470 Company: Williamsburg Group LLC Requested By: Chip Lundy/ Bob Corbett Source: Well Water Site: Pressure Tank Treatment: Sediment Filter** pH: 6.8 Well #: HO-95-1854
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Turbidity	1.77	NTU	<10	SM18 2130B	1/22/2010 / 1345 / CCH
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**NOTES**

- 1    \*\*Sample collected prior to treatment
- 2    NTU = Nephelometric Turbidity Units
- 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    Visual well check: Sealed, vented cap
- 6    pH tested on-site

Reason for Test :    Use & Occupancy retest 74095  
 Building Permit # :    B09001836

Date Reported:    1/22/2010

**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 #:	74095	Account #:	4470
Reference:	Sheppard Manor Lot 3	Company:	Williamsburg Group LLC
Location:	4611 Sheppard Manor Drive Ellicott City, MD 21042	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	1/18/2010 1100	Source:	Well Water
Date/Time Rec'd:	1/18/2010 1209	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.8
		Well #:	HO-95-1854

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/19/2010 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/19/2010 / 0830 / CCH
Nitrate	4.61	mg/L	10	601	1/19/2010 / 1115 / CCH
Turbidity	19.7	NTU	<10	SM18 2130B	1/19/2010 / 0915 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	1/19/2010 / 0900 / CCH
Iron	2.25	mg/L	0.3	FR, 45 (126)	1/19/2010 / 1200 / CCH

**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 &amp; Occupancy

Building Permit # : B09001836

Date Reported: 1/19/2010

Send Report To:

Bert Nixon  
Howard County Env. Health  
7178 Columbia Gateway Dr.  
Columbia, MD 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

E001447-14

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: 951854BB7 No. B: \_\_\_\_\_ Field Blank Bottle No. 1: \_\_\_\_\_ No B: \_\_\_\_\_

Plant/Site Name: Sheppard Manor - Lot 3 County: Howard

Sample Source: 4611 Sheppard Manor Dr. Location: HO-95-1854  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: Brian Baker

Telephone No.: (410) 313-2643

Date Collected: 1/13/2010

Time Collected: 11:30 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: \_\_\_\_\_ pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: Sample Collected During Yield Test

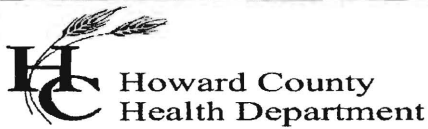
✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1447	< 1.0	01/19/10	01/20/10
✓	Gross Beta	4100	1447	3.2 ± 1.6	"	"
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 01/14/10

Supervisor: [Signature]

• Tel. No.: (410) 767 - 5537 • Fax No.: (410) 333 - 5373

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: JANUARY 26, 2010  
DATE OF SERVICE: JANUARY 13, 2010  
INVOICE #: 2010-002

7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Phone 410-313-2640 Fax 410-313-2648  
www.hchealth.org

BILL Williamsburg Group LLC  
TO 5485 Harpers Farm Road #200  
Columbia, Maryland 21044-3834

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
1/13/2010	Gross alpha/beta testing performed for Sheppard Manor, Lot # 3 HO-95-1854		\$45.00
			AMOUNT DUE
			\$45.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2010-002
Site Information	Sheppard Manor, Lot 3
Amount Due	\$45.00
Amount Enclosed	

Make all checks payable to: **The Director of Finance**

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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WATER WELL ABANDONMENT-SEALING REPORT FORM  
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SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1-13-10 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - 0725

\* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 1854

\* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Williamoburg Group

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Ellicott City  
TAX MAP 29 BLOCK 1 PARCEL 268  
SUBDIVISION: Sheppard Manor  
SECTION: \_\_\_\_\_ LOT: 3  
NEAREST ROAD: 4611 Sheppard Manor Dr.



\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 100' FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>100</u>
VOLUME OF MATERIAL USED		
<u>20 bags</u>		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton

LICENSE # 009

MWD/MSD/MGD CIRCLE ONE

DATE 1-20-10

