

C1 7015 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.

COUNTY NUMBER 13 A518599

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

DATE WELL COMPLETED MM DD YY 3 26 07

DEPTH OF WELL 22 100 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/11/07 O.K. BB 10-95-0739

OWNER Peddicord David STREET OR RFD Sheppard Manor Drive TOWN Ellicott City SUBDIVISION Sheppard Manor SECTION LOT 117

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 28 NO. OF POUNDS 2632

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 38

OTHER CASING (if used) diameter inch depth (feet) from to ST 5 38 58

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

PUMPING TEST HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 1964 WATER LEVEL (distance from land surface) BEFORE PUMPING 13 WHEN PUMPING 13 TYPE OF PUMP USED (for test) 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 01 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO Y N

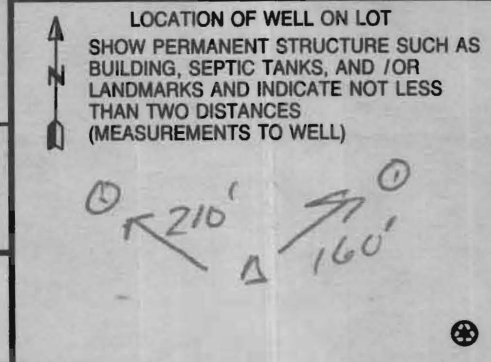
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. 1 MSD 009 DRILLERS SIGNATURE LIC. NO. 1 D

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 5801

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526205

STATE PERMIT NUMBER

HO-95-0739 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Williamsburg Group LLC 15 Last Name Owner First Name 34 5485 Harpers Farm Rd. 36 Street or RFD 55 Columbia md 21044 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

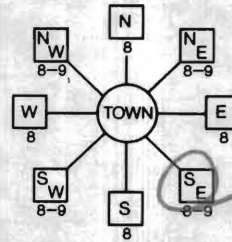
8 COUNTY Howard 21 Sheppard Manor 23 SUBDIVISION 42 SECTION 44 46 LOT 17 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 5 73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009 76 License No. 81 Fogles Well Drilling Firm Name 580 obrecht Rd Address 1-23-07 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Sheppard Manor Drive 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH [] WEST [] EAST [] SOUTH [X] 34 150 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 29 BLK: 1 PARCEL 268

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 [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 A518599 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/5/07 Brian Babor 3/5/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 514 0 0 0 EAST GRID 818 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 39 [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) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

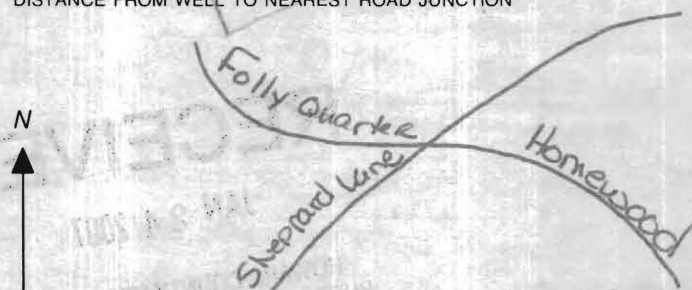
SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8108 N 5104

3/26/07 Radium Sample Taken During Yield Test (BB)

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 HO 2005 G 007

PERMIT No. HO-95-0739 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Wells to be Drilled Per Shared Septic System Plan Contract R-3376 Health Dept. Must Collect Water Sample During Yield Test

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 #: 443-609-4125
Address: 6003 Woodbine Rd
Woodbine, Md 21792

(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# MSD 409

*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 Homes Telephone #: 410-777-8800
Subdivision: Sheppard Manor Lot #: 17 Well Tag #: HO-95-0039
Site Address: 4614 Sheppard Manor Dr.
Ellicott City Md. 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Crawford Make: Campbell Two piece watertight cap: yes
Model #: 1550E0750 Model#: N/A Screened, vented well cap: yes
Pump Capacity 15 GPM Depth: 36" (36" min) Cap secured to casing: yes
Well Yield: 20 GPM NSF approved: yes Conduit min 18" B.O.: yes
Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap: yes
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

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve (5 foot minimum): 5

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.

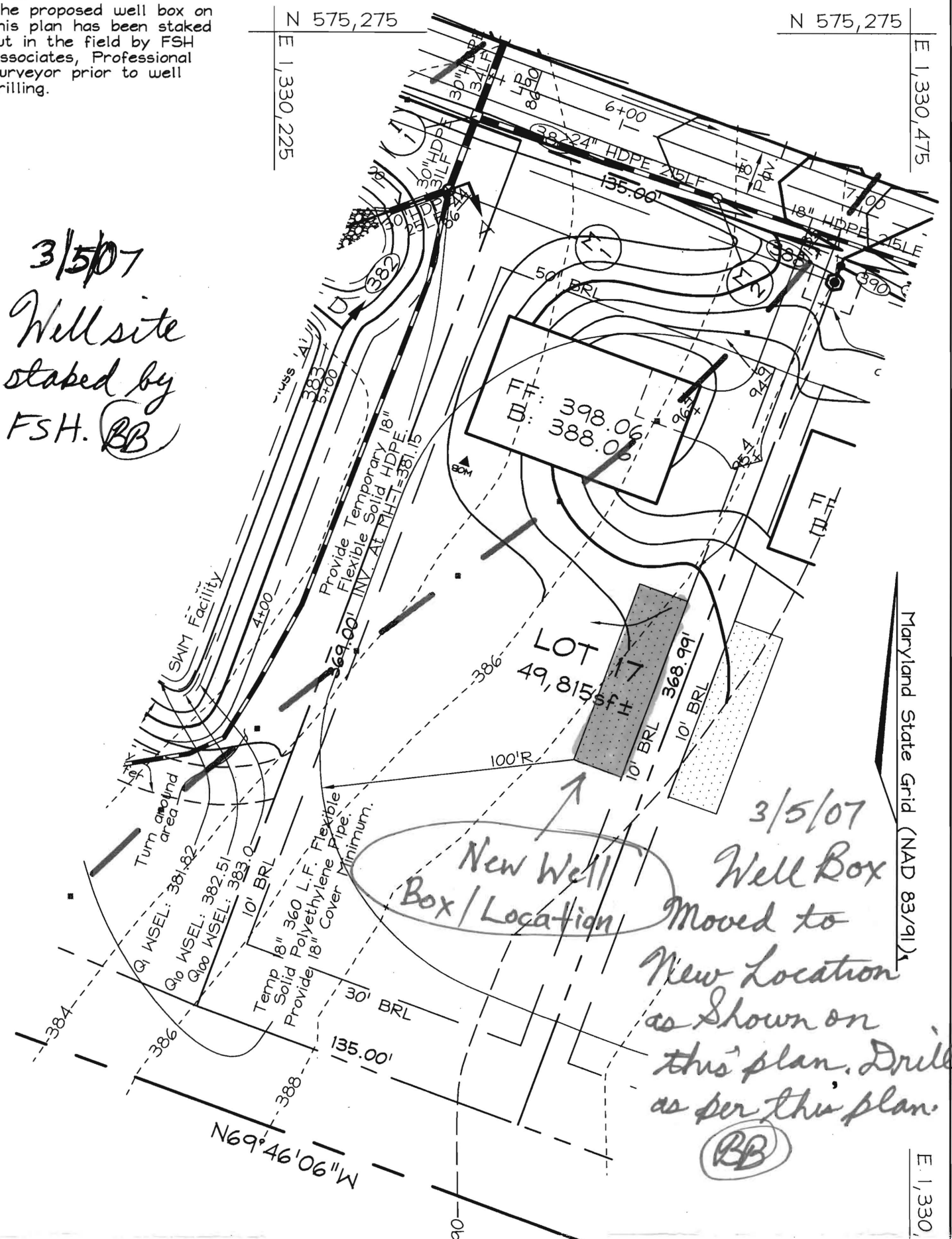
Allen Compton 3-15-09
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/29/09 (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

Note:
 The proposed well box on
 this plan has been staked
 out in the field by FSH
 Associates, Professional
 Surveyor prior to well
 drilling.

3/5/07
 Well site
 staked by
 FSH. (BB)



3/5/07
 Well Box
 Moved to
 New Location
 as Shown on
 this plan. Drill
 as per this plan.
 (BB)

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

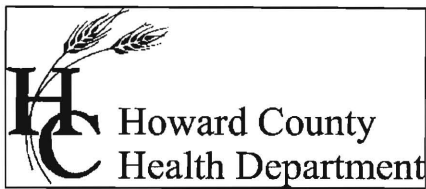
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FSH Associates on 1-26-07 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



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

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

August 14, 2009

Homeowner
4614 Sheppard Manor Drive
Ellicott City, MD 21042

FAX SENT VIA FACSIMILE 410-997-4358

RE: Sheppard Manor
4614 Sheppard Manor Drive
BP# B09000064
Well Tag #: HO-95-0739

Dear Homeowner:

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 07/31/2009. Final approval of the well line connection to the dwelling was approved on 04/29/2009.**

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 03/26/2007. 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, is a copy of the septic permit and the 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.

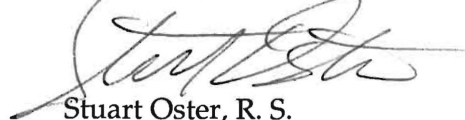
INTERIM CERTIFICATE OF POTABILITY

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-95-0739. 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: 07/14/2009
Date of Samples for Gross Alpha & Gross Beta: 03/26/2007
Date of Well Completion: 03/26/2007

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1313 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	71957	Account #:	4470
Reference:	Williamsburg Group Lot 17	Company:	Williamsburg Group LLC
Location:	4614 Sheppard Manor Drive Ellicott City, MD 21042	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	7/14/2009 1047	Source:	Well Water
Date/Time Rec'd:	7/14/2009 1142	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176TY	pH:	6.8
		Well #:	HO-95-0739

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/15/2009 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/15/2009 / 0830 / CCH
Nitrate	8.51	mg/L	10	601	7/14/2009 / 1730 / CWM
Turbidity	1.55	NTU	<10	SM18 2130B	7/14/2009 / 1520 / AH/BD
Sand	NS	mg/L	5	Visual/Gravimetric	7/14/2009 / 1520 / AH/BD

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: Scaled, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B09000064

Date Reported: 7/15/2009



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(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

April 11, 2007

Williamsburg Group LLC
5485 Harpers Farm Road
Columbia, Maryland 21044

RE: Sheppard Manor, Lot#17
Well Tag: HO-95-0739

To Whom It May Concern:

A sample was collected from a yield test on March 26, 2007 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 1.3 ± 0.7 picocuries/liter (pCi/L); while the **Gross Beta** level was 1.0 ± 0.8 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate of 4 millirems/year**).

At the time of 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 & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓Well & Septic File

Send Report To:

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

LABORATORY ANALYSIS REQUEST

SM17BB950739

Sample Bottle No. A: _____ No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Sheppard Manor - Lot 17 County: _____

Sample Source: Sheppard Manor Drive Location: HO-95-0739
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: Brian Baker Telephone No: x2643

Date Collected: 3 / 26 / 2007 Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Collected During Yield Test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	703708-003	1.3 ± 0.7	4/2/07
✓	Gross Beta	4100		1.0 ± 0.8	
	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: _____ / _____ / _____

Supervisor: _____