

C113494

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 (13) A513271

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5-18-04

Depth of Well 22 325 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3950

OWNER Avery Audrey & John STREET OR RFD Frederick Road TOWN Cooksville SUBDIVISION Avery Property SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD form with fields for YES/NO, CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (17), NO. OF POUNDS (1598), GALLONS OF WATER (102), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (80).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, BEFORE PUMPING (38 ft), WHEN PUMPING (135 ft), TYPE OF PUMP USED (S).

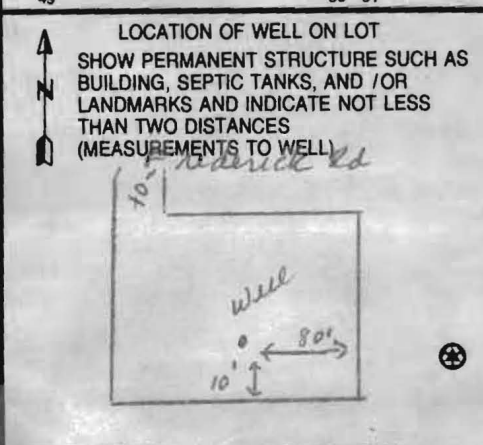
PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2).

DEPTH (nearest ft.) table with columns for depth intervals (8-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53) and corresponding well numbers.

DRILLERS LIC. NO. M SD 024, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. D

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



SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1 9811

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520359 please type

STATE PERMIT NUMBER HO-94-3950 fill in this form completely

Date Received (APA) 5/13/2004

OWNER INFORMATION

Owner: Audrey + John, 14331 Frederick Rd, Cooksville Md 21723

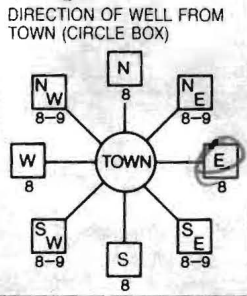
LOCATION OF WELL

Howard, Avery Property, Cooksville, Md 144

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne, License No. M SD 024, Firm Name: Joseph L. Mayne Well Driller, Address: 5512 Ridge Rd Mt. Airy Md 21771, Signature: Joseph L. Mayne, Date: 5-13-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Md 144

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH. DISTANCE FROM ROAD: 1000 FT. TAX MAP: 8, BLK: 23, PARCEL: 97

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 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 (13) A513271, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED: 5/14/2004, CO SIGNATURE: Brian Baber, EXP. DATE: 5/14/2005, NORTH GRID: 541 000, EAST GRID: 796 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 1. well, 2., 3.

5/12/04 SD, No Access

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary (circled), JETTED AIR-PERcussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVERSE-ROTary, DRIVE-POINT, other

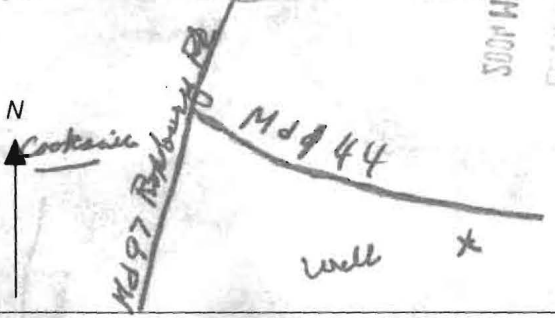
WRITE THE BOX NUMBER FROM THE MAP HERE

E 7946, N 5441

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

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: G, PERMIT No: HO-94-3950

SPECIAL CONDITIONS

F
6/5/07
re-took
7-25-07
re-took
7-26-07

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 Telephone #: 410-795-8670
Address: 580 Obrecht Rd
Syresville, 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): Allen Compton License# _____

*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 Telephone #: _____
Subdivision: Countries Cove Lot #: 6 Well Tag #: HO-94-3950
Site Address: Frederick Rd
Avery Property

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap: yes
Model #: ISSOF10-220 Model#: N/A Screened, vented well cap: yes
Pump Capacity 15 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 2.5 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 320 (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
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 6/5/07
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: 9/6/2007 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 properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

B 1 5754

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3924 fill in this form completely

Date Received (APA) 3/24/2004

OWNER INFORMATION

8 MM DD YY 13 Avery John 15 Last Name Owner First Name 34 14/331 Frederick Rd. 36 Street or RFD 55 70 Cooksville MD 21773 57 Town 70 State 72 Zip 76

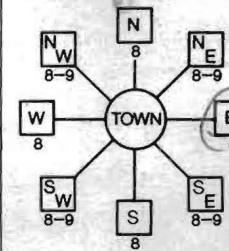
B 3 LOCATION OF WELL

8 COUNTY Howard 21 Avery PRO. 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN Cooksville 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009 76 Driller's Name License No. 81 Fogles Well Drilling Firm Name 580 Oberrecht Rd. Address 3-23-04 Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Frederick Rd. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH NORTH WEST WEST SOUTH SOUTH EAST EAST DISTANCE FROM ROAD 34 1000 37 FT ENTER FT OR MI 38 39 TAX MAP: 8 BLK: 23 PARCEL 9799

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION 5/14/04 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) A513271 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 3/24/2004 Brian Baber 3/24/2005 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 541 0 0 0 EAST GRID 796 0 0 0

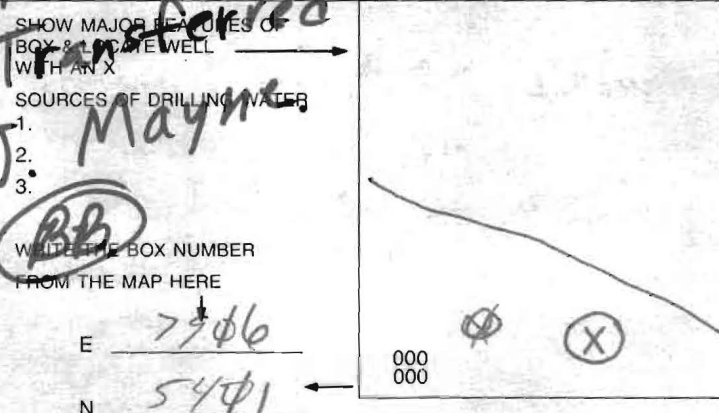
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 6 NEAREST INCH

METHOD OF DRILLING (circle one)

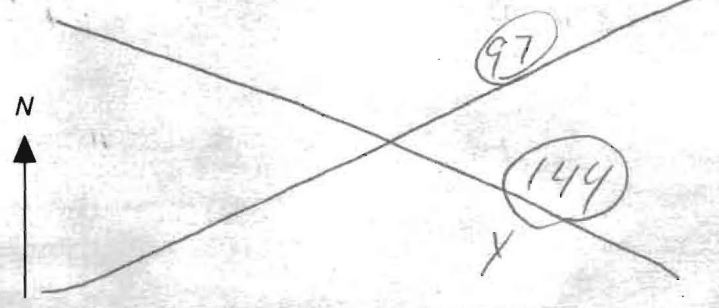
BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE Reverse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. HO-94-3924 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 1	7315	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>W517384</i> please type	STATE PERMIT NUMBER HO-94-3457 <small>fill in this form completely</small>
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Date Received (APA) 7/29/02

OWNER INFORMATION

Avery John
Last Name Owner First Name

14331 Frederick Rd
Street or RFD

Cooksville MO 21723
Town State Zip

LOCATION OF WELL

Howard
COUNTY

Avery Pkd.
SUBDIVISION

SECTION 44 LOT 6

Cooksville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name License No.

Egles Well Drilling
Firm Name

580 Obrecht Rd
Address

Allen Compton 7-26-02
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Frederick rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

EAST

DISTANCE FROM ROAD 1000 FT
ENTER FT OR MI

TAX MAP: 8 BLK: PARCEL 97-99

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY)

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

BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

AS13271-B COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 8/6/02 EXP. DATE 8/6/03

43 MM DD YY 48 CO SIGNATURE Arnold Miller

NORTH GRID 540 000 EAST GRID 0795 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Mayne
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7905

N 540

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

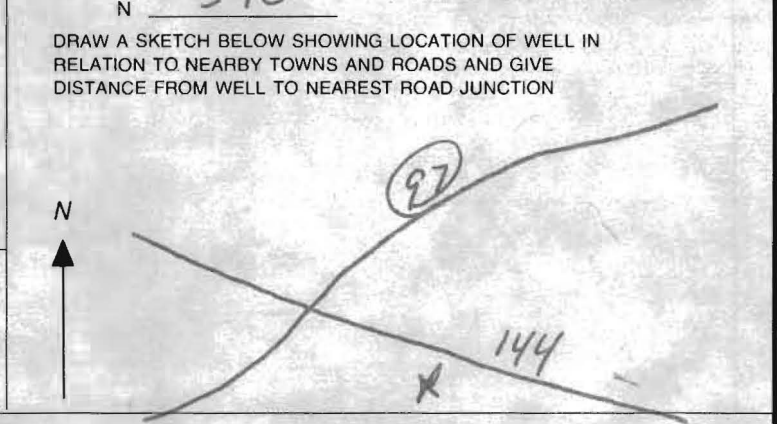
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



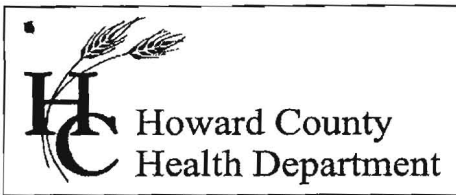
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-94-3457

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Bureau of Environmental Health
7178 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 Beilenson, M.D., M.P.H., Health Officer

09/07/2007

Williamsburg Group LLC
5485 Harpers Farm Road, #200
Columbia, MD 21044

SENT VIA FACSIMILE 410-997-4358

RE: Avery Property, Lot 6
14423 Frederick Road
Cooksville, MD 21723
BP # B07000316
Well Permit # HO-94-3950

Dear Sir/Madam:

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 07/26/2007. Final approval of the well line connection to the dwelling was approved on 09/06/2007.**

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-94-3950. 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: 08/23/2007
Date of Well Completion: 05/18/2004

Approving Authority,

Brian Baker, Registered Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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 #:	64931	Account #:	4470
Reference:	Williamsburg Group Lot 6	Company:	Williamsburg Group LLC
Location:	14423 Frederick Road Cooksville, MD 21723	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	8/23/2007 0835	Source:	Well Water
Date/Time Rec'd:	8/23/2007 1033	Site:	Laundry Room Utility Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Dutterer 4717BD	pH:	6.7
		Well #:	HO-94-3950

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/24/2007 / 0815 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/24/2007 / 0815 / AD/BD
Nitrate	<1.0	mg/L	10	601	8/24/2007 / 1420 / AD/BD
Turbidity	4.70	NTU	<10	SM18 2130B	8/24/2007 / 1030 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	8/24/2007 / 1030 / AD/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: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : 07000316

Date Reported: 8/24/2007