

C13493 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 A513271

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

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED 5/24/04 PERMIT NO. HO-94-3949

OWNER Avery Audrey & John STREET OR RFD Frederick Road TOWN Cooksville

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 checkboxes for YES/NO, CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with checkboxes for STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) Form with columns for diameter and depth.

SCREEN RECORD Form with checkboxes for STEEL (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT), screen type or open hole.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. 1 M S D O 24 DRILLERS SIGNATURE

LIC. NO. 1 D

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

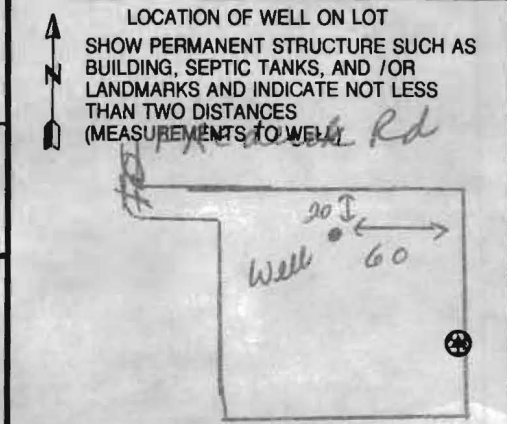
DEPTH (nearest ft.) Table with columns 1-6 and rows A-N. Includes handwritten values 48 and 200.

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

PUMPING TEST Form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED Form with fields for DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



B 1 **8809** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
620357 please type **HO-94-3949**
70 fill in this form completely 79

Date Received (APA) **5/13/2004**
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name **Avery** Owner **Audrey + John** First Name 34
 36 **14331 Frederick Rd** Street or RFD 55
 57 **Cooksville Md 21723** Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Avery Property** 42
 SECTION **5** LOT **5**
 44 46 48 50
Cooksville
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph L Mayne** License No. **MS D024** 76 81
 Firm Name **Joseph L Mayne Well Drilling**
 Address **5512 Ridge Rd Mt. Airy Md 21771**
 Signature **Joseph L Mayne** Date **5-13-04**

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 **MD 144** NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **800** 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: **8** BLK: **23** PARCEL **97**

B 2 **WELL INFORMATION**
 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)
 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

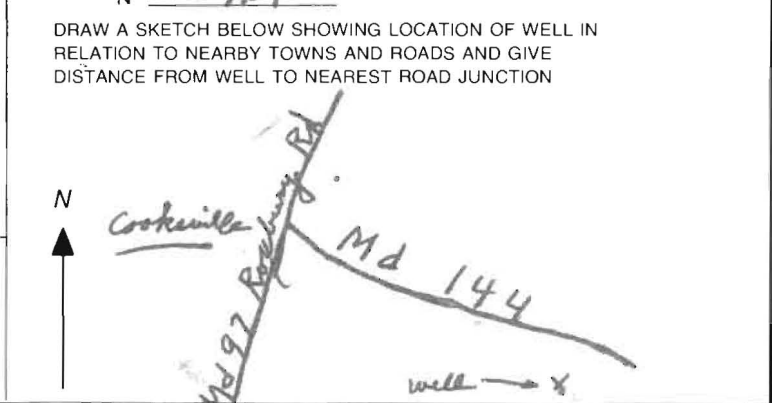
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) **A513271**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **5/14/04** **Brian Baker** 5/14/2005
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **541** 0 0 0 EAST GRID **796** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH 30 37

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **5/18/04**
 SOURCES OF DRILLING WATER **1 well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7906** 000 000
 N **5401** 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 **HO-94-3949** 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-94-3949**
 70 71 72 73 74 75 76 77 78 79

F. 6/5/07
Re-fax 7-25-07
Re-text 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 #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville 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# MSD 009

*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: Coudoes Cove Lot #: 5 Well Tag #: HO-94-3949
Site Address: Frederick
Avery Property

Submersible Pump Data

Make: Grundfos
Model #: ISS0E07-180
Pump Capacity 15 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 200 (feet)

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

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

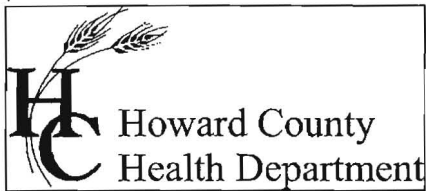
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

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: 7/25/07 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 ✓



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

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

July 26, 2007

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

SENT VIA FACSIMILE 410-997-4358

RE: Avery Property, Lot 5
14419 Frederick Road
Cooksville, MD 21723
BP #: B07000315
Well Permit # HO-94-3949

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 07/25/2007. Final approval of the well line connection to the dwelling was approved on 07/25/2007.**

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.

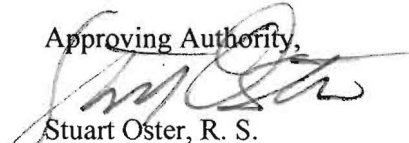
INTERIM CERTIFICATE OF POTABILITY

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-94-3949. 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: 07/11/2007
Date of Well Completion: 05/18/2004

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

E 1,307,250
N 600,750

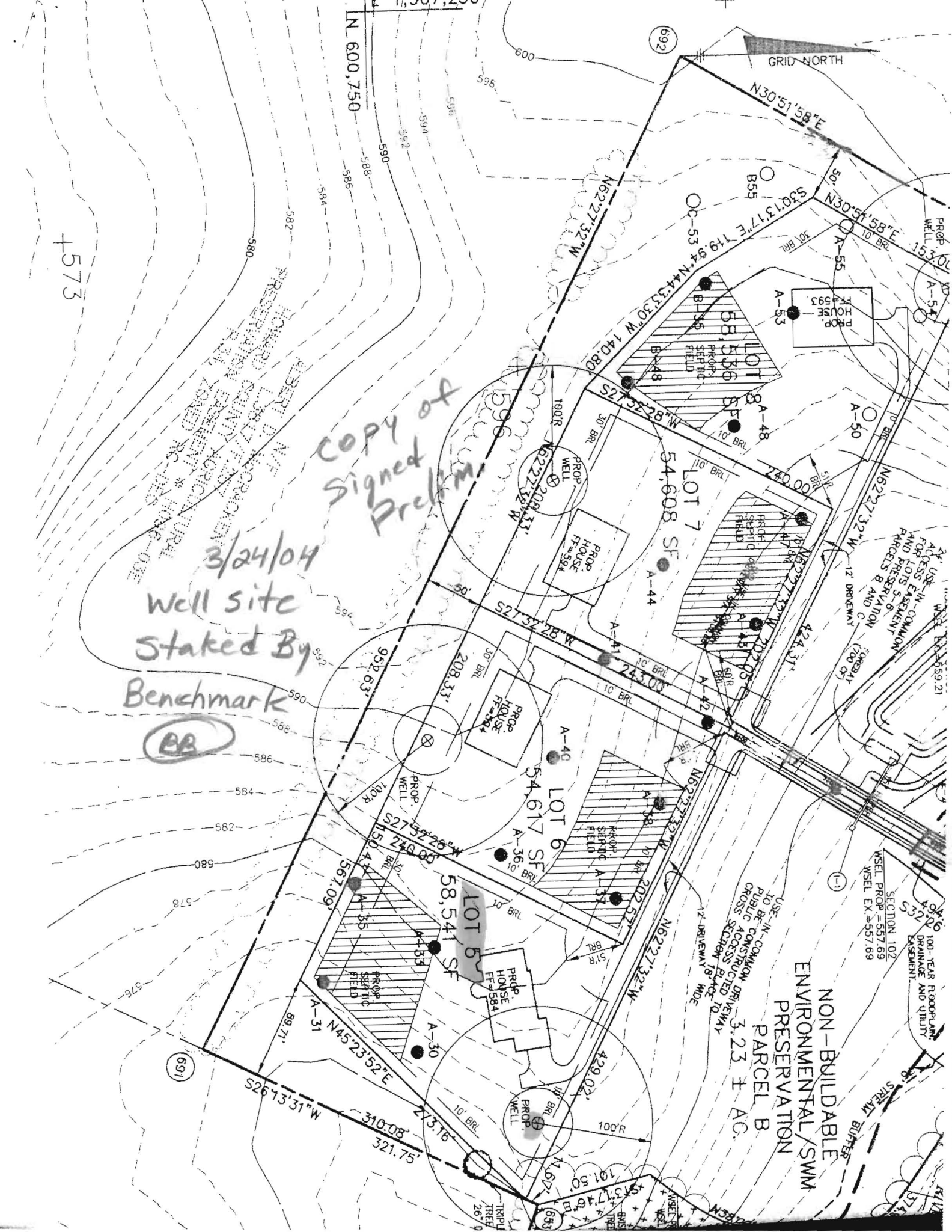
GRID NORTH

ALBERTA NATURAL RESOURCES DEVELOPMENT
LAND MANAGEMENT
PLANNING DIVISION
10000 100th Street
Edmonton, Alberta T5C 0G6
Phone: 780-427-2222
Fax: 780-427-2223

Copy of Signed Prelim.

3/24/04
Well site Staked By
Benchmark

BB



NON-BUILDABLE
ENVIRONMENTAL/SWM
PRESERVATION
PARCEL B
3.23 ± AC.

SECTION 102
WSEL PROP. = 557,69
WSEL EX. = 557,69

100-YEAR FLOODPLAIN
DRAINAGE AND UTILITY
EASEMENT

STRAIN BUFFER

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 #:	64460	Account #:	4470
Reference:	Williamsburg Group	Company:	Williamsburg Group LLC
Location:	14419 Frederick Road	Requested By:	Chip Lundy/ Bob Corbett
	Cooksville, MD 21723	Source:	Well Water
Date/ Time Collected:	7/11/2007 1220	Site:	Powder Room
Date/Time Rec'd:	7/11/2007 1430	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.1
Collected By:	C. Mooshian 7268CM	Well #:	HO-94-3949

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/12/2007 / 0850 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/12/2007 / 0850 / AD/BD
Nitrate	8.51	mg/L	10	601	7/12/2007 / 1205 / BCD
Turbidity	1.06	NTU	<10	SM18 2130B	7/12/2007 / 0925 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	7/12/2007 / 0925 / 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 # : B07000315

Date Reported: 7/12/2007