

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 A28535

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

ST/CO USE ONLY DATE RECEIVED MM DD YY 02 11 2003

DATE WELL COMPLETED MM DD YY 02 11 2003

Depth of Well 22 100 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-74-3604

OK SRK 4/11/03

OWNER PATAPSCO HOMES

STREET OR RFD 665 MORGAN STATION ROAD TOWN WOODBINE

SUBDIVISION RIVER PLANTATIONS SECTION _____ LOT 3

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	
Overburden	0	40	
Blue Slate	40	100	x
water at 65', 100' & 110'			

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 7 NO. OF POUNDS 700

GALLONS OF WATER 34

DEPTH OF GROUT SEAL (to nearest foot) 34
from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

A C H S R E E N

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.)

1 44 100

A C H S R E E N

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

- 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. MWD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JS D 048

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15.00

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 46 ft.

WHEN PUMPING 48 ft.

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

S submersible

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

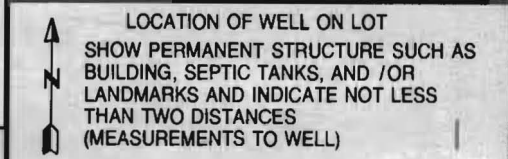
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } (nearest foot)



B 1 4235

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3624

518510 please type

fill in this form completely

Date Received (APA)

01-14-03

OWNER INFORMATION

Patapsco Homes

13898 Forsythe Road

Sykesville MD 21784

LOCATION OF WELL

Howard COUNTY

River Plantations

SECTION 44 46 LOT 3 48 50

Woodbine

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

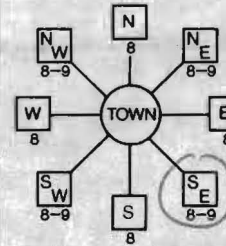
Paul M. Fabiszak M WD 399

G. Edgar Harr Sons' Corp.

12047 Falls Road, Cockeysville 21030

Signature Date 1/14/03

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



565 Morgan Station Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

TAX MAP: 3 BLK: 20 PARCEL 35

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A28535 COUNTY NO.

DATE ISSUED 01/15/03 Steven R. King 01/15/04

NORTH GRID 552 000 EAST GRID 788 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

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)

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

APPROP. PERMIT NUMBER PERMIT No. HO-94-3624

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7888 N 552

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: New Dimensions Telephone #: 4102394359
Address: 3018 Bachman Rd.
Manchester MD 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Clarence Blake License# 15443

*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: Malesworth Selby Telephone #: 4104422421
Subdivision: River Plantations Lot #: 3 Well Tag #: HO-94-3624
Site Address: 515 Morgan Station
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>FTW</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>2441 1/2</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>42"</u>
Depth of well encountered at time of pump installation: <u>100</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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>PVC</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10ft</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: C. M. Baker date: 4/10/06

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

Date Insp. Requested: 4/10/06 Date Insp. Approved: 4/10/06

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>	GAC
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

ORTH MARYLAND
DINATE SYSTEM

P-8
1455/371
RUTH E. FREITAG

P-48
LOT 1
FREITAG SUBDIVISION
PLAT # 12057
CLINTON TOBE THOMAS
3/684/324

528.91'

26.56'

33.58'

173.81'

PROP. 24' EASEMENT FOR
INGRESS AND EGRESS FOR
LOTS 2-3 OF "RIVER PLANTATIONS"
PLAT CMP. #424

540

7/8" IRON $N12^{\circ}16'16''W$
ROD FD.

P-27
DOROTHY COVELL
593/437

EX GRAVEL DRWY.



887872802 88:35 4105495063

CRC ASSOC

4105493240

PAGE 02

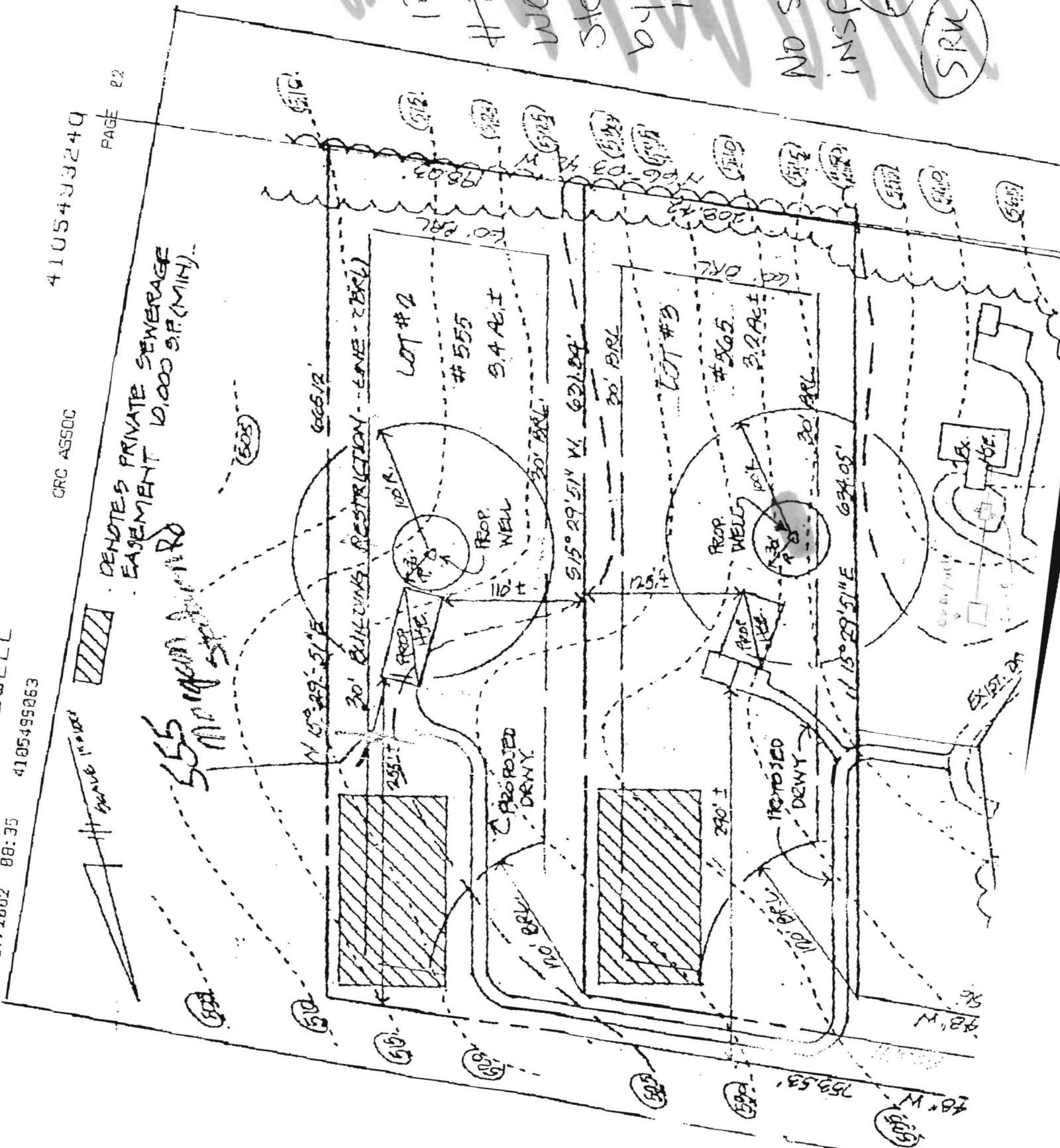
P.1

1/15/03
12/10/02
#22-02
well site
Staked
by Surveyor
licensed

NO SITE
INSP ~~KFA~~
SRK

DENOTES PRIVATE SEWERAGE
EASEMENT 10,000 G.P. (MIN.)

555
NO IMPROVEMENTS



CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

Headquarters
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

Requester:
Patapsco Homes
Attn: Jennie
13898 Forsythe Road
Sykesville, Maryland 21784

S/O Number: 07-0726
Report Date: June 19, 2006

Property Sampled: 565 Morgan Station Road

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B00156063

Tax Map #: 3
Parcel #: 28


Date/Time Collected: June 16, 2006 at 11:50 am
Date/Time Received: June 16, 2006 at 1:20 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3624
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

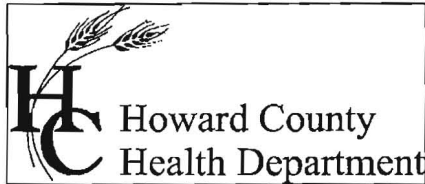
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	10.3 mg/L as N	SM 4500D	10 mg/L as N	High
Turbidity	2.6 NTU	EPA 180.1	10 NTU	Pass
pH	5.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	


 Heather R. Beam
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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 12, 2006

John Molesworth & Connie Selby
10359 College Square
Columbia, MD 21044

SENT VIA FACSIMILE 410-489-0319

RE: River Plantation, Lot 3
565 E. Morgan Station Road
Woodbine, MD 21797
BP #: B00156063
Well Permit # HO-94-3624

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 06/28/2006. Final approval of the well line connection to the dwelling was approved on 04/10/2006.**

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-94-3624. 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: 06/16/2006, 06/28/2006 & 07/11/2006
Date of Well Completion: 02/11/2003

Approving Authority

Gabriel A. Creighton, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Requester:
Patapsco Homes
Attn: Jennie
13898 Forsythe Road
Sykesville, Maryland 21784

S/O Number: 07-1079
Report Date: July 12, 2006

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Property Sampled: 565 Morgan Station Road, Retest #2

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B00156063

Tax Map #: 3
Parcel #: 28

*River Plantations
Lot 3*

Date/Time Collected: July 11, 2006 at 11:30 am
Date/Time Received: July 11, 2006 at 3:15 pm

Maryland State Certified
Water Quality Laboratory
No. 318

Sample Location: Wet Bar R/O Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3624
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter, Softener, Neutralizer, R/O System

PARAMETER	RESULT	METHOD	MCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

Heather R. Beam
Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

CERTIFICATE OF ANALYSIS



Requester:
Patapsco Homes
Attn: Jennie
13898 Forsythe Road
Sykesville, Maryland 21784

S/O Number: 07-0872
Report Date: June 29, 2006

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Property Sampled: 565 Morgan Station Road, Retest #1

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B00156063
Tax Map #: 3
Parcel #: 28

Date/Time Collected: June 28, 2006 at 10:30 am
Date/Time Received: June 28, 2006 at 12:40 pm

Maryland State Certified
Water Quality Laboratory
No. 318

Sample Location: Powder Room Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3624
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL	
Nitrate	10.8 mg/L as N	SM 4500D	10 mg/L as N	High
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level