

1 2 3 6  
6684

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) A47037**

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

DATE WELL COMPLETED  
MM DD YY  
12 23 05

Depth of Well  
22 360 26 2/6/06  
(TO NEAREST FOOT) O.K. (BB)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-95-0099  
28 29 30 31 32 33 34 35 36 37

OWNER Land Marketing Consultants  
STREET OR RFD 1731 Hardy Road TOWN Mount Airy  
SUBDIVISION Lambert Green SECTION \_\_\_\_\_ LOT 1

**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	
Top Soil	0	2	
Brown Slate	2	60	✓
Brown Slate	60	65	
Blue Slate	65	80	
Brown Slate	80	85	✓
Blue Slate	85	90	
Flint rock	90	95	✓
Blue Slate	95	360	

**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 20 NO. OF POUNDS 3600  
GALLONS OF WATER 120  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 48 ft. to 30 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 PL Nominal diameter top (main casing) (nearest inch)! 6 Total depth of main casing (nearest foot) 20  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING diameter inch depth (feet) from to

**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 2  
EACH CASING 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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. M SD 112  
DRILLERS SIGNATURE [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

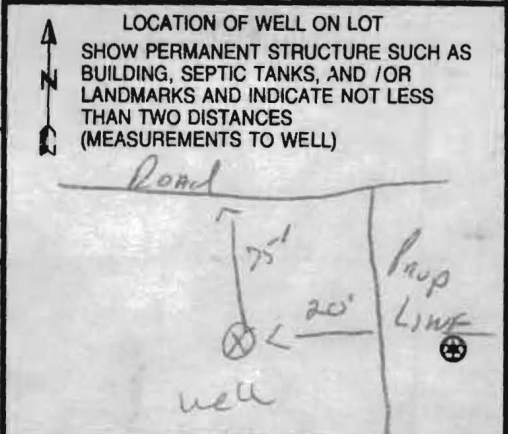
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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) 6  
PUMPING RATE (gal. per min.) 2  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 55 ft.  
WHEN PUMPING 160 ft.  
TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**  
DRILLER INSTALLED PUMP 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 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 } (nearest foot) 29



well drilled & grouted in county 2005

B 1 8902

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0099

522470 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Land Marketing Consultants, 3060 Washington Rd., GLENWOOD MD. 21738

B 3 LOCATION OF WELL

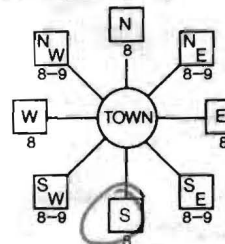
Howard COUNTY, Spring Hollow-Lambert Green SUBDIVISION, Popular Springs NEAREST TOWN, I MILES FROM TOWN

DRILLER INFORMATION

Ralph E. MAYNE MS D 117, Ralph E. MAYNE well drilling, 17024 Handy Rd. Mt Airy MD. 21771, Signature, Date: May 9 2005

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



17231 Handy Rd., NEAR WHAT ROAD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 50 FT, TAX MAP: 7 BLK: 8 PARCEL: 522

B 2

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 (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) A47037, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 9/1/2006, CO SIGNATURE Brian Baker 9/1/2006, NORTH GRID 549 000, EAST GRID 767 000

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

METHOD OF DRILLING (circle one)

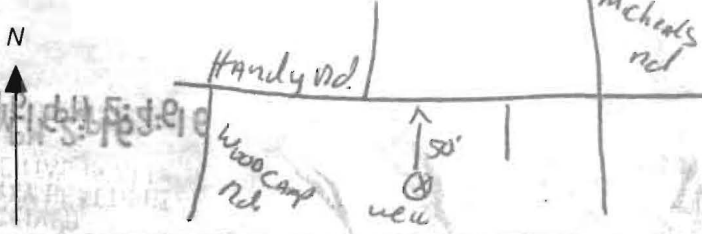
AIR-ROTARY (circled), JETTED, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE, E 767, N 549

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 DEEPEM AN EXISTING WELL

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)

APPROX. PERMIT NUMBER G, PERMIT No. HO-95-0099

SPECIAL CONDITIONS

Well Must Be 10' From Property Lines

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 95-0099  
 Location of property (road) 17231 Hardy Rd.  
 Subdivision Lambert Green Lot 1 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner Land Marketing Consultants

Depth of well 360  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 55 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 160 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

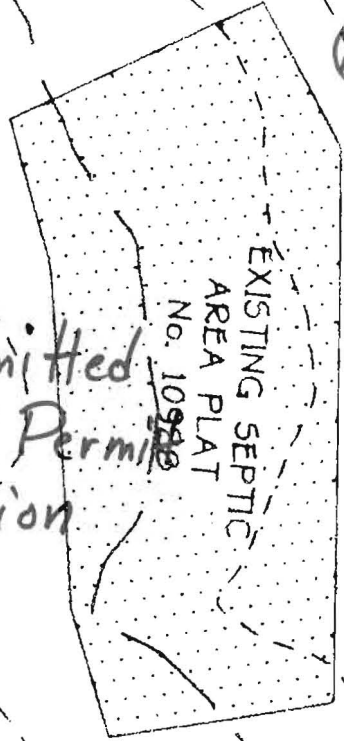
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	55 ft	6 Sec	TEST Started	10 GPM
7:30	160 ft	30 Sec		2 GPM
7:45	160 ft	30 Sec		2 GPM
8:00	160 ft	30 Sec		2 GPM
8:15	160 "	30 "		2 "
8:30	160 "	30 "		2 "
8:45	160 "	30 "		2 "
9:00	160 ft	30 Sec		2 GPM
9:15	160 ft	30 Sec		2 GPM
9:30	160 ft	30 Sec		2 GPM
9:45	160 "	30 "		2 "
10:00	160 "	30 "		2 "
10:15	160 "	30 "		2 "
10:30	160 ft	30 Sec		2 GPM
10:45	160 ft	30 Sec		2 GPM
11:00	160 ft	30 Sec		2 GPM
11:15	160 "	30 "		2 "
11:30	160 "	30 "		2 "
11:45	160 "	30 "		2 "
12:00	160 ft	30 Sec		2 GPM
12:15	160 ft	30 Sec		2 GPM
12:30	160 ft	30 Sec		2 GPM
12:45	160 "	30 "		2 "
1:00	160 "	30 "		2 "
HD-224 1:15	160 ft	30 Sec		2 GPM
1:30	160 ft	30 Sec		2 GPM



9/1/05 Well Location  
Looks O.K. on Paper

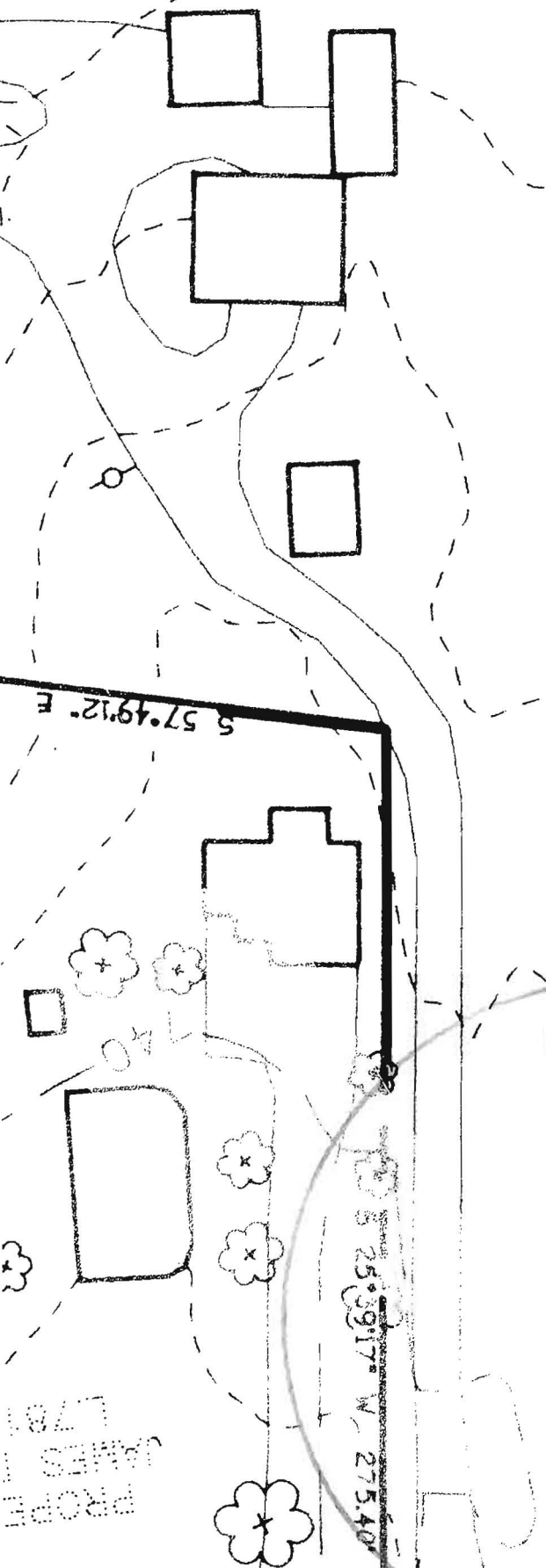
BB

Plan Submitted  
With Well Permit  
Application



1" = 50'

W



S 57.49'12" E

S 25.39'17" W 275.40'

PROPE  
JAMES L  
1781

Attn: Bretta

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: WALTER W KING P-H Telephone #: 301-662-6990  
Address: 5305 KINGS CT  
FREDERICK MD 21703

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): WALTER KING License# 2217

\*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: PERPET HOMES Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 1 Well Tag #: HO-95-0099  
Site Address: 17231 HARDY RD  
MT AIRY MD 21771

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: STA-RITE Make: BOSCHMANT Two piece watertight cap:   
Model #: TSP4E02HL Model#: PA-100 Screened, vented well cap: \_\_\_\_\_  
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 2 GPM NSF approved:  Conduit min 1 1/2" B.G.:   
Depth of well encountered at time of pump installation: 360 (feet) Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 YES  
Torque arrestors of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt No

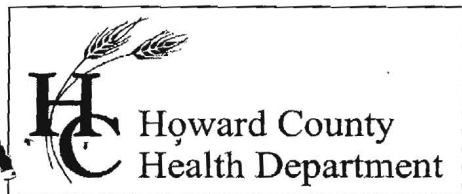
Piping to house House Connection  
Type: POLYETHYLENE PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve (5 foot minimum): 8'  
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly:

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] 6/11/07  
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: 2/6/06 (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



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

June 12, 2007

Pettit Homes of Maryland LLC  
18205-D Flower Hill Way  
Gaithersburg, MD 20879

**SENT VIA FACSIMILE 301-670-9259**

RE: Lambert Green, Lot 1  
17231 Hardy Road  
Mt. Airy, MD 21771  
BP #: B00158411  
Well Permit # HO-95-0099

Dear Sirs:

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 12/06/2006. Final approval of the well line connection to the dwelling was approved on 12/06/2006.**

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-95-0099. 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 Sample(s): 03/20/2007  
Date of Well Completion: 12/22/2005

Approving Authority,

Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



**KAPPE ASSOCIATES, INC.**  
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION  
OF A WATER SAMPLE**

MD Cert. #102

VA Cert. #00080 PA Cert. #68-189

TO: Harvey  
Pettit Homes  
18205-D Flower Hill Way  
Gaithersburg, MD 20879

Sample Ident. No.: 701-0376  
Type of Water: Drinking Water  
Date (Time) Collected: 03-20-07 (0950)  
Date (Time) Received: 03-20-07 (1445)  
Date (Time) Examined: 03-20-07 (1540)

Nature of Submission: Routine Sample Preservation Method: Refrigeration

Name of Sample Source: Powder Room Sink Source Type: Well  
Mun.,Inst.,Co.,Owner: Pettit Homes  
Address: 17231 Hardy Road, Lot 1 Chlorine Residual: 0.0 mg/L  
City,County: Mt. Airy pH (pH Units)(Field) = 6.2  
State,Zip Code: MD Disinfection: None  
Turbidity (NTU's) = 0.5 *OK*  
Sand (as mg TSS/L) = <1

Well Tag# H0-95-0099

Collector's Name: JS Moulton 1059-JM Affiliation: Kappe Associates, Inc.

**RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS**

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Absent** ✓	Absent ✓	-	6.7 mg/L ✓
EXAMINATION METHOD USED	Colilert	Colilert	SM 9215	

THIOSULFATE IN SAMPLE: Present SAMPLE HOLDING TIME: Not Exceeded

**RECORD OF MPN TEST RESULTS**

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR	10 <sup>1</sup>	10 <sup>0</sup>	10 <sup>-1</sup>	10 <sup>-2</sup>	10 <sup>-3</sup>	10 <sup>-4</sup>	10 <sup>-5</sup>
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE							
TEST *							
COLIFORM							
CONFIRMED							
TEST							

\* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: \*\*This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligram nitrate nitrogen per liter.

BACTERIOLOGIST'S SIGNATURE: *Julia M. Patel* BACTERIOLOGIST'S NAME: Julia M. Patel DATE: 03/26/07

*OK*  
*(Kul)*