

C1 0143 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 A57611-C

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 8 13

DATE WELL COMPLETED MM DD YY 12 21 05 Depth of Well 22 260 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 11/8/06 OK 11/8/06 OK HO - 95 - 0156

OWNER Land Marketing Consultants last name Hardy first name Rd TOWN Mt. Airy SUBDIVISION Spring Hollow SECTION LOT 26

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate, Flint Rock, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 22 NO. OF POUNDS 2280 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

caseing 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) PL 6 80

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

SCREEN RECORD

screen type or open hole (insert appropriate code below) [ST] STEEL [BR] BRASS [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

DEPTH (nearest ft.)

Table with columns: 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. Includes slot size and diameter of screen.

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

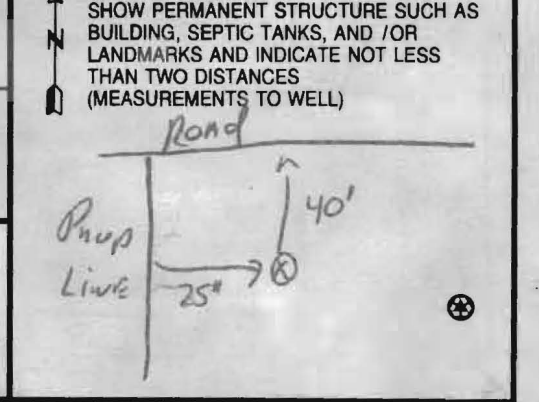
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 59 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 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 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [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 M D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

B 1 8969

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0156 fill in this form completely

523417

please type

Date Received (APA)

9/30/05

OWNER INFORMATION

8 MM DD YY 13

Land Marketing Consultants
Last Name Owner First Name
3060 Washington Rd
Street or RFD
Glenwood MD 21738
Town State Zip

B 3

LOCATION OF WELL

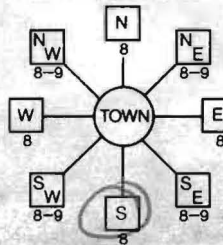
Howard
COUNTY
Springs Hollow
SUBDIVISION
SECTION 44 46 LOT 26 48 50
Popular Springs Mt. Airy
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) #

DRILLER INFORMATION

Ralph E. Mayne M S D 117
Driller's Name License No.
Ralph E. Mayne Inc
Firm Name
17024 Handy rd Mt Airy MD 21771
Address
M E Mayne 9-10-05
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Handy rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH WEST EAST
34 60 37
DISTANCE FROM ROAD ENTER FT OR MI
TAX MAP: 7 BLK: 8 PARCEL

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
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
13 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/27/05
CO SIGNATURE Robert A. Crighton 10/28/06
EXP. DATE
NORTH GRID 548 0 0 0 EAST GRID 767 0 0 0

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST 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 DEEPEMED 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)

APPROX. PERMIT NUMBER HQ97-0015(01)
PERMIT No. HO-95-0156

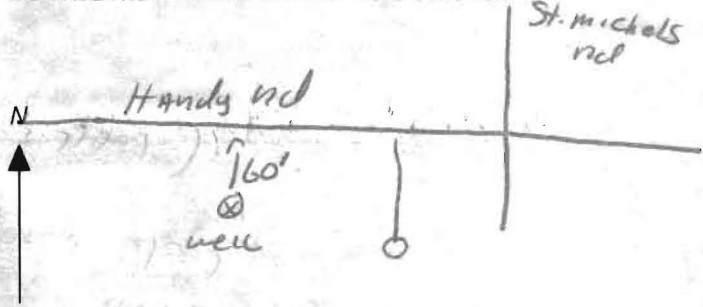
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE

E 567
N 548

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



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 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: PETTIT HOMES Telephone #:
Subdivision: _____ Lot #: 26 Well Tag #: HO - -
Site Address: 17255 HARDY RD
MT AIRY MD 21771

Submersible Pump Data
Make: STA-RITE
Model #: TSP4EDLH
Pump Capacity 7 GPM
Well Yield: 8.5 GPM

Pitless Adapter
Make: BOSCHART
Model#: PA-100
Depth: 42" (36" min)
NSF approved:

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

Depth of well encountered at time of pump installation: 260 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 No

Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt No

Piping to house
Type: POLYETHYLENE
PSI: 260 (160 psi min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve (5 foot minimum): 8'

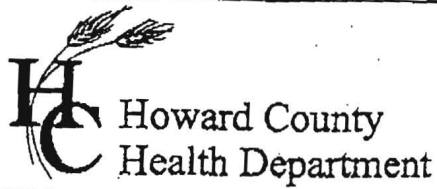
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: _____

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: [Signature] 6/20/07
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



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

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 Fisher Collins & Carter, Inc. on Sept. 21, 2005 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



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.:	702-0661
Type of Water:	Drinking Water
Date (Time) Collected:	03-20-07 (1005)
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	Chlorine Residual:	0.0 mg/L
Address:	17255 Hardy Road, Lot 26	pH (pH Units)(Field) =	5.7
City,County:	Mt. Airy	Disinfection:	None
State,Zip Code:	MD	Turbidity (NTU's) =	0.2 <i>OK</i>
Well Tag#	H0-95-0156	Sand (as mg TSS/L) =	<1

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 ✓		3.9 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

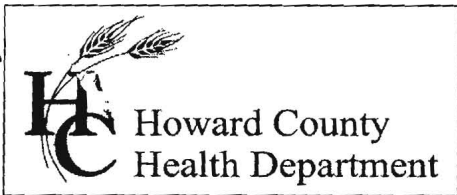
DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE	24HR						
TEST *	48HR						
COLIFORM	Total						
CONFIRMED	48HR #						
TEST.	FECAL						
	24HR ##						

* 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	BACTERIOLOGIST'S NAME	DATE
<i>Julia M. Patel</i>	Julia M. Patel	03/26/07

OK
(KW)



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 20, 2007

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

RE: Spring Hollow, Lot 26
17255 Hardy Road
Mount Airy, MD 21771
BP #: B00158282
Well Permit # HO-95-0156

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 06/20/2007.**

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-95-0156. 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: 12/21/2005

Approving Authority,

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File