

C1 2461
 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A-39159

DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED 753189
 Depth of Well 305 (TO NEAREST FOOT)
 PERMIT NO. HC-88-0610

OWNER HILLTOP DEVELOPMENT
 STREET OR RFD Parkville last name first name TOWN FULTON
 SUBDIVISION WARMINA EST SECTION 1 LOT 6

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	
SANDSTONE	0	59	
GRAY SILT. CL. ROLL	59	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 13 NO. OF POUNDS 1229
 GALLONS OF WATER 78
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 42 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) 4 Total depth of main casing (nearest foot) 43

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** **PL** **OT**
 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 HO 41 305
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 from [] to []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 10
 METHOD USED TO MEASURE PUMPING RATE Run/ft
 WATER LEVEL (distance from land surface) BEFORE PUMPING 14 WHEN PUMPING 72
 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 WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: []
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below }

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 10.17.13 "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.

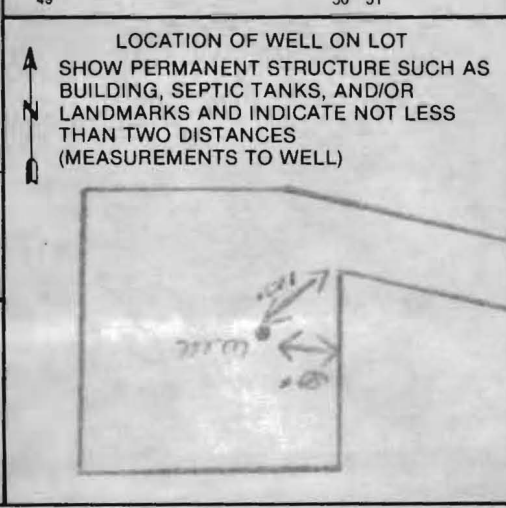
DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

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 []

OEP USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 2243

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-88-0610 fill in this form completely

Date Received (APA)

050989

OWNER INFORMATION

HILLTOP DEVELOPMENT, JOSEPH L. MAYNE, 40 BOX 208, CLARKSVILLE MD 21029

B 3

LOCATION OF WELL

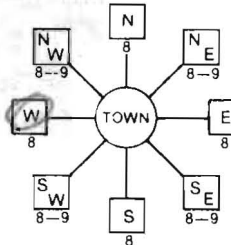
HOWARD COUNTY, WATERMAN ESTATES, SECTION 1 LOT 6, FULTON, MILES FROM TOWN 7.3

DRILLER INFORMATION

Joseph L. Mayne, 238, Joseph L. Mayne Well Drilling, 5512 Ridge Rd. Mt. Airy 21271, 5/11/89

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



petrillo Drive, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



450, DISTANCE FROM ROAD

ENTER FT OR MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, A 31159 COUNTY NO.

STATE SIGNATURE, DATE ISSUED

051589, CO SIGNATURE, EXP DATE

NORTH GRID 482000, EAST GRID 0815000

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only), Farming (livestock watering & agricultural irrigation), Industrial, commercial, state and federal gov. other, Public or private water company, Test, observation, monitoring

APPROXIMATE DEPTH OF WELL 260 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, This well will deepen an existing well, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP, FORCE 54, WRITE INITIALS IN BOX, PERMIT NO. 40-88-0610

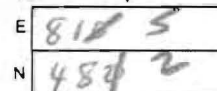
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

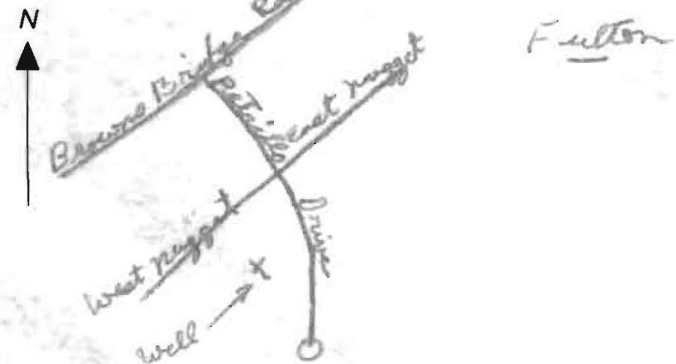
- 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



R.M. 5/31/89 already per well drill ground, 13' bag of cement, 62' casing, 42' open-growth, C.B.D., Tag on site

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



FOR
6/27/05
Revised
8/23/05
Revised
9/26/05

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: 588 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# MSD009

*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: Douglas Jones Telephone #: _____
Subdivision: Waterman Estates Lot #: 6 Well Tag #: HO-88-0610
Site Address: Pedro DE

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Cooper</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SSB07-422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: _____ GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>305</u> (feet)		Conduit secured to well cap: <u>YES</u>
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 <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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: Allen Compton date: 6/27/05

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

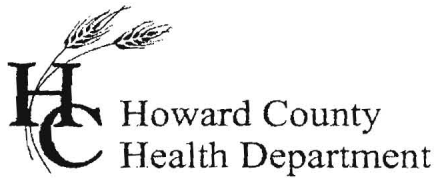
Date Insp. Requested: 6/1/05 Date Insp. Approved: 9/27/05 Inspector: GAC

Inspection Data:

- Pitless adapter watertight & 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 not seen outside of well cap/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

Left sticker telling to extend casing
Make sure conduit still extends 18" below grade afterward
Recall 17 Insp.

6/1/05



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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

September 28, 2005

Douglas Homes, Inc.
P.O. Box 628
Ellicott City, MD 21041

RE: Waterman Estates, Lot 6
12469 Petrillo Drive
Highland, MD 20777
BP #: B00152086
Well Permit # HO-88-0610

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 06/02/2005. Final approval of the well line connection to the dwelling was approved on 09/27/2005.**

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-88-0610. 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): 09/23/2005
Date of Well Completion: 05/31/1989

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Sep 24, 2005

County Howard

Lab Number 06-117

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Douglas Homes
Attn: Mitch Miller
5034 Dorsey Hall Drive
Suite 102
Ellicott City, Maryland 21041

Property Sampled: U&D: 12469 Petrillo Drive

Station Sampled: Powder Room & Pressure Tank Taps Tax Map #:

Date/Time Sampled: Sep 23, 2005 12:25 pm Parcel #:

Owner, Telephone No.: Ajayi Sampler: 0035HB

Subdivision Name: Watermans Estates Lot Number: 6

Building Permit No.: B00152086

Well Number: HD-88-0610

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	1.2 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (RAW)	9.9 NTU	EPA 180.1	*10 NTU	Pass
pH	5.5 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter

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



Sharon K. Cassell

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level