

C1 1439 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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 3 28 08

Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-85-1565

OWNER Pugh, Rosemary Lynn, Brian TOWN West Friendship SUBDIVISION Wild Flower Woods SECTION LOT 2

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, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Gray Limestone, Dryholes, Cement cuttings, and Cement cuttings.

NUMBER OF UNSUCCESSFUL WELLS: 2

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"

DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE

LIC. NO. 1 D

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

GROUTING RECORD YES (Y) NO (N)

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 36 NO. OF POUNDS 3384

GALLONS OF WATER 216

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 53 BOTTOM 58 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 56

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

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) 1 H0 2 56 3 250

Table with columns: A, C, H, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-24, 26-30, 32-36, 36-39, 41-45, 47-51)

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min.) 20

METHOD USED TO MEASURE PUMPING RATE 190L

WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft.

WHEN PUMPING 50 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 (CIRCLE) (YES or 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

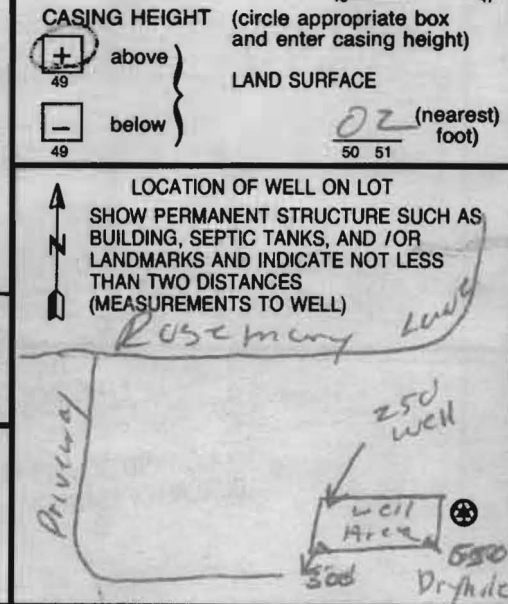
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) above below 02 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 8223

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528505 please type

STATE PERMIT NUMBER HD-95-1565 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Pugh Brian 15 Last Name Owner First Name 34 36 3301 Rosemary Lane Street or RFD 55 57 Town 70 State 72 Zip 76 ELLICOTT CITY MD 21043

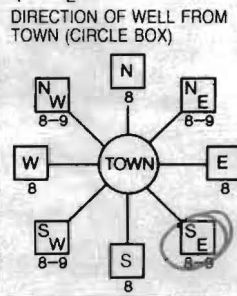
LOCATION OF WELL

B 3 Howard 8 COUNTY 21 Wild Flower Woods 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 WEST Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009 76 License No. 81 Firm Name Eagles Well Drilling Address 6003 Woodbine rd. 21787 Signature Date 2-19-08

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Rosemary Lane 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD 34 1000 37 FT ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 5 PARCEL 272

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 4517375 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/3/04 3/3/04 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 526 000 EAST GRID 813 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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

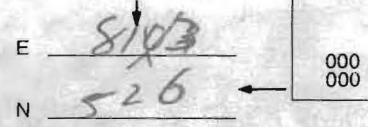
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [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 52

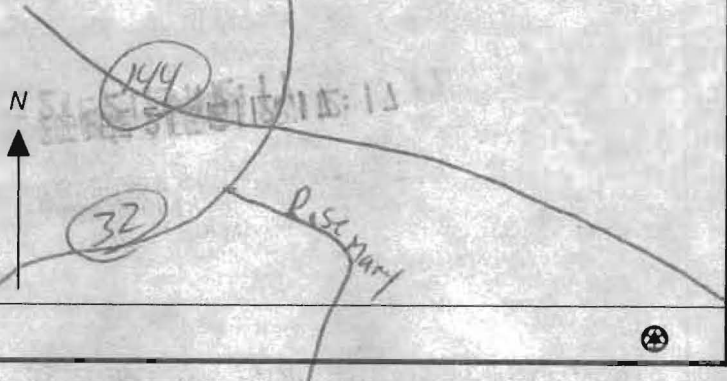
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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)

APPROP. PERMIT NUMBER G PERMIT No. HD-95-1565 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Willoughby Plumbing Telephone #: 410-781-7051
Address: 12203 PATRICK DR
SIXESVILLE, 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): Chris Willoughby License# 6992

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: KATHLEEN PENSKY Telephone #: 410-719-2365
Subdivision: WILD FLOWER LOT Lot #: 2 Well Tag #: HO 95-2509
Site Address: 3299 ROSEMARY LANE
WEST FRIENDSHIP MD 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GRINDFO Make: HARVARD Two piece watertight cap: [checked]
Model #: Model#: Depth: 48" (36" min) Screened, vented well cap: [checked]
Pump Capacity: GPM Depth: NSF/WSC approved: Conduit min 18" B.G.: [checked]
Well Yield: 6 GPM Depth of well encountered at time of pump installation: 250 (feet) Conduit secured to well cap: [checked]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety ropes, if used, attached to brass rope adapter or other acceptable method inside of well casing [checked]

Piping to house House Connection
Type: CREST LINE PVC sleeve to undisturbed soil at wall penetration: [checked]
PSI: 1/4 (160 psi min) Length of sleeve(5' minimum from foundation): 6'
Depth of supply line: [checked] (36" min) Sleeve sealed properly: [checked]

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.

Chris Willoughby 5-28-2013
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: 5/29/13 Inspector: [signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Wildflower Woods 2 Rosemary Lane
Subdivision/Property Name Lot# Road Name

- The well site has been staked by Christopher Consultants
(professional land surveyor or company employing professional land surveyors)
on 2-27-08 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

PROPOSED LAT FLUSH W/ PROPOSED GRADE. dso
= 0.8' MIN
THICKNESS 2.0'

LOT 2
173,521 SQ.FT.
OR 3.984 ACRES
4'x4'
DISTRIBUTION BOX
INV. IN = 509.0
INV. OUT = 508.7
EX. GROUND = 512.1

EX. SEPTIC RESERVE AREA
(10,250 SF)

SEPTIC TANK
IV. IN = 509.5
IV. OUT = 509.2
X. GROUND = 513.0
OP = 510.5

PR. SEPTIC RESERVE AREA
(11,126 SF)

PROPI. BIO-RETENTION AREA

5' GRAVEL DIAPHRAGM (TYP.)

= 0.97 AC.
= 0.97 AC.

BIORETENTION AREA

SEPTIC LINE
INV. FROM THE HOUSE = 514.5

FFE = 527'
BFE = 517'

EX. SEPTIC RESERVE AREA
(10,395 SF)

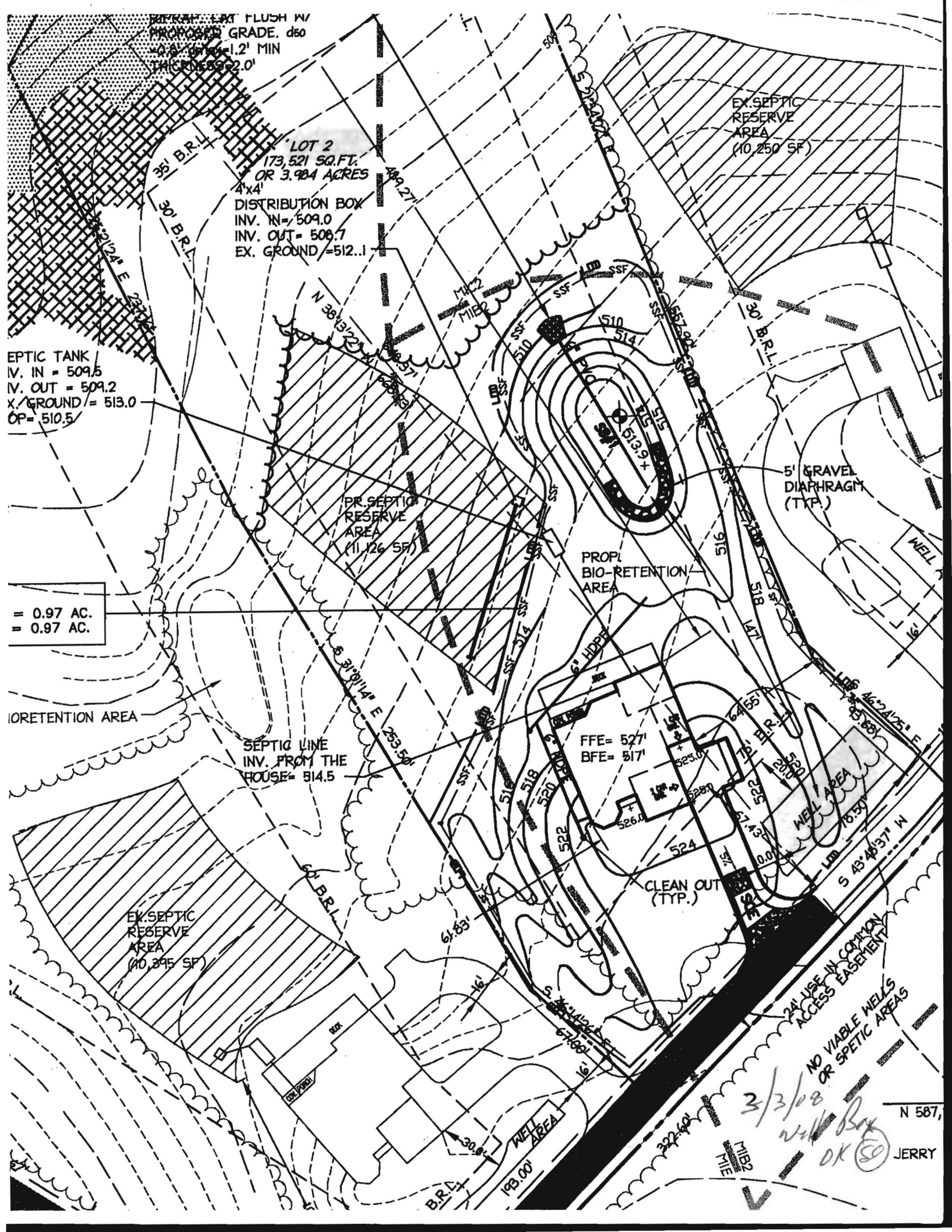
CLEAN OUT (TYP.)

24' USE IN COMMON ACCESS EASEMENT
NO VIABLE WELLS OR SEPTIC AREAS

3/3/08
well Box
OK (SO)

N 587,

JERRY





TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Kathleen Pensy
 6003 Ivy League Drive
 Catonsville, Maryland 21228

S/O Number: 91572

Report Date: December 20, 2013

Property Sampled: 3299 Rosemary Lane, 21794
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Wildflower Woods
Parcel: 271

Lot #: 2

Date/Time Collected in Field: December 19, 2013 @ 2:57 pm
Date/Time Received in Lab: December 19, 2013 @ 4:22 pm

Well Tag #: HO-95-1565
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

*Results of
 12/20/13
 HS*

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	4.4 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	1.4 NTU ✓	Pass
pH	SM 4500-H ⁺ B	*6.5-8.5 Units	5.9 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.