

C1 0264
 SEQUENCE NO. (MDE USE ONLY)
 1 2 6
 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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A518641

ST/CO USE ONLY
 DATE RECEIVED MM DD YY
 06 15 06
 DATE WELL COMPLETED MM DD YY
 06 15 06
 Depth of Well 22 240 26
 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 HO-95-0386
 28 29 30 31 32 33 34 35 36 37

OWNER Cloverfield/Pfefferkorn LLC
 STREET OR RFD Off Pfefferkorn Rd
 SUBDIVISION Cloverfield SECTION _____ TOWN Glenside 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	
Sandy	2	80	✓
Sand Stone	80	85	
Micka	85	100	
Sand Stone	100	105	
Micka	105	240	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 18 NO. OF POUNDS 1800
 GALLONS OF WATER 108
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 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) 90
 60 61 63 64 66 70

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

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

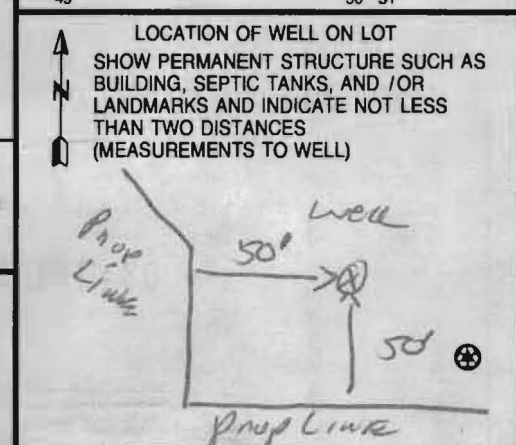
DEPTH (nearest ft.)
 1 2
 HO 88 240
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
 23 24 25 26 27 28 29 30 31 32 33 34 35 36
 38 39 40 41 42 43 44 45 46 47 48 49 50 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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
 1 2
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 6
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 32 ft.
 WHEN PUMPING 65 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) 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 } 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y 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 28.04.04 "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 5D 112
 DRILLERS SIGNATURE _____
 LIC. NO. 1 _____ D _____
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 0982

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 524386

STATE PERMIT NUMBER

HO-95-0386 fill in this form completely

Date Received (APA) 4/3/06

OWNER INFORMATION

8 MM DD YY 13 Cloverfield / PFEFFERKORN LLC 15 Last Name Owner First Name 34 36 3060 Rt 97 Street or RFD 55 57 GLENWOOD MD 21738 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL

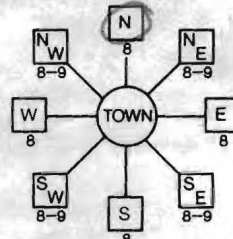
8 COUNTY 21 23 SUBDIVISION CLOVERFIELD 42 SECTION 44 46 LOT I 48 50 52 NEAREST TOWN GLENELG 71 MILES FROM TOWN (enter 0 if in town) I MI 73 76 77 78

DRILLER INFORMATION

RALPH E. MAYNE INC M S D 117 Driller's Name 76 License No. 81 RALPH E. MAYNE INC Firm Name 17024 Handy Rd Mt Airy MD 21771 Address Signature Date 3/25/06

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ROAD A 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 15 BLK: PARCEL 4

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 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 (13) A518641 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/17/06 CO SIGNATURE EXP. DATE 5/18/07 NORTH GRID 536 000 EAST GRID 803 000

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 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

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

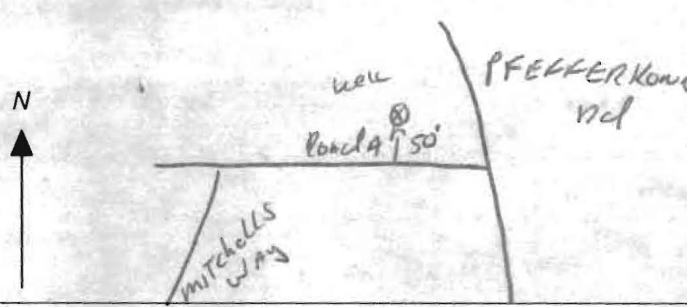
APPROX. PERMIT NUMBER H02006G006/01 PERMIT No. HO-95-0386

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 536 803 N 800 536

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 26.64.04 (GSD Well Construction II)

Company Name: R & G Water Systems, Inc. **Phone #:** 410-239-0700
Address: 4899 Spah Drive
Stonabrook, MD 21102

Shower/Sink Size: 410-239-2429 or 800-352-9189

License # and name of individual responsible for the field installation: 20141
Name (Print): RICKY L. RUSSELL

*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: ANTHONY HINES **Telephone #:** _____
Subdivision: LOVEFIELD / THE HERBULEY **Well Tag #:** HO-95-0386
Site Address: 13506 MITCHELLS WAY
WEST FREDERICK, MD 21774

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Casing
Make: <u>GRUND FOS</u>	Make: <u>HARVAK</u>	Two piece waerlight cap: <input checked="" type="checkbox"/>
Model #: <u>155SG07-180</u>	Model: <u>PT300</u>	Screened vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15 GPM</u>	Depth: <u>42" (36" min)</u>	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6 GPM</u>	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" R.G.: <input checked="" type="checkbox"/>
		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
 All pipe sections of Cable glands are required - Must include one
 Safety rope, if used, attached to inside of well casing with eye hook _____

Pipe to house	Minse Construction
Type: <u>1 1/2"</u>	PVC secured to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160 (160 psi min)</u>	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>44" (36" min)</u>	Sleeve caulked and sealed properly: <u>FERREX</u>

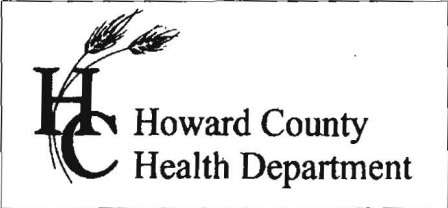
The water supply line is required to be at least ten feet from the septic tank, pump chamber, seepage piping, distribution box, drainfields, and seepage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 12/30/08

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

Date Insp. Requested: 12/30/08 **Date Insp. Approved:** 12/30/08
Inspection Data: Pitless adapter and water supply line at least 36" below grade:
 Two piece cap installed and attached to casing securely:
 Elec. conduit secured at least 18" below grade/attached to cap properly:
 Safety rope installed inside of well casing:
 Correct well tag attached properly and casing 5" above finished grade:
 Water supply line sleeved adequately at house connection:
 Adequate ground observed below pitless adapter:

Rec. 24386
ed 4/3/06



7178 Columbia Gateway Dr. • Columbia, MD 21046
(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

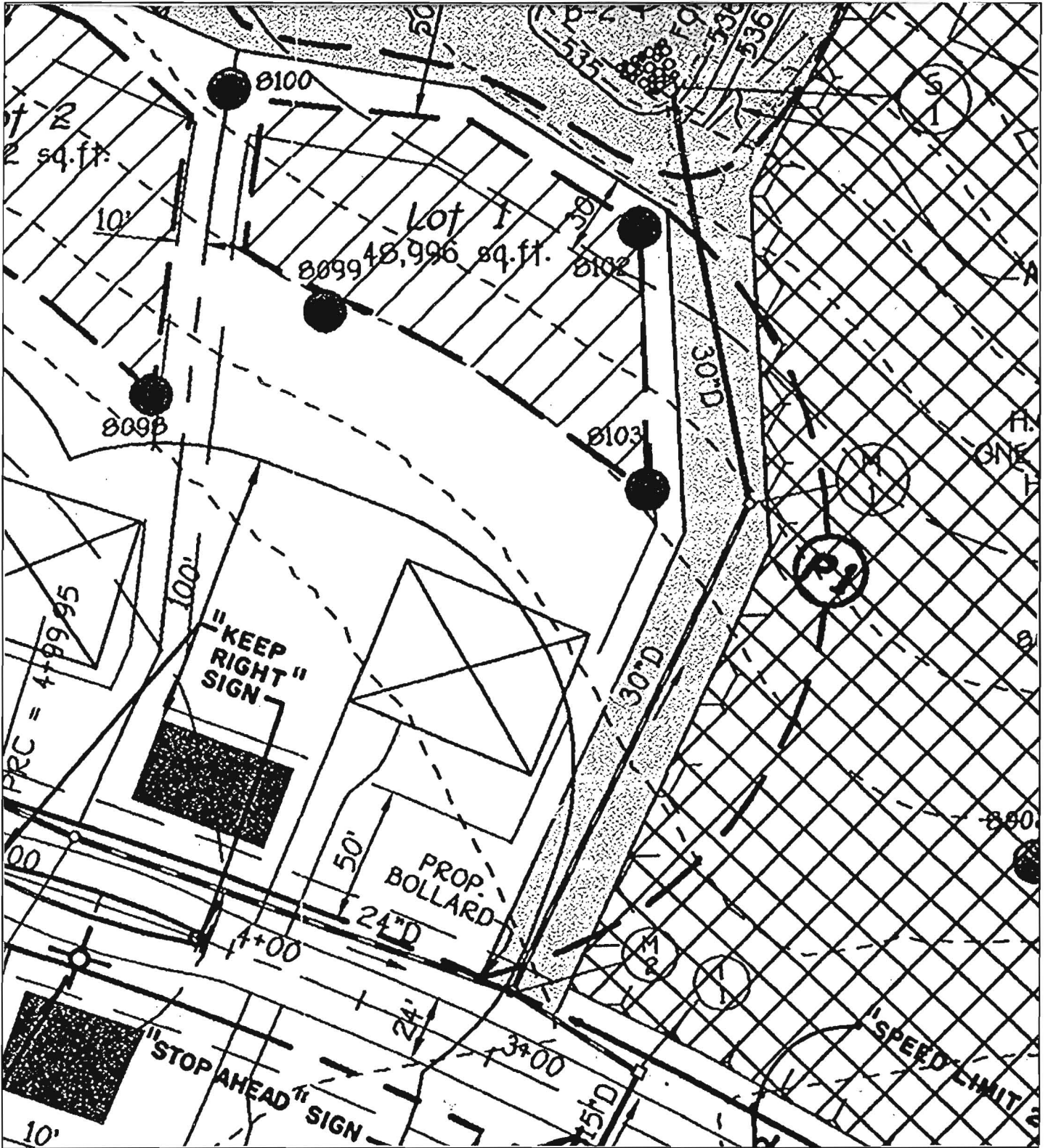
ATTENTION WELL DRILLERS!!!

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
by 3/31/06 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



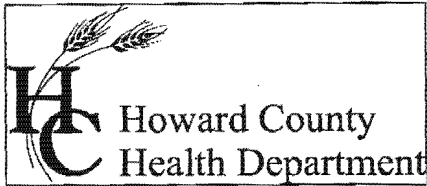
HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 1
CLOVERFIELD

TAX MAP #15 ZONED: RC-DED PARCEL: 4
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 21, 2006

LAND PLANNING DEVELOPMENT MARKETING ZONING VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, OLDWOOD, MD 21738 PHONE: 410-486-7800



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

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

June 22, 2009

Homeowner
13506 Mitchells Way
West Friendship, MD 21794

SENT VIA FACSIMILE 410-442-2215

RE: Cloverfield, Lot 1
13506 Mitchells Way
BP # B08003252
Well Permit #HO-95-0386

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 01/09/2009. Final approval of the well line connection to the dwelling was approved on 12/30/2008.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

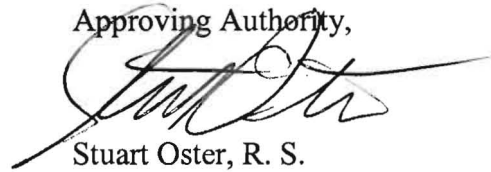
INTERIM CERTIFICATE OF POTABILITY

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-95-0386. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/19/2009
Date of Well Completion: 06/15/2006

Approving Authority,

A handwritten signature in black ink, appearing to read 'Stuart Oster', written over the printed name below.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
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:
Catonsville Builders
11175 Stratfield Court
Marriottsville, Maryland 21104

S/O Number: 73010
Report Date: June 22, 2009

Property Sampled: 13506 Mitchells Way

County: Howard
Subdivision: Estates at Cloverfield **Tax Map #:** 15
Lot #: 1 **Parcel #:** 4
Building Permit #: B08003252

Date/Time Collected: June 19, 2009 at 12:20 pm
Date/Time Received: June 19, 2009 at 3:30 pm

Sample Location: Pressure Tank Tap **Samples Iced:** Yes
Sampler ID: 5745KC **Residual Cl₂ <0.1 mg/L:** Yes

Well Tag Number: Tag Buried
Well Condition: 2-Piece Cap
2 Bolts Loose
Cap Tight

*6/22/09
called R & B Water Systems
They will fix (so)*

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	3.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.3 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
Allison R. Milburn
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.