

C1 1359 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.

(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 DEC 22 2010

Depth of Well 22 280 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 2034

OWNER MURPHY WILLIAM FLAMEWOOD DRIVE CLARKSVILLE MARYLAND 21029

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include DIRT, RED CLAY & BR MICA, SOFT BR MICA, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL 0 to 60 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 62

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to. Rows include PL 4 130 190, PL 4 200 260, PL 4 270 280.

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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 W D 296 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M W D 296

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

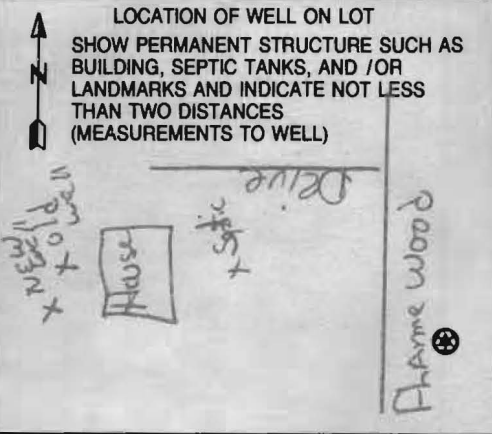
DEPTH (nearest ft.) table with columns: casing height, depth. Rows include PL 120 130, PL 190 200, PL 260 270.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 50 280 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) 4 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 248 ft. TYPE OF PUMP USED (for test) 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 49 LAND SURFACE - below 2 (nearest foot) 50 51



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: Central Water Telephone #: 410-833-8415
Address: 250 Engler Ct Suite 8
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael DODD License# PJ 0161

*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: William Murphy Telephone #: 410-451-6492
Subdivision: Lot #: Well Tag #: HO-95-2034
Site Address: 7432 FlameWood DR
Clarksville, MD 21024

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap: [checked]
Model #: Model#: Screened, vented well cap:
Pump Capacity GPM Depth: 1/2" (36" min) Cap secured to casing:
Well Yield: 4 GPM NSF approved: [checked] Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: (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
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: PVC PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve:
Depth of supply line: (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 of company representative responsible for installation date 12/28/10

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

Date Insp. Requested: Date Insp. Approved: 1/4/11 (RD) OK
Inspection Data: Pitless adapter and 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 installed inside of well 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]

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

4412 Old Orchard Rd., Westminster, MD 21157 (410) 848-1014 (410) 876-4551 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 78140	Account #: 1490
Reference: Bill Murphy	Company: Central Water & Air Solutions
Location: 7432 Flamewood Drive	Requested By: Bob Breighner
Clarksville, MD 21029	Source: Well Water
Date/ Time Collected: 1/11/2011 0925	Site: Kitchen Sink Tap
Date/Time Rec'd: 1/11/2011 1038	Treatment: None
Chlorine ppm: Free: ND Total: ND	pH: 6.9
Collected By: M. Dodd 6244MD	Well #: HO-95-2034

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM18 9223	1/12/2011 / 0830 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/12/2011 / 0830 / KME
Nitrate	3.93	mg/L	10	601	1/12/2011 / 0930 / CCH
Turbidity	0.69	NTU	<10	SM18 2130B	1/12/2011 / 0850 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	1/12/2011 / 0900 / KME

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L.)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : HoCHD/ New Well

Date Reported: 1/12/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd., Westminster, MD (410) 348-1013 (410) 876-4354 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 78191 Account #: 1490
 Reference: Bill Murphy Company: Central Water & Air Solutions
 Location: 7432 Flamewood Drive Requested By: Bob Breighner
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 1/14/2011 0930 Site: Kitchen Sink Tap
 Date/Time Rec'd: 1/14/2011 1038 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.9
 Collected By: M. Dodd 6244MD Well #: HO-95-2034

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/15/2011 / 1030 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/15/2011 / 1030 / BCD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested on-site

Reason for Test : HoCID/ New Well

Date Reported: 1/17/2011

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

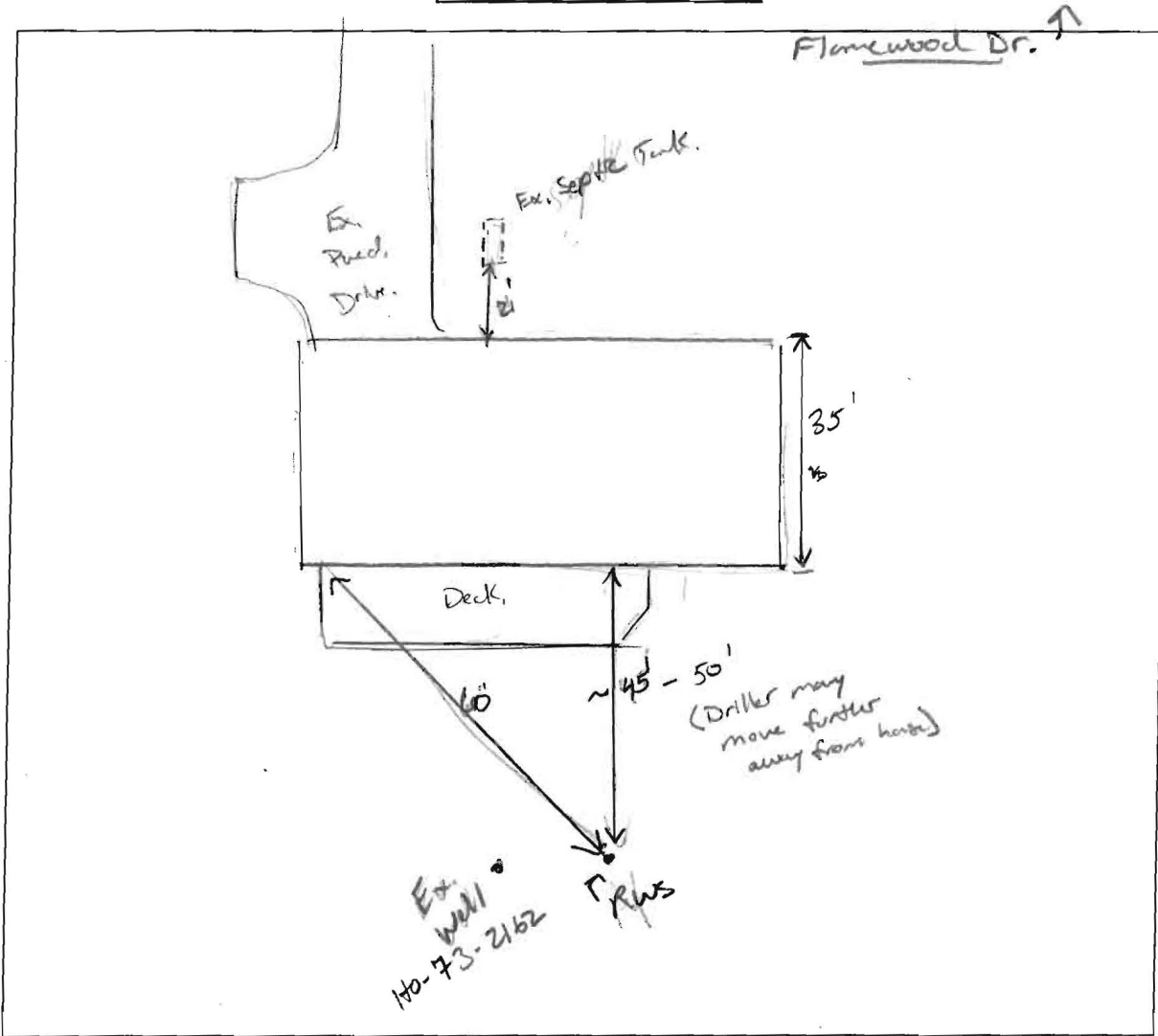
ADDRESS: 7432 Flomewood Dr. CONTRACTOR: Westminster Well Drilling

WELL TAG #: 73-2162 (Ron Kyker)

SUBDIVISION: _____ LOT: _____ COUNTY #: (13)

PROPOSAL: out of H₂O

LOCATION DIAGRAM



COMMENTS: Keep RWS min 45' removed from house. Homeowner wants to
keep well. Told him that he either must install spicket or connect
to new well.

DATE: 12/16/10 INSPECTOR: K. Wolf