

C1 14168

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 512673

ST/CO USE ONLY DATE Received 04/11/02

DATE WELL COMPLETED 07/18/03

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3679

OWNER Thompson last name Green Hollow Way first name Date TOWN Highland 13 SUBDIVISION Owens Prop SECTION LOT 13

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. Rows include Top Soil, Sandy, Sand Stone, MICKA B, Sand Stone, MICKA B, Sand Stone, MICKA B.

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 11 NO. OF POUNDS 1700 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 24 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 26

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.)

Table for DEPTH with columns: 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

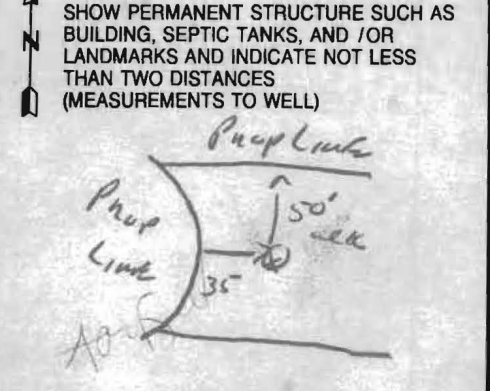
PUMPING TEST

HOURS PUMPED (nearest hour) 3/8/9 PUMPING RATE (gal. per min.) 10.15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35/17/20 WHEN PUMPING 55/22/25 TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [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 [-] below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 037A

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3679 fill in this form completely

Date Received (APA) 04 11 03

OWNER INFORMATION

Thompson DALE INC 6300 WOODSIDE Ct Columbia MD 21043

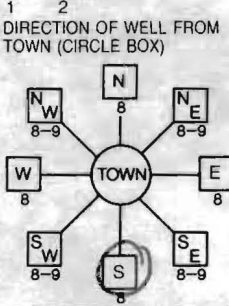
LOCATION OF WELL

Howard Owings Png Highland

DRILLER INFORMATION

Ralph E. MAYNE M SD 117 Ralph E. MAYNE Well Drilling 17024 Handy Rd Mt Airy MD 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HIGHLAND Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH 34 1600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 40 BLK: 4 PARCEL 44

WELL INFORMATION

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 512673 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 04 21 03 EXP. DATE 04 21 04 NORTH GRID 491 0 0 0 EAST GRID 810 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)

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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER HO 2002G003 PERMIT No. HO-94-3679

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

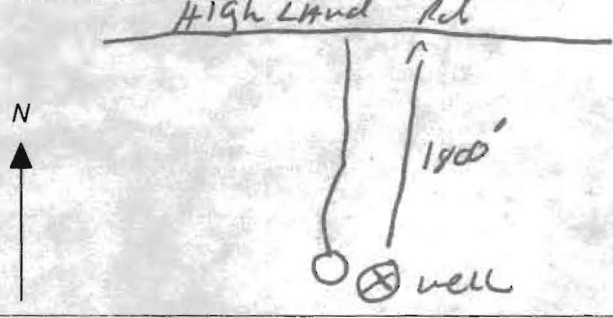
SOURCES OF DRILLING WATER

- 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 49049

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 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WILLOUGHBY PLUMBING Telephone #: 410-549-2323
Address: 6203 PATRICK DR
SUKESVILLE, 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 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: RUNNING BROOK LLC Telephone #: 410-997-6730
Subdivision: Harwood W. Bluffs Property Lot #: 13 Well Tag #: HO 94-31279
Site Address: 6837 GREEN HOLLOW WAY
HIGHLAND, MD 20777

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: JACOZZI Make: HARVARD Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity 0 GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: _____ Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 200 (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: CRESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 1" (160 psi min) Approximate length of sleeve: 6'
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.

Debi waerber 3/19/07
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: _____
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 groud observed below pitless adapter _____

Kevin inspected WPT 3/20/07

CERTIFICATE OF ANALYSIS



Requester:
 Dale Thompson Builders
 6300 Woodside Court
 Columbia, Maryland 21046

S/O Number: 65036
Report Date: September 4, 2007

Trace Laboratories, Inc.
 Maryland

5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email: tracelab@connext.net
www.traceilabs.com

Property Sampled: 6837 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook
Lot #: 13
Building Permit #: B02006462
Tax Map #: 40
Parcel #: 44

Date/Time Collected: August 31, 2007 at 9:00 am
Date/Time Received: August 31, 2007 at 10:02 am

Maryland State Certified
 Water Quality Laboratory
 No. 318

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3679
Well Condition: 2-Piece Cap
 Satisfactory

ISO 9001:2000



Water Conditioning/Treatment: Softener



Cert No. C2005-01504

PARAMETER	RESULT	METHOD	MCL	
Turbidity	3.1 NTU	EPA 180.1	10 NTU	Pass
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

CERTIFICATE OF ANALYSIS



**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
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Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01304

Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 64894
Report Date: August 20, 2007

Property Sampled: 6837 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook
Lot #: 13
Building Permit #: B06006462
Tax Map #: 40
Parcel #: 44

Date/Time Collected: August 17, 2007 at 11:05 am
Date/Time Received: August 17, 2007 at 2:00 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3679
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	27 NTU	EPA 180.1	10 NTU	High
Iron	3.0 mg/L as Fe		*0.3 mg/L as Fe	***
pH	6.6 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

Note: The high turbidity in this water sample is most likely caused by the elevated iron level.

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.

CERTIFICATE OF ANALYSIS



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Maryland

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www.tracclabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 65036
Report Date: September 4, 2007

Property Sampled: 6837 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook
Lot #: 13
Building Permit #: B02006462
Tax Map #: 40
Parcel #: 44

Date/Time Collected: August 31, 2007 at 9:00 am
Date/Time Received: August 31, 2007 at 10:02 am

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3679
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Softener

PARAMETER	RESULT	METHOD	MCL	
Turbidity	3.1 NTU	EPA 180.1	10 NTU	Pass
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Katherine Cannon FOR
Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

CERTIFICATE OF ANALYSIS



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Maryland

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Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 65036
Report Date: September 6, 2007
AMENDED

Property Sampled: 6837 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook
Lot #: 13
Building Permit #: B02006462
Tax Map #: 40
Parcel #: 44

Date/Time Collected: August 31, 2007 at 9:00 am
Date/Time Received: August 31, 2007 at 10:02 am

Sample Location: Laundry Tub Tap & Pressure Tank Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3679
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Softener

PARAMETER	RESULT	METHOD	MCL/SMCL*	
Turbidity (Raw)	11.7 NTU	EPA 180.1	10 NTU*	High
Turbidity (Treated)	3.1 NTU	EPA 180.1	10 NTU*	Pass
Iron (Raw)	0.5 mg/L		0.3 mg/L*	
Iron (Treated)	0.2 mg/L		0.3 mg/L*	
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

CERTIFICATE OF ANALYSIS



Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 65036
Report Date: September 5, 2007
AMENDED

Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
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ISO 9001:2000



Cert No. C2005-01504

Property Sampled: 6837 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook
Lot #: 13
Building Permit #: B02006462
Tax Map #: 40
Parcel #: 44

Date/Time Collected: August 31, 2007 at 9:00 am
Date/Time Received: August 31, 2007 at 10:02 am

Sample Location: Laundry Tub Tap & Pressure Tank Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3679
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Softener

PARAMETER	RESULT	METHOD	MCL	
Turbidity (Raw)	3.1 NTU	EPA 180.1	10 NTU	Pass
Turbidity (Treated)	11.7 NTU	EPA 180.1	10 NTU	High
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Need pre & post water analysis for Iron not Turbidity

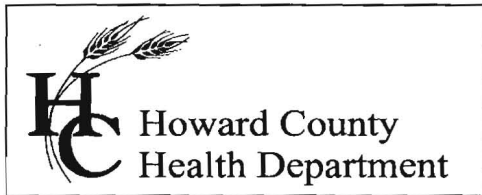
9/6/07

called lab. 9:40am

Running test for IRON Now!

Need results for ICOP!

Allison R. Milburn
Allison R. Milburn
Manager-Drinking Water Testing



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

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

September 6, 2007

Homeowner
6837 Green Hollow Way
Highland, MD 20777

SENT VIA FACSIMILE 410-381-8747

RE: Highland Overlook, Lot 13
6837 Green Hollow Way
Highland, MD 20777
BP # B06006464
Well Permit #HO-94-3679

Dear Homeowner:

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 3/16/2007. Final approval for the well installation was granted on 3/20/2007.**

This is a **Temporary Deviation** to allow additional time for radium testing and installation of a water treatment device if the radium levels exceed the EPA recommendations. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards, then a treatment device will have to be installed and an additional water sample will have to be collected to make sure that the treatment device is working properly.

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. Moreover, nitrate levels and sand levels were also acceptable. The turbidity sample results were previously documented to be 27.0 NTU's on 8/17/2007. A treatment device (water softener) **has** been installed to treat the excessive turbidity, and is functioning properly as evidenced by a post-treated water test results of 3.1 NTU's sampled on 8/31/2007. The water sample results were found to be in compliance with COMAR water quality standards.

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-94-3679. 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.

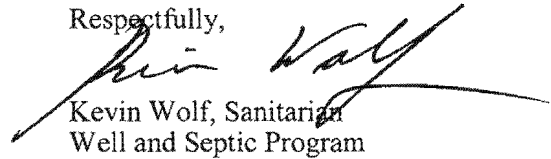
This **temporary deviation is good for sixty days** to allow time for water sampling and treatment if necessary. **An Interim Certificate of Potability will be issued upon submission of a water sample report that documents a Radium level that is within the EPA standards.**

The Health Department has no objection to the issuance of temporary Use and Occupancy for the above referenced property.

Date of Initial Water Sample(s): 8/17/2007, 8/31/2007, **PENDING RADIUM TESTS**

Date of Well Completion: 7/18/2003

Respectfully,

A handwritten signature in black ink, appearing to read "Kevin Wolf", is written over the typed name and title.

Kevin Wolf, Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Services
File