

C1 7275

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Spring Mill, LLC. STREET OR RFD: Goose Chase Way. TOWN: Cloverfield. SECTION: 2. LOT: 5.

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Entries include red clay, Brown shale, and Gray Limestone.

GROUTING RECORD section including GROUTING RECORD, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD section including CASING RECORD, MAIN CASING TYPE, Nominal diameter top (main) casing, and Total depth of main casing.

OTHER CASING (if used) section including diameter and depth.

SCREEN RECORD section including screen type or open hole, SCREEN RECORD, and DEPTH (nearest ft.).

PUMPING TEST section including PUMPING TEST, HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, and TYPE OF PUMP USED.

PUMP INSTALLED section including DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, and PUMP COLUMN LENGTH.

NUMBER OF UNSUCCESSFUL WELLS and WELL HYDROFRACTURED status.

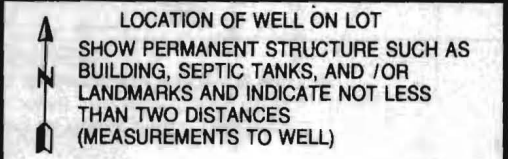
- CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; E ELECTRIC LOG OBTAINED; P TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M 3D 009. DRILLERS SIGNATURE. LIC. NO. D.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section including T (E.R.O.S.), W Q, and TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



Handwritten note: No survey stakes

B 1 5659

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-1336

fill in this form completely

52786 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Spring Mill LLC

15 Last Name Owner First Name 34

P.O. Box 417

36 Street or RFD 55

Ellicott City MD 21041

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Allen Compton MS D 009

76 Driller's Name License No. 81

Eagles Well Drilling

1 Firm Name

6003 Woodbine rd.

Address

Allen Compton 2-25-08

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

B 3

LOCATION OF WELL

Howard

8 COUNTY 21

Clowersfield

23 SUBDIVISION 42

SECTION 2 LOT 5

44 46 48 50

West Friendship

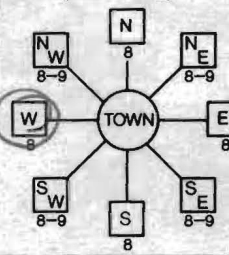
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 MI

73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Boose Chase Way

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1000 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 7 PARCEL 1A

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 9520768

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 2/25/08

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 536 000 EAST GRID 802 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEMED 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 HD 2007 GAP 003

PERMIT No. HD-95-1336

70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
2.
3.

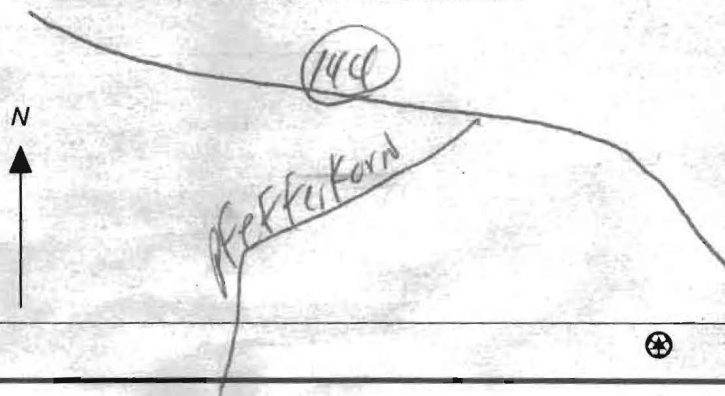
WRITE THE BOX NUMBER FROM THE MAP HERE

E 802

N 536

000
000

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

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #: HO 95-1336
 Date of Test: 2-29-08
 Subdivision Name: Cloverfield
 Section 2 Lot # 5
 Street Address: Goose Chase Way

Measuring Point (MP) Description: Top of casing
 (for ex. "Top of casing")
 Distance from MP to ground surface 2 ft.
 Well Depth 300 ft.

Well Driller: Fogle's Well Drilling
 Must be submitted with the State of Maryland Well Completion Report
 Submit to:

Pump Start Time <u>7:30</u>	Static Water level: <u>43</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

TIME	WATER LEVEL BELOW M.P.	PUMPING RATE	CALCULATED FLOW (GPM)
1 7:30	43 ft.	3	20 GPM
2 7:45	43 ft.	3	20 GPM
3 8:00	43 ft.	3	20 GPM
4 8:15	43 ft.	3	20 GPM
5 8:30	43 ft.	3	20 GPM
6 8:45	43 ft.	3	20 GPM
7 9:00	43 ft.	3	20 GPM
8 9:15	43 ft.	3	20 GPM
9 9:30	43 ft.	3	20 GPM
10 9:45	43 ft.	3	20 GPM
11 10:00	43 ft.	3	20 GPM
12 10:15	43 ft.	3	20 GPM
13 10:30	43 ft.	3	20 GPM
14	ft.		GPM
15	ft.		GPM
16	ft.		GPM
17	ft.		GPM
18	ft.		GPM
19	ft.		GPM
20	ft.		GPM
21	ft.		GPM
22	ft.		GPM
23	ft.		GPM
24	ft.		GPM
25	ft.		GPM
26	ft.		GPM
27	ft.		GPM
28	ft.		GPM
29	ft.		GPM
30	ft.		GPM

NOTES:

B 1 1031

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527862 please type

STATE PERMIT NUMBER

HO-95-1336 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Security Development Corporation 15 Last Name Owner First Name 34 P.O. Box 417 36 Street or RFD 55 Ellicott City Md 21041 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21 Cloverfield Section II 23 SUBDIVISION SECTION 2 44 46 LOT 5 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 M 1 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L Mayne M 5 D 24 76 License No. 81 Firm Name Joseph L Mayne Wood Drilling Address 5512 Ridge Rd Mt. Airy Md 21771 Address Signature Joseph L Mayne 10-15-07 Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Goose Chase Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH DISTANCE FROM ROAD 34 40 37 ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 7 PARCEL 19

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)

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 (3) A520768 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/30/2007 Brian Baker 10/30/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 536000 EAST GRID 802 000 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 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) 30 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

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

APPROP. PERMIT NUMBER H02007G003 PERMIT No. HO-95-1336 70 71 72 73 74 75 76 77 78 79

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 802 N 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

N



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

1 2 3 4
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 2/29/08

Depth of Well
 22 300 20
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-95-1336
 28 29 30 31 32 33 34 35 36 37

OWNER: Spring Mill, LLC
 STREET OR RFD: Goose Chase Way TOWN: _____
 SUBDIVISION: Cloverfield SECTION: 2 LOT: 5

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	
red clay	0	4	
Brown Shale	4	36	
Gray Limestone	36	300	✓

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 11 NO. OF POUNDS 1034
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 39 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: ST Nominal diameter top (main) casing (nearest inch): 06 Total depth of main casing (nearest foot): 42

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	Inch		from	to

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

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 26.04.04 "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. M5D009
 DRILLERS SIGNATURE: _____
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C 2 DEPTH (nearest ft.)

EACH CASING	diameter		depth (feet)	
	Inch		from	to
1				
2				
3				

DEPTH OF SCREEN (NEAREST INCH)
 from 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 30

METHOD USED TO MEASURE PUMPING RATE loop

WATER LEVEL (distance from land surface)

BEFORE PUMPING 43 ft.
 WHEN PUMPING 43 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:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

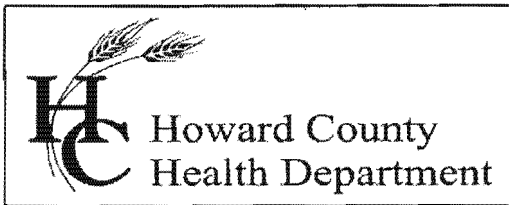
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE
 (-) 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)

No survey stakes



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 24, 2015

June 24, 2015

Homeowner
2520 Goose Chase Way
West Friendship, MD 21794

**RE: Cloverfield II, Lot 5
2520 Goose Chase Way
Building Permit: B14003231
Well Permit: HO-95-1336**

Dear Homeowner:

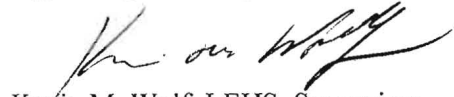
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/22/2015**. Final approval of the well line connection to the dwelling was granted on **6/19/2015**. The well construction was completed on **2/29/2008**. Water samples were collected on **6/16/2015**.

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. 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-95-1336. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is written in a cursive style with a large initial "K" and a long, sweeping underline.

Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 101324 Account #: 1045
Reference: Catonsville Homes Lot 5 Company: Atlantic Blue Water Services
Location: 2520 Goose Chase Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 6/16/2015 1200 Site: Well Tank
Date/Time Rec'd: 6/16/2015 1557 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: M. Mather 3480MM Well #: HO-95-1336

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2015 / 1030 / LLO
Nitrate	4.64	mg/L	10	601	6/16/2015 / 1630 / CRS
Turbidity	0.83	NTU	<10	SM18 2130B	6/16/2015 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/16/2015 / 1645 / CRS
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	6/16/2015 / 1700 / CRS

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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B14003231

Date Reported: 6/17/2015

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	101324	Account #:	1045
Reference:	Catonsville Homes Lot 5	Company:	Atlantic Blue Water Services
Location:	2520 Goose Chase Way West Friendship, MD 21794	Requested By:	Mark Mather
Date/ Time Collected:	6/16/2015 1200	Source:	Well Water
Date/Time Rec'd:	6/16/2015 1557	Site:	Well Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	6.3
		Well #:	HO-95-1336

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2015 / 1030 / LLO
Nitrate	4.64	mg/L	10	601	6/16/2015 / 1630 / CRS
Turbidity	0.83	NTU	<10	SM18 2130B	6/16/2015 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/16/2015 / 1645 / CRS
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	6/16/2015 / 1700 / CRS

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Reason for Test : Use & Occupancy
Building Permit # : B14003231

Date Reported: 6/17/2015

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 101324 Account #: 1045
Reference: Catonsville Homes Lot 5 Company: Atlantic Blue Water Services
Location: 2520 Goose Chase Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 6/16/2015 1200 Site: Well Tank
Date/Time Rec'd: 6/16/2015 1557 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: M. Mather 3480MM Well #: HO-95-1336

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2015 / 1030 / LLO
Nitrate	4.64	mg/L	10	601	6/16/2015 / 1630 / CRS
Turbidity	0.83	NTU	<10	SM18 2130B	6/16/2015 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/16/2015 / 1645 / CRS
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	6/16/2015 / 1700 / CRS

NOTES

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Reason for Test : Use & Occupancy

Building Permit # : B14003231

Date Reported: 6/17/2015

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640- FAX: (410)313-2648
313-1771**

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: ATLANTIC BLUE Telephone #: (410)840 8112
Address: 75 ALVERNON CT SUITE 7
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): MARK MOTHER License# 63797

*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: DEBRA COLEMAN Telephone #: 410 442 2211
Subdivision: OVERHILL Lot #: 5 Well Tag #: HO-95-1336
Site Address: 2520 GOOSE CROUSE WAY
WEST FRIENDSHIP, MD 21197

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Bankley</u>	Make: <u>Camore 11</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>B7PAMS10221</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		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
Torque arrestors of 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: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>50 FT</u>
Depth of supply line: _____ (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: [Signature] date: 2/12/15

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

Date Insp. Requested: 2/12/15 Date Insp. Approved: 6/19/15 BB
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 grout observed below pitless adapter

B 1 1031

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527862 please type

STATE PERMIT NUMBER

HO-95-1336 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Security Development Corporation 15 Last Name Owner First Name 34 P.O. Box 417 36 Street or RFD 55 Elliott City Md 21114 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21 Cloverfield Section II 23 SUBDIVISION SECTION 2 44 46 LOT 5 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph K Mayne M S D O 24 76 License No. 81 Firm Name Joseph K Mayne Well Drillers of 5512 Ridgely Rd Mt. Airy Md 21771 Address Signature Joseph K Mayne 10-15-07 Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 157 BLK: 7 PARCEL: 19

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (3) A520768 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 10/30/07 CO SIGNATURE BRAUN BAKER 10/30/08 EXP. DATE NORTH GRID 536000 EAST GRID 802000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

- 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS 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)

APPROP. PERMIT NUMBER H02007G003 PERMIT No. HO-95-1336

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

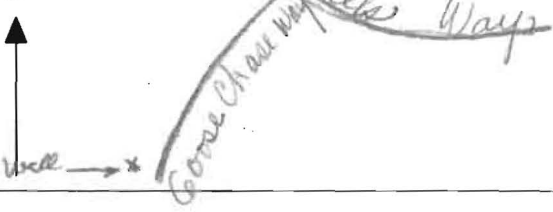
- 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 N 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

N



District 2

MD Well Permit # HO 95-1336

Date of Test: 2-29-08

Subdivision Name: Cloverfield

Section 2 Lot # 5

Street Address: Goose Chase Way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 300 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level	Pumping Rate	Calculated Flow (gallons per minute)
7:30	43 ft.	() Time to fill 1 gal. bucket () Flow meter reading (if used)	20
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	7:30	43 ft.	3 20 GPM
2	7:45	43 ft.	3 20 GPM
3	8:00	43 ft.	3 20 GPM
4	8:15	43 ft.	3 20 GPM
5	8:30	43 ft.	3 20 GPM
6	8:45	43 ft.	3 20 GPM
7	9:00	43 ft.	3 20 GPM
8	9:15	43 ft.	3 20 GPM
9	9:30	43 ft.	3 20 GPM
10	9:45	43 ft.	3 20 GPM
11	10:00	43 ft.	3 20 GPM
12	10:15	43 ft.	3 20 GPM
13	10:30	43 ft.	3 20 GPM
14		ft.	GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES: