

C1 3153 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A 526292

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

DATE WELL COMPLETED MM DD YY 11 28 2007

Depth of Well 22 360' 26 (TO NEAREST FOOT) 2/1/08

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 1348 28 29 30 31 32 33 34 35 36 37

OWNER JMG Builders Inc last name first name STREET OR RFD Howard Lodge Dr TOWN Sykesville Md SUBDIVISION Nelson Property SECTION LOT 2B

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown shale 0 22, Gray Mica Rock 22 360 ✓

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 9 NO. OF POUNDS 45 46 252 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 24 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 26

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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. 1 M S D O 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

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

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

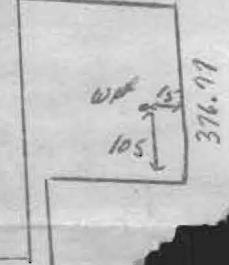
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 86 ft. TYPE OF PUMP USED (for test) S submersible

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) 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)

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 1056

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527889 please type

STATE PERMIT NUMBER

HO-95-1348 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

J.M.G. Builders Inc Last Name Owner First Name 34

P.O. Box 1281 Street or RFD 55

Sykesville Md 21784-1281 Town State Zip 76

B 3

LOCATION OF WELL

Howard 8 COUNTY 21

Nelson Property 23 SUBDIVISION 42

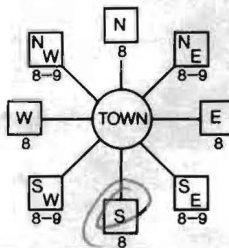
SECTION 44 46 LOT 2B 48 50

Sykesville 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M 73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Howard Lodge Drive 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH

34 800 37 DISTANCE FROM ROAD 38 39 ENTER FT OR MI

TAX MAP: 9 BLK: 12 PARCEL 306

DRILLER INFORMATION

Joseph L. Wayne MS D024 Driller's Name License No. 81

Joseph L. Wayne Well Drilling Firm Name

5512 Ridge Rd. Mt Airy Md 21771 Address

Joseph L. Wayne 10/25/07 Signature Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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 13 A526292 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S DATE ISSUED 11/8/2007 Brian Baker 11/8/2008

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 549 0 0 0 EAST GRID 815 0 0 0

APPROXIMATE DEPTH OF WELL 300 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)

- 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)

APPROX. PERMIT NUMBER

PERMIT No. HO-95-1348

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 8195
N 5509

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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: Hughes Plumbing Service Telephone #: (413) 340-7994
 Address: 1000 Western Chapel Rd.
New Windsor, Md. 21776

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Daniel Hughes License# 23837

*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: Chris & Jessica Shannon Telephone #: (410) 442-8068
 Subdivision: _____ Lot #: 2B Well Tag #: EO-95-1348 ✓
 Site Address: 12386 Howard Lodge Drive
Sykesville, Md. 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: <u>Merrill</u>	Two piece watertight cap: <u>Y</u>
Model #: _____	Model#: <u>55MB50</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>Y</u>

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 rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

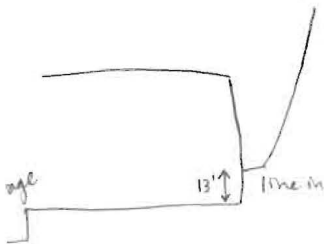
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>Y</u>

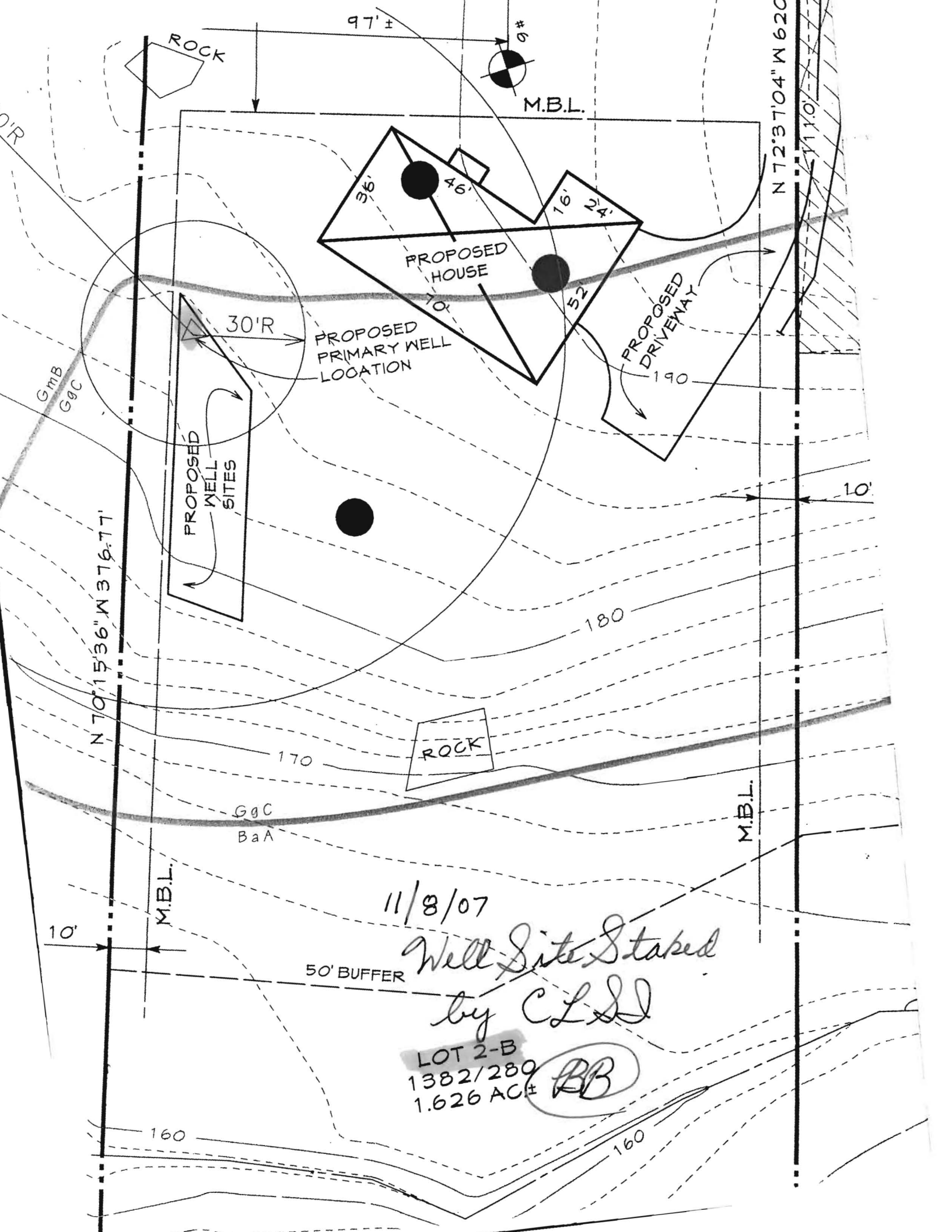
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Daniel Hughes Signature of company representative responsible for installation 6-24-15 date

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

Date Insp. Requested: 6/25/15 Date Insp. Approved: 6/25/15 Inspector: SC
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
 well Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓
 Safety rope not outside of well cap/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 ✓



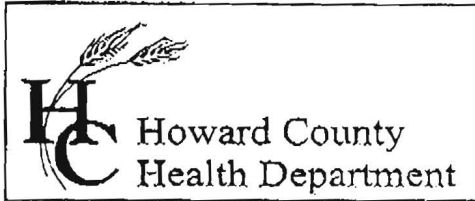


11/8/07

Well Site Staked
by CLLD

LOT 2-B
1382/280
1.626 AC±

BB



7178 Columbia Gateway Drive, 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

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:

Nelson Property 2B Howard Lodge Dr.
 Subdivision/Property Name Lot# Road Name

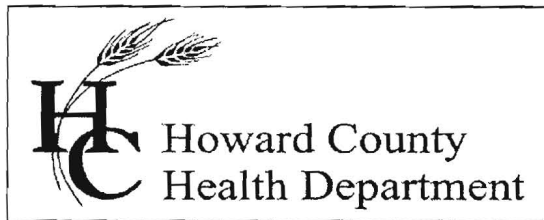
The well site has been staked by CLSI
 (professional land surveyor or company employing professional land surveyors)
 on 10-19-02 (date) and does not require a site inspection.

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

JMG Builders Inc
410-549-4761



Bureau of Environmental Health

8930 Stanford Boulevard, 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 – FEBRUARY 27, 2016

August 27, 2015

Homeowner
12386 Howard Lodge Drive
Sykesville, MD 21784

**RE: Nelson Property, Lot 2B-2C
12386 Howard Lodge Drive
Building Permit: B14003794
Well Permit: HO-95-1348**

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 **8/27/2015**. Final approval of the well line connection to the dwelling was granted on **6/25/2015**. The well construction was completed on **11/28/2007**. Water samples were collected on **8/18/2015 and 8/24/2015**.

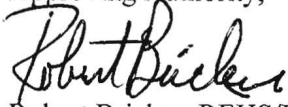
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1348. 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 that reads "Robert Bricker". The signature is written in a cursive style with a large, prominent initial "R".

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
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 #: 102691 Account #: 4226
Reference: Shannon Residence Company: Viking Development Corporation
Location: 12386 Howard Lodge Drive Requested By: Cary Cumberland
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/24/2015 1220 Site: Pressure Tank
Date/Time Rec'd: 8/24/2015 1350 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Yeager 6176JY Well #: HO-95-1348

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/25/2015 / 0845 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/25/2015 / 0845 / CCH

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 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory

Reason for Test : Use & Occupancy

Building Permit # : B14003794

Date Reported: 8/25/2015

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 #: 102569 Account #: 4226
Reference: Shannon Residence Company: Viking Development Corporation
Location: 12386 Howard Lodge Drive Requested By: Cary Cumberland
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/18/2015 1207 Site: Pressure Tank
Date/Time Rec'd: 8/18/2015 1312 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Yeager 6176JY Well #: HO-95-1348

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM18 9223	8/19/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/19/2015 / 1030 / LLO
Nitrate	<1.0	mg/L	10	601	8/18/2015 / 1610 / CRS
Turbidity	8.88	NTU	<10	SM18 2130B	8/18/2015 / 1640 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/18/2015 / 1640 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory

Reason for Test : Use & Occupancy**Building Permit # :** B14003794Date Reported: 8/19/2015