

C1 | 2942 | (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.

COUNTY NUMBER AS23394

1 2 3 8
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DO YY
8 13

DATE WELL COMPLETED
MM DO YY
12 12 2006

Depth of Well
22 400 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
76-95-0590

OWNER Richard
STREET OR RFD Boka Valley Ct TOWN Woodbine 21297
SUBDIVISION Boka Valley SECTION _____ LOT 11

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	
Brown Shale	0	64	
Blue Rock	64	400	

15' - 6.0' = 22.5' loss per 10' annular OK.

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 15 NO. OF POUNDS 1410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot) OK
from 0 ft. to 60 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) 6 Total depth of main casing (nearest foot) 69 OK.
60 81 83 84 86 70

OTHER CASING (if used)

diameter inch depth (feet) 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 66 400
E 8 9 11 15 17 21
A C 2 23 24 26 30 32 36
H 3 38 39 41 45 47 51
S R
E E SLOT SIZE 1 _____ 2 _____ 3 _____
N DIAMETER OF SCREEN (NEAREST INCH)
58 60
from to

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 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

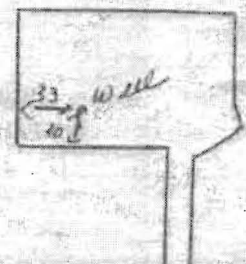
PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 4
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 24 ft.
WHEN PUMPING 221 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 } 3 (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)



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. MSD024
DRILLERS SIGNATURE [Signature]
LIC. NO. D

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

B 1 1099

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

HO-95-0590

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name: Nunn, Owner: Richard, First Name: Richard, 34
36 Street or RFD: 1815 Boka Valley Ct., 55
57 Town: Woodbine, 70 State: Md, 72 Zip: 21797, 76

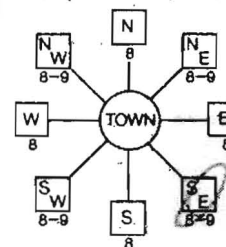
B 3 LOCATION OF WELL

8 COUNTY: Howard, 21
23 SUBDIVISION: Boka Valley, 42
SECTION: 44, 46, LOT: 48, 50
52 NEAREST TOWN: Lisbon, 71
MILES FROM TOWN (enter 0 if in town): 3 MI, 73 76 77 78

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne, M S D 024, License No. 81
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy Md 21771
Signature: Joseph L. Mayne, Date: 12-7-2006

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Boka Valley Ct., 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, SOUTH, EAST
34 275 37 DISTANCE FROM ROAD FT
ENTER FT OR-MI 38 39
TAX MAP: 8 BLK: 19 PARCEL 43

B 2 WELL INFORMATION
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 COUNTY NAME, A523394 COUNTY NO.
STATE SIGNATURE, INSERT S
DATE ISSUED: 12/11/06, EXP. DATE: 12/11/07
CO SIGNATURE, EXP. DATE
NORTH GRID: 542 000, EAST GRID: 792 000

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH, NEAREST TOWN

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 52

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

APPROX. PERMIT NUMBER: G
PERMIT No. HO-95-0590

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

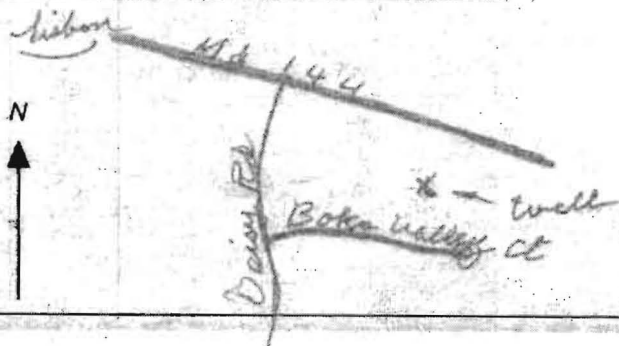
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 78X2
N 54X2

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

Company Name: EASTERDAY WELL & PUMP Telephone #: 301-831-5170
Address: 9265 BROWN CHURCH RD
MT. AIRY, MD 21771
301-831-5170

(Must circle one) Licensed Plumber _____ Licensed Well Driller _____ Licensed Well Pump Installer X
License # and name of individual responsible for the field installation:
Name (Print): Jerry A. Miller, III License# WR0074

*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: Mindful Innovations Telephone #: 240-515-0987
Subdivision: Boka Valley Lot #: 11 Well Tag #: HO-95-0590
Site Address: 811 Boka Valley Court
Woodbine, MD. 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Martinson</u>	Two piece watertight cap: _____
Model #: <u>7607</u>	Model #: <u>B-10X</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity: <u>4</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>4</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>400</u> (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 ✓

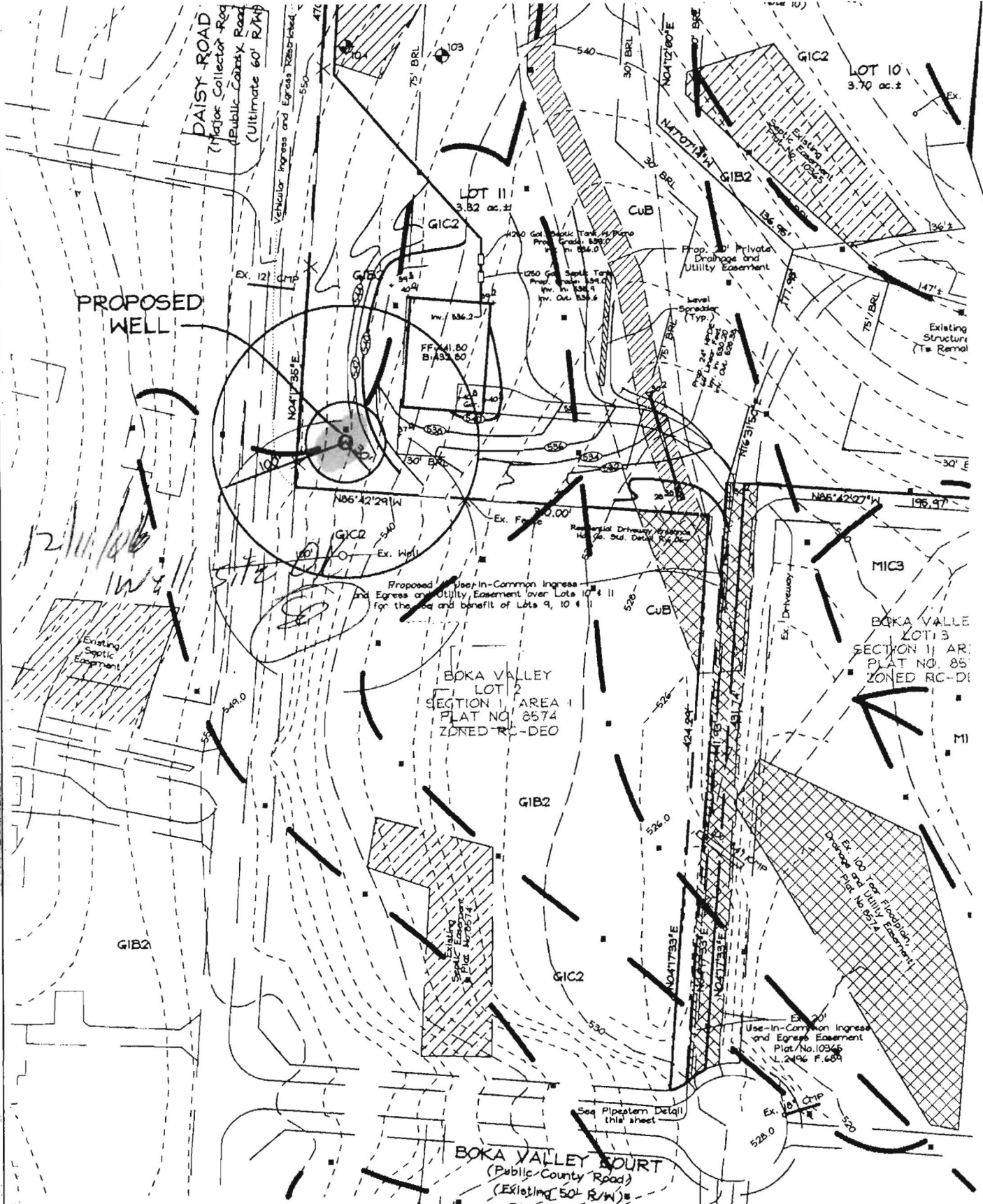
Piping to house	House Connection
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5ft</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: Jerry A. Miller, III date: 3/30/11

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

Date Insp. Requested: _____ Date Insp. Approved: 3/29/2011 Inspector: BB
Inspection Data: Pitless adapter watertight & 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 not seen 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 ✓



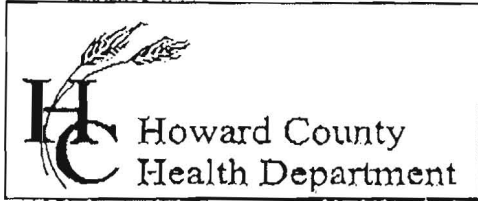
FSH Associates

Engineers Planners Surveyors
 6339 Howard Lane, Elkridge, MD 21075
 Tel 410-567-5200 Fax: 410-796-1562
 E-mail: info@fsheri.com

Note:
 The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.

DESIGN BY: ZYF
 DRAWN BY: SAR

WELL EXHIBIT



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:

Boka Valley 11 Boka Valley Ct.
 Subdivision/Property Name Lot# Road Name

The well site has been staked by FSH Associates
 (professional land surveyor or company employing professional land surveyors)
 on 12-7-2006 (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



Howard County
Health Department

Bureau of Environmental Health
7178 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

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

May 23, 2011

Homeowner
1811 Boka Valley Court
Woodbine, MD 21797

RE: Boka Valley, Lot 11
1811 Boka Valley Court
BP #: B10001156
Well Tag: HO-95-0590

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 05/06/2011. Final approval of the well line connection to the dwelling was approved on 03/20/2011.**

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.

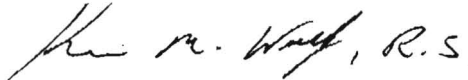
INTERIM CERTIFICATE OF POTABILITY

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-95-0590. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/04/2011
Date of Well Completion: 12/19/2006

Approving Authority,



Kevin M. Wolf, R. S., R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	79328	Account #:	13907
Reference:	Ambrose To	Company:	CASH ACCOUNT
Location:	1811 Boka Valley Court Woodbine, MD 21797	Requested By:	Ambrose To
Date/ Time Collected:	5/4/2011 1000	Source:	Well Water
Date/Time Rec'd:	5/4/2011 1056	Site:	Mud Room Bathroom Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.6
		Well #:	HO-95-0590

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	5/5/2011 / 0920 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/5/2011 / 0920 / KME
Nitrate	<1.0	mg/L	10	601	5/4/2011 / 1600 / CCH
Turbidity	9.86	NTU	<1.0	SM18 2130B	5/5/2011 / 0915 / KME
Sand	NS	mg/l.	5	Visual/Gravimetric	5/5/2011 / 0915 / KME

↓
Very close

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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B10001156

Date Reported: 5/5/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Lane Point Rd. Westminster, MD 21157-8414 (410) 545-4550 FAX (410) 545-4558

REPORT OF ANALYSIS

Laboratory ID #: 79408 Account #: 13907
 Reference: Ambrose To Company: CASH ACCOUNT
 Location: 1811 Boka Valley Court Requested By: Ambrose To
 Woodbine, MD 21797 Source: Well Water
 Date/ Time Collected: 5/10/2011 0915 Site: Mud Room Bathroom Tap
 Date/Time Rec'd: 5/10/2011 1124 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.7
 Collected By: J.Yeager 6176JY Well #: HO-95-0590

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/11/2011 / 1030 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/11/2011 / 1030 / KME

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 Visual well check: Sealed, vented cap
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Date Reported: 5/11/2011