

C 1 **1067** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-37512**

ST/CO USE ONLY DATE Received
 DATE WELL COMPLETED **11/08/89**

Depth of Well
 22 **225** 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
46-88-0933

OWNER **TJM INC.**
 last name **CHARLES WOODS DR** first name **CLARKSVILLE**
 STREET OR RFD
 SUBDIVISION **CHARLES WOODS II** SECTION **15** LOT **15**

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	
SAND Stone	0	35	
Gray Micaceous rock	35	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **816**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **33** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **40**

OTHER CASING (if used)
 diameter inch depth (feet) from to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	40	225
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7.5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **46**
 WHEN PUMPING **95**
 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 WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 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 } **7** (nearest foot)

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 IDENT. NO. **238**

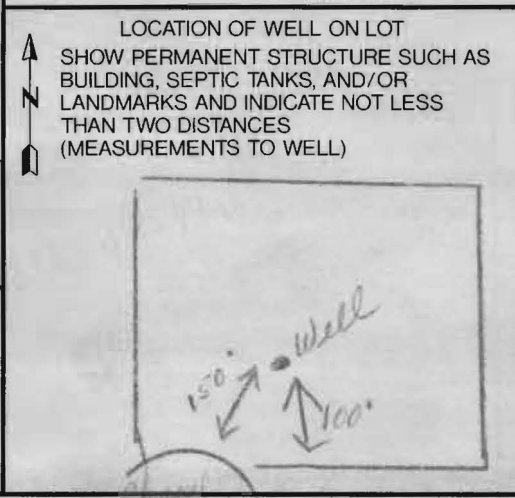
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP 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



DRILLER **County**

B 8725

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0933

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

please print or type

Date Received (APA)

061689

OWNER INFORMATION

T.O.M. INC. Last Name Owner First Name

5500 STEPKRFT PLNCE Street or RFD

COLUMBIA Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Mayne 238 Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling Firm Name

5512 Rilke Rd. Mt. Airy 21771 Address

Joseph L. Mayne 6/14/89 Signature Date

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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
D THIS WELL WILL DEEPEM AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-88-0933

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD 8 COUNTY

CHAPPEL WOODS 23 SUBDIVISION 42

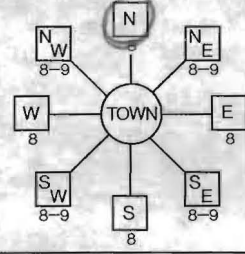
SECTION 44 46 LOT 15 48 50

CLARKSVILLE 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHAPPEL BILLS WAY 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



150 34 37 DISTANCE FROM ROAD

ENTER FT or MI EH 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A-37512 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE INSERT S

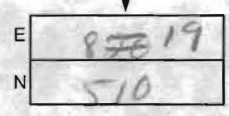
DATE ISSUED 072189 Joe Gell 01-20-90

CO SIGNATURE EXP. DATE NORTH GRID 510000 EAST GRID 0819000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

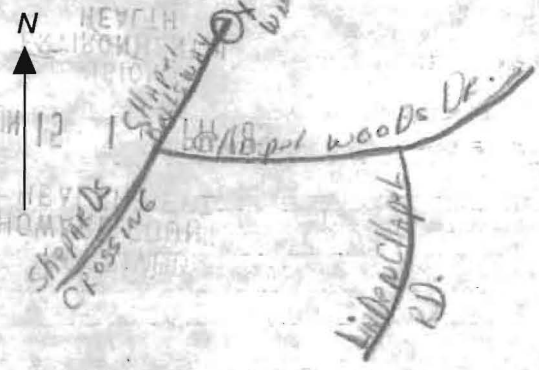
SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE



11/8/89 Grouted Well
9# Bags of cement
40' casing
33' Grout - open
1' casing above ground. ctd
Tap abate

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



Clarksville



**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: CLASSIC SYSTEMS INC. Telephone #: 410-553-9801
Address: 190 D. PENROD CT.
GLEN BURNIE, MD 21061

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): GARY SKOVICAN License# 5563

*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: DANE CARNEY Telephone #: 301-621-8151
Subdivision: CHAPEL WOODS II Lot #: 15 Well Tag #: HO-88-0932
Site Address: 11008 CHAPEL BILLS WAY
CLARKSVILLE, MD 21029

Submersible Pump Data
Make: COULDER
Model #: F440-7307
Pump Capacity 7 GPM
Well Yield: 7 GPM
Depth of well encountered at time of pump installation: 100(feet)

Pitless Adapter
Make: Campbell
Model#: CB10X
Depth: 40" (36" min)
NSP/WSC approved:

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
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 arrester, 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
Type: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 40" (36" min)

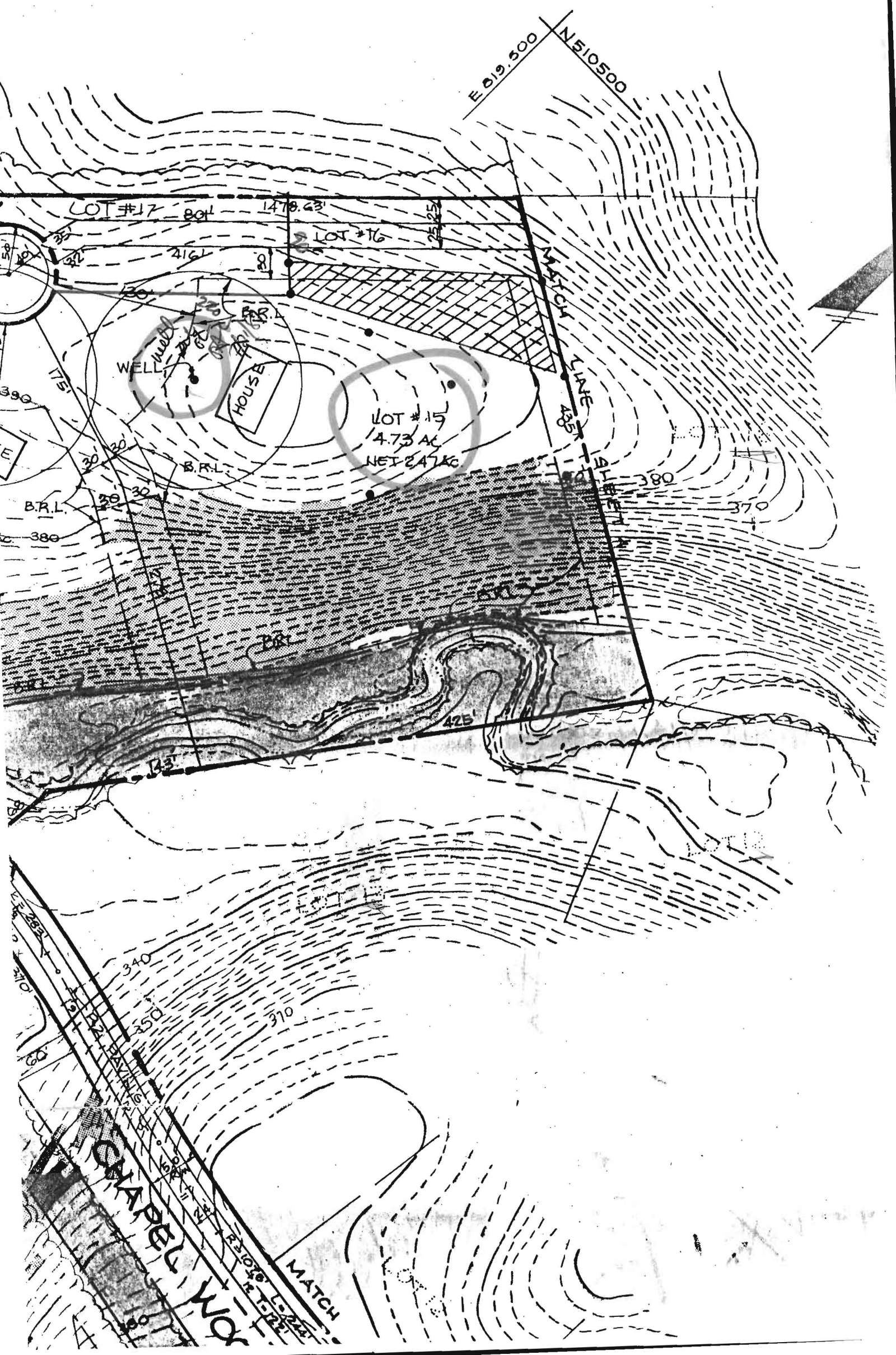
House Connection
PVC sleeve to undisturbed soil at wall penetration:
Approximate length of sleeve: 5ft
Sleeve caulked and sealed properly:

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: [Signature] date: 10/11/05
CLASSIC SYSTEMS INC.

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

Date Insp. Requested: Date Insp. Approved: 8/14/07 Inspector: RB
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



E 219.500 / N 510500

LOT #17 1478.63

LOT #16 25.25

LOT #15
4.73 AC
NET 24766

WELL

HOUSE

B.R.L.

B.R.L.

B.R.

425

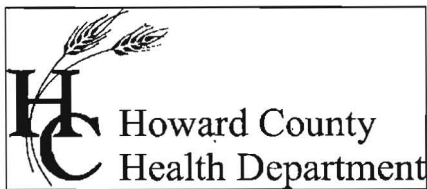
340

350

370

WATER

MATCH



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

August 14, 2007

Dawn Carney
3821 Thoroughbred Lane
Owings Mills, MD 21117

RE: Chapel Woods II, Lot 15
11808 Chapel Bells Way
Clarksville, MD 21029
BP #: B00148949
Well Permit # HO-88-0933

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 11/17/2005. Final approval of the well line connection to the dwelling was approved on 08/14/2007.**

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.

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-88-0933. 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.

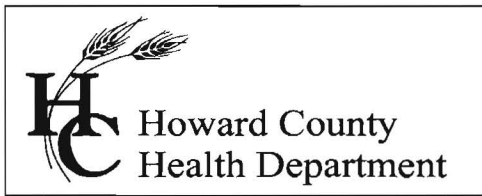
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 08/08/2007
Date of Well Completion: 11/08/1989

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

August 15, 2007

Saslow Homes
7241 Norris Avenue
Sykesville, MD 21784

RE: Chapel Woods - Lot 15
11808 Chapel Bells Way
Clarksville, MD 21029
BP # B00148949
Well Permit #HO-88-0933

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 November 17, 2005. Final approval for the well installation was granted on August 14, 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.

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): August 8, 2007
Date of Well Completion: November 8, 1989
(HO-88-0933)

Respectfully,

Brian Baker, R. S.
Well and Septic Program

cc: Building Inspector's office
Community Services
File

CERTIFICATE OF ANALYSIS

Requester:
Saslow Homes
7241 Norris Avenue
Sykesville, Maryland 21784

S/O Number: 64771
Report Date: August 9, 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.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



PERRY JOHNSON
REGISTRARS, INC.

Cert No. C2005-01504

Property Sampled: 11808 Chapel Bells Way, 21029

County: Howard
Subdivision: Chapel Woods
Lot #: 15
Building Permit #: B00148949
Tax Map #: 29
Parcel #: 86

Date/Time Collected: August 8, 2007 at 12:53 pm
Date/Time Received: August 8, 2007 at 2:45 pm

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

Well Tag Number: HO-88-0933
Well Condition: 2-Piece Cap
Cap Loose

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	1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 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

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.