

C1 0263

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 A518641

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 06 13 06

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0387

OWNER Cloverfield/Pfafferkorn LLC STREET OR RFD Cloverfield TOWN Glenelg SUBDIVISION Cloverfield SECTION LOT 2

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. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 2000 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 100

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table for depth with columns for casing sections and slot size.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M SD 117 DRILLERS SIGNATURE

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

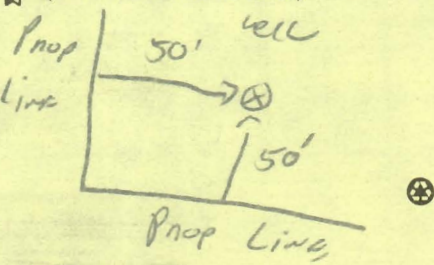
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 ft. WHEN PUMPING 61 ft. TYPE OF PUMP USED (for test) S submersible

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 49 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 0983 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-95-0387
APPLICATION FOR PERMIT TO DRILL WELL please type 524 386 fill in this form completely

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13 Clover Field / PFEFFERKONN LLC
 15 Last Name Owner First Name 34
3060 Rt. 97 Street or RFD 55
Glenwood MD. 21738 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY 21
Clover Field 23 SUBDIVISION 42
 SECTION 44 46 LOT 2 50
GLENWELL 52 NEAREST TOWN 71

DRILLER INFORMATION
Ralph E. Mayne M SD 117
 Driller's Name 76 License No. 81
Ralph E. Mayne Inc Firm Name
17024 Hardy Rd Mt Airy MD 21771 Address
Ralph E Mayne 3/25/06 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Road A 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 34 50 37 DISTANCE FROM ROAD 38 39 ft.
 ENTER FT OR MI
 TAX MAP: 15 BLK: 8 PARCEL 4

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

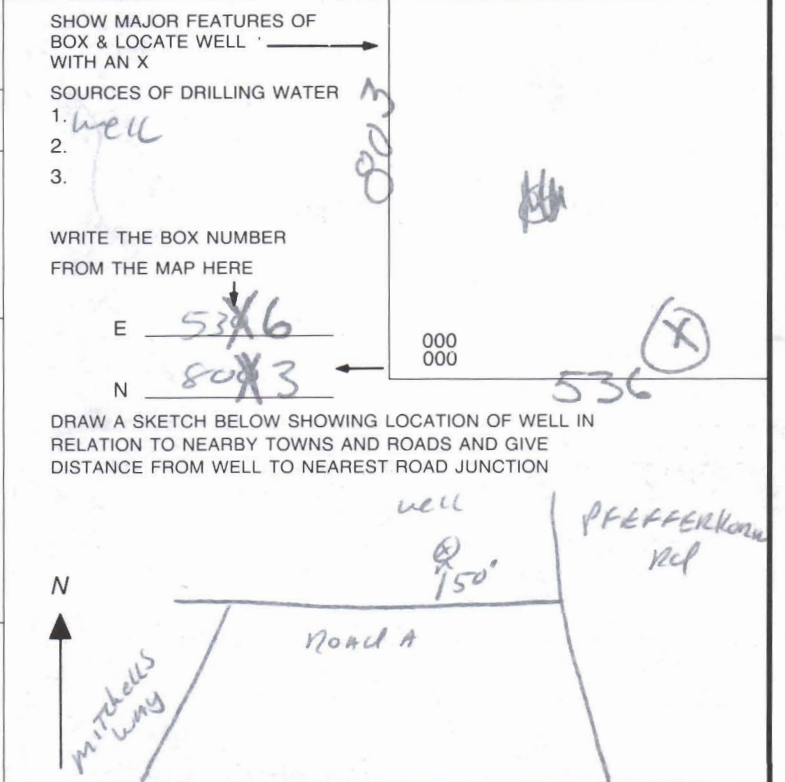
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD (13) A518641
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 5/17/06 CO SIGNATURE [Signature] EXP. DATE 5/18/07
 43 MM DD YY 48 NORTH GRID 536 000 EAST GRID 803 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28
 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO 2006G006
 PERMIT No. HO-95-0387
 70 71 72 73 74 75 76 77 78 79



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

Company Name: REL-WATER SYSTEMS INC. Telephone #: 410-239-0700
Address: 4322 OPALS CHOICE DR.
MANCHESTER, MD 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): RICKY L. ROOS License # PE-0111

*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: CATONSVILLE HOMES Telephone #: _____
Subdivision: CLOVER FIELD Lot #: 2 Well Tag #: HO-95-2085
Site Address: 13512 MITCHELLS WAY Lot #: _____
WEST FRIENDSHIP, MD 21794 Well Tag #: 0387

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GROUND FOS</u>	Make: <u>HARVAR</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>155DE07-180</u>	Model #: <u>PT800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2.0</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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>2"</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>FERNIX'S</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: Ricky L. Roos, SR. date: 5/4/08

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

Date Insp. Requested: 5/5/08 Date Insp. Approved: 5/5/08 (PB)

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade-attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 3" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



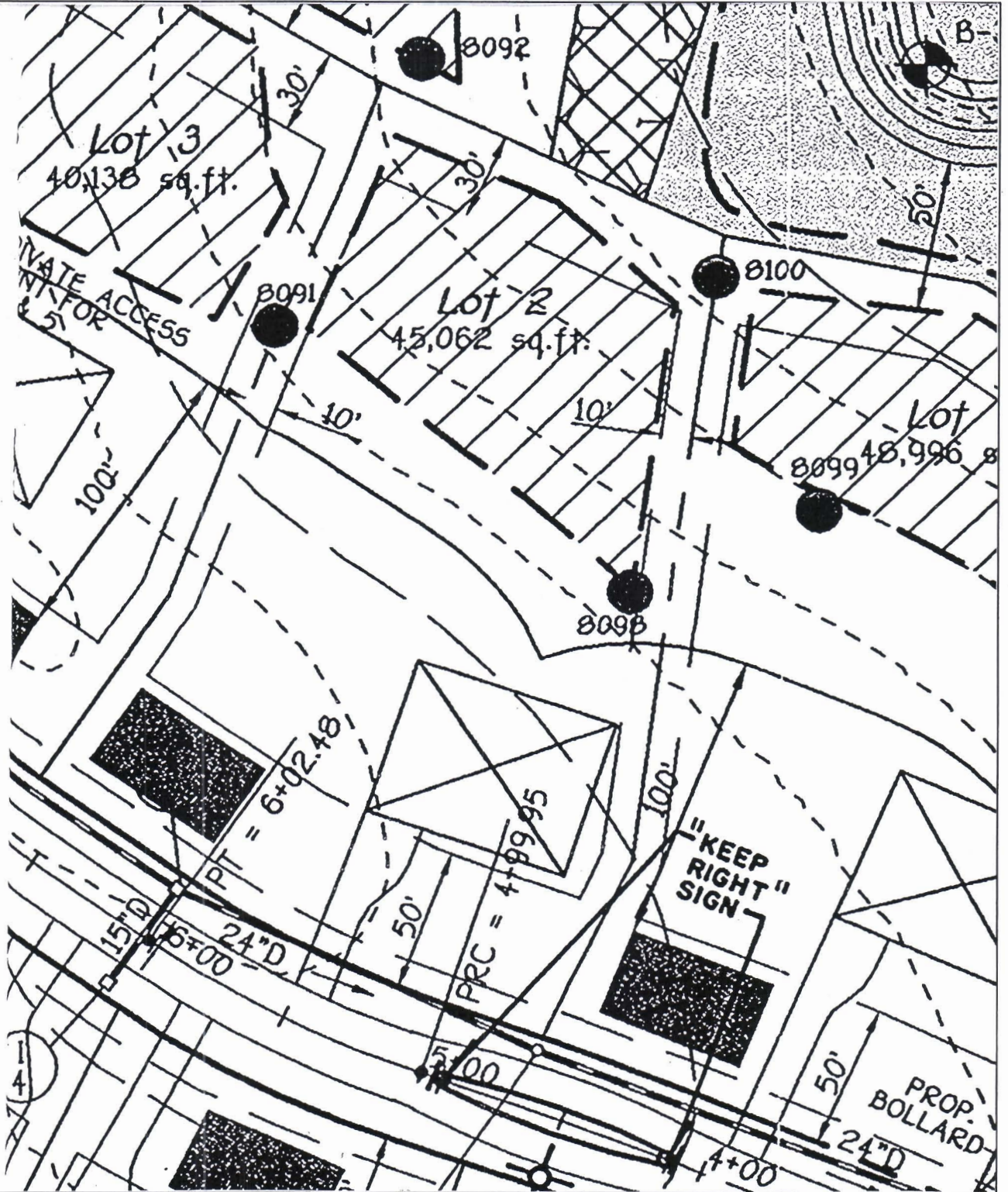
HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 2
CLOVERFIELD

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

TAX MAP #15 ZONED: RC-DED PARCEL: 4
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 21, 2006

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-406-7900



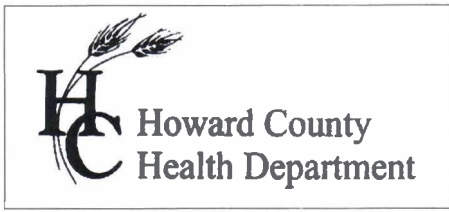
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LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-486-7800



7178 Columbia Gateway Dr. • 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

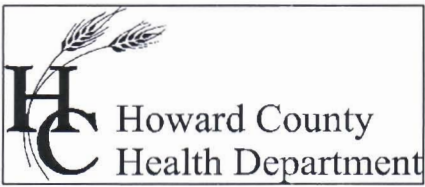
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FCC
BY 3/31/06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



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

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

October 31, 2008

Homeowner
13512 Mitchells Way
West Friendship, MD 21794

RE: Cloverfield, Lot 2
13512 Mitchells Way
West Friendship, MD 21794
BP# B07003513
Well Tag #: HO-95-0387

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 01/10/2008. Final approval of the well line connection to the dwelling was approved on 05/05/2008.**

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-95-0387. 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: 10/30/2008
Date of Well Completion: 06/13/2006

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 70312
Report Date: October 31, 2008

Property Sampled: 13512 Mitchells Way, 21794

County: Howard
Subdivision: Estates at Cloverfield
Lot #: 2
Building Permit #: B07003513
Tax Map #: 15
Parcel #: 4

Date/Time Collected: October 30, 2008 at 9:55 am
Date/Time Received: October 30, 2008 at 2:35 pm

Sample Location: Downstairs Bathroom Tap
Sampler ID: 5745KC

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0387
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.4 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
 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.