

C1 8970

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 1516098

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 19 2006

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0524

OWNER Scully Bros last name first name TOWN Laurel SUBDIVISION Scullyville Knoll SECTION 46/3/11B LOT 3

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 Sand (0-68) and Gray Mica Rock (68-400).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD (ST, BR, HO, PL, OT) screen type or open hole, insert appropriate code below

DEPTH (nearest ft.) table with columns 1-21 and rows A-E

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) 6, PUMPING RATE (gal. per min.) 2.9, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft, WHEN PUMPING 355 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 49, LAND SURFACE 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)

See Attached location

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER 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. M S D 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 8466

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525559 please type

STATE PERMIT NUMBER 110-95-0524 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Scaygs Brothers 15 Last Name Owner First Name 34 3258 Bethany Lane 36 Street or RFD 55 57 Town City State 72 Zip 76

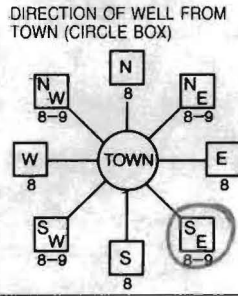
LOCATION OF WELL

B 3 Howard 8 COUNTY 21 Scaygs source Knolls 23 SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 Laurel 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 I M I 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M S D 117 76 License No. 81 Ralph's Mayne Inc 17024 Handy Rd Mt Airy MD 21078 Address 7-30-06 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MELVIN CT 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 110 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 46 BLK: 9 PARCEL 118

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 1516098 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/20/07 41 CO SIGNATURE EXP. DATE NORTH GRID 476 0 0 0 EAST GRID 825 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 1/2 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

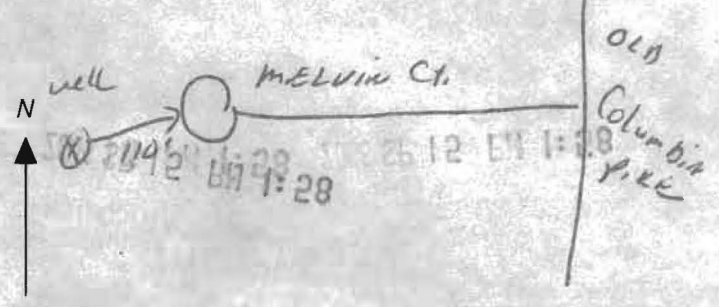
N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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 476 825 000 000 N 825 476

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



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

APPROP. PERMIT NUMBER G PERMIT No. 110-95-0524 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0524
 Location of property (road) Melvin Ct
 Subdivision Scagg'sville Knolls Lot 3 Block 9 Plat 76 Sec. 11B
 Well Driller Joseph R. Mayne Owner Scagg's Bros

Depth of well 400
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 44'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 15 gpm.
 Total time 45 min. to reach pumping water level 355 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:30	44'		N/A	
6:45	150'	4 sec.		15 gpm.
7:00	270	4		15
7:15	355	5		12
7:30	352	30		2
7:45	352	30		2
8:00	351	30		2
8:15	351	30		2
8:30	351	30		2
8:45	350	30		2
9:00	350	30		2
9:15	350	30		2
9:30	349	30		2
9:45	349	30		2
10:00	349	30		2
10:15	349	30		2
10:30	349	30		2
10:45	349	30		2
11:00	348	30		2
11:15	348	30		2
11:30	348	30		2
11:45	348	30		2
12:00	348	30		2
12:15	348	30		2

HD-224 12:30 348 30 2

over -

12:45	348	30 sec.	2 gpm.
1:00	348	30	2
1:15	348	30	2

PROP. 24' PRIVATE
USE-IN-COMMON ACCESS
AND UTILITY EASEMENT TO
ACCESS PARCELS A & B
AND LOT 4

PROP. CUL-DE-SAC
HO. CO. DETAILS R-5.01

10' BRL

369.84'

733.48'

10' BRL

104'

DW-9

*9/20/06
well site OK
stake by
Vogel Eng
CO*

LOT 3
56,911 SF

PROP. SEPTIC EASEMENT
10083 SF

30' BRL

259.00'

1/2" IRON
PIPE FOUND

GRAPHIC SCALE 1"=40'



WELL PLAT - LOT 3

SCALE: 1" = 40'

WELL PLAT LEGEND

- SEPTIC EASEMENT
- PROPOSED WELL AREA

SCALE 1" = 40'
 DRAWN BY R.T.
 CHECKED BY R.H.V.
 DATE AUGUST 22, 2006
 W. O. # 2014031
 SHEET# 3 OF 8

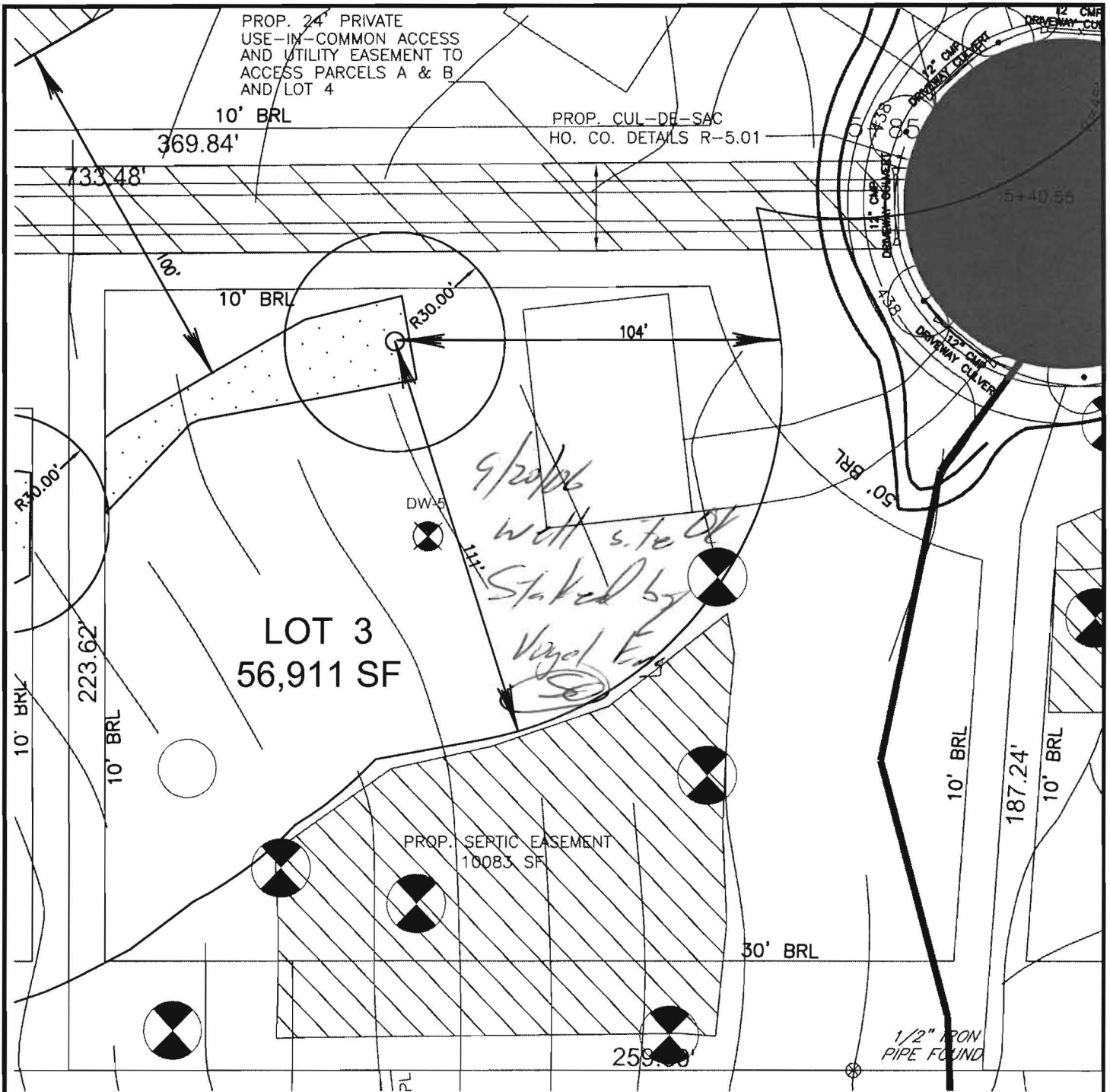
ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLIGOTT CITY, MD 21043 FAX: 410.461.8961

SCAGGSVILLE KNOLLS

WELL PLATS

TAX MAP#46 GRID 3 & 9
5TH ELECTION DISTRICT

PARCEL 118
HOWARD COUNTY, MARYLAND



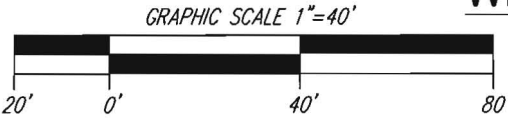
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LOT 3
56,911 SF

PROP. SEPTIC EASEMENT
10083 SF

*9/20/06
well s.t. of
Staked by
Vogel Eng*



WELL PLAT - LOT 3

SCALE: 1" = 40'

WELL PLAT LEGEND	
	SEPTIC EASEMENT
	PROPOSED WELL AREA

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WELL PLATS

TAX MAP#46 GRID 3 & 9
5TH ELECTION DISTRICT

PARCEL 118
HOWARD COUNTY, MARYLAND

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6321 PARROT H. AVE.
SYKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License # 2122
*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: NV. HOMES Telephone #: 410-379-5856
Subdivision: MAPLE RIDGE ESTATES Lot #: 3 Well Tag #: HO-95-0529 ✓
Site Address: 11217 MELLEN CT
LAUREL, MD 20723

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>STA-RETE</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: ✓
Model #: <u>STP4HS0702</u>	Model #: <u>PT 800</u>	Screened, vented well cap: ✓
Pump Capacity: <u>7</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>2</u> GPM	NSF approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>400</u> (feet)		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 arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: ✓

Pipeline to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>40"</u> (36" min)	Sleeve caulked and sealed properly: ✓

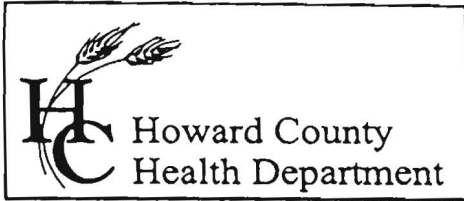
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 9/22/10
INSPECTION CALLED IN FOR 9/15/10

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

Date Insp. Requested: 9/15/10 Date Insp. Approved: OK (KQ) 9/15/10

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	✓



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:

<u>██████████</u>	<u>Scaggsville Knolls 3</u>	<u>MELVIN Ct.</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by VOGEL ENGINEERING,
(professional land surveyor or company employing professional land surveyors)
on Sept 8 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

24' PRIVATE
USE-IN-COMMON ACCESS
AND UTILITY EASEMENT TO
ACCESS PARCELS A & B
AND LOT 4

S 46°45'55"E 224.43'

10' BRL

EX. WELL
HO #95-0524

WELL AREA

EX. WELL
HO #95-0525

LOT 3
1.3065 AC.

SEPTIC TANK
GRADE: 434.73
TOP OF TANK: 433.23
INV. IN: 432.8
INV. OUT: 432.5

INV.:
433.1

EF=444.07
BF=433.57

DIST. BOX
GRADE: 435.60
INV. IN: 431.6

N 43°28'11"E 223.58'

10' BRL

223.62'

10' BRL

LOT 4
3764 AC.

10' BRL

10' BRL

30' BRL

Approved Septic System Plan
Howard County Health Department

OPT. MORNING ROOM

1/2" IRON
PIPE FOUND

33.43'

1°31'49"W

976.75'

249.77'

418
420

422
424

426
428

430

432

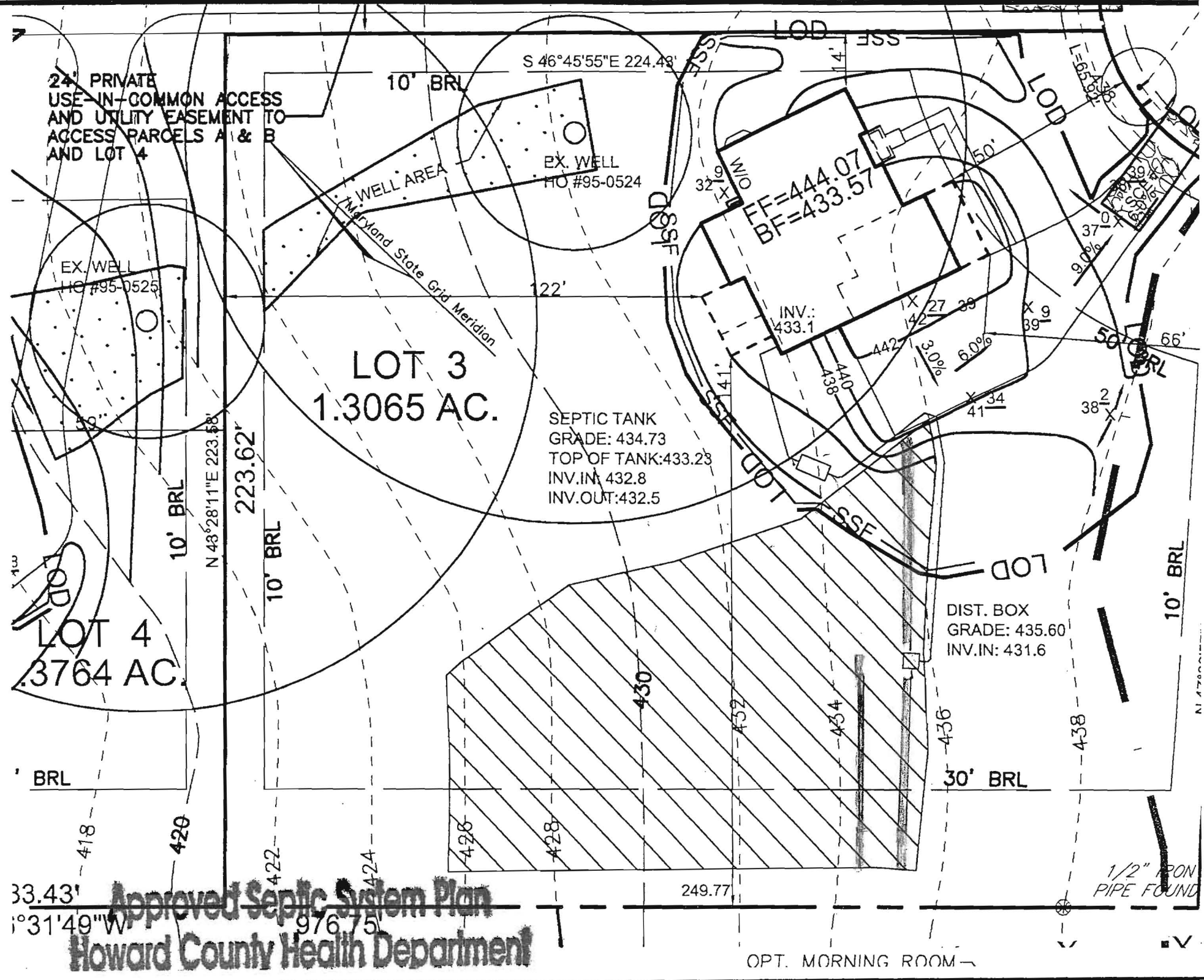
434

436

438

1/4"

N 47°00'00"E





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

October 7, 2010

Homeowner
11217 Melvin Court
Laurel, MD 20723

RE: Scaggsville Knolls, Lot 3
11217 Melvin Court
BP #: B10001487
Well Tag: HO-95-0524

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 09/24/2010. Final approval of the well line connection to the dwelling was approved on 09/15/10.**

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.

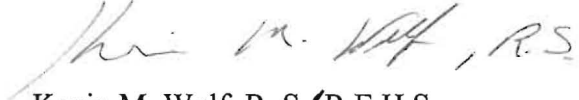
INTERIM CERTIFICATE OF POTABILITY

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-95-0524. 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: 10/05/2010
Date of Well Completion: 11/11/2006

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



TRACE LABORATORIES, INC
 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:
 NV Homes
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, MD 21075

S/O Number: 79044
Report Date: October 6, 2010

Property Sampled: 11217 Melvin Court, 20723
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B 100001487
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard **Subdivision:** Maple Ridge Estates
Map: 46 **Parcel:** 118 **Lot #:** ME-0003

Date/Time Collected in Field: October 5, 2010 @ 1:30 pm
Date/Time Received in Lab: October 5, 2010 @ 3:00 pm

Well Tag #: Tag Not Legible - Mud
Well Condition: 2-Piece Cap
 Satisfactory Condition
Water Treatment: Neutralizer

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	5.7 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 Units	***
Sand		Negative	Negative	

OK - KW

 Kara Waltmyer
 Drinking Water Division

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.