

C1 8969 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER AS16098

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0523

OWNER Scagg Bros last name first name TOWN Laurel SUBDIVISION Scaggsville Knolls SECTION 46/9/110 LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C CEMENT NO. OF BAGS 15 NO. OF POUNDS 1490 GALLONS OF WATER 40 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 49 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6/3.9 PUMPING RATE (gal. per min.) 11/15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 299 ft. TYPE OF PUMP USED (for test) S submersible

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: Sand (0-46), Gray mica Rock (46-380)

CASING RECORD

main casing TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 50

OTHER CASING (if used)

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

SCREEN RECORD

screen type or open hole (S) T (B) R (H) O (P) L (O) T (I) N

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Values: 48, 380

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- 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...

DRILLERS LIC. NO. 1 M S D 0 2 4 DRILLERS SIGNATURE LIC. NO. 1 D

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

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) 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 () below 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

B 1 8465

SEQUENCE NO. (MDE USE ONLY)

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

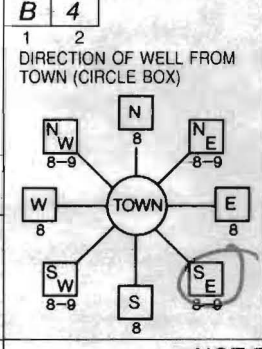
STATE PERMIT NUMBER 110-95-0523 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 Scaygs Brothers 15 Last Name Owner First Name 34 3258 Belmary Lane 36 Street or RFD 55 ELlicott City MD. 21042 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard 8 COUNTY 21 Scaygsville Knolls 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 Laurel 52 NEAREST TOWN 71

DRILLER INFORMATION Ragh E MAYNE M SD 117 76 Driller's Name License No. 81 Ragh E MAYNE INC Firm Name 17024 Handy Rd Mt Airy MD, 21771 Address 7-30-06 Signature Date

MELVIN CT. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 34 100 37 ENTER FT OR MI 38 39 TAX MAP: 46 BLK: 9 PARCEL 118



WELL INFORMATION B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 AS16096 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/20/06 9/20/07 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 476 000 EAST GRID 826 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

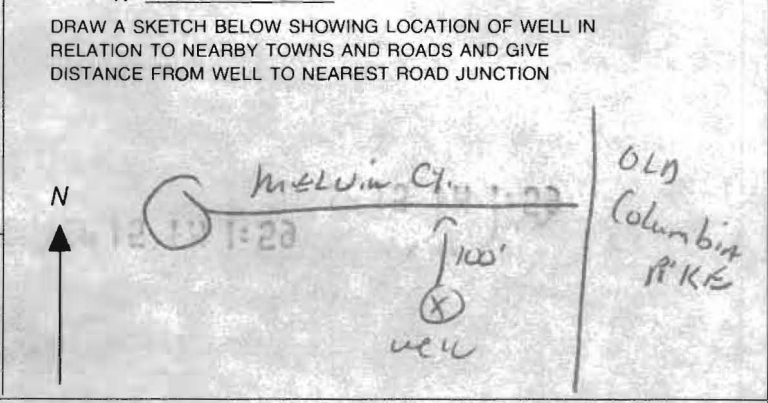
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 DEEPEAN 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) APPROP. PERMIT NUMBER G PERMIT No. 110-95-0523 70 71 72 73 74 75 76 77 78 79

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 476 826 000 000 N 476 826 000



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

12:45 294'

20 sec.

3 gpm.

1:00 294

20

3

1:15 294

20

3

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: 6307 Barnhart 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: UV Homes Telephone #: 410-379-5956
Subdivision: MAPLE RIDGE ESTATES Lot #: 2 Well Tag #: HO95-0523
Site Address: 1211 MELVIN CT
LAUREL MD 20723

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RETS Make: Campbell Two piece watertight cap:
Model #: S7PYNS0722 Model #: PT 800 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 3 GPM NSF approved: Conduit min 18" E.G.:
Depth of well encountered at time of pump installation: 30 (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

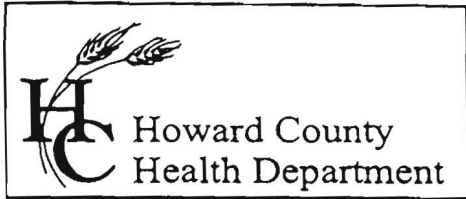
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 40" (36" min) Sleeve caulked and sealed properly:

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: 10/13/10
INSPECTION CALLED IN FOR 10/7/10 A.M.

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

Date Insp. Requested: _____ Date Insp. Approved: 10/7/10
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:

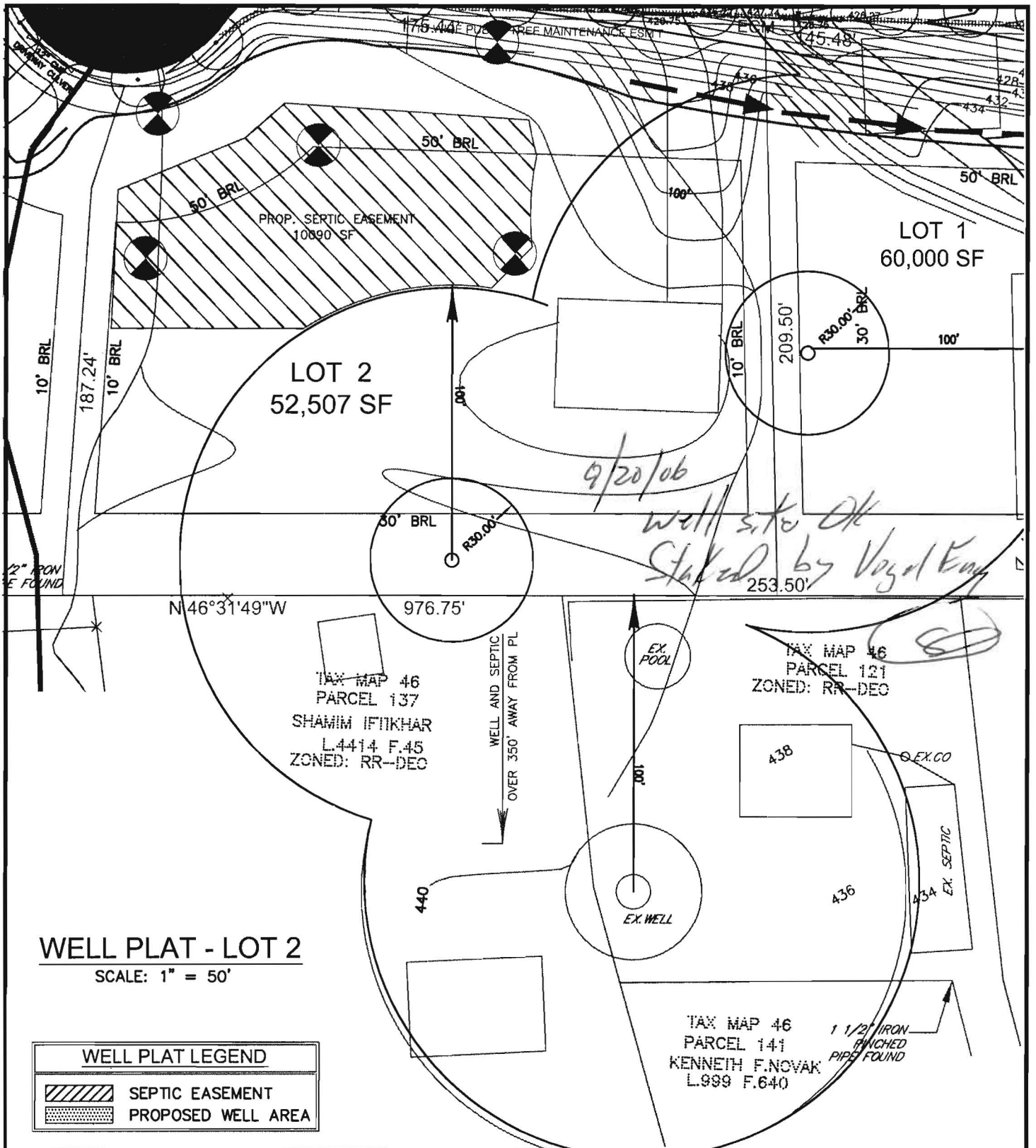
<u>SCAGGSVILLE Knolls 2</u>	<u>Lot#</u>	<u>MELVIN Ct.</u>
Subdivision/Property Name	Lot#	Road Name

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

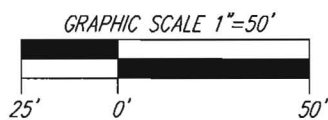


WELL PLAT - LOT 2

SCALE: 1" = 50'

WELL PLAT LEGEND	
	SEPTIC EASEMENT
	PROPOSED WELL AREA

SCALE 1" = 50'
 DRAWN BY R.T.
 CHECKED BY R.H.V.
 DATE AUGUST 22, 2006
 W. O. # 2014031
 SHEET# 2 OF 8



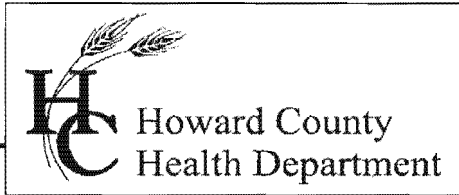
ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

SCAGGSVILLE KNOLLS

WELL PLATS

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

PARCEL 118
 HOWARD COUNTY, MARYLAND



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

November 3, 2010

Homeowner
11211 Melvin Court
Laurel, MD 20723

RE: Scaggsville Knolls, Lot 2
11211 Melvin Court
BP #: B10002028
Well Tag: HO-95-0523

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 09/22/2010. Final approval of the well line connection to the dwelling was approved on 10/07/10.**

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.

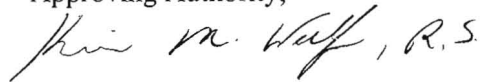
INTERIM CERTIFICATE OF POTABILITY

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-95-0523. 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: 10/25/2010
Date of Well Completion: 11/27/2006

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.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester: NV Homes, Inc.
 6085 Marshalee Drive Suite 130
 Elkridge, MD 21075

S/O Number: 79244

Report Date: October 26, 2010

Property Sampled: 11211 Melvin Court, 20707
Sample Location: Laundry Tub Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B 10002028
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 46

Subdivision: Maple Ridge Estates
Parcel: 118

Lot #: ME-0002

Date/Time Collected in Field: October 25, 2010 @ 11:50 am
Date/Time Received in Lab: October 25, 2010 @ 3:35 pm

Well Tag #: HO-95-0523
Well Condition: 2 Piece Cap, Satisfactory Condition
Water Treatment: Neutralizer - Unplugged

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	5.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.2 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 Units	***
Sand		Negative	Negative	

Kara Waltimyer
 Kara Waltimyer
 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.