

C1 6589

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

C 3 PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

HOURS PUMPED (nearest hour)

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER

PUMPING RATE (gal. per min.)

Top Soil 0 2

DEPTH OF GROUT SEAL (to nearest foot) from TOP to BOTTOM

METHOD USED TO MEASURE PUMPING RATE

Sandy 2 60

(enter 0 if from surface)

WATER LEVEL (distance from land surface)

Sand Stone 60 65

CASING RECORD casing types insert appropriate code below

BEFORE PUMPING WHEN PUMPING

MICKA 65 90

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

TYPE OF PUMP USED (for test)

Sand Stone 90 95

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

A air P piston T turbine

MICKA 95 140

SCREEN RECORD screen type or open hole insert appropriate code below

C centrifugal R rotary O other (describe below)

NUMBER OF UNSUCCESSFUL WELLS:

C 2 DEPTH (nearest ft.)

J jet S submersible

WELL HYDROFRACTURED YES NO

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)

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

ELECTRIC LOG OBTAINED

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TEST WELL CONVERTED TO PRODUCTION WELL

SLOT SIZE 1 2 3

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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.

DIAMETER OF SCREEN (NEAREST INCH) from to

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

DRILLERS LIC. NO. M SD 112

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMP HORSE POWER

DRILLERS SIGNATURE

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

PUMP COLUMN LENGTH (nearest ft.)

LIC. NO. D

T (E.R.O.S.) W Q

CASING HEIGHT (circle appropriate box and enter casing height)

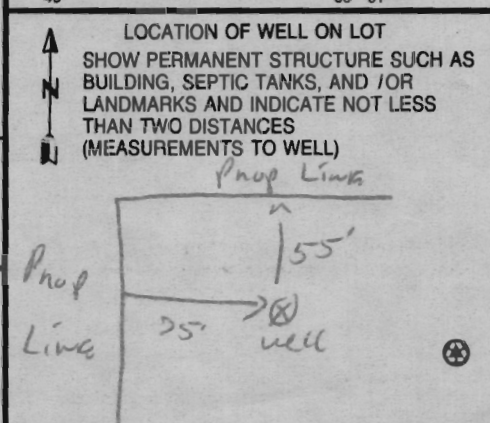
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA

LAND SURFACE

COUNTY

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 8909

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0024

522472

please type

fill in this form completely

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

J.T.S. Corp
8800 Centre Park Dr. Suite 209
Columbia MD 21045

B 3

LOCATION OF WELL

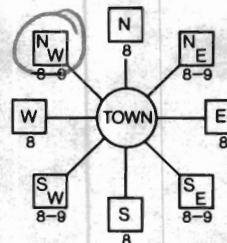
Howard COUNTY
Musgrove Farm
SECTION 44 46 LOT 8
GLENEIG NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Ralph E. Mayne MS D 112
Ralph E. Mayne Inc
17024 Handy rd Mt Airy MD 21071
5-14-05

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Musgrove Farm Ct.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 225 FT
TAX MAP: 21 BLK: 12 PARCEL 12

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
COUNTY NO. 13
STATE SIGNATURE
DATE ISSUED 6/3/05
CO SIGNATURE
EXP. DATE 6/2/06
NORTH GRID 524 000 EAST GRID 798 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER HO 2005 0002
PERMIT No. HO-95-0024

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

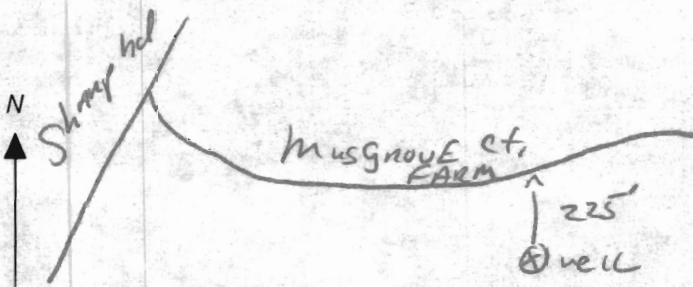
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 525 798
N 800 524

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

Company Name: Home Land Pump + well Telephone #: 443-846-8659
Address: 5414A Arcadia Ave
Urbersa, MD 21155

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Dodd License: PT 0161

*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: Ryan Homes Telephone #: 410-365-1325 (Pat)
Subdivision: Musgrave Farms Lot #: 8 Well Tag #: HO-95-0024
Site Address: 14330 Musgrave Farm Ct
Glenns, MD

| | | |
|--|--|--|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>Grundfos</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>1550E07180</u> | Model #: <u>DA800</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>10</u> GPM | NSP approved: <input type="checkbox"/> | Conduit min 1 1/2" 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

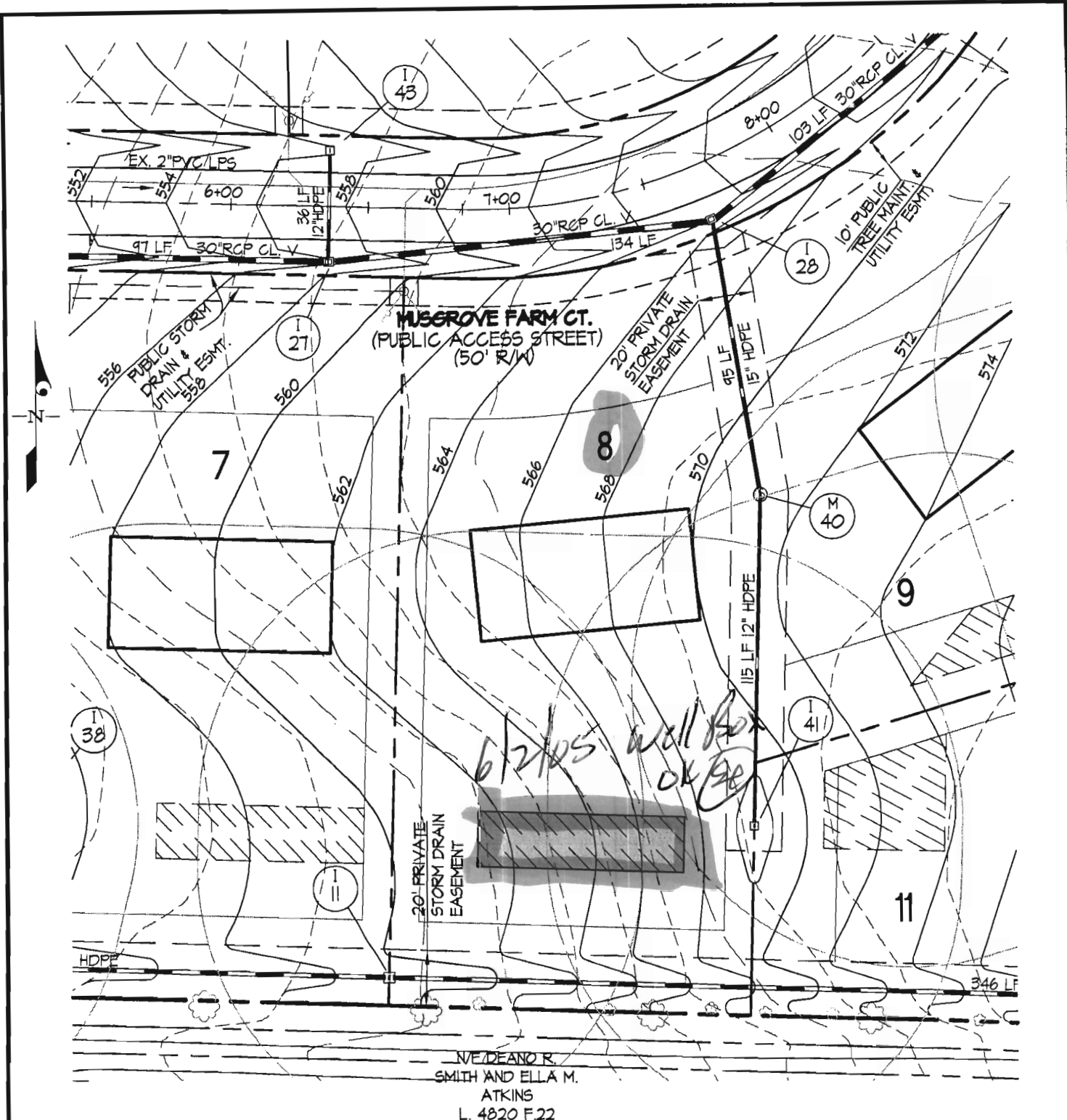
| | |
|--------------------------------------|--|
| Piping to house | House Connection |
| Type: <u>SIDRA HDE P.P.C</u> | PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/> |
| PSI: <u>160</u> (160 psi min) | Approximate length of sleeve: <u>6'</u> |
| Depth of supply line: <u>36"</u> min | Sleeve caulked and sealed properly: <input checked="" type="checkbox"/> |

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: _____ date: 5-27-08

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

Date Insp. Requested: _____ Date Insp. Approved: 5/27/08 RB
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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



NE DEAND R.
SMITH AND ELLA M.
ATKINS
L. 4820 F.22

LEGEND



CONCEPTUAL HOUSE BOX

4022 W-08



WELL SURVEY POINT

WELL BOX

WELL LOCATION EXHIBIT - LOT 8

MUSGROVE FARM

Lots 1 thru 30, Buildable Preservation Parcels 'A',
and Non-Buildable Preservation Parcels 'C' and 'D'

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20866
TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

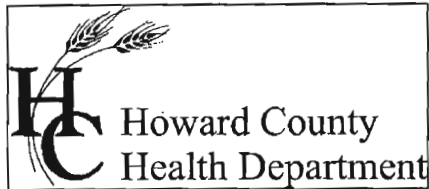
ZONING: RC/RR-DEO

TAX MAP/GRID: 22-12,22-1&7

GLW JOB NO: 01171

APR., 2005

1 OF 1



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

September 23, 2008

Ryan Homes (NVR, Inc.)
6085 Marshalee Drive, Ste. 130
Elkridge, MD 21075

RE: Musgrove Farm, Lot 8
14330 Musgrove Farm Court
Glenwood, MD 21738
BP# B08000419
Well Tag #: HO-95-0024

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 07/23/2008. Final approval of the well line connection to the dwelling was approved on 05/07/2008.**

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-95-0024. 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.

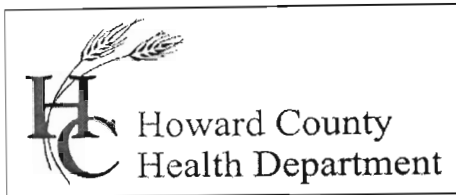
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 07/23/2008 & 07/28/2008
Date of Well Completion: 05/08/2006

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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.bchealth.org

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

07/25/2008

Ryan Homes (NVR)
6085 Marshalee Drive
Elkridge, MD 21075

SENT VIA FACSIMILE 410-796-7094

RE: Musgrove Farm, Lot 8
14330 Musgrove Farm Court
Glenwood, MD. 21738
BP # B08000419
Well Permit #HO-95-0024

Fifteen Day Temporary Deviation for Bacteria

To Whom It May Concern:

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 07/23/2008. Final approval of the well line connection to the dwelling was approved on 05/07/2008.**

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations. This deviation requests that **bottled water shall be used for drinking purposes in the interim period of time (fifteen days)** to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit shall be submitted to this office by a state certified water testing laboratory within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

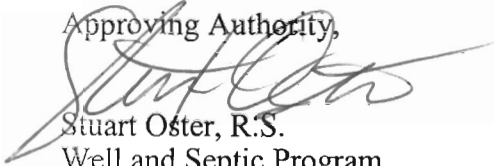
- a) Accept the well as being in compliance with the bacteriological standard of Regulation COMAR 26.04.04.09B3a and issue a standard Interim Certificate of Potability **or**
- b) Issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system **or**

c) Issue an order that the well is to be abandoned and sealed

Fifteen Day Temporary Deviation for Bacteria

Issuance of this Temporary Deviation is based on request and agreement with these conditions by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Samples: 07/23/2008
Date of Well Completion: 05/08/2006

Approving Authority,

Stuart Oster, R.S.
Well and Septic Program

cc: Building Inspector's office
Community Hygiene
File

Attention: Stewart aster

78578
7/24
Dwe

Rush PM

Chain of Custody Form

Please fax a copy of the results to Howard County: (410) 313-2648



HOME LAND
SEPTIC
CONSULTING, LLC

5414-A Arcadia Road

Upperco, MD 21155

Phone (443) 995-5385 Fax (443) 267-0098

Tim@MDWellandSeptic.com

Site Address

Ryan Homes (NVR)

Musgrove Farm Lot #8

14330 Musgrove Farm Court

Glenwood, MD

Field Collection Information

Collected Date and Time: July 23, 2008 11:30 AM

Collector's Name: Tim Shetzberger

Sampler ID Number: 8065TS

Well Tag Number: HO 95 0024

Field PH: 6.5

Field Chlorine: 0.0

Clear when Water Drawn: yes

Was well Chlorinated? Yes

Requested Testing:

U&O Water Sample

- Bacteria
- Nitrates
- Turbidity
- Sand

RO
+H
Water

Well Casing/Cap Condition:

Height above grade: 16"

Cap Type: 2 Piece PVC

Casing: 6" PVC

Conduit: Good

Water Conditioning: Basement RO

Plumbing Notes:

Released By: [Signature]

Date/Time: 7/23 15:00

Received By: [Signature]

Date/Time: 7/23/08 15:00

Received In Lab By: _____

Date/Time: _____

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

*State Certified Water Quality
Laboratory # 106*

*State Certified Water Quality
Laboratory # 139*

REPORT OF ANALYSIS

July 29, 2008

Tim Shotzberger
Home Land Septics
308 Liberty Road
Baltimore, MD 21221

Lab Number: 78717
Date Received: 7/28/08 14:00
Project: HO 95 0024

Sample No: 78717-01
Client ID: Ryan Homes (NVR)
Musgrove Farm Lot #8
14330 Musgrove Court
Glenwood, MD

Sampled: 7/28/2008 11:00:00 A
Sampler: 8065TS Shotzberger

Sample Point: Master Bathroom

| Parameter | Method | Result | Units | MDL | Test Date | Analyst |
|-------------------------|---------|-------------|-----------|-----|-----------|---------|
| Bacteria-Total Coliform | SM 9223 | Absent/PASS | Per/100ml | 1 | 7/28/2008 | LH |
| Bacteria-E.coli | SM 9223 | Absent/PASS | Per/100ml | 1 | 7/28/2008 | LH |

Notes:

78717-01 No chlorine present at the time of collection as reported by the sample collector

Reviewed and Approved by:

Daniel J. Brumsted
Laboratory Director

Jul 24 08 03:46p

Environmental Testing Lab

410-224-4307

p.1

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

REPORT OF ANALYSIS

Tim Shotzberger
Home Land Septics
308 Liberty Road
Baltimore, MD 21221

Lab Number: 78578
Date Received: 7/23/08 15:00
Project: HO 95-0024

Sample No: 78578-01 Sampled: 7/23/2008 11:30:00 A
Client ID: Ryan Homes (NVR) Sampler: 8065TS Shotzberger
Musgrove Farm Lot #8
14330 Musgrove Farm
Court
Glenwood, MD

Sample Point: R/O - Kitchen

| Parameter | Method | Result | Units | MDL | Test Date | Analyst |
|-------------------------|-----------|--------------|-----------|------|-----------|---------|
| Bacteria-Total Coliform | SM 9223 | Present/FAIL | Per/100ml | 1 | 7/23/2008 | LH |
| Clarity | Visual | Clear | | | 7/23/2008 | |
| Nitrate + Nitrite as N | EPA 353.2 | 6.13 | mg/l | 0.05 | 7/24/2008 | PM |
| Sand | Visual | 0 | g/L | | 7/23/2008 | |
| Turbidity | EPA 180.1 | 1.3 | NTU | 0.5 | 7/24/2008 | PM |
| Bacteria-E.coli | SM 9223 | Absent/PASS | Per/100ml | 1 | 7/23/2008 | LH |
| Nitrite-N | EPA 353.2 | < 0.05 | mg/l | 0.05 | 7/24/2008 | PM |
| Nitrate-N | EPA 353.2 | 6.13 | mg/l | 0.05 | 7/24/2008 | PM |

Notes:

- 78578-01 Maximum Contaminate Level in Drinking Water for Nitrate+Nitrite is 10.0 mg/L, Nitrate-N 10.0 mg/L and Nitrite-N 1.0 mg/L as established by the US EPA.
- 78578-01 No chlorine present at the time of collection as reported by the sample collector.

Reviewed and Approved by:

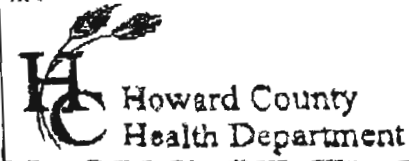
Daniel J. Brumsted
Laboratory Director

Annapolis

Ph 410-224-4304 Fax 410-224-4307

Waldorf

Ph 301-932-4775 Fax 301-932-7347



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2923 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

Muscow Farm

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

- The well site has been staked by Gutchie Little & Weber PA on 05/05/05 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