

C1 | 3781 | SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A-516098

1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED
 IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 9 27 04

Depth of Well
 22 300 26
 (TO NEAREST FOOT)
 10/7/04
 O.K. (BB)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-94-4001
 28 29 30 31 32 33 34 35 36 37

OWNER Scars Bros
 STREET OR RFD Murphy Rd first name
 TOWN Lanret
 SUBDIVISION _____ SECTION 4/4/370 LOT Part 2

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	
Top Soil	0	2	
Sandy	2	40	✓
Sand Stone	40	45	
MICKA	45	65	
Sand Stone	65	20	✓
MICKA	20	240	
Sand Stone	240	245	✓
MICKA	245	300	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 14 NO. OF POUNDS 1400
 GALLONS OF WATER 84
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30+ ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 60 61 63 64 66 55 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G _____

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

C 2 DEPTH (nearest ft.)
 1 2
 HO 52 300
 E 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 38 39 41 45 47 51
 R
 E
 N

DIAMETER OF SCREEN (NEAREST INCH)
 56 from 60 to

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

C 3 **PUMPING TEST**
 1 2
 HOURS PUMPED (nearest hour) 3
 8 9

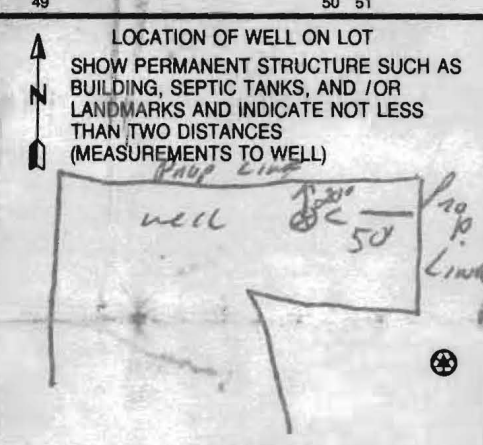
PUMPING RATE (gal. per min.) 4
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
 BEFORE PUMPING 11 ft.
 17 20
 WHEN PUMPING 75 ft.
 22 25
 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 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 } LAND SURFACE
 - below } 2 (nearest foot)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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 SD 112
 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 2344

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-94-4001 fill in this form completely

520363 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Souder Builders Inc, 9335 Old Scaggs Rd, Laurel, MD, 20723-1731

B 3

LOCATION OF WELL

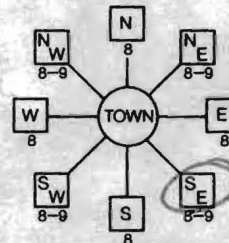
Howard County, SCA995 Prop, SECTION 44-46, LOT PAR1, Eutton Laurel, NEAREST TOWN

DRILLER INFORMATION

Ralph E. MAYNE, M S D 117, RALPH E. MAYNE INC, 17024 Handy Rd. Mt Airy, MD 21771, Signature, Date 5-11-04

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MURPHY Rd, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 180 FT, TAX MAP: 46 BLK: 9 PARCEL 328

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), 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, STATE SIGNATURE, DATE ISSUED 8/10/04, CO SIGNATURE, EXP. DATE 8/10/05, NORTH GRID 925 000, EAST GRID 476 000

APPROXIMATE DEPTH OF WELL 150 FEET

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER, PERMIT No. HD-94-4001

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

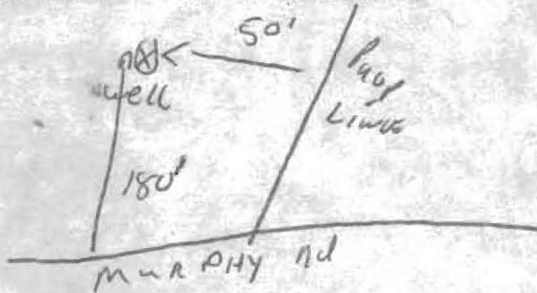
SOURCES OF DRILLING WATER

- well (circled), 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 426, N 825

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4001
 Location of property (road) Murphy Rd
 Subdivision 46/9 Parcel 35B Lot Part 1 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Scaggs Bros

Depth of well 300
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 11'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 75 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	11'	5 Sec		12 GPM
			TEST STARTED	
8:45	75'	15 Sec		4 GPM
9:00	75'	15 Sec		4 GPM
9:15	75'	15 Sec		4 GPM
9:30	75'	15 "		4 "
9:45	75'	15 "		4 "
10:00	75'	15 "		4 "
10:15	75'	15 Sec		4 GPM
10:30	75'	15 sec		4 GPM
10:45	75'	15 sec		4 GPM
11:00	75'	15 "		4 "
11:15	75'	15 "		4 "
11:30	75'	15 Sec		4 GPM
11:45	75'	15 Sec	4 GPM	

**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: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 94-4001
Site Address: 8485 Murphy Road

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF 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: _____

Depth of well encountered at time of pump installation: _____ (feet)
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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

*2/21/07
Water Line
O.K. - Nothing
Hooked Up.
(BB)*

*John Bens
Sawyer*

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS

August 17, 2004

Howard County Health Department
3525 Ellicott Mills Dr.
Ellicott City, MD 21043

RE: Scaggs Property
Murphy Road

To whom it may concern:

This letter serves as certification that on August 16, 2004, the proposed well location for the 3 acre parcel of the abovementioned property was field staked per the enclosed well permit plan. Should you have any questions or need additional information, please don't hesitate to contact this office.

Respectfully,
Robert H. Vogel Engineering, Inc.



James R. Meeks 8/17/04

James Robert Meeks
Professional Land Surveyor No. 10857



ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS · SURVEYORS · PLANNERS

8407 MAIN STREET
 ELLICOTT CITY, MARYLAND 21043
 TEL: 410.461.7666 FAX: 410.461.8961

OWNER

SCAGGS BROTHERS EQUIPMENT
 3258 BETHANY LANE
 ELLICOTT CITY, MD 21042

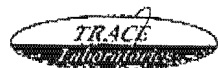
SCALE 1"=100'
 DRAWN BY JCO
 CHECKED BY RHV
 DATE MAY 2004
 W. O. # 2014031.0
 SHEET # 1 OF 1

WELL PERMIT PLAN
SCAGGS PROPERTY
3 ACRE PARCEL

TAX MAP 46 BLOCKS 3 & 9
 5TH ELECTION DISTRICT

PARCEL '378'
 HOWARD COUNTY, MARYLAND

CERTIFICATE OF ANALYSIS



**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@connex.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



**PERRY JOHNSON
REGISTRARS, INC.**

Cert No. C2005-01504

Requester:
Hal C. Marker Co. Inc
10524 Huntersway
Laurel, Maryland 20723

S/O Number: 62166
Report Date: May 3, 2007

Property Sampled: 8485 Murphy Road

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B00157924

Tax Map #: 46
Parcel #: N/A

Date/Time Collected: May 2, 2007 at 1:35 pm
Date/Time Received: May 2, 2007 at 3:10 pm

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

Well Tag Number: Unable to locate
Well Condition: Well condition undetermined

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	7.1 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.

CERTIFICATE OF ANALYSIS



Requester:
Hal C. Marker Co. Inc
10524 Huntersway
Laurel, Maryland 20723

S/O Number: 62166
Report Date: May 3, 2007

Property Sampled: 8485 Murphy Road

County: Howard
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Lot #: N/A
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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	7.1 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

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Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Maryland State Grid Meridian

SCAGGS BROTHERS EQUIPMENT
5900/260 3.00 AC.
PARCEL 378

KENNETH SCOTT & WF
5189/351 1.0 AC.
PARCEL 199
RR#0
E.CO

PROP. WELL

PROP. HOUSE

E. WELL

E. WELL

MURPHY ROAD
(COUNTY PUBLIC MINOR COLLECTOR ROAD)
60' RIGHT-OF-WAY

5/14/04
SANITARIAN WHO PERC'S
AND REVIEWED PROPERTY
STRONGLY OBJECTS TO ALLEGED
APPROVAL DUE TO UNCERTAIN SOILS STATUS
AREA IN REAR OF RESERVE
DESIGNATED WELL SITE
PROPERTY AS
SHOWN

talked w/ Ken
Donnell
Frank
approval
much better
OWNER
SCAGGS BROTHERS EQUIPMENT
3258 BETHANY LANE
ELLCOTT CITY, MD 21042

WELL PERMIT PLAN
SCAGGS PROPERTY
3 AC. PARCEL

TAX MAP #46 GRID 3&9
5TH ELECTION DISTRICT
PARCEL 378
HOWARD COUNTY, MARYLAND



7125 RIVERWOOD DRIVE
COLUMBIA, MARYLAND 21046-2354
410-720-6900
410-720-6226 fax

FREDERICK WARD ASSOCIATES, INC.
ARCHITECTS | ENGINEERS | PLANNERS | SURVEYORS
www.frederickward.com

DESIGN BY: JCO
DRAWN BY: JCO
CHECKED BY: BHV
DATE: APRIL 2004
SCALE: 1"=30'
W.O. NO.: 2014031.00

N:\PROJECTS\2014031\VEB\dwg\PREL\1A\3AC.dwg P1 Apr 23 14:22:57 2004 EA