

C 1 7125

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 A520768

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1345

OWNER Spring Mill LLC STREET OR RFD 6 mitchells way TOWN WEST Friendship SUBDIVISION Clover Field SECTION LOT 19

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Red Clay, Brown Shale, and Gray Limestone.

GROUTING RECORD section including WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD section including MAIN CASING TYPE (ST, PL, CO, OT) and OTHER CASING (if used) with diameter and depth.

SCREEN RECORD section including screen type or open hole (ST, BR, HO, PL, OT) and DEPTH (nearest ft.)

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

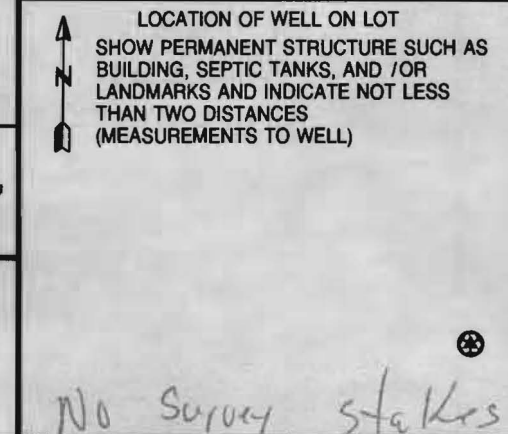
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST section including HOURS PUMPED (03), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (19 gal.), WATER LEVEL (distance from land surface) BEFORE PUMPING (47 ft) and WHEN PUMPING (61 ft).

PUMP INSTALLED section including DRILLER INSTALLED PUMP (YES NO), TYPE OF PUMP INSTALLED (A, C, J, P, R, S, T, O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, and CASING HEIGHT.



B 1	5668	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HD-95-1345
1 2 3 6			527862 Please print or type	70 fill in this form completely 79

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13 _____

15 Last Name Spring Mill LLC Owner First Name _____ 34

36 R. O. Box 417 Street or RFD _____ 55

57 Ellicott City MD 21041 Town City State Zip _____ 76

LOCATION OF WELL

8 COUNTY Howard _____ 21

23 SUBDIVISION Clower Field II _____ 42

SECTION 2 LOT 14 _____ 50

52 NEAREST TOWN West Friendship _____ 71

MILES FROM TOWN (enter 0 if in town) 4 M I L _____ 78

DRILLER INFORMATION

Driller's Name Allen Compton M S D 009 _____ 81 License No.

Firm Name Fogles Well Drilling _____

Address 6003 Woodbine rd _____

Signature [Signature] Date 2-25-08 _____

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2 _____

11 NEAR WHAT ROAD Michells Way _____ 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1000 37 _____ 39

TAX MAP: 15 BLK: 7 PARCEL 119

WELL INFORMATION

1 2 APPROX. PUMPING RATE 5 _____ 12 (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED 500 _____ 20 (GAL. PER DAY)

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

COUNTY NAME Howard COUNTY NO. A520768

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 2/26/08 _____

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 536 000 EAST GRID 802 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET _____ 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 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 DEEPEM 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 HD2007 GAP 003 _____ 63

PERMIT No. HD-95-1345 _____ 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. _____

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 _____ 000

N 536 _____ 000

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

[Sketch showing well location near West Friendship and Michells Way]

B 1 1026

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527862 please type

STATE PERMIT NUMBER

HO-95-1345 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Security Development Corporation

P.O. Box 417

Ellicott City Md 21041

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Cloverfield Section II 42

SECTION 2 LOT 14

52 NEAREST TOWN West Friendship 71

MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION

Joseph L Mayne MS D024

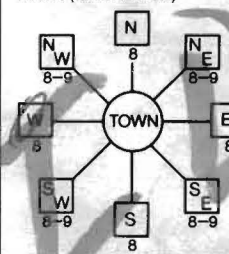
Joseph L Mayne Well Drilling

5512 Ridge Rd Mt. Airy Md 21771

Joseph L Mayne 10-15-07

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mitchells Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 175 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 7 PARCEL 119

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520768

COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S

DATE ISSUED 10/30/2007 Brian Baber 10/30/2008

43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 536 000 EAST GRID 802 000

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 N 536

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

Sketch showing well location relative to roads: Mitchell's Way, Drive Way, West Friendship

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 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 DEEPEM 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 H02007_G003

PERMIT No. H0-95-1345

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Data Sheet

County File # _____

District 2

MD Well Permit # HO-95-1345

Date of Test: 2-29-08

Subdivision Name: Cloverfield

Section 2 Lot # 14

Street Address: Mitchells Way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 300 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>7:30</u>	Static Water level: <u>47</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>
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TIME	WATER LEVEL BELOW M.P.		
------	------------------------	--	--

Water level and pumping rate must be recorded every 15 minutes

TIME	WATER LEVEL BELOW M.P.	PUMPING RATE	CALCULATED FLOW (GPM)
1 <u>7:30</u>	<u>47</u> ft.	<u>3</u>	<u>20</u> GPM
2 <u>7:45</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
3 <u>8:00</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
4 <u>8:15</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
5 <u>8:30</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
6 <u>8:45</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
7 <u>9:00</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
8 <u>9:15</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
9 <u>9:30</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
10 <u>9:45</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
11 <u>10:00</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
12 <u>10:15</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
13 <u>10:30</u>	<u>61</u> ft.	<u>4</u>	<u>15</u> GPM
14	ft.		GPM
15	ft.		GPM
16	ft.		GPM
17	ft.		GPM
18	ft.		GPM
19	ft.		GPM
20	ft.		GPM
21	ft.		GPM
22	ft.		GPM
23	ft.		GPM
24	ft.		GPM
25	ft.		GPM
26	ft.		GPM
27	ft.		GPM
28	ft.		GPM
29	ft.		GPM
30	ft.		GPM

NOTES:

NET 1000

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2648 FAX: (410)313-2648
313-1791

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: Atlantic Blue LLC Telephone #: 410 840-8112
Address: 75 Alden Ct SE 7
Wilmington, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Mark Mathay License# 63797

*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: Delaware Homes Telephone #: 410 442-2011
Subdivision: Overland II Lot #: 14 Well Tag #: HO-95-1345
Site Address: 13590 Mitchells Way
West Friendship, MD 21154

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: J-Moss Make: Camdell Two piece watertight cap:
Model #: 2550794 Model#: _____ Screened, vented well cap:
Pump Capacity: 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" R.G.:
Depth of well encountered at time of pump installation: 300 (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 latches of well casing with eye bolt _____

Pipes to house House Connection
Type: PVC PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 2FE
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: YES

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] 12/4/15
Signature of company representative responsible for installation date

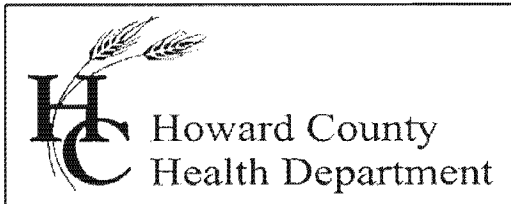
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 12/11/15 Date Insp. Approved: 4/12/2016
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

one of the well cap screws was broken and not tightly in place (RD) 12/11/15
contacted plumber about issue on 12/11/15 - AH

HD-215 (Rev. 8/00)

4/12/2016 Bolts fixed
(BB)



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 4, 2017

August 4, 2016

Homeowner
13590 Mitchells Way
West Friendship, MD 21794

**RE: Cloverfield II, Lot 14
13590 Mitchells Way
Building Permit: B15003178
Well Permit: HO-95-1345**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **4/12/2016**. Final approval of the well line connection to the dwelling was granted on **4/12/2016**. The well construction was completed on **2/29/2008**. Water samples were collected on **7/12/2016 & 7/21/2016**.

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. 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-95-1345. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

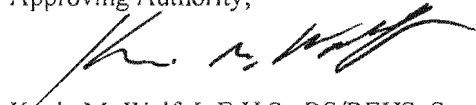
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", written over a horizontal line.

Kevin M. Wolf, L.E.H.S., RS/REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	108753	Account #:	1045
Reference:	Catonsville Homes Lot 14	Company:	Atlantic Blue Water Services
Location:	13590 Mitchells Way West Friendship, MD 21794	Requested By:	Mark Mather
Date/ Time Collected:	7/21/2016 1140	Source:	Well Water
Date/Time Rec'd:	7/21/2016 1540	Site:	Well Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	5.7
		Well #:	HO-95-1345

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/22/2016 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/22/2016 / 1000 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B15003178

Date Reported: 7/22/2016

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 108753 Account #: 1045
Reference: Catonsville Homes Lot 14 Company: Atlantic Blue Water Services
Location: 13590 Mitchells Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 7/21/2016 1140 Site: Well Tank
Date/Time Rec'd: 7/21/2016 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: M. Mather 3480MM Well #: HO-95-1345

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/22/2016 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/22/2016 / 1000 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
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- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B15003178

Date Reported: 7/22/2016

MID 2
70/30/2007

Well Site Staked
by Benchmark

BB

NON-BUILDABLE PRESERVATION
PARCEL A

MITCHELLS WAY
(PROPOSED SUB DIVISION)
(PARCEL 4 ZONED: SP-95-002)
Public Storage
Water Management
Storage Management
Access, Drainage
Utility Easement

NO.	DATE

BEN

