

C 1 14579 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)

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 22 145 26 (TO NEAREST FOOT)

9/18/02 KN

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3451

OWNER Dale Thompson Bldrs Preservation Bldrs first name last name STREET OR RFD TOWN Fulton SUBDIVISION ANDELL WOODS SECTION LOT 7

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO [Y] [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 14 NO. OF POUNDS 45/180 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

CASING RECORD casing types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 42

OTHER CASING (if used) diameter inch depth (feet) from to 7 5 100 4 120 145

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Buckle WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 54 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 (nearest foot) 2

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [N]

DEPTH (nearest ft.) 40 145 4" 100 70 120 SLOT SIZE 1 1/16 2 3 DIAMETER OF SCREEN 4 (NEAREST INCH) from to

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)

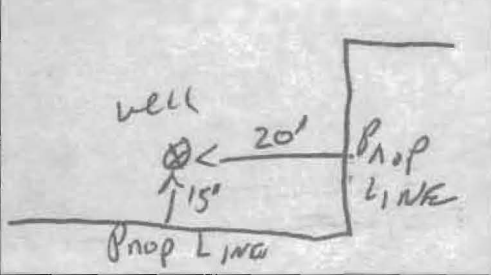
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 1117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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



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

B 1 3289

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-3451

W517 382 please print or type

fill in this form completely

Date Received (APA) 07 25 02

OWNER INFORMATION

Thompson Dale Builders, 6300 Woodside Ct, Columbia MD, 21046

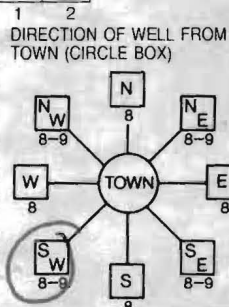
LOCATION OF WELL

Howard County, Pindell woods, SECTION 44-46 LOT 48-50, FULTON, 3 MILES FROM TOWN

DRILLER INFORMATION

Ralph E. Mayne, M SD 117, RALPH E. MAYNE WELL DRILLING, 17024 Hardy Rd Mt Airy MD, 21771, Signature: [Signature], Date: 7/24/02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Preservation Ct, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 275 37, DISTANCE FROM ROAD, ENTER FT OR MI

WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, 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 07 25 02, CO SIGNATURE Mark Reple, EXP DATE 2/25/03, NORTH GRID 488, EAST GRID 0823

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED, 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 (circled), 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)

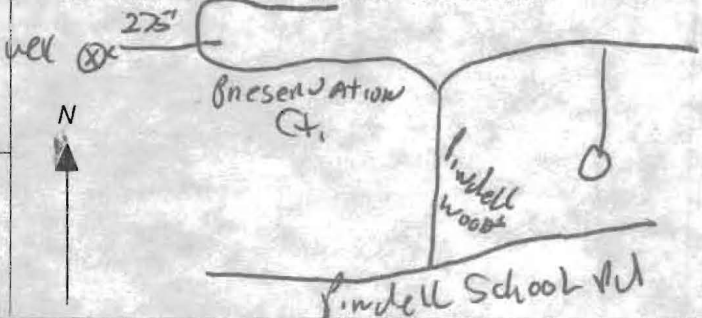
APPROP. PERMIT NUMBER G, PERMIT No. 40-94-3451

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. well

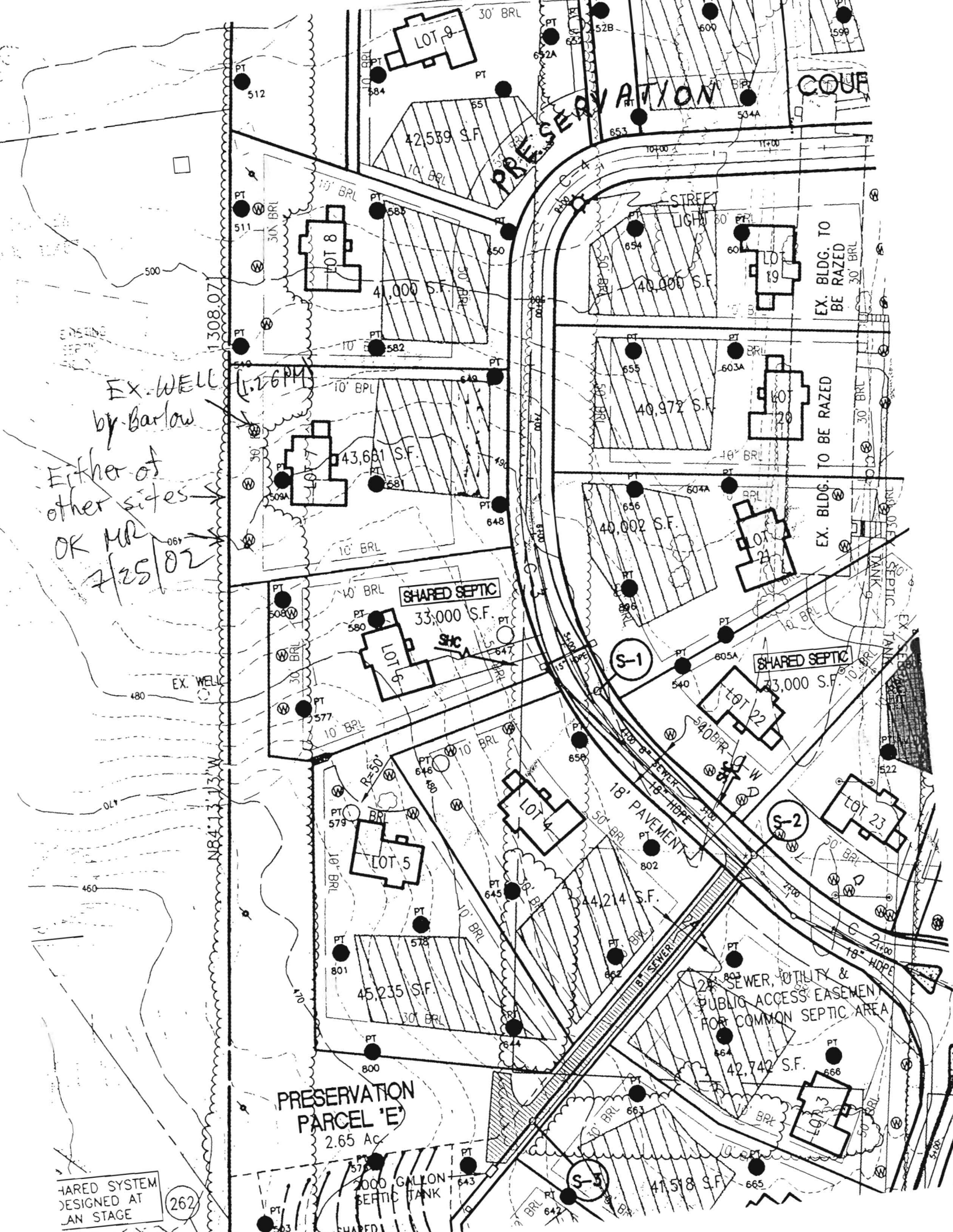
WRITE THE BOX NUMBER FROM THE MAP HERE, E 823, N 488

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



PRESERVATION COURT

EX. BLDG. TO BE RAZED

EX. BLDG. TO BE RAZED

SHARED SEPTIC

SHARED SEPTIC

PRESERVATION PARCEL 'E'
2.65 Ac.

7000 GALLON SEPTIC TANK

24" SEWER, UTILITY & PUBLIC ACCESS EASEMENT FOR COMMON SEPTIC AREA

SHARED SYSTEM DESIGNED AT PLAN STAGE

262

EX. WELL by Barlow
Either of other sites
OK MR 7/25/02

**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: WILLOUGHBY PLUMB Telephone #: 410-781-7051
Address: 1203 PATRICK DR
SLAKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License# 6992

*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: DR. THOMAS WOOD Telephone #: 410-995-6730
Subdivision: PINELEAF WOOD Est #: 7 Well Tag #: HO 94-3451
Site Address: 7217 PINECRESTATION CT
FULTON, MD 20759

Submersible Pump Data
Make: JACUZZI Pitless Adapter Make: HARVARD Well Cap and Electric Conduit
Model #: _____ Model #: _____ Two piece watertight cap:
Pump Capacity 6 GPM Depth: 48" (36" min) Screened, vented well cap:
Well Yield: 6 GPM NSF approved: _____ Cap secured to casing:
Depth of well encountered at time of pump installation: 45 (feet) Conduit min 18" B.G.:
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: PESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 1" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 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: Chris Willoughby date: 3/14/06

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

Date Insp. Requested: 10/5/06 Date Insp. Approved: 10/11/06
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

*new well
2002*



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

~~September 21, 2005~~
January 26, 2007

Dale Thompson Builders
6300 Woodside Court, Suite A
Columbia, MD 21046

RE: Pindell Woods, Lot 7
7217 Preservation Court
Fulton, MD 20759
BP #: B00157748
Well Permit # HO-94-3451

Dear Sirs:

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 09/08/2006. Final approval of the well line connection to the dwelling was approved on 10/11/2006.**

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-94-3451. 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 Sample(s): 01/22/2007
Date of Well Completion: 08/08/2002

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Dwells
on property

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@connect.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



PERRY JOHNSON
REGISTRARS, INC.
Cert No. C2005-01504

Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 61750
Report Date: January 23, 2007

Property Sampled: 7217 Preservation Court

County: Howard
Subdivision: Pindell Woods
Lot #: 7
Building Permit #: B00157748
Tax Map #: 41
Parcel #: 274

Date/Time Collected: January 22, 2007 at 12:41 pm
Date/Time Received: January 22, 2007 at 3:15 pm

Sample Location: Powder Room Tap & Pressure Tank Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3451
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity(Raw)+	12.4 NTU	EPA 180.1	10 NTU	High
Iron+	1.0 mg/L		*0.3 mg/L	***
Turbidity(Treated)	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.0 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

+Note: The high turbidity in this water sample is most likely a result of the elevated iron level.

Heather R. Beam

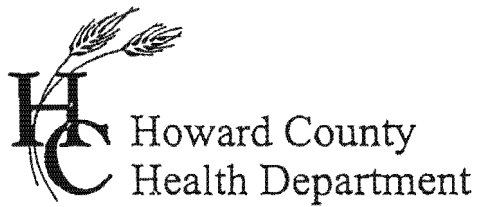
Heather R. Beam

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.



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

October 3, 2002

Dale Thompson Builders
630 Woodside Court
Columbia, MD 21045

RE: Pindell Woods, Lots 7 & 42
Preservation Court/ Mirror Pond Court
Maintain existing wells


Dear Mr. Thompson:

On July 25, 2002, this office issued replacement well permits for the referenced lots to Ralph Mayne Well Drillers, who advised that you were attempting to achieve greater well flows than the original wells. Subsequent completion reports indicate greater flows were successfully achieved. Although this office was aware that the permit for lot 42 indicated plans to abandon, fill and seal the existing well, further review suggests that abandonment may not be the optimal choice.

During the initial drilling phase in 2001, three dry holes were encountered on lot 42 prior to finding 1.07 gpm. Due to these dry holes and current drought conditions, this office recommends maintaining the original well for each lot. The completion report for each original well is enclosed.

Please indicate your intentions of either abandoning and sealing the low-yield wells or maintaining them for residential irrigation or potable supply. If you have any questions, please call 410-313-2640. Thanks you, in advance, for your time and cooperation.

Sincerely,


Kacie Noonan
Well and Septic Program

Enclosures

Cc: Ralph Mayne
File



November 13, 2002

Kacie Noonan
HOWARD COUNTY HEALTH DEPARTMENT
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

**RE: Pindell Woods, Lot 7 & 42
Preservation Court/Mirror Pond Court
Maintain existing wells**

Dear Kacie Noonan:

In answer to your letter of October 3, 2002, we would like to express our intentions to accept your recommendation to not abandon the existing wells which were replaced with new wells drilled on the Lots referenced. The replacement wells were drilled in the instance where the initial well yielded only one gallon per minute. At your recommendation, the original well will be maintained but not connected for future residential or potable supply.

If you have any questions do not hesitate to call our office at (410) 995-6736.

Sincerely,

A handwritten signature in black ink, appearing to read "Dale", is written over the word "Sincerely,".

Dale Thompson
President