

SEQUENCE NO. (OEP USE ONLY)

3064 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 420833

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Rhine last name Old Frederick first name TOWN SECTION LOT 4

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Shale, Br. Slate, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

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

SCREEN RECORD

screen type or open hole, SLOT SIZE, DIAMETER OF SCREEN, GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT

C 3

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL BEFORE/WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT, SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS

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 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO., DRILLERS SIGNATURE

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1 4843

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-0750

please print or type

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Daniel Eastoday 77 License No. 80
Firm Name Barber, Eastoday, Inc
Address 2405 Brown Church Rd Mt Airy, Md 21771
Signature Daniel Eastoday Date 9/6/84

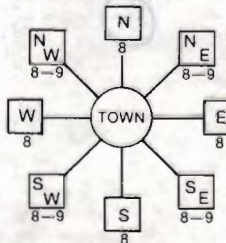
B 3

LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 73 76 77 78 M I

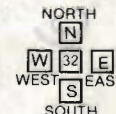
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 Old FREDERICK Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37 DISTANCE FROM ROAD ENTER FT or MI 38 39

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A20833
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 00184 EXP. DATE 4/1/85
NORTH GRID 554000 EAST GRID 0775000

APPROXIMATE DEPTH OF WELL 300 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
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

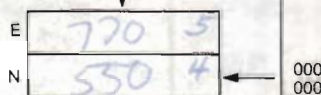
- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63
FORCE FS WRITE INITIALS IN BOX PERMIT NO. 40-81-0750

SPECIAL CONDITIONS

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



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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0750
 Location of property (road) Old Fredrick Rd.
 Subdivision Lisbon Farms Lot 4 Block — Plat — Sec. —
 Well Driller L. Daniel Eastday Owner Gary Rhine

Depth of well 300'
 Distance of measuring point (M.P.) above ground 20'
 Static water level (S.W.L.) below M.P. 53'4"

High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 8, G.P.M.
 Total time 30 min to reach pumping water level 120' ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes Pump 280'

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)
8:15	120'	18 sec		3 1/2 G.P.M.
8:30	120' 2"	18 sec		3 1/2 G.P.M.
8:45	120' 8"	18 sec		3 1/2 G.P.M.
9:00	120' 11"	18 sec		3 1/2 G.P.M.
9:15	120' 11"	18 sec		3 1/2 G.P.M.
9:30	121' 5"	18 sec		3 1/2 G.P.M.
9:45	122' 7"	18 sec		3 1/2 G.P.M.
10:00	122' 7"	20 sec		3 G.P.M.
10:15	123' 2"	20 sec		3 G.P.M.
10:30	124' 4"	20 sec		3 G.P.M.
10:45	123' 6"	20 sec		3 G.P.M.
11:00	123' 7"	20 sec		3 G.P.M.
11:15	123' 10"	20 sec		3 G.P.M.
11:30	124' 9"	20 sec		3 G.P.M.
11:45	125'	20 sec		3 G.P.M.
12:00	125'	20 sec		3 G.P.M.
12:15	125' 2"	20 sec		3 G.P.M.
12:30	125' 3"	20 sec		3 G.P.M.
12:45	125' 3"	20 sec		3 G.P.M.
1:00	125' 5"	20 sec		3 G.P.M.
1:15	126'	20 sec		3 G.P.M.
1:30	126'	20 sec		3 G.P.M.
1:45	126' 2"	20 sec		3 G.P.M.
2:00	126' 3"	20 sec		3 G.P.M.
2:15	126' 4"	20 sec	Bruce	3 G.P.M.

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: Classic Plumbing Telephone #: 3016957934
Address: PO Box 1143
Bedencr 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 Haller License# 7788

*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: Kindy Ryan Telephone #: _____
Subdivision: Lisbon Farm Lot #: 4 Well Tag #: HO-81-0750
Site Address: 11418 Old Bedencr Rd

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Coudu</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>75609</u>	Model: <u>CP</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>2</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2.5</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>302</u> (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 arresters 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>PDI</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>40</u>
Depth of supply line: <u>36</u> (36" 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: Robert Haller Date: 7/27/07

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

Date Insp. Requested: 7/27/07 Date Insp. Approved: 11/8/08 (KW)
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

The lot shown hereon complies with the minimum ownership and lot areas as required by the Maryland State Health Department.

APPROVED: Private Water and Private Sewer

J. P. Dazey, M.D. 3/6/75
Howard County Health Officer

HO-81-0750

Stanley Pickett
312/320

LOT 1

LOT 5

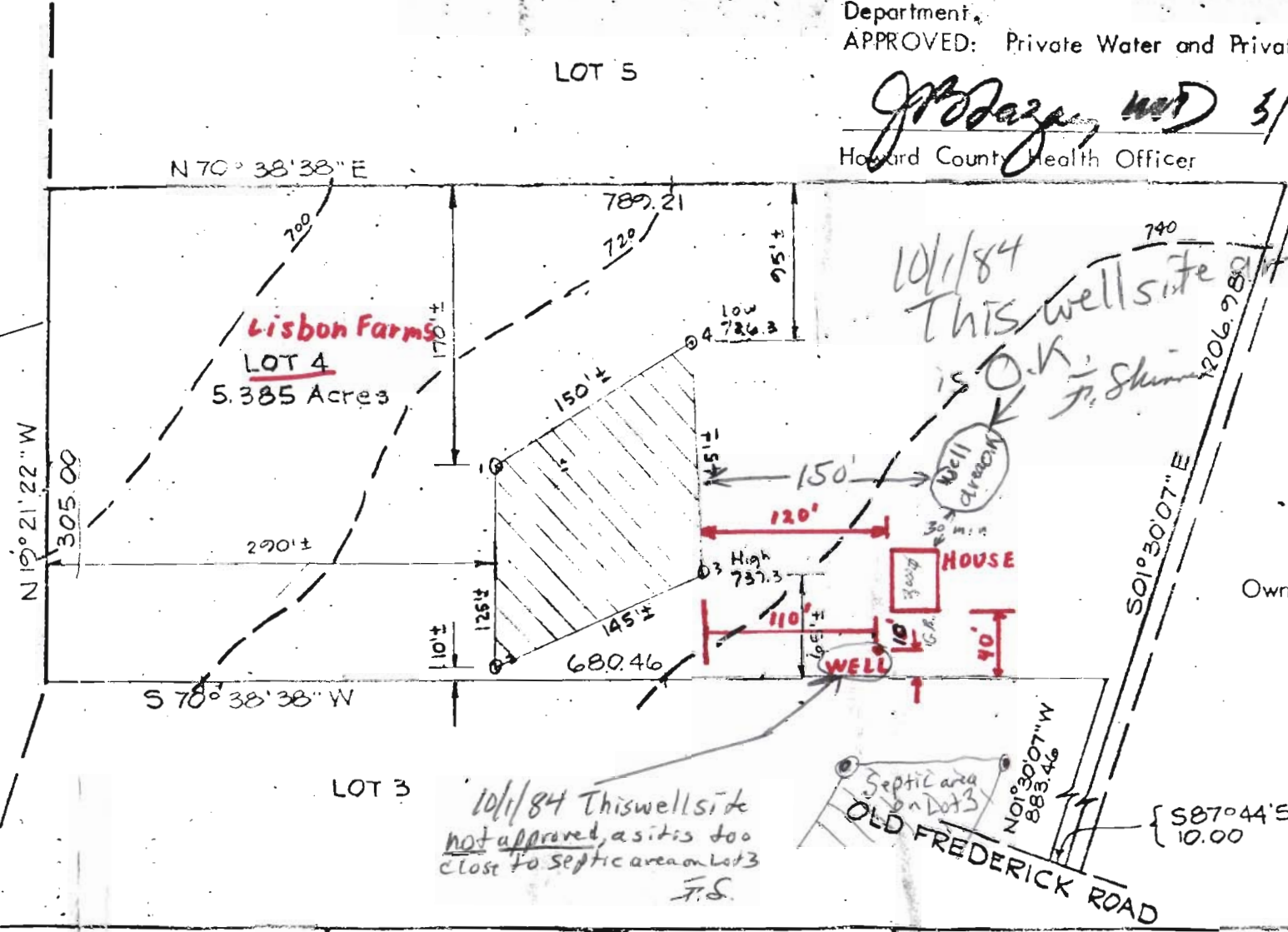
Lisbon Farms
LOT 4
5.385 Acres

10/1/84 This well site area is O.K. J. Skinner

Buyer
Gary J. Rhine
14680 Monticello Drive
Cocksville, Maryland 21723
phone home-442-1085
work 837-0343

Seller
D. H. MYERS
- 16209 CARRS MILL RD.
WOODBINE, MD. 21797.

Owner: ~~Howard Associates
Suite 117
Teachers Building
Columbia, Md.
21044~~



LOT 3

10/1/84 This well site not approved as it is too close to septic area on Lot 3 J.S.



Richard P. Browne

Richard P. Browne

REFERENCE



MERIDIAN

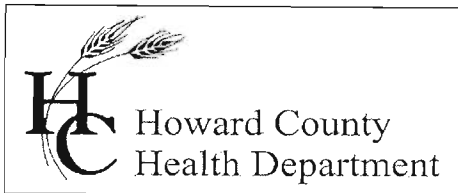
RICHARD P. BROWNE ASSOCIATES
CONSULTING ENGINEERS, PLANNERS
WOODBINE, MD. COLUMBIA, MD.

MAP OF PROPERTY OF
HOWARD ASSOCIATES

SITUATED IN
4th Election District
Howard County, Md.

SCALE: 1" = 100'

DATE: 10-29-74



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

January 18, 2008

Homeowner (of Lisbon Farms, Lot 4)
C/O C & P Homes
16013 Lady Camarin Court
Mount Airy, MD 21771

SENT BY FACSIMILE 410-489-2466

RE: Lisbon Farms, Lot 4
16448 Old Frederick Road
Mount Airy, MD 21771
BP #: B07000754
Well Permit # HO-81-0750

Dear Ms. Ryan:

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 08/03/2007. Final approval of the well line connection to the dwelling was approved on 01/18/2008.**

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.

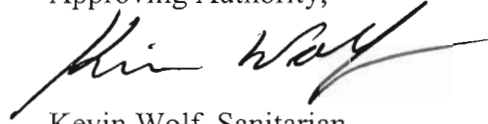
INTERIM CERTIFICATE OF POTABILITY

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-81-0750. 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: 12/28/2007 & 01/16/2008
Date of Well Completion: 10/12/1984

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", with a long horizontal flourish extending to the right.

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

October 30, 1984

Malloy & Malloy
3685 Park Avenue
Ellicott City, Maryland 21043

RE: Lisbon Farms, Lot 4

To Whom It May Concern:

This is to advise you that the well for the above referenced lot was constructed in accordance with the well construction regulations (COMAR 10.17.13).

Very truly yours,



Frank Skinner, Director
Water and Sewerage Program

FS: jr

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



FERRY JOHNSON
REGISTRARS, INC.

Cert No. C2005-01504

Requester:
C & P Homes
Attn: Cindy Ryan
16013 Lady Camarin Court
Mt. Airy, Maryland 21771

S/O Number: 66838
Report Date: January 17, 2008

Property Sampled: 16448 Old Frederick Road, Retest #1

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B07000754
Tax Map #: 2
Parcel #: N/A

Date/Time Collected: January 16, 2008 at 12:00 pm
Date/Time Received: January 16, 2008 at 3:00 pm

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

Well Tag Number: HO-81-0750
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL	
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

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.traceclabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



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

Requester:
C & P Homes
Attn: Cindy Ryan
16013 Lady Camarin Court
Mt. Airy, Maryland 21771

S/O Number: 66627
Report Date: January 2, 2008

Property Sampled: 16448 Old Frederick Road

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B07000754

Tax Map #: 2
Parcel #: N/A

Date/Time Collected: December 28, 2007 at 9:00 am
Date/Time Received: December 28, 2007 at 1:00 pm

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

Well Tag Number: HO-81-0750
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	4.8 NTU	EPA 180.1	10 NTU	Pass
pH	6.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

Allison R. Milburn
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.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H9770 Name: Gary Rhina County: Howard
 Source of Sample: Isabon Farm lot 4 Collector: Stayer
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: H0 81-0750

13 County Plant No. Sampling Station 101784 Date Collected 1100^A M Time Acid Iced

Field Data: pH* Chlorine Residual Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₂ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₂ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	<u>5.8</u>		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

OCT 1st 1984

* Results reported in units, all others in milligrams per liter (ppm)

Date Received: OCT 18 1984 Date Reported: 10-25-84 Chemist: Bruce L. Solnick, Ph.D. Lab No.: 005681

DHM 90-A 10/82

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Gary J. Rhine
(Name)

14680 Monticello Drive
Cooksville, Maryland 21723
(Address)

HO-81-0750
(OEP Well Permit Number)

9/7/84
(Date)