

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	38329	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 558097 please type	STATE PERMIT NUMBER H0-15-0248 <small>fill in this form completely</small>
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Date Received (APA) **07/26/16** 13233

OWNER INFORMATION

8 MM 00 YY 13 **JAMES GREENFIELD/ KB BUILDERS LLC**

15 Last Name Owner First Name 34

36 **6420 AUTUMN SKY WAY** Street or RFD 55

57 **COLUMBIA MD 21044** Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL CC#**

Howard

8 COUNTY 21

Hallshop Manor II

23 SUBDIVISION 42

SECTION 44 46 LOT 3 48 50

Fulton

52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

George F. Easterday **4/21/2016**

Signature Date

B 4 **SOURCES OF DRILLING WATER**

1. **wells**

2.

3.

10524 Hall Shop Road

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH
WEST EAST
SOUTH

34 **50** 37
DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: **41** BLK: _____ PARCEL **138**

B 2 **WELL INFORMATION**

1 2 **5**

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 _____ 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13)

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **5/3/16** **Sel. CLK.** **5/3/17**

43 MM DO YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

57 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

39 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

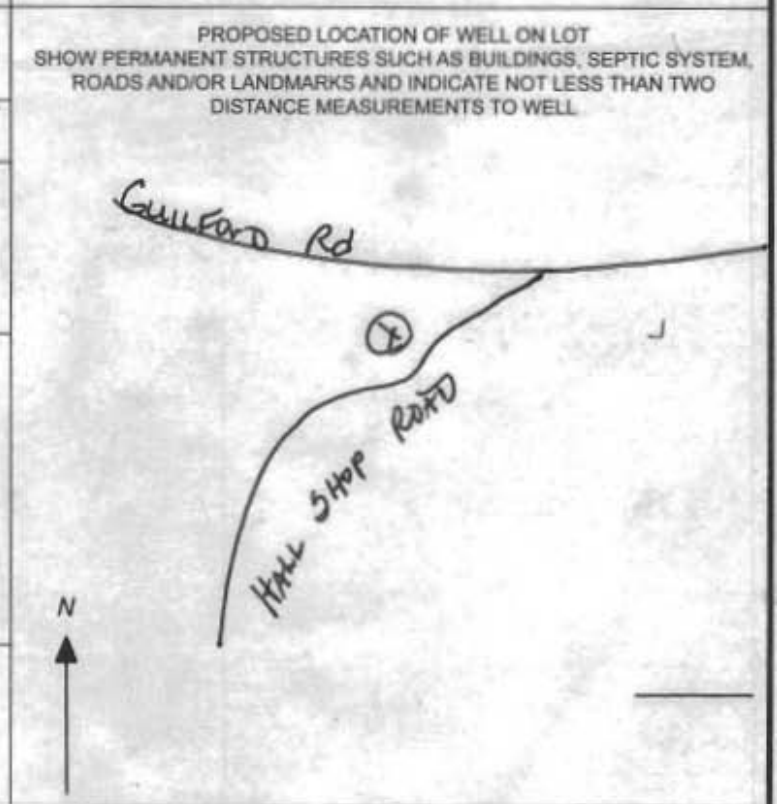
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

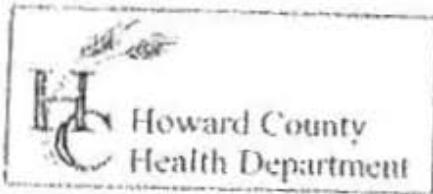
APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **H0-15-0248**

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS **SEE ATTACHED MEMO Fulton**



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Fisher Collins & Carter
(professional land surveyor or company employing professional land surveyors)
on April 21 2016 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

JAMES Greenfield
10524 HALL STOP Rd

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Wednesday, January 13, 2016 8:32 AM
To: 'Tony Fertitta'
Subject: RE: Hall shop Manor Lot 3

As we discussed, use the attachment as the well exhibit. If the well is successful, a revised perc cert must be signed and approved and the rear well abandoned prior to Health approval of a building permit. If unsuccessful, we will keep the existing perc cert and the existing well will be used for the house. Thanks
Jeff

From: Tony Fertitta [<mailto:tonyf@fcc-eng.com>]
Sent: Friday, January 08, 2016 11:35 AM
To: Williams, Jeffrey
Subject: Hall shop Manor Lot 3

Good Morning Jeff,
Hope your Holidays where good. We talked about Hallshop Manor a month or 2 back about moving the well on lot 3 here is the plan to show you the location of where they would like to try and drill.

Thanks
Tony



Right Click the Card to add me to your Contacts

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Robert L Feizer 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): Brad + Brad License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - _____
Site Address: 12024 Hall Shop

✓ 02/06/18
Completion Report

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit

Make: _____ Make: _____ Two piece watertight cap: _____
Model #: _____ Model#: _____ Screened, vented well cap: _____
Pump Capacity _____ GPM Depth: _____ (36" min) Cap secured to casing: _____
Well Yield: _____ GPM NSF/WSC approved: _____ Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve 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: 2/6/18 Date Insp. Approved: 2/16/18 Inspector: Ⓛ
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 38" 02/06/2018 Ⓛ
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 38" 02/06/2018 Ⓛ
Safety rope not outside of well cap/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 ✓

2/6/18 Ⓛ
Connection under footer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 26, 2018

February 26, 2018

Homeowner
12024 Hall Shop Road
Clarksville, MD 21029

RE: Hall Shop Manor II, Lot 3
12024 Hall Shop Road
Building Permit: B17001832
Well Permit: HO-95-0189

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 10/4/2017. Final approval of the well line connection to the dwelling was granted on 2/6/2018. The well construction was completed on 3/22/2006. Water samples were collected on 2/6/2018.

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.

Gross Alpha and Beta samples were also collected on 2/12/2018. Results showed a Gross Alpha level of 6.8 ± 0.0 pCi/L and Gross Beta level of 10.8 ± 0.0 pCi/L. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-0189. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

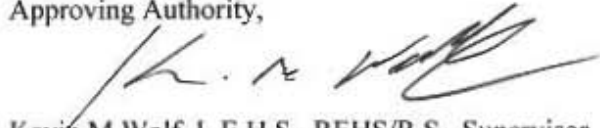
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality 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" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., 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 #: 119882 Account #: 1550
Reference: Jones Company: Columbia Builders
Location: 12024 Hall Shop Road Requested By: Terry Brownley
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 2/12/2018 1030 Site: Pressure Tank
Date/Time Rec'd: 2/12/2018 1210 Treatment: None**
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Yeager 6176JY Well #: HO-95-0189

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	6.8	pCi/L	15	900.0	2/15/2018 / 0940 / MJN
Gross Beta, Short Term	10.8	pCi/L	50	900.0	2/15/2018 / 0940 / MJN
Radium-226	1.3	pCi/L	****	903.1	2/20/2018 / 1412 / MJN
Radium-228	1.2	pCi/L	****	Ra-05	2/19/2018 / 1105 / SN

Less than
5 pCi/L
OK
2/26/18

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- **Sample collected prior to Spin Down Separator
- Gross Alpha Detection Limit: 1.4 pCi/L; Gross Beta Detection Limit: 2.0 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 228 Detection Limit: 0.8 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sub-contracted to Reference Lab #278
- ND:None Detected
- pH & Chlorine level tested on site
- Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B17001832

Date Reported: 2/23/2018

Reviewed By:



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 #: 119881 Account #: 1550
Reference: Jones Company: Columbia Builders
Location: 12024 Hall Shop Road Requested By: Terry Brownley
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 2/12/2018 1030 Site: Pressure Tank
Date/Time Rec'd: 2/12/2018 1210 Treatment: None**
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Yeager 6176JY Well #: HO-95-0189

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/13/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/13/2018 / 1000 / CRS
Nitrate	<1.0	mg/L	10	601	2/13/2018 / 0920 / CRS
Turbidity	5.13	NTU	<10	SM20 2130B	2/13/2018 / 0945 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/13/2018 / 0945 / CRS

NOTES

- 1 ** Sample collected prior to Spin Down Separator
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 pH & Chlorine level tested on site
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B17001832

Date Reported: 2/13/2018

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. • Westminster, MD 21158 • MD State Certification #133
(410) 848-1014 • (410) 876-4554 • FAX (410) 848-0298

VOLATILE ORGANIC WATER ANALYSIS REPORT

LAB ID # 119883

Customer: Jones
Location: 12024 Hall Shop Road
Clarksville, MD 21029
Date & Time Collected: 02/12/18 1030
Collected by: J. Yeager 6176JY

Work Order: 83512
Client: Columbia Builders
Requested by: Terry Brownley
Source: Well, HO-95-0189
Site: Pressure Tank
Treatment: Sample collected prior to Spin Down Separator

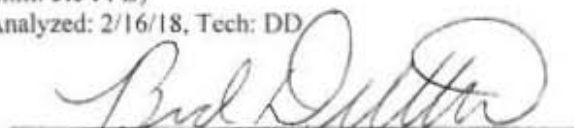
CONTAMINANT	EPA CONT ID	MCL (PPB)	ACTUAL LEVEL	CONTAMINANT	EPA CONT ID	ACTUAL LEVEL
REGULATED				UNREGULATED		
Benzene	2990	5	ND	Bromobenzene	2993	ND
Carbon Tetrachloride	2982	5	ND	Bromochloromethane	2430	ND
o-Dichlorobenzene	2968	600	ND	Bromomethane	2214	ND
p-Dichlorobenzene	2969	75	ND	n-Butylbenzene	2422	ND
1,2-Dichloroethane	2980	5	ND	sec-butylbenzene	2428	ND
1,1-Dichloroethene	2977	7	ND	Tert-butylbenzene	2426	ND
cis-1,2-Dichloroethene	2380	70	ND	Chloroethane	2216	ND
trans-1,2-Dichloroethene	2979	100	ND	o-Chlorotoluene	2965	ND
Dichloromethane	2964	5	ND	p-Chlorotoluene	2966	ND
1,2-Dichloropropane	2983	5	ND	m-Dichlorobenzene	2967	ND
Ethylbenzene	2992	700	0.52	1,1-Dichloroethane	2978	ND
Monochlorobenzene	2989	100	ND	1,3-Dichloropropane	2412	ND
Styrene	2996	100	ND	2,2-Dichloropropane	2416	ND
Tetrachloroethene (PCE)	2987	5	ND	1,1-Dichloropropene	2410	ND
Toluene	2991	1000	39.9	cis-1,3-Dichloropropene	2413	ND
1,2,4-Trichlorobenzene	2378	70	ND	trans-1,3-Dichloropropene	2413	ND
1,1,1-Trichloroethane	2981	200	ND	Dichlorodifluoromethane	2212	ND
1,1,2-Trichloroethane	2985	5	ND	Hexachlorobutadiene	2246	ND
Trichloroethene (TCE)	2984	5	ND	Isopropylbenzene	2994	ND
Vinyl Chloride	2976	2	ND	p-Isopropyltoluene	2030	ND
Xylenes (Total)	2955	10000	1.8	MTBE	2251	ND
TRIHALOMETHANES				Naphthalene	2248	ND
Bromodichloromethane	2943		ND	n-Propylbenzene	2998	ND
Bromoform	2942		ND	1,1,1,2-Tetrachloroethane	2986	ND
Chloroform	2941		1.4	1,1,2,2-Tetrachloroethane	2988	ND
Dibromochloromethane	2944		ND	1,2,3-Trichlorobenzene	2420	ND
ADDITIONAL COMPOUNDS				Trichlorofluoromethane	2218	ND
TAME			ND	1,2,3-Trichloropropane	2414	ND
Chloromethane			4.2	1,2,4-Trimethylbenzene	2418	ND
Dibromomethane			ND	1,3,5-Trimethylbenzene	2424	ND
				m, p-xylene	2995	1.8
				o-xylene	2997	ND

NOTES:

- 1) MCL: Maximum Contaminant Level
- 2) PPB: Parts Per Billion (micrograms per liter)
- 3) ND: None Detected
- 4) Detection Limits: 0.5 PPB (except Toluene Detection Limit: 5.0 PPB)
- 5) Sub-contracted to Lab #128, method EPA 524.2, Date Analyzed: 2/16/18, Tech: DD

Date Reported: 02/22/18

Reviewed by:





Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

MEMORANDUM

TO: L.F. Easterday, Inc.

FROM: Sarah Collins, L.E.H.S. SEC
Howard County Health Department
Well and Septic Program

DATE: May 3, 2016

RE: **Hall Shop Manor Lot 3**
New well (#HO-15-0248)

The new well (#HO-15-0248) at Hall Shop Manor Lot 3 has the following conditions:

- Casing must be steel, 50' or 10' into bedrock, whichever is greater depth
- Sodium, chloride, TDS, radium, and VOC samples are required at yield testing
- If the new well is successful, the existing well on the property (#HO-95-0189) must be abandoned prior to release of the building permit
- A revised percolation certification must be submitted once the new well is drilled

B 1 6081 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HD-95-0189
APPLICATION FOR PERMIT TO DRILL WELL please type 523722 fill in this form completely

OWNER INFORMATION
 Date Received (APA) _____
 8 MM DD YY 13
Land Desigh & Development
 15 Last Name Owner First Name 34
5300 Dorsey Hall Drive
 36 Street or RFD 55
Ellicott City MD 21042
 57 Town 70 State 72 Zip 76

B 3 1106 **LOCATION OF WELL**
 8 COUNTY _____ 21
Hall Shop Manor II
 23 SUBDIVISION _____ 42
 SECTION _____ LOT 2
Hishland Chicksville
 52 NEAREST TOWN _____ 71
 MILES FROM TOWN (enter 0 if in town) 1 M 11
 73 76 77 78

DRILLER INFORMATION
Michael D. Isom MSD162
 Driller's Name 76 License No. 81
G. Edgar Hart Sons' Corp.
 Firm Name
12047 Falls Road, Cockeysville 21030
 Address
11/17/05
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Hall Shop Road
 11 NEAR WHAT ROAD _____ 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 300 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP 41 BLK. 1 PARCEL 138

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 750 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) _____ 14 _____ 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

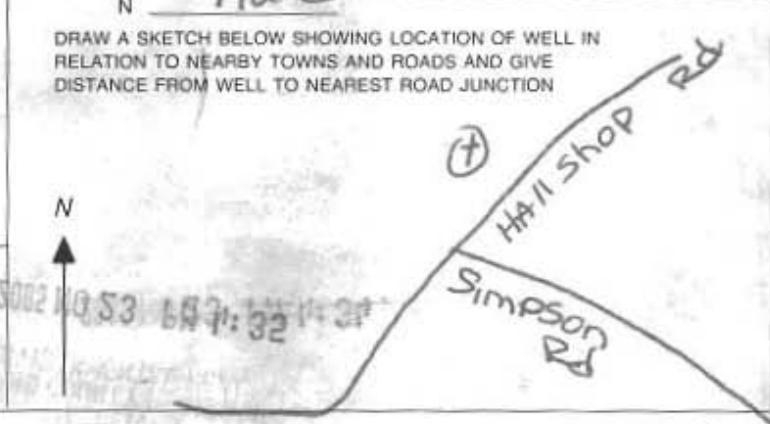
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard AS13638
 COUNTY NAME _____ COUNTY NO. _____
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 12/8/05 12/8/06
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID 492 000 EAST GRID 819 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 4 INCH
 NEAREST INCH

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 819
 N 492
 000 000
 Not called in

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEAN 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 _____ G _____
 PERMIT No. HD-95-0189
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE 14 PAPER SIZE IF NEEDED

1 0161

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 AS13638

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY

03 22 2006

22 340 26

112-95-0189

OWNER Land Design & Dev, STREET OR RFD Hall Shop Rd, TOWN Clarksville, SUBDIVISION Hall Shop Manor II, SECTION 41/1/130, LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 70 NO. OF POUNDS 7000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 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 PL, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table with columns for diameter (inch) and depth (feet) from to

screen type or open hole

SCREEN RECORD

insert appropriate code below

ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes Overburden, Gray Rock, and water at 70' & 300'.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 5.45, METHOD USED TO MEASURE PUMPING RATE submersible, WATER LEVEL 26 ft before, 260 ft when pumping, TYPE OF PUMP USED submersible

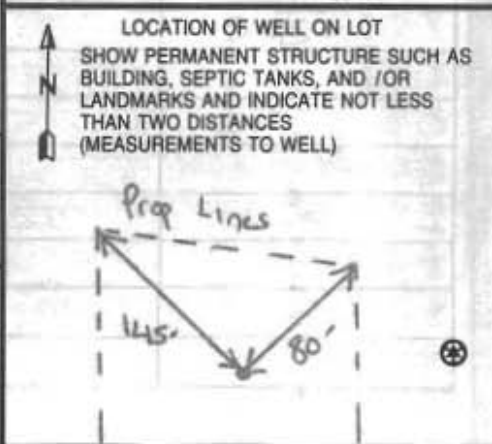
PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED submersible, CAPACITY: GALLONS PER MINUTE 35, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43, CASING HEIGHT 1 below

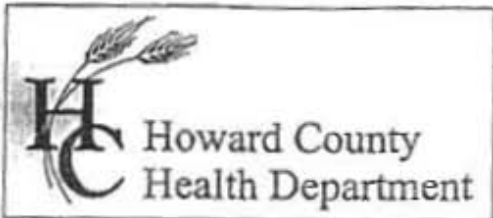
NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED YES (Y) NO (N), CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DEPTH (nearest ft.) table with rows A, C, S, R, E, N and columns 1-11

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.01, DRILLERS LIC. NO. MSD 162, DRILLERS SIGNATURE, LIC. NO. MSD 193, SITE SUPERVISOR

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA





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

ATTENTION WELL DRILLERS!!!

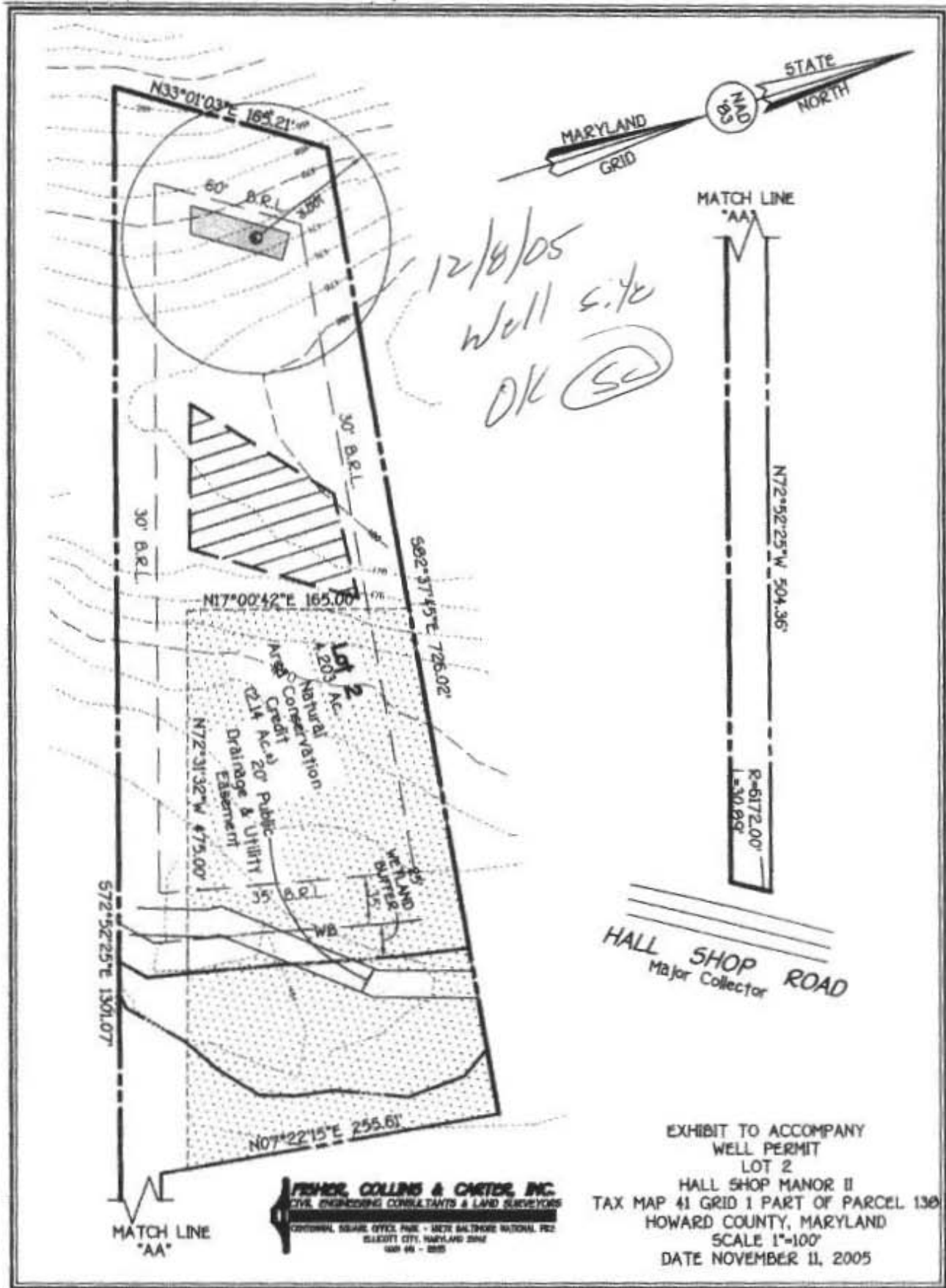
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Hall Shop Manor II 461-2855
Lots 1 & 2 Fisher, Collins + Carter Inc
on 11/24/05 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

12024 Hall Shop Rd

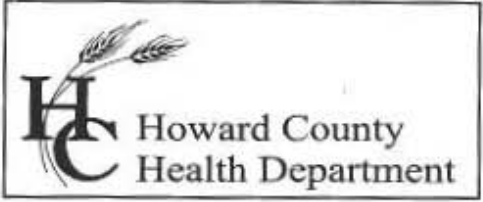


K:\Drawings 3\30710 Igelhart Property\FINALS\30710 Well Exhibit Lot 2.dwg, 11/11/2005 7:13:20 AM, 1:100

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CONTINENTAL SQUARE OFFICE PARK - WEST BALTIMORE NATIONAL PIKE
 BELLEVILLE CITY, MARYLAND 21034
 410-461-2825

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 2
 HALL SHOP MANOR II
 TAX MAP 41 GRID I PART OF PARCEL 130
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100'
 DATE NOVEMBER 11, 2005





Bureau of Environmental Health
 7178 Columbia 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

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

F A X

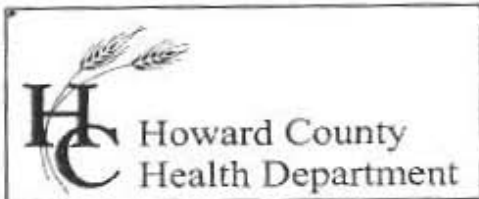


Date 4/10/06
 To Debbie Zie
 Department _____
 FAX # 443-367-0420

From Stuart Oster
 Telephone (410) 313-1788 FAX (410) 313-2648
 # Of Pages 2 (including cover page)

Comments FYI - Debbie, I noticed 2 lots (Hall Shgo Manor II) are in our Radon testing area. See attached letter.

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

November 21, 2005

RE:

To Whom It May Concern:

Previous findings from a pilot study conducted by Maryland Geological Survey and Maryland Department of the Environment (MDE) have found elevated levels of naturally occurring radioactive elements in groundwater from and underground rock formation, the Baltimore Gneiss. As a result of this study, we have verified that your subdivision is located within the Baltimore Gneiss testing area. We are in the process of notifying existing properties of this study, plus developers building developments within this formation.

All wells within this area are being sampled for Gross Alpha and Gross Beta particles. These particles measure the alpha and beta activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e. Radionuclides) that may exist in your water supply. These particles are measured in picocuries per liter (pCi/L) and several have EPA established maximum contaminant levels (MCL's). The standards define the maximum permissible level of a contaminant legally allowed in water taking into account the public health risk, available treatment technology and costs of treatment.

From this point forward, we will require that all new subdivisions and properties within this formation to be tested during yield tests or prior to issuance of the Intern Certificate of Potability (ICOP). In the event that elevated levels are detected, appropriate treatment will be needed to help secure the ICOP and occupancy by the resident(s).

Please call this office at (410) 313-1773 if you have any further questions or concerns.

Sincerely,

Bert Nixon, Assistant Director
Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater

PLAT TRANSMITTAL SHEET

TO: Robert Weber, Bureau Director By 5/12/66

FROM: Karen A. Davis

DATE: 5-12-66

RE: PLAT # _____
PROJECT NAME Hall Shop Manor II

Please find _____ paper copy(s) and _____ mylar(s) for your:

_____ Review

1 Review & signature

_____ Return to Well & Septic Program.

well drilled