

C1 3140

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 AS16525

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 05 30 2006

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 0333

OWNER Elm Street Development STREET OR RFD Cavey Lane TOWN Woodstock SUBDIVISION Saddlebrook Farm SECTION LOT 2

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. Includes entries for Overburden, Gray Rock, and water at 49'.

GROUTING RECORD

WELL HAS BEEN GROUDED (Y) (N) TYPE OF GROUING MATERIAL (C) (M) (B) (C) NO. OF BAGS 9 NO. OF POUNDS 900

CASING RECORD

MAIN CASING TYPE (P) (L) (S) (T) (C) (O) (R) (O) (T) (J) (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 45

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DEPTH (nearest ft.) 45 300

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 1500 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 126 TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES 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 (49) below LAND SURFACE (50 51 foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

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...

DRILLERS LIC. NO. MS D 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AWD 766 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 70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA 74 75 76



B 1	6451	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524360 please type	STATE PERMIT NUMBER HO-95-0333 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 3/17/06

Elm Street Development
15 Last Name Owner First Name 34

5094 Dorsey Hall Drive, Suite 104
36 Street or RFD 55

Ellicott City MD 21042
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Saddlebrook Farm
23 SUBDIVISION 42

SECTION 44 46 LOT 2
44 46 48 50

Woodstock
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 0 M I
73 76 77 78

DRILLER INFORMATION

Michael D. Isom M S D 162
76 License No. 81

E. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

2/20/06
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Cave Lane
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 11 BLK: 13 PARCEL 32

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)

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

HOWARD (13) A516525
COUNTY NAME COUNTY NO.

STATE SIGNATURE

DATE ISSUED 4/10/06 John A. [Signature] 4/11/07
43 MM DO YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 544 000 EAST GRID B37 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 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)

37 CABLE REVerse-ROtary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER HO2005G009

PERMIT No. HO-95-0333
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 83X7

N 54X4

5/26/06 yield
5/31/06 Radium Sampled

SPECIAL CONDITIONS Special Conditions apply for Radium Testing

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 5-26-06

Permit Number: HO- 95-0333

Address: Cavey Lane

Subdivision: Saddlebrook Farm L#2

Owner Name: Elm Street Devel

Election District:

Well Depth: 300 Ft

Static Water Level: 37 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0900	37 ft		20 sec	15.00
0915	84		20	15.00
0930	126		20	15.00
0945	126		20	15.00
1000	126		20	15.00
1015	126		20	15.00
1030	126		20	15.00
1045	126		20	15.00
1100	126		20	15.00
1115	126		20	15.00
1130	126		20	15.00
1145	126		20	15.00
1200	126		20	15.00

**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: _____ 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 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 #: 2 Well Tag #: HO-95-0883
Site Address: 10145 Saddlebrook Farm Road

Submersible Pump Data

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

Pitless Adapter

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

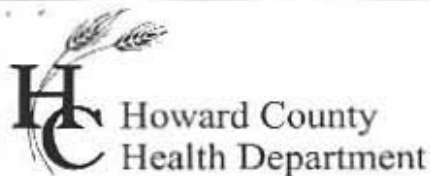
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

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: _____ Date Insp. Approved: 11/15/11 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & 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 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



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 15, 2012

December 15, 2011

NVR, INC.
6085 Marshalle Drive Suite #130
Elkridge, Maryland 21075

RE: Saddlebrook Farm, Lot 2

Building Permit: B11002529
Well Permit: HO-95-0333

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 11/18/11. Final approval of the well line connection to the dwelling was granted on 11/15/11. The well construction was completed on 05/30/06. Water samples were collected on 12/12/11.

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.

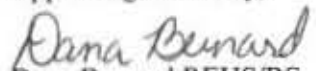
Gross Alpha and Beta samples were also collected on 05/31/06. Results showed a Gross Alpha level of 3.6 ± 1.6 pCi/L and Gross Beta level of 6.8 ± 1.4 pCi/L. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. At the time of testing 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-95-0333. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

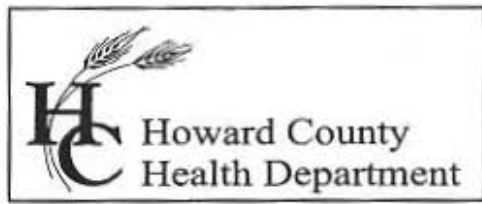
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

Approving Authority,


Dana Bernard, REHS/RS
Environmental Sanitarian
Well & Septic Program

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



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

June 26, 2006

Shalehearth L.C.
6820 Elm Street
Suite 200
McLean, Virginia 22101

RE: Saddlebrook Farm Lot 2
Well Tag: HO-95-0333

To Whom It May Concern:

A sample was collected from a yield test on May 31, 2006 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 3.6 ± 1.6 picocuries/liter (pCi/L); while the **Gross Beta** level was 6.8 ± 1.4 pCi/L. Both the **Gross Alpha** and **Gross Beta** were below the **maximum contaminant levels (MCL's)** of 15 pCi/L and 50 pCi/L respectively. At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

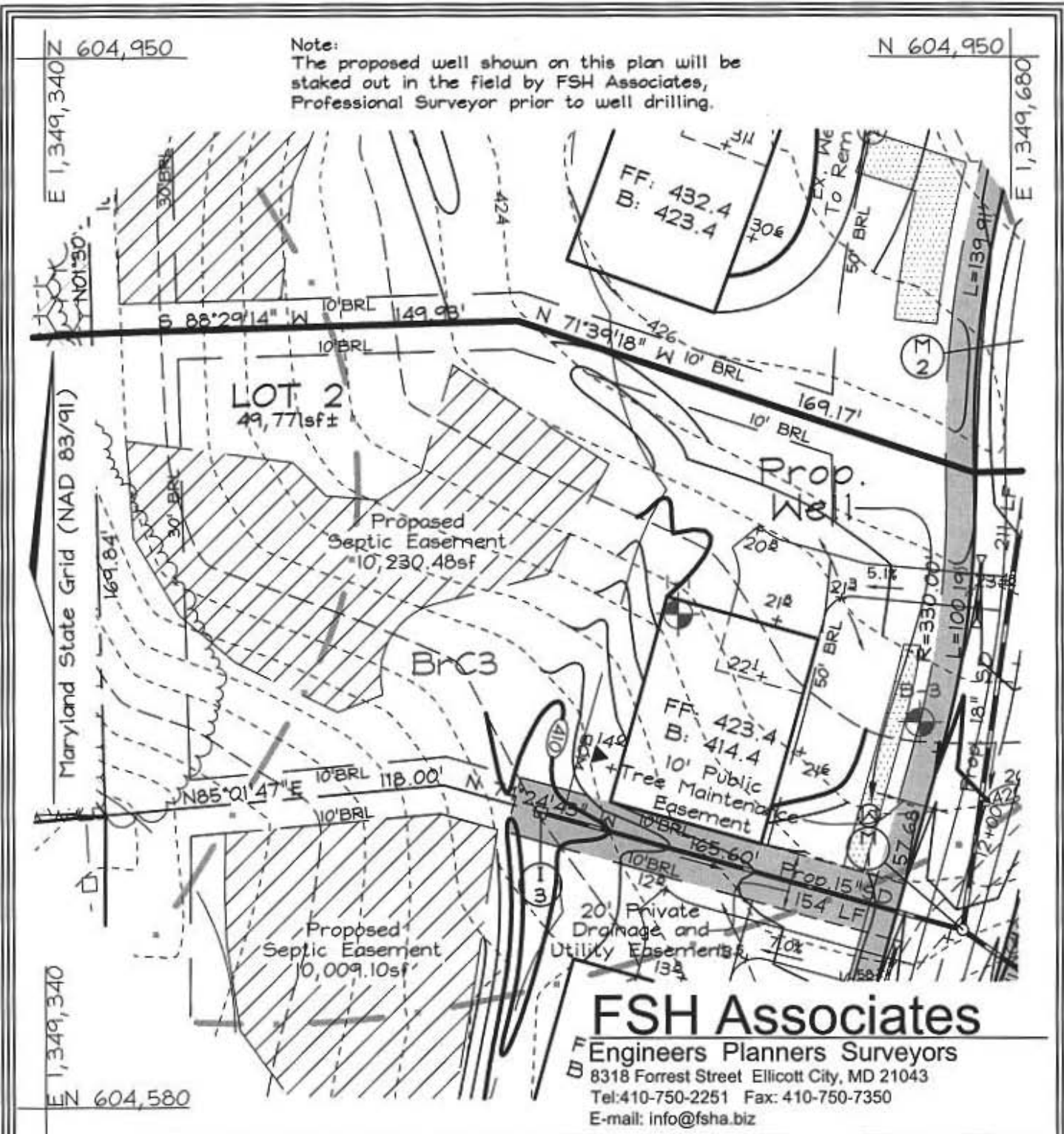
A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File
Zac Fish; FSH Associates, 8318 Forrest St., E.C., MD 21043

Note:
The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.



FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: info@fsha.biz

DESIGN BY: PS
DRAWN BY: CD
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Mar. 13, 2006
W.O. No.: 3165
SHEET No.: 2 OF 11

WELL PERMIT PLAN SADDLEBROOK FARM

LOT 2

TAX MAP II GRID 13
3RD ELECTION DISTRICT

PARCELS 19 & 32
HOWARD COUNTY, MARYLAND



Howard County
Health Department

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 FSH Inc
on Saddlebrook Farm 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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

N V Homes
c/o Robert Feezer Co
6321 Barnett Avenue
Sykesville, MD 21784

Reporting Date: 12/14/2011
Report #: K7865

Submitted Sample Address: Saddlebrook
Lot 2, 10145 Saddlebrook Farm Trail
Woodstock, MD 21163

Submitted Sample Source: Holding tank

Date / Time Collected: 12/12/2011 10:28 AM

Sample Type: Drinking Water

Sampler/Company: D. Pitts 4322DP, WTL of MD

Field Record: Chlorine residual: Absent Clear when drawn

Well #: HO-95-0333

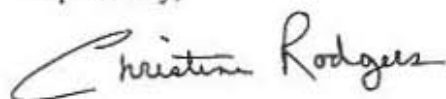
Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	1.6	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	6.7	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B

Notes:

- Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by:

