

1 2 3 6
08073

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK SRK 2/2/0
COUNTY NUMBER A49413

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
1/13/01

Depth of Well
22 260 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2885

OWNER Schmidt Susan
STREET OR RFD 13509 Paternal Gift Dr TOWN Highland
SUBDIVISION Paternal Gift SECTION _____ LOT 12

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Tobsoil	0	1	
Shale	1	5	
Sandy Stone	15	32	
Soapstone	32	46	
Tan Mica	46	76	
Gray Mica	76	84	
Black Mica	84	88	
Gray Mica	89	105	
Red, Green Mica	105	107	
Gray Mica	107	260	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 24 NO. OF POUNDS 2100
GALLONS OF WATER 144
DEPTH OF GROUT SEAL (to nearest foot)
from 8 ft. to 77 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
St 6 80
60 61 63 64 66 70

OTHER CASING (if used)
E A C H C A S I N G diameter inch depth (feet) from to

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

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED Y N

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. MWD 040
George F. Kustodny
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. JW D 328

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

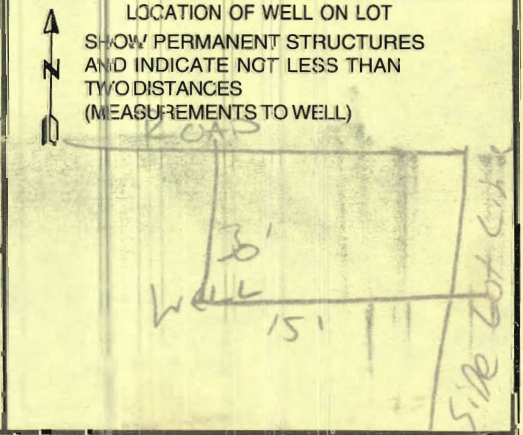
C 2 DEPTH (nearest ft.)
 1 40 78 260
 E A C H S C R E E N
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 S L O T S I Z E 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 _____ 80 _____
 from _____ to _____

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

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 37 ft.
 WHEN PUMPING 84 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP 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 _____ 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 } 2 (nearest foot)
 49 50 51



B 1 01487
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-94-2885
70 fill in this form completely 79

W514287 please print or type

Date Received (APA)

10 06 00
8 MM DD YY 13

OWNER INFORMATION 8403

Scheidt Susan
15 Last Name Owner First Name 34
12730 Hall Shop
36 Street or RFD 55
Highland, Md. 20777
57 Town 70 State 72 Zip 76

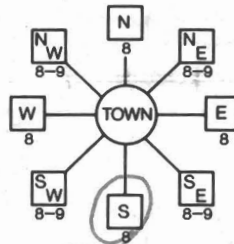
B 3 LOCATION OF WELL

Howard DC#
8 COUNTY 21
Paternal Gift Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 1 M 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 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 10/4/2000
Signature Date

B 4
1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Paternal Gift Drive
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
W 32 E
WEST SOUTH EAST
34 200 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 9 PARCEL 90

B 2 WELL INFORMATION 5
7 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

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 A49413
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 12/04/00 12/4/01
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 488 000 EAST GRID 0811 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 24 28 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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)

- 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8191
N 4808
000
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 18 C 1



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

APPROP. PERMIT NUMBER 54 Ho96 GAP 007 63
PERMIT No. Ho-94-2885
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**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: HAFER Plumbing Inc Telephone #: 301-873-7901
Address: 4937-B Green Valley Rd.
MARBRIA, MD 21754

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

Name (Print): KRIST HAFER License# 07920

***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: Tom Keeha Telephone #: 301 370 3460
Subdivision: PATERNALE ESTATE GOLF Lot #: 2 Well Tag #: HO-99-2995
Site Address: 13509 PATERNALE GOLF DR.
HIGHLAND MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACUZZI</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <u>X</u>
Model #: _____	Model#: <u>B-300 X</u>	Screened, vented well cap: <u>X</u>
Pump Capacity _____ GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: _____ GPM	NSF approved: <u>✓</u>	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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: ✓

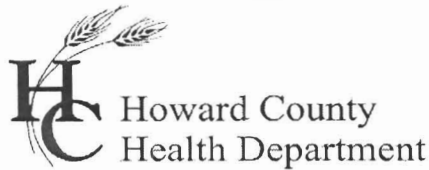
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert S. Park Signature of company representative responsible for installation
11-5-07 date

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

Date Insp. Requested: _____ Date Insp. Approved: 3/31/08 (SD) 11/6/07 (BB)

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



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.bchealth.org

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

April 24, 2008

Thomas E. Keehn Jr.
7090 Newberry Drive
Columbia, MD 21044

SENT VIA FAX: 301-854-2765

RE: Paternal Gift Farm, Lot 12
13509 Paternal Gift Drive
Highland, MD 20777
BP #: B07000833
Well Permit # HO-94-2885

Dear Sir:

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 11/07/07. Final approval of the well line connection to the dwelling was approved on 03/31/2008.**

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.

Also, Gross Alpha and Beta samples were collected on 04/07/2008. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L. At the time of the 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 and Occupancy.

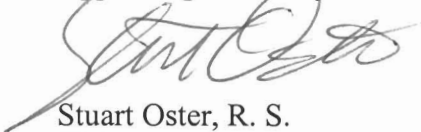
INTERIM CERTIFICATE OF POTABILITY

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-94-2885. 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.**

Dates of Water Sample: 03/31/2008
Date of Samples for Gross Alpha and Gross Beta: 04/07/2008
Date of Well Completion: 01/31/2001

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	67035	Account #:	1404
Reference:	Carroll Water Systems	Company:	Carroll Water Systems
Location:	13509 Paternal Gift Drive Highland, MD 20777	Requested By:	Ron Smith
Date/ Time Collected:	3/31/2008 1130	Source:	Well Water
Date/Time Rec'd:	3/31/2008 1220	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener**
Collected By:	J.Yeager 6176JY	pH:	6.0
		Well #:	HO-94-2885

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/1/2008 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/1/2008 / 0800 / AD/BD
Nitrate	<1.0	mg/L	10	601	3/31/2008 / 1225 / AD/BD
Turbidity	9.52	NTU	<10	SM18 2130B	4/1/2008 / 0800 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimct	4/1/2008 / 0800 / AD/BD

NOTES

- 1 ****Sample collected prior to treatment**
- 2 BP Holder: Certified Inc., 7090 Newberry Drive, Columbia MD 21044
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 5 NS = None Seen (NS indicates less than 5 mg/L)
- 6 NTU = Nephelometric Turbidity Units
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 ND:None Detected
- 9 **Visual well check: Sealed, vented cap: Cap Appeared Satisfactory**
- 10 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B07000833

Date Reported: 4/1/2008

Reviewed By: 

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1915 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	67110	Account #:	1404
Reference:	Carroll Water Systems	Company:	Carroll Water Systems
Location:	13509 Paternal Gift Drive Highland, MD 20777	Requested By:	Ron Smith
Date/ Time Collected:	4/7/2008 1100	Source:	Well Water
Date/Time Rec'd:	4/7/2008 1327	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener**
Collected By:	J.Yeager 6176JY	pH:	6.1
		Well #:	HO-94-2885

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	4.1	pCi/L	15	900.0	4/10/2008 / 1346 / MJN
Gross Beta	7.4	pCi/L	50	900.0	4/10/2008 / 1346 / MJN

NOTES

- 1 ****Sample collected prior to treatment**
- 2 Gross Alpha Detection Limit: 0.8 pCi/L
- 3 Gross Beta Detection Limit: 1.2 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sub-contracted to Lab # 278
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B07000833

Date Reported: 4/11/2008*MD State Certification # 133*