

C-1 3756

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A518553

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07 27 2004

Depth of Well 22 405 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3988

OWNER Swartz Edward STREET OR RFD Pfeifferkorn Road TOWN West Friendship SUBDIVISION Swartz Property SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Clay/Br. Schist, Soft Br. Schist, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter, Total depth of main casing.

OTHER CASING (if used) table with columns: diameter, depth (feet).

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

DEPTH (nearest ft.) table with columns: casing type, depth.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.34

DRILLERS LIC. NO. M W D 296 Ronald Kyker

LIC. NO. JW D 324 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) T (E.R.O.S.) W Q

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL, TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED PLACE, 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 AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

B 1	5866	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>520756</i> please type	STATE PERMIT NUMBER HO-94-3988 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

SWARTZ EDWARD

15 Last Name Owner First Name 34

36 **647 SANTA MARIA LANE**
Street or RFD 55

57 **DAVIDSONVILLE MD 21035-1329**
Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY **HOWARD** 21

23 SUBDIVISION **SWARTZ PROP** 42

SECTION **44 46** LOT **1** 48 50

52 NEAREST TOWN **WEST FRIENDSHIP** 71

MILES FROM TOWN (enter 0 if in town) **2** M 11
73 76 77 78

DRILLER INFORMATION

RONALD KYKER M W D 296

76 Driller's Name License No. 81

WESTMINSTER WELL DRILL INC.

Firm Name

P.O. BOX 861 WESTMINSTER MD 21157

Address

Ronald Kyker **JUNE 28-04**

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 **PFEFFERKORN RD** 30

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **300** 37
DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: **15** BLK: **8** PARCEL **11**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
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)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A518553

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **7/22/2004** *Brian Baber* **7/22/2005**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **537 000** EAST GRID **805 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- CITY**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8005**

N **537**

000
000

*7/27/04
8:00 Yield/Grant
3 Hours No-Inspr.
BB*

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)

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. **HO-94-3988**
70 71 72 73 74 75 76 77 78 79

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

113well

300

PFEFFERKORN RD

144

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ORIGINAL

**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, Filter Adapter, and Supply Line

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 26.04.06 (and Well Construction Regulations). Submission of a complete form is required (refer to Use and Ownership manual).

Company Name: REG WATER SYSTEMS INC Telephone #: 410-239-0700
Address: 4322 OPALS CIRCLE DRIVE
WARRICK, MD 21092

(Must check one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Richard L. ROOS, SR. License: B0141

*A licensed individual must perform the actual installation. Approval is not to 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: NU-HOMES Telephone #: 410-730-2100
Subdivision: _____ Lot #: 1 Well Dig #: HO-94-3908
Site Address: 2350 PEPPEREDORA ROAD
WEST FRIENDSHIP, MD 21794

Submersible Pump Data **Filter Adapter** **Well Cap and Electric Conduit**
Make: GRUNDIGS Make: LA-POWELL Two piece watertight cap: YES
Model #: 1530E07180 Model: B10R Screened, vented well cap: YES
Pump Capacity: 15 GPM Depth: 42" (36" min) Cap secured to casing: YES
Well Yield: 12 GPM NSF approved: _____ Conduit min 1 1/2" B.G.: YES
Depth of well connected at time of pump installation: 400 (less) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section Y1.2.4
Torque wrench or Cable gauge not required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Filter to house **Electric Connection**
Type: BOYCE/HELENE PVC secured to undisturbed soil at well penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 42 (36 min) Sleeve caulked and sealed properly: YES

The water supply line is required to be at least six feet from the septic tank, pump chamber, storage 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: Richard L. Roos, Sr. Date: 8/9/07

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

Date Insp. Requested: _____ Date Insp. Approved: _____
Inspection Date: _____
Filter adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit encased at least 18" below grade/anchored to cap properly _____
Safety rope installed inside of well casing _____
Correct well top attached properly and casing 3" above finished grade _____
Water supply line sloped adequately at house connection _____
Adequate girth observed below filter adapter _____

2nd Copy
File How. Ct. H-1.

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: R+G Water Systems Inc Telephone #: 410-229-0700
Address: 8322 Oarts Choice Drive
Manassas Park MD 22102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Rickey L. Ross Sr. License # 710141
*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: Nu-Homes Telephone #: 410-730-2100
Subdivision: _____ Lot #: 1 Well Tag #: HO-44-3988
Site Address: 2350 Jefferson Road
West Friendship MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Compbell Two piece watertight cap:
Model #: 1530L10C-22 Model #: B108 Screened, vented well cap:
Pump Capacity 15 GPM Depth: 12" (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF approved: Conduit min 18" E.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 House Connection
Type: PVC PVC sleeved to undisturbed soil at wall penetration: 2" PVC
PSI: 160 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: Yes

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: Rickey L. Ross Sr. Date: 11/30/07

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 3" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

**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 #: _____ Well Tag #: **HO** - ____ - ____
Site Address: _____

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

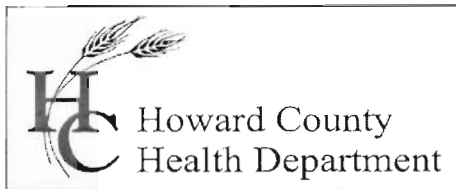
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

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: 8/13/07 Inspector: (Ku)
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

December 12, 2007

Nu-Homes, Inc.
10630 Little Patuxent Parkway, #146
Columbia, MD 21044

RE: Swartz Property, Lot 1
2350 Pfefferkorn Road
West Friendship, MD 21794
BP #: B07000466
Well Permit # HO-94-3988

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 11/29/2007.**
Final approval of the well line connection to the dwelling was approved on 08/13/2007.

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.

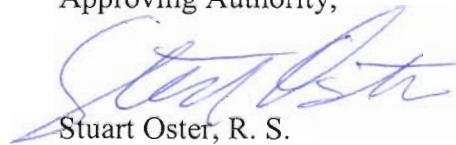
INTERIM CERTIFICATE OF POTABILITY

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-94-3988. 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: 10/25/2007
Date of Well Completion: 07/07/2004

Approving Authority,

A handwritten signature in blue ink, appearing to read "Stuart Oster", is written over a light blue rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Certificate of Analysis

Acct. No. 5553 - 2-1

Field Record

Site visit performed on: Thursday, October 25, 2007 9:45 AM
by: John Straits State ID No. 4729JS
Affiliation: Fredericktowne Labs, Inc.
Property Owner: NU-Homes
Property Address: 2350 Pfefferkorn Road
West Friendship, MD 21794
Sample Source: Bathroom Sink
Treatment Devices Noted: No Treatment Devices Present
Sample taken after treatment: No
Well No.: HO-94-3988
Field pH: 7.1
Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 10/25/07 1:50 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli.(/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
<1	<1	10/25/07 2:15 PM	9223B	PH

Bacteriological analysis of this sample indicates the water is safe for human consumption.
Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	6.2	mg/l	10	10/26/07	300.0	PH
Sand	<2	mg/l	5	10/29/07	0.065mmFilter	JD
Turbidity	0.3	NTU*	10	10/25/07	180.1	PW

Verified by: M. G. Wilson / 18 mg / 10/30/07
Date