

C1 3820 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 A514292

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10 29 04 Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4041

OWNER Landline Tony STREET OR RFD 11731 Pindell Chase Drive TOWN Clarksville SUBDIVISION Pindell Chase SECTION LOT 18

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 Brown mica, Gray mica, White, Gray mica, White, Gray mica, White, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 32 NO. OF POUNDS 3008

CASING RECORD (S) (C) (P) (O) MAIN CASING TYPE ST Nominal diameter top (main) casing 0.6 Total depth of main casing 105

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (S) (B) (H) (P) (O) screen type or open hole (S) (B) (H) (P) (O)

DEPTH (nearest ft.) 1 HO 105 400

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 47 WHEN PUMPING 180 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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. 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 (-) below LAND SURFACE 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

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.

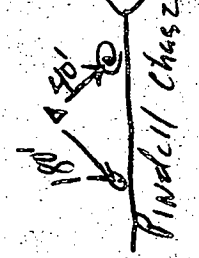
DRILLERS LIC. NO. 1 M S D 001 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES TO WELL (MEASUREMENTS TO WELL)



B 1 0611

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 521513

STATE PERMIT NUMBER

HO-94-4041 fill in this form completely

Date Received (APA) 9/30/2004

OWNER INFORMATION

Landine Tony Owner First Name 34
4920 Riding Ridge Ct Street or RFD 55
Laurel md 20707 Town 70 State 72 Zip 76

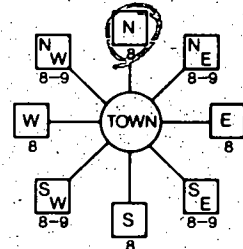
LOCATION OF WELL

Howard COUNTY 21
Pindell Chase SUBDIVISION 42
SECTION 44 46 LOT 18 48 50
Fulton NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 M 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 007 Driller's Name 76 License No. 81
Eagles Well Drilling Firm Name
580 Obrecht Rd Address
Signature Date 9-29-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11731 Pindell Chase Dr NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP 41 BLK 14 PARCEL 59

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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 13 AS14292 COUNTY NAME COUNTY NO
STATE SIGNATURE INSERT S 41
DATE ISSUED 10/14/2004 Brian Baker 10/14/2005 43 48 CO SIGNATURE EXP DATE
NORTH GRID 486 000 EAST GRID 821 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

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

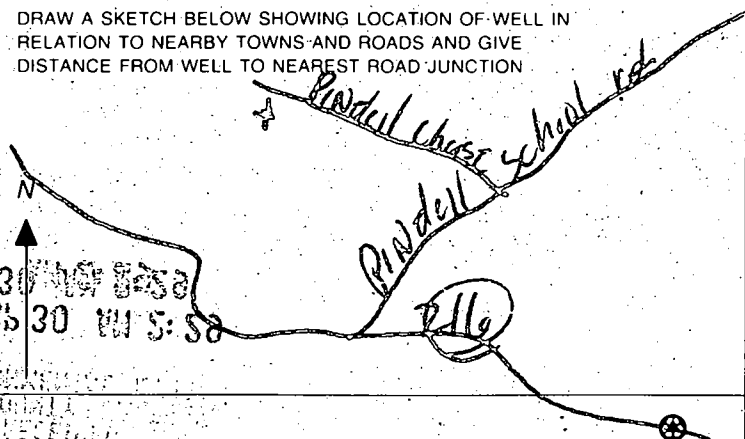
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8201
N 4806

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



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 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)

APPROX. PERMIT NUMBER H020036003
PERMIT No. H0-94-4041

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

6/28/05
Retax
9/27/05

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: Foales Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylasville, Md 21784

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

Name (Print): Allen Compton License# MSD0009

*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: Tony Landrine Telephone #: _____
Subdivision: Pindell Chase Lot #: 18 Well Tag #: HO 94-4041
Site Address: 1131 Pindell Chase Dr

Submersible Pump Data

Make: Grundfos
Model #: 55B0242
Pump Capacity: 5 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 3 1/2 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 300 (feet)
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 N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 4 1/2 (36" min)

House Connection

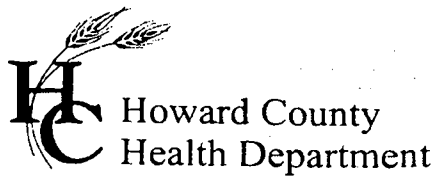
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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: Allen Compt date: 6/28/05

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

Date Insp. Requested: _____ Date Insp. Approved: 9/21/05 GAC/BB
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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

September 28, 2005

Anthony & Linda Landini
4920 Riding Ridge Court
Laurel, MD 20707

RE: Pindell Chase, Lot 18
11731 Pindell Chase Drive
Clarksville, MD 21029
BP #: B00151843
Well Permit # HO-94-4041

Dear Sirs:

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 05/31/2005. Final approval of the well line connection to the dwelling was approved on 09/21/2005.**

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-94-4041. 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(s): 09/23/2005
Date of Well Completion: 10/29/2004

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #:	56448	Account #:	1930
Reference:	Pindell Chase Lot 18	Company:	Fogle's Well Drilling
Location:	11731 Pindell Chase Drive Fulton, MD 20759	Requested By:	Dave Fogle
Date/ Time Collected:	9/23/2005 0800	Source:	Well Water
Date/Time Rec'd:	9/23/2005 1550	Site:	Outside Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/ Softener
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.9
		Well #:	HO-94-4041

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/24/2005 / 1000 / B. Dutterer
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/24/2005 / 1000 / B. Dutterer
Nitrate	<1.0	mg/L	10	601	9/23/2005 / 1630 / B. Dutterer
Turbidity	0.45	NTU	<10	SM18 2130B	9/23/2005 / 1630 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	9/23/2005 / 1630 / B. Dutterer

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 00151843

Date Reported: 9/26/2005