

C1 7014

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 A518599

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 3 22 07

Depth of Well 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0738

OWNER Peddicord David STREET OR RFD Sheppard Manor Drive TOWN Ellicott City SUBDIVISION Sheppard Manor SECTION LOT 16

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 Brown mud and Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 30 NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL 28

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing 06 Total depth of main casing 30

OTHER CASING (if used) diameter depth (feet) ST 5 26 46

SCREEN RECORD

screen type or open hole (H) (O) DEPTH (nearest ft.) 30 100

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M-5 D 009 DRILLERS SIGNATURE

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

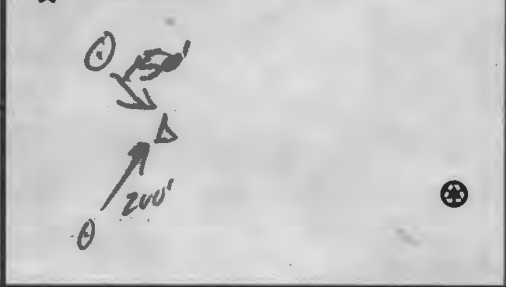
PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 20.0 METHOD USED TO MEASURE PUMPING RATE 196L. WATER LEVEL (distance from land surface) BEFORE PUMPING 13 ft. WHEN PUMPING 13 ft. TYPE OF PUMP USED (for test) 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 LAND SURFACE (-) below 02 (nearest foot)

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 5800
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

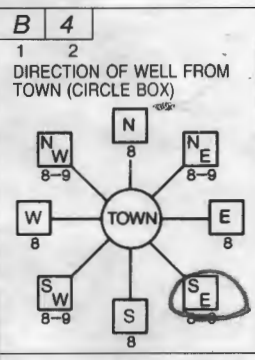
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526205 please type

STATE PERMIT NUMBER
Ho-95-0738
70 fill in this form completely 79

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
Williamsburg Group LLC
15 Last Name Owner First Name 34
5485 Harpers Farm RD
36 Street or RFD 55
Columbia Md. 21044
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Sheppard Manor
23 SUBDIVISION 42
SECTION 44 46 LOT 16 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

DRILLER INFORMATION
Allen Compton MS D 009
Driller's Name 76 License No. 81
Fogles Well Drilling
Firm Name
580 obrecht rd
Address
Signature Date 1-23-07



B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD 30
Sheppard Manor Drive
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 200 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 29 BLK: 1 PARCEL: 268

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(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
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard (13) A518599
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 2/28/2007 Brian Baber 2/28/2008
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 514 000 EAST GRID 818 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

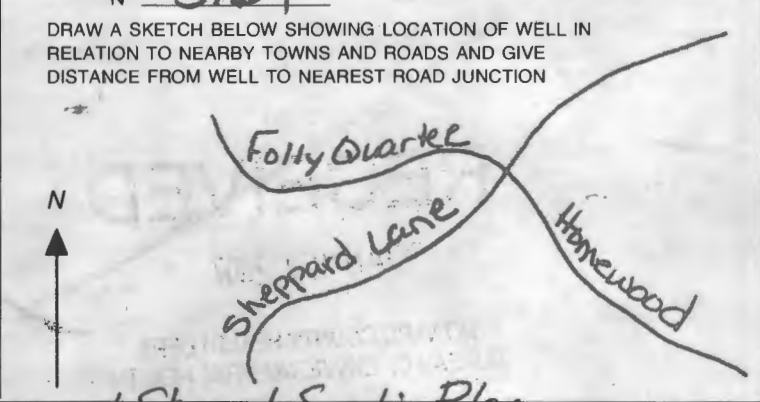
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
07 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 EXJSTING 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)
APPROX. PERMIT NUMBER Ho20050007
PERMIT No. Ho-95-0738
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. 3/31/08
2. H2O sample collected
3. @ drop-pup (X)
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8108
N 5104
000
000



SPECIAL CONDITIONS Wells to Be Drilled Per Approved Shared Septic Plan
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS IF NEEDED
Health Dept. Must Collect Water Sample During Yield Test

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643

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: Fogles Well Drilling, LLC Telephone #: 443-609-4195
Address: 6003 Woodbine Rd
Woodbine, Md 21797

(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# MSD 009

*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: Williamsburg Homes Telephone #: 410-997-8800
Subdivision: Sheppard Manor Lot #: 16 Well Tag #: HO-95-0738
Site Address: _____

Submersible Pump Data

Make: Grundfos
Model #: 1530E07-1K0
Pump Capacity 15 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36" (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.O.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 100 (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)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve (5 foot minimum): 5

Depth of supply line: 42 (36" min).

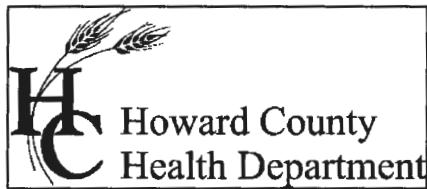
Sleeve caulked and sealed properly: YES

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: Allen Compton date: 5-9-09

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

Date Insp. Requested: _____ Date Insp. Approved: 3/24/09 (KW)
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 _____



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

May 26, 2009

Homeowner
4618 Sheppard Manor Drive
Ellicott City, MD 21042

FAX SENT VIA FACSIMILE 410-997-4358

RE: Sheppard Manor, Lot 16
4618 Sheppard Manor Drive
BP# B08003528
Well Tag #: HO-95-0738

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 05/07/2009. Final approval of the well line connection to the dwelling was approved on 03/24/2009.**

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.

Gross Alpha and Beta samples were also collected on 03/31/2008. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing for **these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate, are copies of the septic permit and the septic as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

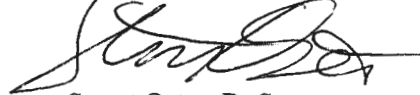
INTERIM CERTIFICATE OF POTABILITY

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-95-0738. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/21/2009
Date of Samples for Gross Alpha & Gross Beta: 03/31/2008
Date of Well Completion: 03/22/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", written over a horizontal line.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

MATCHLINE SEE SHEET

ED A-2

20'x20' Public Sewer and Utility Easement

20'x20' Public Sewer and Utility Easement

50' BRL

50' BRL

FF: 399.00
B: 389.00

FF: 409.00
B: 399.00

FF: 426.00
B: 416.00

LOT 16
49,814sf±

LOT 15
49,813sf±

LOT 14
49,812sf±

20' Private Drainage and Utility Easement

2/28/07

Well Site Staked
by FSH. (BB)

30' BRL

30' BRL

30' BRL

135.00'

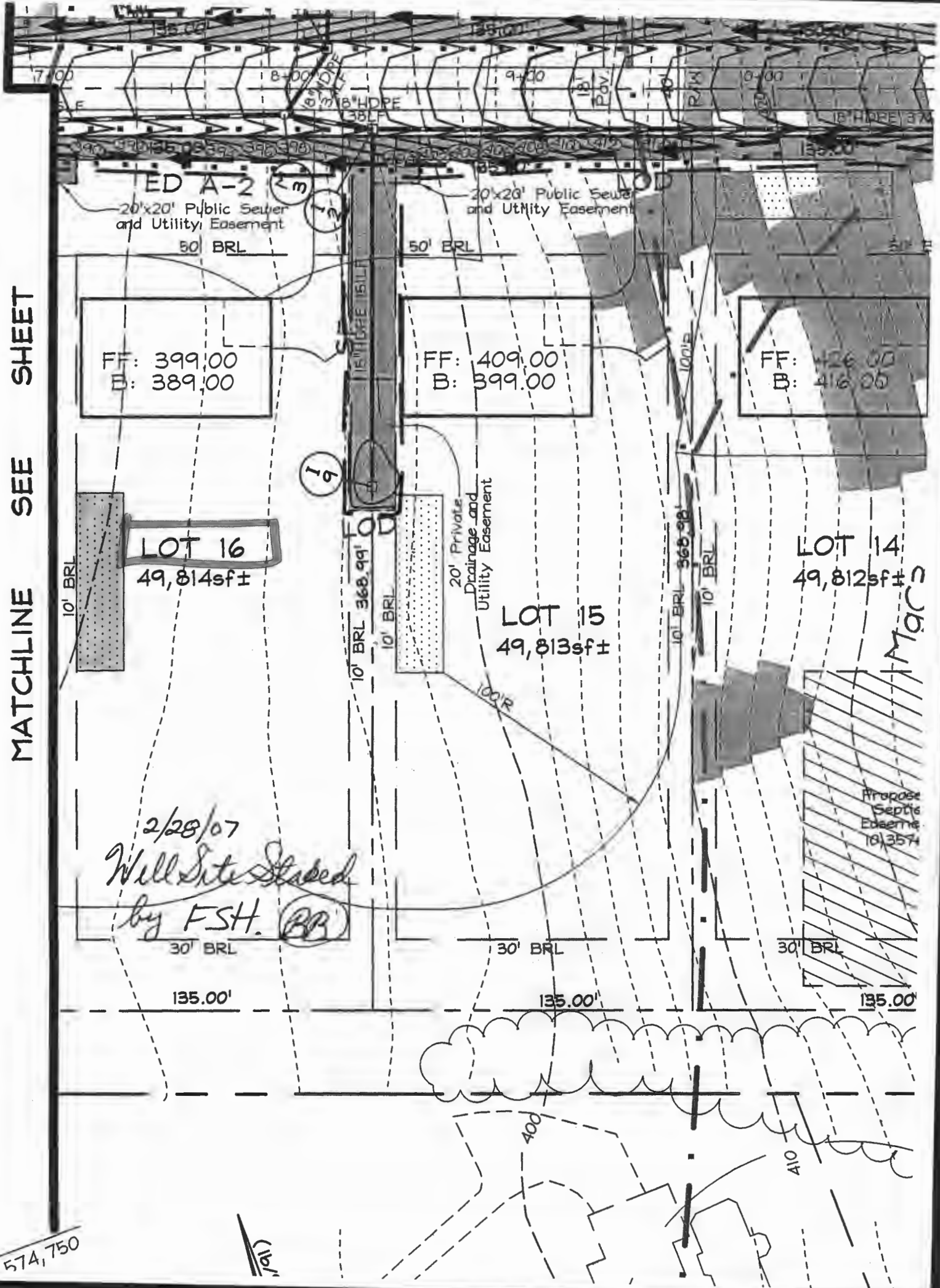
135.00'

135.00'

Proposed Septic Easement 18,357

Mac

E 1,330'
574,750





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 Associates on 1-26-07 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

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 #: 71178
 Reference: Sheppard Manor Lot 16
 Location: 4618 Sheppard Manor Drive
 Ellicott City, MD 21042
 Date/ Time Collected: 5/21/2009 0930
 Date/Time Rec'd: 5/21/2009 1257
 Chlorine ppm: Free: ND Total: ND
 Collected By: J. Yeager 6176JY

Account #: 4470
 Company: Williamsburg Group LLC
 Requested By: Chip Lundy/ Bob Corbett
 Source: Well Water
 Site: Pressure Tank
 Treatment: None
 pH: 7.1
 Well #: HO-95-0738

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/22/2009 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/22/2009 / 0830 / CCH
Nitrate	8.23	mg/L	10	601	5/22/2009 / 1730 / CCH
Turbidity	1.04	NTU	<10	SM18 2130B	5/22/2009 / 1730 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	5/22/2009 / 1730 / CCH

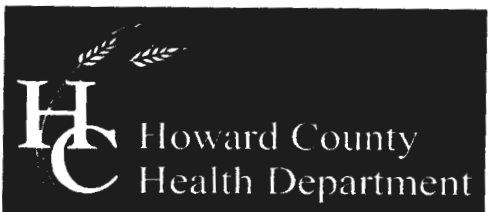
NOTES:

- 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 Visual well check; Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 08003528

Date Reported: 5/22/2009

MD State Certification # 133



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

April 24, 2008

Williamsburg Group LLC
5485 Harpers Farm Road
Columbia, Maryland 21044

RE: Sheppard Manor, Lot# 16
Well Tag: HO-95-0738

To Whom It May Concern:

A sample was collected from a yield test on March 31, 2008 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 -1.6 ± 0.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 0.6 ± 0.0 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate of 4 millirems/year**).

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,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.

well & Septic File

