

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 450 26 *OK (20)* PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-4088**
 8 13 15 20 28 29 30 31 32 33 34 35 36 37

OWNER Bailey Marny STREET OR RFD Clarksville Pike TOWN Highland
 SUBDIVISION Shillinger Property SECTION _____ LOT 9B

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	
Sand	0	56	
Gray Mica Rock	56	450	

GROUTING RECORD YES NO
 Y N
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 17 NO. OF POUNDS 1598
 GALLONS OF WATER 102
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP ft. to 53 BOTTOM ft.
 (enter 0 if from surface)

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

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

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

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. MSD02K
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

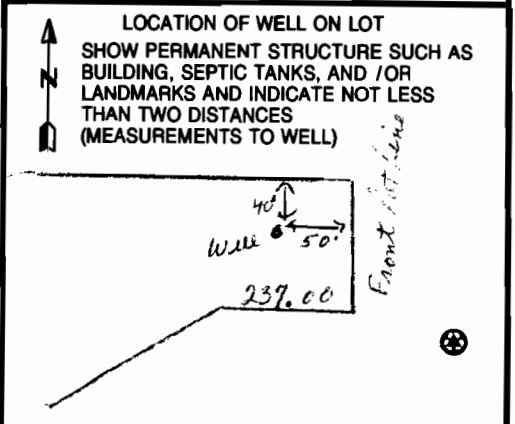
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 66 _____

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 _____ 72 _____ 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34 ft.
 WHEN PUMPING 368 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 (CIRCLE) (YES or NO) 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 } 2 (nearest foot)
 49 50 51



B 1 9845

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL W521590 please type

STATE PERMIT NUMBER

HO-94-4088 fill in this form completely

Date Received (APA) 11/23/04

OWNER INFORMATION

8 11 23 04 13
15 Bailey A. Marny
36 13790 Clarksville Pike
57 Highland Md 20777

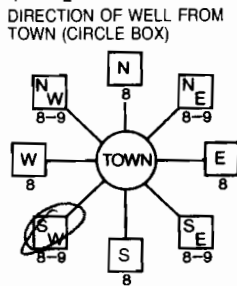
LOCATION OF WELL

Howard
8 COUNTY
23 Shillinger Property
SECTION 9B LOT 9B
52 Highland Md
MILES FROM TOWN 1 1/2

DRILLER INFORMATION

Joseph L. Marny MS D024
Joseph L. Marny Well Drilling
5512 Ridge Rd Int Aring road 21771
Joseph L. Marny 11/18/04

DIRECTION OF WELL FROM TOWN



13790 Clarksville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD
DISTANCE FROM ROAD 400 FT
TAX MAP: 40 BLK: 10 PARCEL 43

WELL INFORMATION
APPROX. PUMPING RATE 4
AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER

- 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 A50788B
COUNTY NAME COUNTY NO.
DATE ISSUED 11/30/05
CO SIGNATURE Brian Baker 11/30/2005
NORTH GRID 486 000 EAST GRID 809 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS

THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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 DEEPEMED AN EXISTING WELL

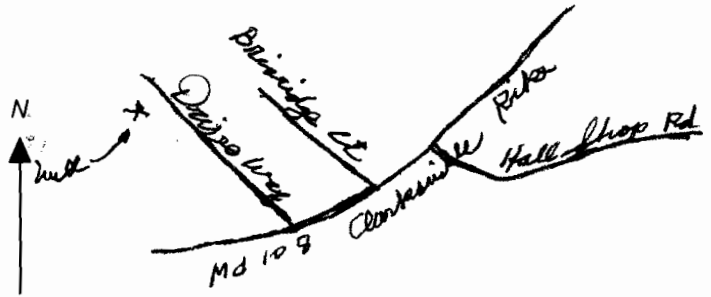
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8009
N 4846

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



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

APPROX. PERMIT NUMBER G
PERMIT No HO-94-4088

SPECIAL CONDITIONS

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2648 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: ZEPPE PLUMBING INC. Telephone #: 410-531-6712
 Address: 12447 Clarksville Pike
Clarksville, MD. 20729

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): EDGAR W. ZEPPE, IV License# 7021

*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: MARNY BAILEY Telephone #: 240-456-0069

Subdivision: SHILLINGER PROPERTIES Lot #: 9B Well Tag #: HO-94-4080

Site Address: 13790 CLARKSVILLE PIKE
HIGHLAND, MD. 20777

Submersible Pump Data

Make: G. DILLON
 Model #: 5SB10412CL
 Pump Capacity 5 GPM
 Well Yield: 12 GPM

Pitless Adapter

Make: Campbell
 Model#: B-10X
 Depth: 40" (36" min)
 NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
 Screened, vented well cap:
 Cap secured to casing:
 Conduit min 1 1/2" B.G.: 2 1/2"
 Conduit secured to well cap:

Depth of well encountered at time of pump installation: 4.50 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrenches of Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house:

Type: polyethylene
 PSI: 110 (160 psi min)
 Depth of supply line: 40" (36" min)

House Connection

PVC sleeved to undisturbed soil at well penetration:
 Approximate length of sleeve: 22'
 Sleeve caulked and sealed properly: ferroc

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

Signature of company representative responsible for installation: Edgar W. Zepp, IV

date: 9/24/07

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

Date Insp. Requested: _____ Date Insp. Approved: 8/16/07 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 encased at least 1 1/2" 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 grant observed below pitless adapter

LOT 104

ROBERT R. GREENBANK, THOMAS
F. GREENBANK, ELLEN A. PICKENS,
KATHLEEN GREENBANK

1000/162

420

410



11/30/04 Well Site
Staked by Survey
Associates.

LOT 95

ROBERT R. GREENBANK, THOMAS
F. GREENBANK, ELLEN A. PICKENS,
KATHLEEN GREENBANK

BB

13790 Clarksville Pike

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1443 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-1554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	65273	Account #:	6181
Reference:	Pickens & Sons	Company:	Pickens & Sons
Location:	13790 Clarksville Pike Clarksville, MD 21029	Requested By:	Ralph Thompson
Date/ Time Collected:	9/27/2007 1215	Source:	Well Water
Date/Time Rec'd:	9/27/2007 1455	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Dutterer 4717BD	pH:	6.6
		Well #:	HO-94-4088

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/28/2007 / 0910 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/28/2007 / 0910 / AD/BD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 65185

Building Permit # : B00154327

Date Reported: 9/28/2007

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1403 Old Taneypaw Rd., Westminster, MD 21157-8488 (410) 876-1551 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	65185	Account #:	6181
Reference:	Pickens & Sons	Company:	Pickens & Sons
Location:	13790 Clarksville Pike Clarksville, MD 21029	Requested By:	Ralph Thompson
Date/ Time Collected:	9/18/2007 1225	Source:	Well Water
Date/Time Rec'd:	9/18/2007 1335	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	6.0
		Well #:	HO-94-4088

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	8.7	MPN/ 100 ml	<1.0	SM18 9223 B.	9/19/2007 / 0810 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/19/2007 / 0810 / AD/BD
Nitrate	4.44	mg/L	10	601	9/19/2007 / 1300 / AD/BD
Turbidity	0.85	NTU	<10	SM18 2130B	9/19/2007 / 1045 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	9/19/2007 / 1045 / AD/BD

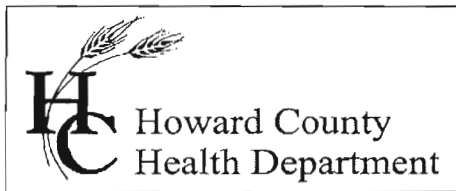
NOTES

- 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 # : B00154327

Date Reported: 9/19/2007

MD State Certification # 133



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

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

October 1, 2007

Marny Bailey
13790 Clarksville Pike
Highland, MD 20777

SENT VIA FACSIMILE 301-498-7996

RE: Shillinger Property, Lot 9-B
13790 Clarksville Pike
Highland, MD 20777
BP # B00154327
Well Permit # HO-94-4088

Dear Sir/Madam:

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 09/18/2007. Final approval of the well line connection to the dwelling was approved on 08/16/2007.**

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-94-4088. 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 Samples: 09/18/2007, 09/27/2007
Date of Well Completion: 12/17/2004

Approving Authority,

Brian Baker, Registered Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File