

C1 0611 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE 3/11/11 THIS WELL MUST BE COMPLETED 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 53 2480 PERMIT NO. H0-95-2048 ST/CO USE ONLY DATE Received MM DD YY 8 13 DATE WELL COMPLETED MM DD YY 2-16-11 Depth of Well 22 600 26 Pump Picked Too Early - Rest O.K. (BB) FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37 OWNER GYC Group Ltd last name first name TOWN Clarksville SUBDIVISION Thaler Estates SECTION LOT 1

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	
Top Soil	0	2	
Brown Shale	2	15	
Brown Mica	15	50	
Gray Mica	50	60	
Brown Mica	60	61	
Gray Mica	61	150	
Brown Mica	150	151	
Gray Mica	151	600	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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 MW D 040
George F. Eistenberg
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 55 D 038
Bruno Chapman

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

GROUTING RECORD yes Y no N
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 24 NO. OF POUNDS 2400
GALLONS OF WATER 144
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE ST STEEL CO CONCRETE PL PLASTIC OT OTHER
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)
EACH CASING diameter depth (feet) inch from to

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

C2 DEPTH (nearest ft.)
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
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

C3 PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50 ft.
WHEN PUMPING 255 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
(CIRCLE) (YES or 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)
50 51

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)
well 10' x 45'

534458

please type

70

fill in this form completely

79

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

11563

G Y C Group Ltd

15 Last Name Owner First Name 34

611 Nursery Road

36 Street or RFD 55

Westminister Md 21158

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

M W 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 1/25/2011

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 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

APPROXIMATE DEPTH OF WELL 24 300 28 FEET

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

REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)

- ☒ 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER - - - - - G - - - - -

PERMIT No. 10-95-2048

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

Howard

LOCATION OF WELL CC#

8 COUNTY Hedgerow Farm 21

23 SUBDIVISION

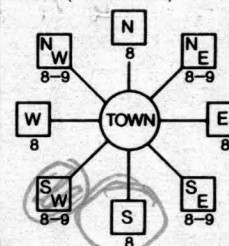
SECTION 44 46 LOT 1 48 50

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

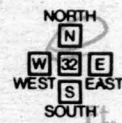
B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 730 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 20 PARCEL 64

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A532480

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S →

DATE ISSUED

41

43 MM DD YY 48

CO SIGNATURE

EXP. DATE

NORTH GRID 504 000 55

EAST GRID 0804 000 63

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 0804 800 805 500 504 505

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

13K6

N



Dayton

Ten Oaks Rd

Triadelphia

Mill Rd

2-18-11

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2048
Location of property (road) 13550 Triadelphia Mill Rd
Subdivision Thaler Estates Lot 1 Block _____ Plat _____ Sec. _____
Well Driller George Easterday Owner GYC Group LTD

Depth of well 600 4gpm
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 50.1

I. High rate pumping -- reservoir drawdown

Time pump started 900 Pumping rate 15gpm
Total time 45 to reach pumping water level 255 ft. below M.P.

pump set 480'

Hodg

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
900	50.1	4 sec	1 gal bucket	15gpm
915	133.9	4"	"	15"
930	190	4"	"	15"
945	255	15	"	4"
1000	255	15	"	4"
1015	255	15	3/11/2011 "	4"
1030			"	
1045	256	30"	"	2"
1100	256	30"	Pump "	2"
1115	256	30"	"	2"
1130	256	30"	Pulled "	2"
1145	256	30"	"	2"
1200	256	30"	"	2"
1215	256	30"	45 minutes "	2"
1230	256	30"	"	2"
1245	255	30"	Early "	2"
100	255	30"	"	2"
115	255	30"	"	2"
130	255	30"	BB "	2"
145	255	30"	"	2"
200	255	30"	"	2"
215	255	30"	"	2"
230	255	30"	"	2"
245	255	30"	"	2"
300	255	30"	"	2"

HD-22

3:45

Well Permit No. HO - 45-2048
Location of property (road) 13550 Tridelphia Mill Rd
Subdivision Thaler Estates Lot 2 Block Plat Sec.
Well Driller George Easterday Owner

Depth of well 600
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 50.1'

Time pump started 9:00 a.m. Pumping rate 156
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

HD-224

**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: Fogles Well Drilling, Inc. Telephone #: 443-609-4195
Address: P.O. Box 300
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# ms0009

***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: G4C Group Telephone #: 410-997-3594
Subdivision: Hedgecove Farm Lot #: 1 Well Tag #: HO-95-2048 ✓
Site Address: 13514 Frederick Mill Rd
Clarksville, Md. 21039

Submersible Pump Data

Make: Cummins
Model #: 10530-34
Pump Capacity: 10 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36 (36" min)
NSF/WSC 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

Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap: yes

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 N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 5'
Sleeve 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: 12-1-11

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

Date Insp. Requested: 12/2/11 Date Insp. Approved: 12/6/11 Inspector: KW/RR

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

OK
OK
OK
OK
OK
OK

P/O
BUILDABLE
PRESERVATION
PARCEL "A"

PRIVATE 24' ACCESS,
DRAINAGE & UTILITY
EASEMENT FOR LOTS
1, 2 & BUILD. PRES.
PARCEL "A"

PRIVATE 10'x15'
UTILITY EASEMENT
FOR LOT 2

LOT 1

53,423 SQ. FT.
1.2264 AC±

LOT 2

68,812 SQ. FT.
1.5797 AC±

Date: 2/2/11
Well Site
Locations Approved
Staked by
Owner/Surveyor
MS
Conservation
Easement #2
Plot #M436
(100-B4)

PRIVATE 24'
ACCESS, DRAINAGE & UTILITY
EASEMENT
FOR LOT 1, 2 AND
BUILD. PRES. PARCEL "A"

10' BRL
GEO-
THERMAL
WELL

WELL
BOX

WELL
BOX

REHAK
FF 529.00
BF 520.00

Scale
1"=50'

35' ESB

30' BRL

S67°43'15"W
136.81'

30' BRL

N01°26'46"W
106.47'

30' BRL

100' R N88°22'21"W
119.27' N83°08'00"W
48.83'

10' BRL

L=141.24'
R=242.00'

10' BRL

100' R

100' R

50' BRL

524

524

524

524

524

524

524

524

S07°04'35"E
45.12'

L=111.84'
R=589.98'

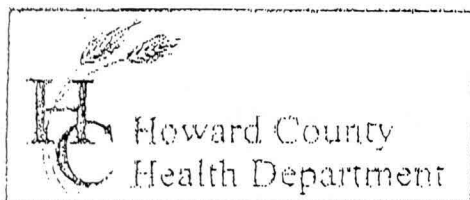
70' BRL

10' BRL

-510

500

2/2/10 2:22:42 AM



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

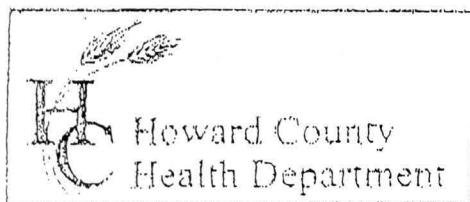
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by ENGINEER ?
(professional land surveyor or company employing professional land surveyors)
on June 2011 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

TRIadelphia Mill Road
LOT 1 Hedgerow Farm
Rehak Residence



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by owner / surveyor,
(professional land surveyor or company employing professional land surveyors)
on Dec - 2010 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health
Department to schedule a time to meet in the field to verify the
proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

LOT 1 Hedge row Farm



Howard County
Health Department

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 23, 2012

May 23, 2012

Homeowner
13560 Triadelphia Mill Road
Clarksville, MD 21029

**RE: Hedgerow Farm, Lot 1
13560 Triadelphia Mill Road
Building Permit: B10003807
Well Permit: HO-95-2048**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/11/2012**. Final approval of the well line connection to the dwelling was granted on **12/6/2011**. The well construction was completed on **2/6/2011**. Water samples were collected on **5/1/2012**.

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. 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-95-2048. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

**TRACE LABORATORIES, INC**

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**

GYC Group
P.O. Box 1550
611 Nursery Road
Westminster, Maryland 21158

S/O Number: 85096**Report Date:** May 1, 2012

Property Sampled: 13560 Triadelphia Mill Road, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B10003807
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Hedgerow Farm
Parcel: 420

Lot #: 1

Date/Time Collected in Field: April 30, 2012 @ 11:35 am

Date/Time Received in Lab: April 30, 2012 @ 3:05 pm

Well Tag #: HO-95-2048 ✓
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	1.2 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	8.0 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

OK RB 5/23/12

Katherine C. Higgs
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.