

C1 1448 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
4 11 08

Depth of Well

22 400 26  
(TO NEAREST FOOT)

COUNTY  
NUMBER

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-95-1598  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

LOT 11

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

FROM

TO

check  
if water  
bearing

Brown  
shale

0 73

Gray  
Limestone

73 400 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 61 ft. to 61 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

casing  
types  
insert  
appropriate  
code  
below

CASING RECORD

ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHER

MAIN  
CASING  
TYPE  
PL

Nominal diameter  
top (main) casing  
(nearest inch):  
06

Total depth  
of main casing  
(nearest foot):  
80

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

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

screen type  
or open hole  
(insert  
appropriate  
code  
below)

SCREEN RECORD

ST BR HO  
STEEL BRASS OPEN  
PL PL HOLE  
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no  
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

MSD 009

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

TELESCOPE  
CASING

LOG  
INDICATOR

74 75 76  
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

03

PUMPING RATE (gal. per min.)

4.6

METHOD USED TO  
MEASURE PUMPING RATE

1966

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48 ft.

WHEN PUMPING 158 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine  
C centrifugal R rotary O other  
J jet S submersible  
(describe below)

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

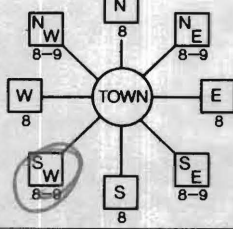
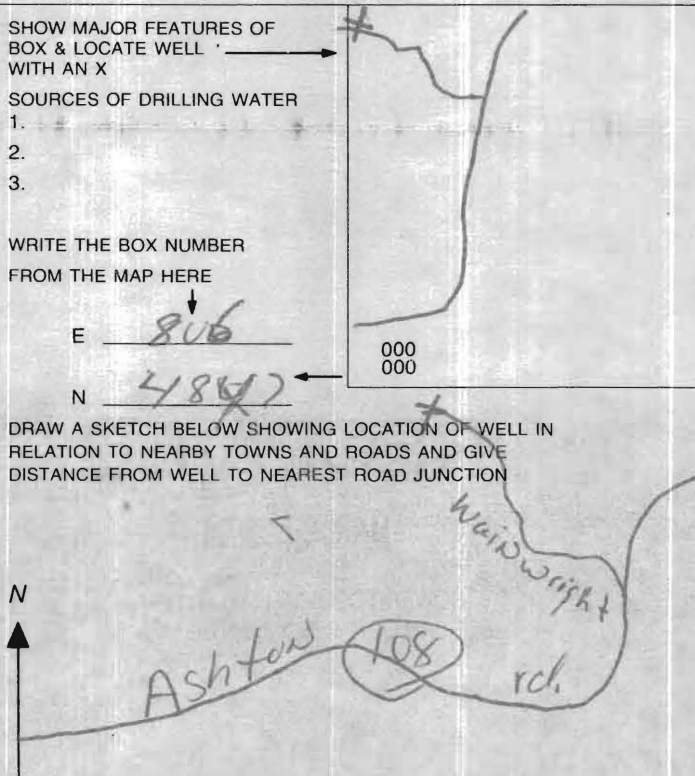
PUMP COLUMN LENGTH  
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)  
+ above } LAND SURFACE  
- below } 02 (nearest foot)  
49 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)

No Survey stakes

|  |   |   |   |
|--|---|---|---|
| <b>B 1</b><br>1 2 3 6  | SEQUENCE NO.<br>(MDE USE ONLY)<br><b>8214</b> | <b>STATE OF MARYLAND</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>please type<br><b>528862</b>   | STATE PERMIT NUMBER<br><b>HO-95-1598</b><br>70 <b>fill in this form completely</b> 79 |
| Date Received (APA)<br>8 MM DD YY 13<br><b>Winthorpe Builders</b><br>15 Last Name Owner First Name 34<br><b>P.O. Box 279</b><br>36 Street or RFD 55<br><b>Highland, Md. 20777</b><br>57 Town 70 State 72 Zip 76  |   | <b>B 3</b> LOCATION OF WELL<br>8 COUNTY 21<br><b>Howard</b><br>23 SUBDIVISION 42<br>SECTION 44 46 LOT 48 50<br><b>P11</b><br>52 NEAREST TOWN 71<br><b>Highland</b><br>MILES FROM TOWN (enter 0 if in town) 73 <b>4</b> M 76 77 78   |   |
| <b>DRILLER INFORMATION</b><br><b>Allen Compton</b> MS D 009<br>Driller's Name 76 License No. 81<br><b>Fogles Well Drilling</b><br>Firm Name<br><b>6003 Woodbine Rd</b><br>Address<br><b>Alh 65</b> 3-20-08<br>Signature Date   |   | <b>B 4</b><br>1 2<br>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br><br>11 NEAR WHAT ROAD 30<br><b>13080 Wainwright</b><br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>NORTH<br>WEST 32 EAST<br>SOUTH<br>34 150 37<br>DISTANCE FROM ROAD FT<br>ENTER FT OR MI 38 39<br>TAX MAP: <b>40</b> BLK: <b>8</b> PARCEL <b>35</b>                                     |   |
| <b>WELL INFORMATION</b><br>APPROX. PUMPING RATE (GAL. PER MIN.) 8 <b>5</b> 12<br>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 <b>500</b> 20   |   | <b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br>22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="checkbox"/> PUBLIC WATER SUPPLY WELL<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING<br><input type="checkbox"/> GEO-THERMAL |   |
| APPROXIMATE DEPTH OF WELL 24 <b>300</b> 28 FEET<br>APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH   |   | <b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b><br><b>Howard</b> COUNTY NAME COUNTY NO.<br>STATE SIGNATURE<br>DATE ISSUED <b>3/31/08</b> INSERT S → <b>3/31/08</b><br>43 MM DD YY 48 CO SIGNATURE<br>NORTH GRID <b>487</b> 0 0 0 EAST GRID <b>806</b> 0 0 0<br>50 55 57 63   |   |
| <b>METHOD OF DRILLING</b> (circle one)<br>BORED (or Augered) JETTED Jetted & DRIVEN<br>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)<br>37 CABLE REVERSE-ROTary Drive-POINT<br>other  |   | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1.<br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E <b>806</b><br>N <b>487</b><br>000<br>000   |   |
| <b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 |   | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>   |   |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY)  |   |   |   |
| APPROP. PERMIT NUMBER _____ <b>G</b> _____<br>PERMIT No. <b>HO-95-1598</b><br>70 71 72 73 74 75 76 77 78 79  |   |   |   |
| <b>SPECIAL CONDITIONS</b><br>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.  |   |   |   |

## Yield Test Data Sheet

County File # \_\_\_\_\_

District \_\_\_\_\_

MD Well Permit #. H0-95-1598Date of Test: 4-11-08

Subdivision Name: \_\_\_\_\_

Section \_\_\_\_\_ Lot # P 11Street Address: 13080 Wainwright rdMeasuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")Distance from MP to ground surface 2 ft.Well Depth 400 ft.Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: \_\_\_\_\_

## NOTES:

| Pump Start Time   | Static Water level: <u>48</u> ft. | Pumping Rate<br>( ) Time to fill bucket<br>( ) Flow meter reading (if used) | Calculated Flow (gallons per minute) |
|---|-----------------------------------|---|--------------------------------------|
| TIME  | WATER LEVEL BELOW M.P.            |   |                                      |
| <b>Water level and pumping rate must be recorded every 15 minutes</b> |                                   |   |                                      |
| 1   | 8:00                              | 48 ft.  | 5 12 GPM                             |
| 2   | 8:15                              | 158 ft.   | 14 4.6 GPM                           |
| 3   | 8:30                              | 158 ft.   | 14 4.6 GPM                           |
| 4   | 8:45                              | 158 ft.   | 14 4.6 GPM                           |
| 5   | 9:00                              | 158 ft.   | 14 4.6 GPM                           |
| 6   | 9:15                              | 158 ft.   | 14 4.6 GPM                           |
| 7   | 9:30                              | 158 ft.   | 14 4.6 GPM                           |
| 8   | 9:45                              | 158 ft.   | 14 4.6 GPM                           |
| 9   | 10:00                             | 158 ft.   | 14 4.6 GPM                           |
| 10  | 10:15                             | 158 ft.   | 14 4.6 GPM                           |
| 11  | 10:30                             | 158 ft.   | 14 4.6 GPM                           |
| 12  | 10:45                             | 158 ft.   | 14 4.6 GPM                           |
| 13  | 11:00                             | 158 ft.   | 14 4.6 GPM                           |
| 14  | 11:15                             | 158 ft.   | 14 4.6 GPM                           |
| 15  |                                   | ft.   | GPM                                  |
| 16  |                                   | ft.   | GPM                                  |
| 17  |                                   | ft.   | GPM                                  |
| 18  |                                   | ft.   | GPM                                  |
| 19  |                                   | ft.   | GPM                                  |
| 20  |                                   | ft.   | GPM                                  |
| 21  |                                   | ft.   | GPM                                  |
| 22  |                                   | ft.   | GPM                                  |
| 23  |                                   | ft.   | GPM                                  |
| 24  |                                   | ft.   | GPM                                  |
| 25  |                                   | ft.   | GPM                                  |
| 26  |                                   | ft.   | GPM                                  |
| 27  |                                   | ft.   | GPM                                  |
| 28  |                                   | ft.   | GPM                                  |
| 29  |                                   | ft.   | GPM                                  |
| 30  |                                   | ft.   | GPM                                  |



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 21790

(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# MSD009

\*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: Winthrop Developers Telephone #: 301-854-1044  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1598  
Site Address: 13080 Wainwright Rd  
Highland, Md 20777

Submersible Pump Data

Make: Grundfos

Model #: IS5015-290

Pump Capacity 15 GPM

Well Yield: 4.6 GPM

Depth of well encountered at time of pump installation: 400 (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

Pitless Adapter

Make: Camco

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

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: 7/25/08

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 7/22/08 (Km)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# LEGEND

- EXISTING T. CONTOURS
- EXISTING R.P. CONTOURS
- EXISTING TREE LINE
- SOIL LINES AND TYPES
- DENOTES PROPOSED WELL
- DENOTES EXISTING WELL
- DENOTES PASSED PERC
- DENOTES PROPOSED PERC
- DENOTES PROPOSED HOUSE
- DENOTES 15:1-25:1 SLOPE
- DENOTES 25:1 AND GREATER SLOPE
- DENOTES 1500 SFT ALTERNATE WELL SITE

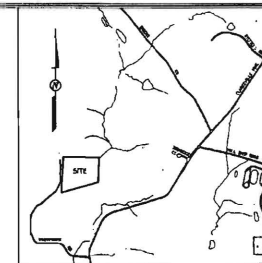
HORIZONTAL DATUM BASED ON DEED 7032-447

PROPERTY OF  
JOHN B. TERRY  
JAMES E. TERRY  
L. 5184, P. 214  
TAX MAP #40 - PARCEL #379

PROPERTY OF  
JOHN B. TERRY  
JAMES E. TERRY  
L. 5184, P. 214  
TAX MAP #40 - PARCEL #379

PROPERTY OF  
ALAN B. TERRY  
JAMES E. TERRY  
L. 5184, P. 214  
TAX MAP #40 - PARCEL #379

PROPERTY OF  
JOHN B. TERRY  
JAMES E. TERRY  
L. 5184, P. 214  
TAX MAP #40 - PARCEL #379



VICINITY MAP  
SCALE: 1" = 1200'

## SOILS LEGEND

| SOIL | NAME  | CLASS |
|------|---|-------|
| Co   | Codorus silt loam                                     | C     |
| Hi   | Minor loam, 3 to 4 percent slopes                     | D     |
| Hi2  | Minor loam, 3 to 4 percent slopes, moderately eroded  | D     |
| Hi2  | Minor loam, 5 to 25 percent slopes, moderately eroded | B     |
| Hi3  | Minor loam, 6 to 15 percent slopes, severely eroded   | B     |
| Hi3  | Minor loam, 15 to 25 percent slopes, severely eroded  | B     |

- NOTES:
- \* Hydraulic and/or contour line indications
  - \*\* May contain hydraulic indications
  - 1 Generally only within 100-year floodplain areas

PUBLIC CERTIFICATION  
I certify that the information shown herein is based on field conditions shown under my direct supervision and are correct to the best of my professional knowledge and belief.  
*Mark L. Babel*  
Signature of Professional Land Surveyor  
Date: 3/10/08



APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT  
*[Signature]*  
DATE: 3/10/08

## GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT RECORDATION OF A FUTURE SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. ADJUSTMENTS TO SEWERAGE EASEMENT AREA IS NOT PERMITTED WITHOUT ADDITIONAL RECORDING.
3. THE LOT SHOWN HEREON COMPLIES WITH THE PROPER CHANGING WITHIN AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
4. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
5. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATION.
6. WELLS SHALL BE DRILLED PRIOR TO BUILDING PERMIT.
7. TOPOGRAPHY SHOWN IS BASED ON FIELD SURVEY TOPO PREPARED BY SHAWNEE & LANE ON MAY 10, 2007.
8. BOUNDARY OUTLINE BASED ON A FIELD SURVEY PREPARED BY SHAWNEE & LANE DATED APRIL 16, 1999 SUPPLEMENTED BY AVAILABLE RECORDS OF RECORD WITHOUT THE BENEFIT OF A TITLE SURVEY.
9. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A SEWERAGE EASEMENT RECORDATION PLAN.
10. READ DIFFERENCE LINE, 7032, P. 417.
11. HOWARD COUNTY HEALTH DEPARTMENT VARIATION.
12. ALL EXISTING AND PROPOSED WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL SYSTEMS LOCATED WITHIN 100 FEET DRAIN GRABBER OF EXISTING OR PROPOSED SEPTIC SYSTEMS AND SEWAGE DISPOSAL SYSTEMS HAVE BEEN SHOWN.

PROPERTY OF  
DONALD H. CORNWELL JR.  
JAMES E. CORNWELL  
L. 5173, P. 307  
TAX MAP #40 - PARCEL #319

PROPERTY OF  
DONOR LYN  
WAINWRIGHT  
L. 10623, P. 611  
TAX MAP #40 - PARCEL #242

3/31/08  
Well site OK

## DEVELOPER

WINTHORPE BUILDERS  
POST OFFICE BOX #279  
HIGHLAND, MARYLAND 20777  
(301) 854-1044  
ATTN: SCOTT SZELIGA

## PERC APPLICATION PLAT

13080 WAINWRIGHT ROAD  
HENRY R. WAINWRIGHT, III

TAX MAP #40 GRID #8  
360 ELECTION DISTRICT  
SCALE: 1" = 50'  
ZONED: RR-DEO  
PARCEL: 35  
HOWARD COUNTY, MARYLAND  
DATE: MARCH 4, 2008

WINHOP, COLLINS & CARTER, INC.  
P.O. BOX 10000, ANNAPOLIS, MD 21404  
TELEPHONE: 410-261-1000  
FAX: 410-261-1001  
WWW.WINHOP-COLLINS-CARTER.COM



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

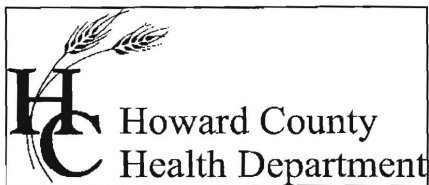
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Fisher, Collins & Carter on 3-17-08 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



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

January 5, 2009

Occupant  
13080 Wainwright Road  
Highland, MD 20777

SENT VIA FACSIMILE 301-854-1091

RE: 13080 Wainwright Road  
Highland, MD 20777  
BP# B08001146  
Well Tag #: HO-95-1598

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 07/22/2008. Final approval of the well line connection to the dwelling was approved on 07/22/2008.**

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.

Enclosed with this certificate is a copy of the septic permit and the 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-95-1598. 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: 11/11/2008  
Date of Well Completion: 04/11/2008

Approving Authority,

Stuart Oster, 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 #:      | 69464                 | Account #:    | 5708          |
| Reference:            | Winthorpe Homes       | Company:      | Winthorpe Inc |
| Location:             | 13080 Wainwright Road | Requested By: | Scott Szeliga |
|                       | Highland, MD 20777    | Source:       | Well Water    |
| Date/ Time Collected: | 11/11/2008 0950       | Site:         | Pressure Tank |
| Date/Time Rec'd:      | 11/11/2008 1215       | Treatment:    | None          |
| Chlorine ppm:         | Free: ND Total: ND    | pH:           | 7.0           |
| Collected By:         | J.Yeager 6176JY       | Well #:       | HO-95-1598    |

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST       |
|--------------------------------|---------|-------------|-----------|--------------------|-------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223          | 11/12/2008 / 0800 / BCD |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223          | 11/12/2008 / 0800 / BCD |
| Nitrate                        | <1.0    | mg/L        | 10        | 601                | 11/11/2008 / 1400 / BCD |
| Turbidity                      | 1.27    | NTU         | <10       | SM18 2130B         | 11/11/2008 / 1400 / BCD |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric | 11/11/2008 / 1400 / BCD |

**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 # :    08001146

Date Reported: 11/12/2008**MD State Certification # 133**