

<b>C1 2038</b> <small>1 2 3 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (MD2 USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																			
ST/CO USE ONLY DATE Received <small>MM DD YY</small> 8 13		DATE WELL COMPLETED <small>MM DD YY</small> 6 30 2008		Depth of Well 22 400' 26 (TO NEAREST FOOT)		COUNTY NUMBER <b>A528481</b> PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 95-1633																			
OWNER <u>Shate</u> STREET OR RFD <u>Wapide Dr.</u> SUBDIVISION <u>Hariland Hills</u>		TOWN <u>Clarksville md</u> SECTION <u>7</u>		LOT <u>7</u>																					
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1880</u> GALLONS OF WATER <u>120</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>72</u> ft. (enter 0 if from surface)																					
DESCRIPTION (Use additional sheets if needed) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Sand</td> <td>0</td> <td>72</td> <td></td> </tr> <tr> <td>Gray Micaceous Rock</td> <td>72</td> <td>400</td> <td></td> </tr> </tbody> </table>				DESCRIPTION	FEET		check if water bearing	FROM	TO	Sand	0	72		Gray Micaceous Rock	72	400		<b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>76</u>				<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER
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<b>OTHER CASING (if used)</b> diameter inch depth (feet) from to _____																									
<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>BR</b> BRASS</td> <td><b>HO</b> OPEN HOLE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> <td></td> </tr> </table>				<b>ST</b> STEEL	<b>BR</b> BRASS	<b>HO</b> OPEN HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																	
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				<b>C2</b> DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td>100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200</td> </tr> </table>				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200																
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WELL HYDROFRACTURED <b>Y</b> <b>N</b>				CIRCLES APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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. <u>MS D 024</u> DRILLERS SIGNATURE <u>Joseph X Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>MS D 037</u> SIGNATURE <u>Harry Mayne</u>																					
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																					
				<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>4.6</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>31</u> ft. WHEN PUMPING <u>229</u> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible																					
				<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>NO</b> 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) <b>+</b> above <b>-</b> below <u>2</u> (nearest foot) LAND SURFACE																					
				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	1011	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 528996 please type	STATE PERMIT NUMBER <u>HO - 95 - 1633</u> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 <u>13</u> <u>8</u> <u>11</u> <u>13</u>		OWNER INFORMATION 15 Last Name <u>Shats</u> Owner <u>Harry</u> First Name <u>Shats</u> 34 36 <u>13828 Wayside Dr</u> Street or RFD 55 57 <u>Clarksville Md 21029</u> Town 70 State 72 Zip 76		
DRILLER INFORMATION Driller's Name <u>Joseph L. Mayne</u> M 5 D 0 2 4 76 License No. 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt Airy Md 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>6/10/08</u>		LOCATION OF WELL B 3 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Hamland Field</u> 42 SECTION <u>44</u> 46 LOT <u>7</u> 48 50 52 NEAREST TOWN <u>Clarksville</u> 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> M I 73 76 77 78		
WELL INFORMATION B 2 APPROX. PUMPING RATE <u>4</u> 8 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED <u>500</u> 14 20 (GAL. PER DAY)		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <u>Wayside Dr.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>500</u> 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: <u>34</u> BLK: <u>19</u> PARCEL <u>220</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>13</u> <u>A528481</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>6/23/08</u> <u>Kim Wall</u> <u>6/23/09</u> 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>494</u> 0 0 0 EAST GRID <u>0801</u> 0 0 0 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>0804 1</u> N <u>494 4</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
METHOD OF DRILLING (circle one) 30 BORED (or Augered) JETTED Jetted & DRIVEN 37 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other _____				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO - 95 - 1633</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

22-224



**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: J. Joseph Gartland Inc. Telephone #: 410-875-2400  
Address: 1835 W. Old Liberty Rd.  
WESTMINSTER, MD 21157

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

Name (Print): JAMES J. GARTLAND, JR. License# 1713

\*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: Carrigan Homes, Inc. Telephone #: 410-465-7755  
Subdivision: Haviland Hills Lot #: 7 Well Tag #: HO-95-1633  
Site Address: 13853 Wineside Dr.  
Clarksville, MD 21029

**Submersible Pump Data**

Make: Goulds  
Model #: 58B07422  
Pump Capacity 5 GPM  
Well Yield: 4.6 GPM

**Pitless Adapter**

Make: Howard  
Model #: PT850  
Depth: 42" (36" min)  
NSF approved: ✓

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 422 (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 ✓

**Piping to house**

Type: PLASTIC  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: ✓  
Approximate length of sleeve: 6 FT  
Sleeve caulked and sealed properly: ✓

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

date

1/22/2009

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

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

Date Insp. Approved: 12/18/08 DD

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

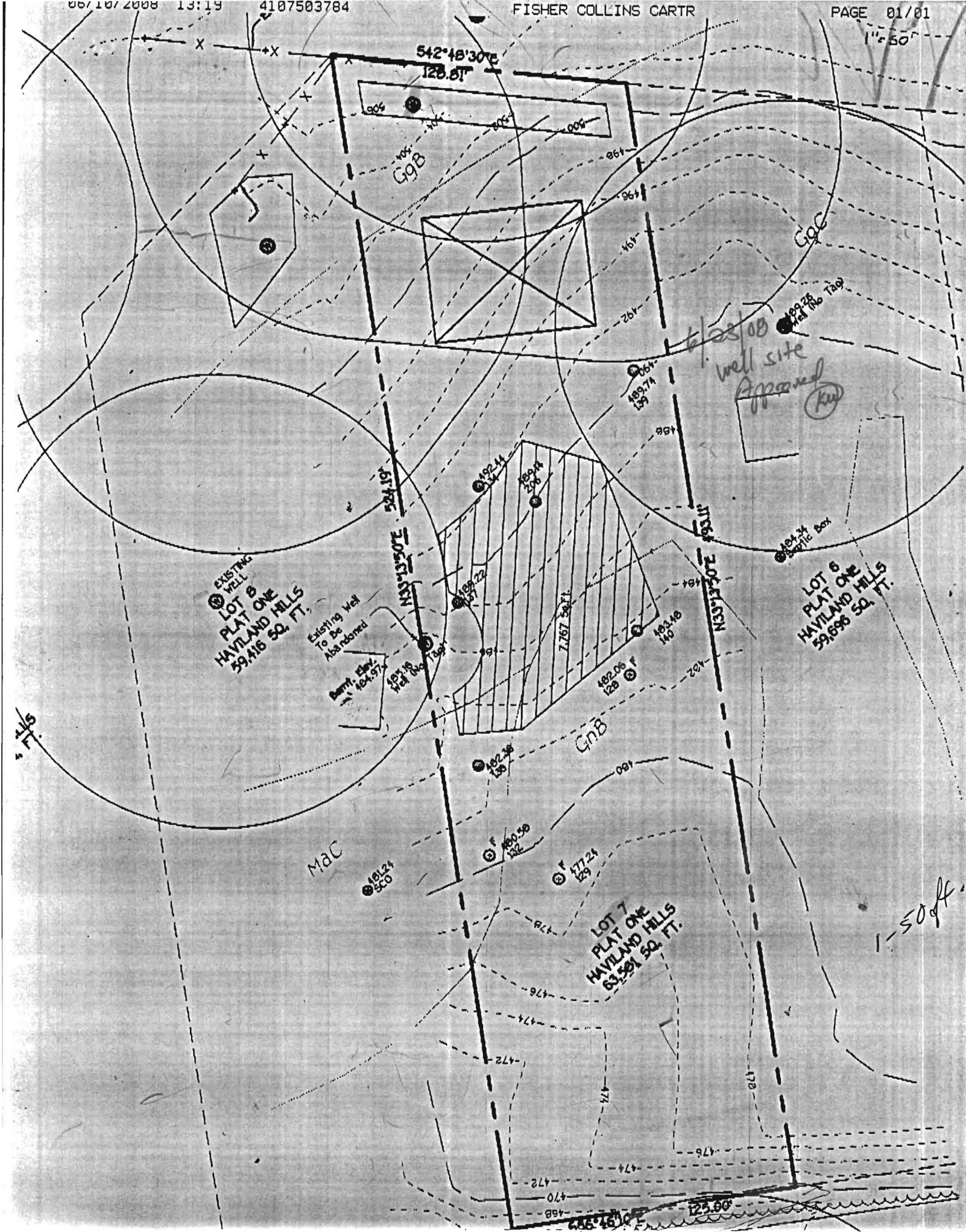
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

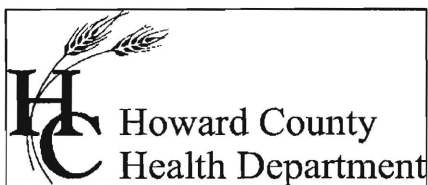
Safety rope installed inside of well casing ✓

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

April 1, 2009

Homeowner  
13822 Wayside Drive  
Clarksville, MD 21029

SENT VIA FACSIMILE 410-465-5608

RE: Haviland Hills I, Lot 7  
13822 Wayside Drive  
BP# B08002761  
Well Tag #: HO-95-1633

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 01/08/2009. Final approval of the well line connection to the dwelling was approved on 12/18/2008.**

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.


#### 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-95-1633. 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: 03/27/2009  
Date of Well Completion: 06/30/2008

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 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

**Requester:**  
 Carrigan Homes  
 9812 Kaillins Court  
 Ellicott City, Maryland 21042

**S/O Number:** 71913  
**Report Date:** March 30, 2009

**Property Sampled:** 13822 Wayside Drive

**County:** Howard  
**Subdivision:** Highland Hills  
**Lot #:** 7  
**Building Permit #:** B008002761  
**Tax Map #:** 34  
**Parcel #:** 220

**Date/Time Collected:** March 27, 2009 at 10:00 am  
**Date/Time Received:** March 27, 2009 at 1:25 pm

**Sample Location:** 1<sup>st</sup> Floor Bathroom  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-1633  
**Well Condition:** 2-Piece Cap  
 Cap Tight  
 2 Bolts Slightly Loose

**Water Conditioning/Treatment:** NONE

*Fax to HLD 465-5608*

*OK*

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	3.5 NTU	EPA 180.1	10 NTU	Pass
pH	6.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Karen Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

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