

DRILLER: REMOVE COPY AND RETURN TO YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3898		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)						COUNTY NUMBER 13 513682	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 02 23 04		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 2/25/04 HO - 94 - 3868 28 29 30 31 32 33 34 35 36 37	
OWNER Selfridge Builders STREET OR RFD 4781 Ten Oaks Road first name TOWN Dayton SUBDIVISION SECTION LOT							
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 12 NO. OF POUNDS 45 46 1200 GALLONS OF WATER 22 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)			C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft. WHEN PUMPING 80 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	
DESCRIPTION (Use additional sheets if needed)			FEET FROM TO Top Soil 0 2 Sandy 2 25 Sand Stone 25 30 MICKA 30 55 Sand Stone 55 60 MICKA 60 300			check if water bearing ✓ ✓	
			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) 38 60 61 63 64 66 70				
			OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to				
			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			C2 DEPTH (nearest ft.) 1 2 36 300 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N				
WELL HYDROFRACTURED yes Y no N			SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				
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			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68				
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.			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76				
DRILLERS LIC. NO. 1 MS D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			TELESCOPE LOG			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) 15' 15' Prop Line	

B 1	5753	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 520008 please print or type	STATE PERMIT NUMBER HO - 94 - 3868 <small>fill in this form completely</small>
Date Received (APA) 12/23/2003		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 Street or RFD 55		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name Ralph E. MAYNE License No. MSD 112		B 3 Howard 8 COUNTY 21		
Firm Name Ralph MAYNE INC		23 SUBDIVISION 4781 Ten Oaks Rd Prop. 42		
Address 17024 Handy Rd Mt Airy MD 21221		SECTION 44 46 LOT 48 50		
Signature Ralph E. Mayne Date 12-20-03		52 NEAREST TOWN DAYTON 71		
B 2 WELL INFORMATION		MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78		
APPROX. PUMPING RATE (GAL. PER MIN.) 5		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		TAX MAP: 28 BLK: 8 PARCEL 34		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME Howard COUNTY NO. (13) A 513682		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE Mark R. J... INSERT S 41		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DATE ISSUED 1/13/04 EXP. DATE 1/13/05		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		43 MM DD YY 48 CO SIGNATURE Mark R. J...		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		NORTH GRID 512 000 55 EAST GRID 804 000 63		
<input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DEPTH OF WELL 150 FEET		SOURCES OF DRILLING WATER		
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		1. well		
METHOD OF DRILLING (circle one)		2.		
BORED (or Augered) JETTED Jetted & DRIVEN		3.		
<input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		WRITE THE BOX NUMBER FROM THE MAP HERE		
30 <input checked="" type="checkbox"/> CABLE REVERSE-ROTARY Drive-POINT		E 512 804		
other _____		N 512 512		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<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				
<input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER 54 _____ GAP _____ 63				
PERMIT No. HO - 94 - 3868				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3868
Location of property (road) 4781 Ten Oaks Road
Subdivision Lot Block Plat Sec.
Well Driller Ralph Mayne Owner Selfridge Builders

Depth of well 300
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 27

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
Total time 30 min to reach pumping water level 80 ft. below M.P.

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)
8:30	27 ft	6 Sec	Test started	10 GPM
9:00	80 ft	20 Sec		3 GPM
9:15	80 ft	20 Sec		3 GPM
9:30	80 ft	20 Sec		3 GPM
9:45	80 "	20 "		3 "
10:00	80 "	20 "		3 "
10:15	80 "	20 "		3 "
10:30	80 ft	20 Sec		3 GPM
10:45	80 ft	20 Sec		3 GPM
11:00	80 ft	20 Sec		3 GPM
11:15	80 "	20 "		3 "
11:30	80 "	20 "		3 "
11:45	80 "	20 "		3 "
12:00	80 ft	20 Sec		3 GPM
12:15	80 ft	20 Sec		3 GPM
12:30	80 ft	20 Sec		3 GPM
12:45	80 "	20 "		3 "
1:00	80 "	20 "		3 "
1:15	80 "	20 "		3 "
1:30	80 ft	20 Sec		3 GPM
1:45	80 ft	20 Sec		3 GPM
2:00	80 ft	20 Sec		3 GPM
2:15	80 "	20 "		3 "
2:30	80 "	20 "		3 "
HD-224 2:45	80 ft	20 "		3 GPM
3:00	80 ft	20 Sec		3 GPM

Well Permit No. HO - 94-3868
Location of property (road) 4781 Ten Oaks Road
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller Ralph Mayne Owner Selfridge Builders

I. High rate pumping -- reservoir drawdown

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

[illegible]

Feb 27 04 11:03a

HD GO ENV HEALTH

14103132648

p.1

**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: SEITZIDGE Bldg's Telephone #: 301-854-1333
Address: P.O. Box 138
ASHTON, MD 20861

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

Name (Print): DAVID RYCKE

Licensed Well Pump Installer

License# PI 0145

*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: SEITZIDGE Bldg's Telephone #: 410-531-8930

Subdivision: _____ Lot #: TENOR Well Tag #: HO

Site Address: 4781 TEN OAKS RD
DAYTON, MD 21036

Submersible Pump Data

Make: GRUNDfos
Model #: 15 SQE100-220
Pump Capacity: 15 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: AMER GRABBY
Model #: PT 800
Depth: 36 (36" min)
NSP/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
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 300 (feet)

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

Piping to house

Type: AQUA Jet Coil
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
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

date

10-31-05

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

Date Insp. Requested: _____ Date Insp. Approved: 9/22/05 Inspector: BB

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 seen 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

✓
✓
✓
✓
✓
✓

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Feb 23 2004 (month/day/year)

OK MR
2/25/04

513682

* PERMIT NUMBER OF ABANDONED WELL (if any)

NA

* PERMIT NUMBER OF REPLACEMENT WELL

40-94-3868

* PERSON ABANDONING WELL: RAY E. MAYNE

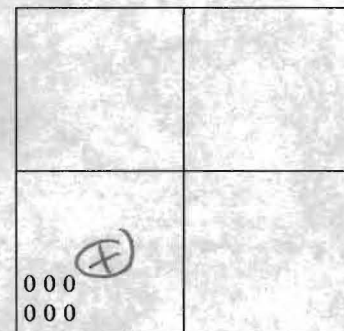
WELL DRILLERS LICENSE NUMBER: 117

* OWNER'S NAME: Selfridge Builders

CIRCLE: MWD MSD MGD

* WELL LOCATION: 4781 TEN OAKS RD.
Dayton md

COUNTY: Howard
NEAREST TOWN: Dayton
TAX MAP 28 BLOCK 8 PARCEL 34
SUBDIVISION: NA
SECTION: NA LOT: NA



SHOW WELL LOCATION
BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	120	5
Pit to be Filled with Top Soil	5	0

MARYLAND GRID COORDINATES

E 804
BOX NUMBER
N 512

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 120 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

117
MWD MSD MGD Feb 23 2004

CIRCLE ONE

DATE

THICUM ROAD
ROW-MAJOR COLLECTOR

BRIDGE ROAD
PUBLIC ROW-MINOR COLLECTOR

TEN OAKS ROAD
30' PUBLIC ROW-MAJOR COLLECTOR

ALTERNATE - A
P-2 PAVING
STANDARD DETAIL R 2.0
NOT TO SCALE

1/13/04
Proposed Well
Site Location
Staked by
Mildenberg
Boender
BB
New Well

JONES FLOYD C JR
JONES KAREN FAY
TAX MAP 28
PARCEL 37
BLOCK 8
L2190/ F444
B-1

LAND DEDICATED TO HOWARD
COUNTY, MARYLAND FOR THE
PURPOSE OF PUBLIC ROAD
737.04 SQ. FT.
0.0169 ACRES

CROSSROADS
PUB
FF= 581.8±
1,080± SQ. FT.

CONC.
DECK

BIORETENTION
FACILITY

STY
FRAME
591.5±

AREA 4,445 SQ. FT. ±

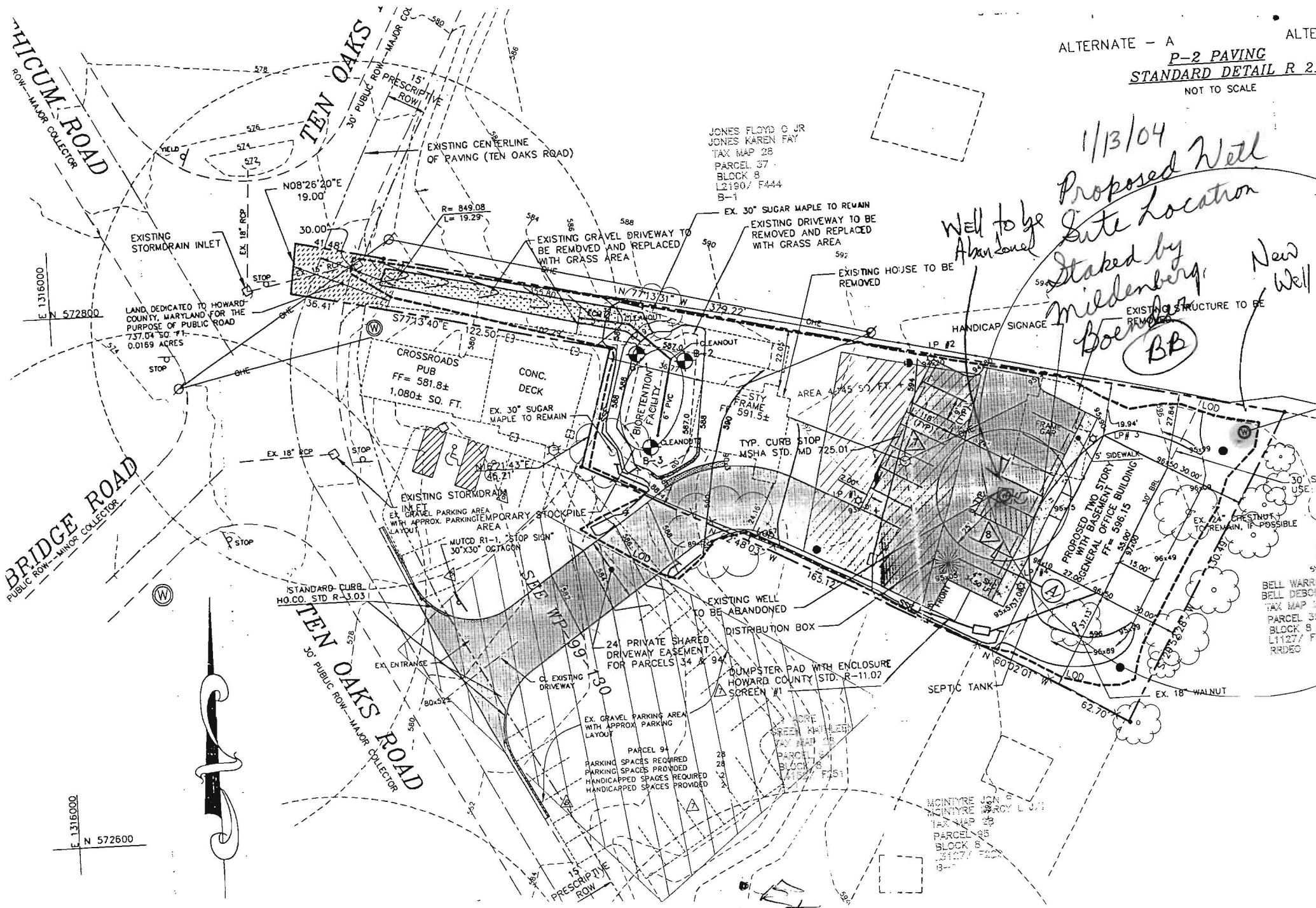
PROPOSED TWO STORY
WITH BASEMENT
GENERAL OFFICE BUILDING
FF= 506.15
55.00' x 72.00'

BELL WARR
BELL DESOP
TAX MAP 1
PARCEL 31
BLOCK 8
L1127/ F
RRDEO

EX
WELL



E 1316000
N 572600



CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Jan 17, 2006

County Howard

Lab Number 06-1995

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Selfridge Builders
Attn: Doug
14045 Gared Drive
Glenwood, Maryland 21738

Property Sampled: U&O: 4781 Ten Oaks Road

Station Sampled: Pressure Tank Tap

Tax Map #: 28

Date/Time Sampled: Jan 16, 2006 12:40 pm

Parcel #: 34

Owner, Telephone No.: Office

Sampler: 67246P

Subdivision Name:

Lot Number:

Building Permit No.: B00150921

Well Number: HQ-94-3868

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	13.1 mg/L as N	SM 4500D	*10 mg/L as N	HIGH
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	6.0 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: None

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



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Selfridge Builders
Attn: Doug
14045 Gared Drive
Glenwood, Maryland 21738

REPORT DATE: Jan 20, 2006

County Howard

Lab Number 06-2068

Sample iced Yes

Residual Cl_2 <0.1 mg/L Yes

cc: County Health Dept. Yes

Property Sampled: U&O: 4781 Ten Oaks Road, Nitrate retest through R/O Filter

Station Sampled: Kitchen R/O tap

Tax Map #: 28

Date/Time Sampled: Jan 20, 2006 11:20 am

Parcel #: 34

Owner, Telephone No.: Office

Sampler: 6724GP

Subdivision Name:

Lot Number:

Building Permit No.: B00150921

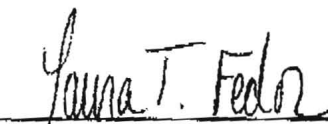
Well Number: HD-94-3868

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL
Nitrate(R/O)	<1.0 mg/L as N	SM 4500D	*10 mg/L as N Pass

Treatment/Conditioning: R/O System



Laura T. Fedor

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



Howard County
Health Department

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

January 23, 2006

James H. Selfridge
14045 Gared Drive
Glenwood, MD 21738

SENT VIA FACSIMILE 410-531-8939

RE: 4781 Ten Oaks Road Property
4781 Ten Oaks Road
Dayton, MD 21036
BP # B00150921
Well Permit #HO-94-3868

Dear Sirs:

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 August 5, 2005.**

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 raw nitrate sample results were previously documented to be 13.1 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on January 20, 2006, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

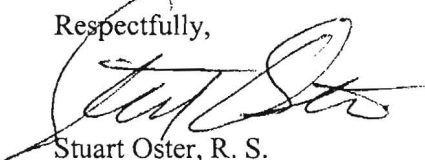
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3868. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 01/16/2006 & 01/20/2006

Date of Well Completion: 02/23/2004

Respectfully,


Stuart Oster, R. S.
Well and Septic Program

mlb

cc: Building Inspector's office
 Community Environmental Health Program
 File

B 1 18662

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

Ho - 94 - 2861
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34
North Ridge Development LLC
14045 Gated Dr.
36 Glenwood mo. 21738
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name 76 License No. 81
Ralph E. MAYNE M S D 117
Firm Name
17021 Handy Rd. Mt Airy Md.
Address
Ralph E. Mayne 10-01-00
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 28 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other

REPLACEMENT OR DEEPEMED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER 54 G A P 63

PERMIT No. Ho - 94 - 2861
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

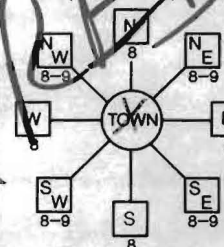
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

B 3 LOCATION OF WELL

8 COUNTY 21
4781 Ten Oaks Rd.
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Dayton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ten Oaks Rd.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
34 380 37
DISTANCE FROM ROAD 44
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 8 PARCEL 34

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 10/10/00
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 515 000 EAST GRID 0803 000
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 770
N 510

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

