

C 1 3612		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)		DATE RECEIVED MM DD YY 06 27 2006		DATE WELL COMPLETED MM DD YY 06 27 2006		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0337	
ST/CO USE ONLY		DATE RECEIVED MM DD YY 06 27 2006		DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)		COUNTY NUMBER	
OWNER Elm Street Development		STREET OR RFD Cavey Lane		TOWN Woodstock		LOT 7	
SUBDIVISION Saddlebrook Farm		SECTION		LOT			
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle appropriate box) Y N 44 44		HOURS PUMPED (nearest hour) 3		PUMPING RATE (gal. per min.) 15.00	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC		PUMPING RATE (gal. per min.) 11 15		METHOD USED TO MEASURE PUMPING RATE Submersible	
Overburden Gray Rock		NO. OF BAGS 10 NO. OF POUNDS 100		WATER LEVEL (distance from land surface)		BEFORE PUMPING 36 ft.	
water at 85'		GALLONS OF WATER 600		WHEN PUMPING 124 ft.		TYPE OF PUMP USED (for test)	
#1 well 140' backfilled		DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		A air P piston T turbine		C centrifugal R rotary O other (describe below)	
		Casing types insert appropriate code below		J jet S submersible			
		MAIN CASING TYPE PL		PUMP INSTALLED		DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO	
		Nominal diameter top (main) casing (nearest inch) 6		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	
		Total depth of main casing (nearest foot) 37		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		PUMP HORSE POWER 37 41	
		OTHER CASING (if used) diameter inch depth (feet) from to		PUMP COLUMN LENGTH (nearest ft.) 43 47		CASING HEIGHT (circle appropriate box and enter casing height)	
		SCREEN RECORD		C 2 DEPTH (nearest ft.)		+ above } LAND SURFACE	
		screen type or open hole (insert appropriate code below)		1 HO 37 300		- below } (nearest foot)	
		ST STEEL BR BRASS HO OPEN		E 1 8 9 11 15 17 21		LOCATION OF WELL ON LOT	
		PL PLASTIC OT OTHER		A 2 23 24 26 30 32 36		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
		DIAMETER OF SCREEN (NEAREST INCH) 56 60		S 3 38 39 41 45 47 51			
		from to		R 38 39 41 45 47 51			
		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		E SLOT SIZE 1 2 3			
		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		N			
		T (E.R.O.S.) W Q					
		70 72 74 75 76					
		TELESCOPE CASING LOG INDICATOR OTHER DATA					
DRILLERS LIC. NO. 1 M S D 1 6 2		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)					
LIC. NO. 1 AW D 7 6 6		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

B 1	6455	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524360 please type	STATE PERMIT NUMBER HO-95-0337 fill in this form completely
Date Received (APA) 3/17/06		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36		5094 Dorsey Hall Drive, Suite 104		
57		Ellicott City MD 21042		
70		72 Zip 76		
DRILLER INFORMATION				
Driller's Name		Michael D. Isom M S D 162		
Firm Name		G. Edgar Hays Sons' Corp.		
Address		12041 Falls Road, Cockeysville 21030		
Signature		Date 2/20/06		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14		750 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME HOWARD COUNTY NO. (13) 4516525				
STATE SIGNATURE [Signature] - INSERT S 4/11/07				
DATE ISSUED 4/16/06 EXP. DATE 4/11/07				
43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE				
NORTH GRID 544 0 0 0 EAST GRID 837 0 0 0				
50 55 57 63				
APPROXIMATE DEPTH OF WELL 250 FEET		APPROXIMATE DIAMETER OF WELL 6 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input 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 HO2005G009(01)				
PERMIT No. HO-95-0337				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				
Apply for Radium/Radiation testing				

B 3 LOCATION OF WELL

Howard

8 COUNTY 21

Saddlebrook Farm

23 SUBDIVISION 42

SECTION 44 46 LOT 7 48 50

Woodstock

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)

Cave Lane

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH

WEST 32 EAST

SOUTH

34 37

DISTANCE FROM ROAD 800 FT

ENTER FT OR MI 38 39

TAX MAP: 11 BLK: 13 PARCEL 32

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 837

N 544

000

000

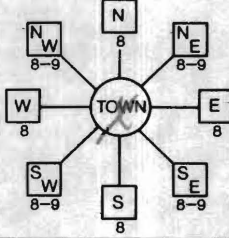
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Woodstock Rd

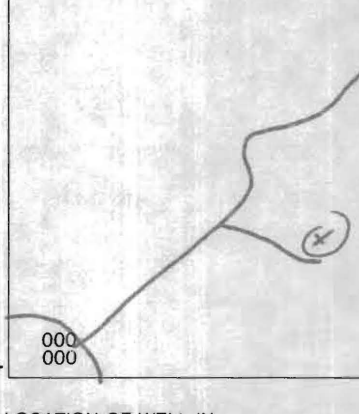
Cave Lane

N

B 1 1 2 3 6 6455	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524360 please type	STATE PERMIT NUMBER HO - 95 - 0337 70 fill in this form completely 79
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Date Received (APA) 3/17/06 8 MM DD YY 13 Elm Street Development 15 Last Name Owner First Name 34 5094 Dorsey Hall Drive, Suite 104 36 Street or RFD 55 Ellicott City MD 21042 57 Town 70 State 72 Zip 76 DRILLER INFORMATION Michael D. Isom M S D 162 Driller's Name 76 License No. 81 G. Edgar Harr Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 21030 Address 2/20/06 Signature Date B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 750 (GAL. PER DAY) 14 20	B 3 LOCATION OF WELL Howard 8 COUNTY 21 Saddlebrook Farm 23 SUBDIVISION 42 SECTION 44 46 LOT 7 48 50 Woodstock 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78 B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Cave Lane 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST 32 EAST SOUTH 34 200 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 11 BLK: 13 PARCEL 32
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USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD (13) A5K6525 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/16/06 43 MM DD YY 48 NORTH GRID 544 0 0 0 50 55 CO SIGNATURE EAST GRID 837 0 0 0 57 63 EXP. DATE 4/11/07
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APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 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	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 837 N 544 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
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REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 <input type="checkbox"/> THIS WELL WILL DEEPM 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 HO2005G.009(01) PERMIT No. HO - 95 - 0337 70 71 72 73 74 75 76 77 78 79	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Apply for Radium/Radiation testing
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HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 6-26-06	Permit Number: HO-95-0337
Address: Cavey Lane	Subdivision: Saddlebrook Farm Lot #7
Owner Name: Elm Street Develo	Election District:
Well Depth: 300 Ft	Static Water Level: 36 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1230	36 ft		15 sec	20.00
1245	84		15	20.00
1300	87		15	20.00
1315	89		15	20.00
1330	95		15	20.00
1345	106		17	17.64
1400	117		17	17.64
1415	120		20	15.00
1430	124		20	15.00
1445	124		20	15.00
1500	124		20	15.00
1515	124		20	15.00
1530	124		20	15.00

**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: Robert L. Feezer Co. Inc. Telephone #: 410-781-4655
Address: 6301 Parmenter Ave.
Sykesville, MD

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

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

Name (Print): Robert L. Feezer

License# 2122

*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: NV Homes

Telephone #: 410-379-5956

Subdivision: Saddlebrook Farm

Lot #: 7 Well Tag #: HO-95-0337

Site Address: 10165 Saddlebrook Farm Trl.
Woodstock, MD 21163

Submersible Pump Data

Make: STA-RITE

Model #: SINP4H507221-01

Pump Capacity: 10 GPM

Well Yield: 15 GPM

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 or Cable guards are required - Must circle one

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

Pitless Adapter

Make: Campbell

Model #: PT 800

Depth: 48" (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: ✓

Piping to house

Type: Poly

PSI: 200 (160 psi min)

Depth of supply line: 48" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 10'

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: Robert L. Feezer

date: 12/13/10

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

Date Insp. Requested: _____

Date Insp. Approved: 11/18/2010 BB

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 ✓

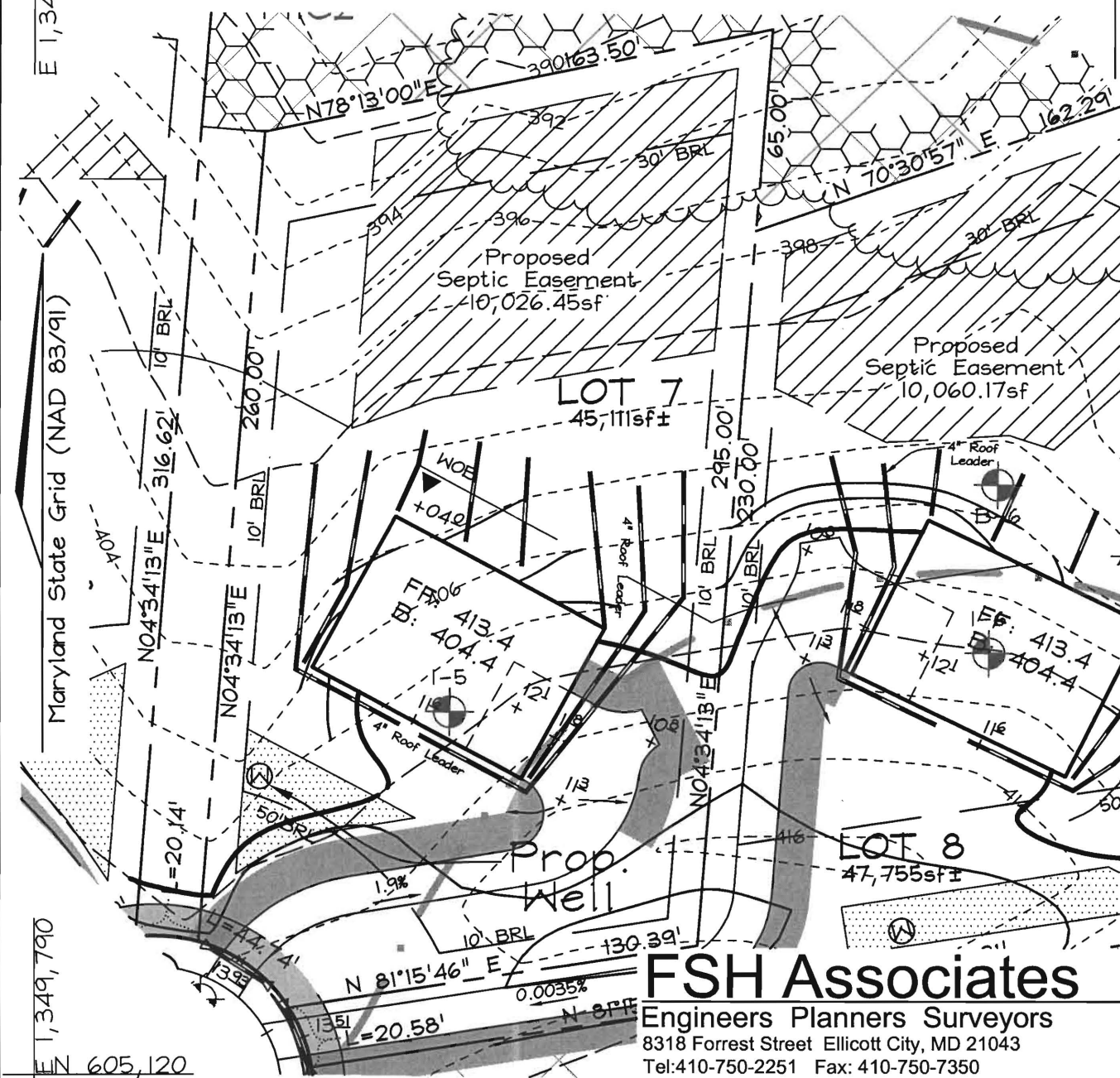
Adequate grout observed below pitless adapter ✓

605,490

N 605,490

Note:

The proposed well shown on this plan will be
staked out in the field by FSH Associates,
Professional Surveyor prior to well drilling.

E 1,349,790
E 1,350,130

FSH Associates

Engineers Planners Surveyors

8318 Forrest Street Ellicott City, MD 21043

Tel: 410-750-2251 Fax: 410-750-7350

E-mail: info@fsha.biz

DESIGN BY: PS

DRAWN BY: CD

CHECKED BY: ZYF

SCALE: 1"=50'

DATE: Mar. 13, 2006

W.O. No.: 3165

SHEET No.: 6 OF 11

WELL PERMIT PLAN SADDLEBROOK FARM

LOT 7

TAX MAP II GRID 13
3RD ELECTION DISTRICT

PARCELS 19 & 32
HOWARD COUNTY, MARYLAND



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

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 FSH Inc
on Saddlebrook Farm 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



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:

NV Homes, Inc.
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

S/O Number: 79773**Report Date:** December 17, 2010**Radium Testing**

Property Sampled: 10165 Saddlebrook Farm Trail, 21163
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002468
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 11

Subdivision: Saddlebrook Farms
Parcel: 19

Lot #: 7

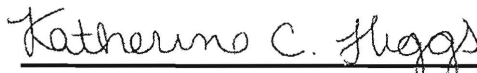
Date/Time Collected in Field: December 10, 2010 @ 10:45 am
Date/Time Received in Lab: December 10, 2010 @ 1:40 pm

Well Tag #: HO-95-0337
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Neutralizer

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.1 pCi/L	15 pCi/L	3.5 ± 1.3 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.9 pCi/L	50 pCi/L	8.6 ± 1.6 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.


Katherine C. Higgs
Administrative Assistant

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



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Hunt Valley, MD 21030 USA
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Date/Time Received in Lab: December 10, 2010 @ 1:40 pm

Well Tag #: HO-95-0337
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Neutralizer

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	2.4 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.6 Units	***
Sand		Negative	Negative	

Pot-treated?

Katherine C. Higgs
Katherine C. Higgs
Administrative Assistant

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.