

C1 7003 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A518599

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  
3 27 07

Depth of Well

22 100 26  
(TO NEAREST FOOT)

5/31/07

O.K. (RB)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO-95-0727

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearingBrown  
sand & mud

0 25

Gray  
white limestone

25 100

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

C/M

BENTONITE CLAY

B/C

NO. OF BAGS

10

NO. OF POUNDS

440

GALLONS OF WATER

60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 28 ft. to 28 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

S/T

STEEL

C/O

CONCRETE

P/L

PLASTIC

O/T

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

S/T

06

30

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter

inch

depth (feet)

from to

S/T

5

26

68

screen type  
or open hole  
(insert  
appropriate  
code  
below)

## SCREEN RECORD

S/T

STEEL

B/R

BRASS

H/O

OPEN

P/L

PLASTIC

O/T

OTHER

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  
WELLI 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 M S D 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 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C 3

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour)

03

PUMPING RATE (gal. per min.)

20

METHOD USED TO  
MEASURE PUMPING RATE

196L

WATER LEVEL (distance from land surface)

BEFORE PUMPING

8 ft.

WHEN PUMPING

13 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  
(CIRCLE) (YES or NO)

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

01 (nearest  
foot)

## 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>B 1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5820</div>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526205 please type	STATE PERMIT NUMBER <div style="font-size: 1.2em;">40-95-0727</div> fill in this form completely
---	--------------------------------	---	---

<b>OWNER INFORMATION</b> Date Received (APA) _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">8 MM DD YY 13</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Williamsburg Group LLC</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5485 Harpers Farm Rd.</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Columbia Md 21044</div>	<b>LOCATION OF WELL</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Sheppard Manor</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">West Friendship</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>
--	---

<b>DRILLER INFORMATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Allen Compton</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Fogles Well Drilling</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">580 Obrecht Rd</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Allen Compton</div>	<b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b> 
--	---

<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>	<b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Sheppard Manor Drive</div> DISTANCE FROM ROAD <u>210</u> ENTER FT OR MI <u>FT</u> TAX MAP: <u>29</u> BLK: <u>1</u> PARCEL <u>268</u>
---	---

<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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	<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">13</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A518599</div> COUNTY NAME _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <u>2/28/2007</u> <u>Brian Baber</u> <u>2/28/2008</u> CO SIGNATURE _____ EXP DATE _____ NORTH GRID <u>515</u> <u>000</u> <u>55</u> EAST GRID <u>818</u> <u>000</u> <u>63</u>
--	---

APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8108</u> N <u>5105</u>
---	---

<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>JETTED</u> <u>Jettied &amp; DRIVEN</u> 30 <u>AIR-ROTary</u> <u>AIR-PERCussion</u> <u>ROTARY</u> (Hydraulic Rotary) 37 <u>CABLE</u> <u>REVerse-ROTary</u> <u>DRive-POINT</u> other _____	Sample Collected @ <u>field test</u> <u>3/27/07</u>
--	--

<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
---	---

<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>
APPROP. PERMIT NUMBER <u>HO 2005 G007</u> PERMIT No. <u>HO-95-0727</u> Wells Must Be Drilled Per Approved Shared Septic Plan Health Dept. Must Collect Water Sample During Yield Test

Well Permit No. HO - 95-0727

Location of property (road) Sheppard Manor Drive

Lot 5

Block

Plat

Sec.

Owner

David Peddicor

Distance of measuring point (M.P.) above ground.

Static water level (S.W.L.) below M.P.

Time pump started 8:00

Pumping rate 20

Total time 15 min. to reach pumping water level 13' ft. below M.P.

[illegible]



**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: Fogles Well Drilling Telephone #: 443-609-4195  
Address: 6603 Woodbine Rd  
Woodbine Rd 31797

(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: Williamburg Group Telephone #: 410-947-8300  
Subdivision: Sheppard's Manor Lot #: 2 Well Tag #: HO-950729  
Site Address: 4619 Sheppard Manor Dr  
Ellicott City, Md 21042

**Submersible Pump Data**

Make: Grundfos

Model #: 15 SQE-150

Pump Capacity: 15 GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 NA

**Pitless Adapter**

Make: Grundfos

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.G.: 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: 9/18/09

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

Date Insp. Requested: 12/1/09

Date Insp. Approved: 1/1/10 *OK*

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



NON-BUILD  
PRESERVATION

Area (This Sheet):

Total Area: 5.10

Privately Owned and  
Easement Hold

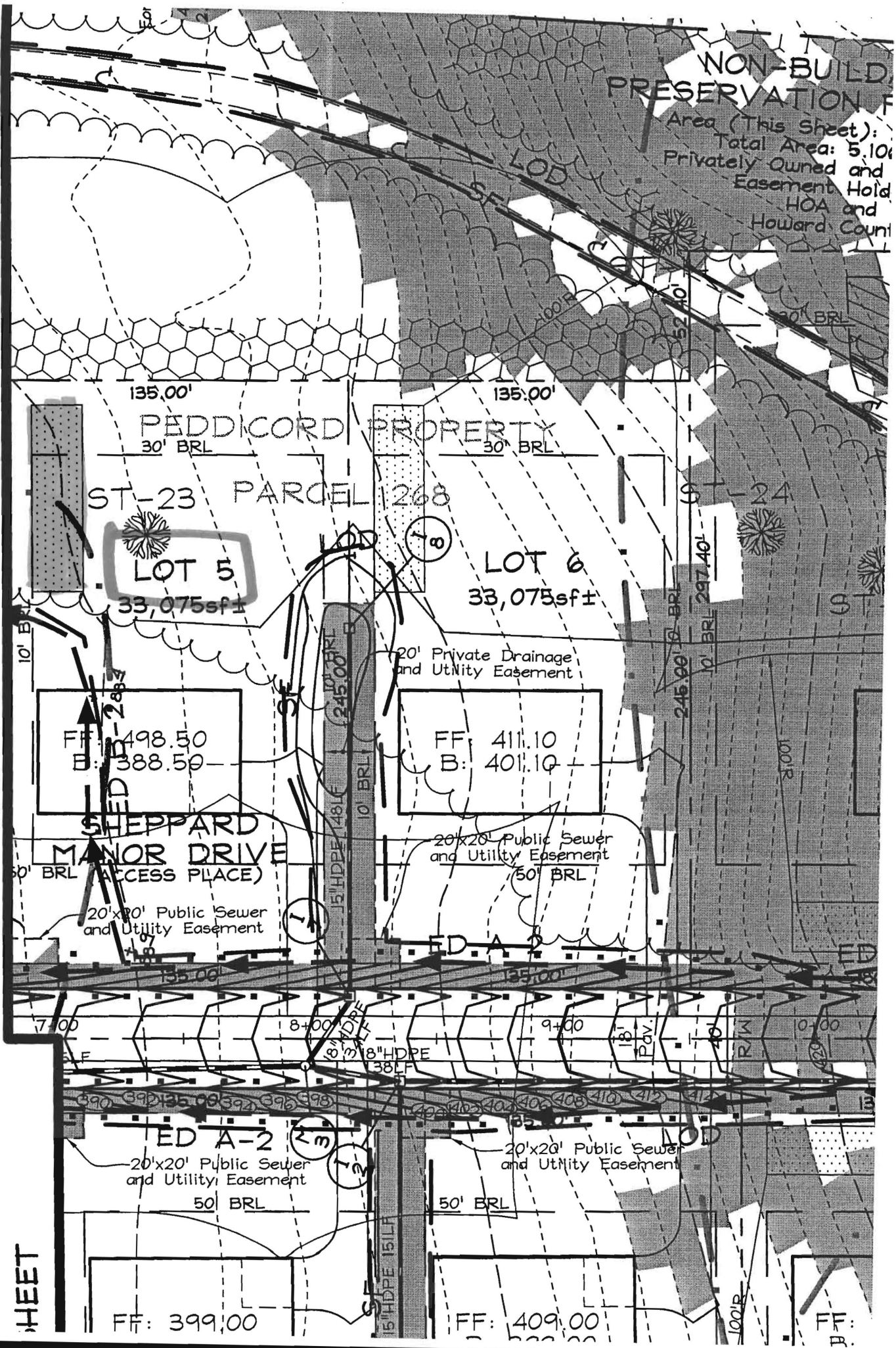
HOA and

Howard Count

3 OF 17

Will site stabed by FSH. (BB)

2/28/07





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 Associates  
on 1-26-07 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 6, 2010

Homeowner  
4619 Sheppard Manor Drive  
Ellicott City, MD 21042

E-MAIL SENT TO sdavis@williamsburgllc.com

RE: Sheppard Manor, Lot 5  
4619 Sheppard Manor Drive  
BP# B08003526  
Well Tag #: HO-95-0727

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 12/03/2009. Final approval of the well line connection to the dwelling was approved on 01/04/2010.**

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.

Gross Alpha and Beta samples were also collected on 03/27/2007. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing **for these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate, are copies of the septic permit and the septic 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

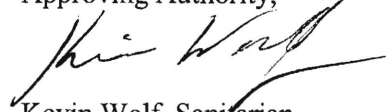
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0727. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/01/2009  
Date of Samples for Gross Alpha & Gross Beta: 03/27/2007  
Date of Well Completion: 03/27/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", with a long horizontal flourish extending to the right.

Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1418 Old Lanehome Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	73668	Account #:	4470
Reference:	Williamsburg Group LLC	Company:	Williamsburg Group LLC
Location:	4619 Sheppard Manor Drive Ellicott City, MD 21042	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	12/1/2009 1010	Source:	Well Water
Date/Time Rec'd:	12/1/2009 1315	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.9
		Well #:	HO-95-0727

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/2/2009 / 0845 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/2/2009 / 0845 / CCH
Nitrate	6.99	mg/L	10	601	12/1/2009 / 1510 / CCH
Turbidity	5.48	NTU	<10	SM18 2130B	12/1/2009 / 1500 / CCH
Sand	NS	mg/L	5	Visual/Gravimet	12/1/2009 / 1500 / CCH

**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
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B08003526

Date Reported: 12/2/2009



Howard County  
Health Department

Bureau of Environmental Health  
7178 Columbia 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](http://www.hchealth.org)

---

Peter L. Beilenson, M.D., M.P.H., Health Officer

April 11, 2007

Williamsburg Group LLC  
5485 Harpers Farm Road  
Columbia, Maryland 21044

RE: Sheppard Manor, Lot#5  
Well Tag: HO-95-0727

To Whom It May Concern:

A sample was collected from a yield test on March 27, 2007 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $0.7 \pm 0.6$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $2.2 \pm 1.0$  pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Deputy Director  
Bureau of Environmental Health

cc: ✓ Eric Dougherty, MDE Water Mgmt., Groundwater  
✓ Well & Septic File



Send Report To:

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: H0-95-0727 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Sheppard Ln. Lot 5 County: Haward

Sample Source: Sheppard Manor Dr. Location: H0-95-0727  
(well no., lab sink, sample tap, etc.)

County: ☒ ☒ Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☐  
Landfill ☐  
Stream ☐  
Other ☐

Community ☐  
Non-community ☐  
Private ☒  
Other ☐

Source (raw water) ☒  
Distribution (treated) ☐  
MCL ☐

Emergency ☐  
Routine ☒  
Recheck ☐  
Special ☐

Collector: K. Wolf

Telephone No: 410-313-2645

Date Collected: 3 / 27 / 07

Time Collected: 10:45 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: \_\_\_\_\_

Remarks: Sample collected during yield test pH \_\_\_\_\_ Chlorine \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>703207-003</u>	<u>0.7 ± 0.6</u>	<u>4/2/07</u>
✓	Gross Beta	4100		<u>2.2 ± 1.0</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor: \_\_\_\_\_