

C 1 7005		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 A518599	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 3 29 07		Depth of Well 22 150 26 (TO NEAREST FOOT) 0.k. BB		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0729 28 29 30 31 32 33 34 35 36 37	
OWNER Peddicord		David		TOWN		Ellicott City	
STREET OR RFD Sheppard Manor Drive		SECTION		LOT			
SUBDIVISION Sheppard Manor							
WELL LOG Not required for driven wells		GROUTING RECORD 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} 15 NO. OF POUNDS ^{45 48} 1410 GALLONS OF WATER ^{45 48} 90 DEPTH OF GROUT SEAL (to nearest foot) from ⁴⁸ 0 TOP ⁵² ft. to ⁵⁴ 45 BOTTOM ⁵⁸ ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) ^{8 9} 03 PUMPING RATE (gal. per min.) ^{11 15} 12 METHOD USED TO MEASURE PUMPING RATE ^{15 16} 150 L. WATER LEVEL (distance from land surface) BEFORE PUMPING ^{17 20} 51 ft. WHEN PUMPING ^{22 25} 59 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use additional sheets if needed) FROM TO check if water bearing Brown 0 65 Mica & shale Gray 65 150 Limestone		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 06 70 60 61 63 64 66 70		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. 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47			
		OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G					
		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER					
		C 2 1 2 DEPTH (nearest ft.) H0 70 150 E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to		CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 01 (nearest foot) 49 50 51			
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 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 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 68 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					
						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) OK 75' 50'	

B 1	5822	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526205 please type	STATE PERMIT NUMBER HO-95-0729 fill in this form completely
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner		34 First Name
36 Street or RFD		55		
57 Town		70 State	72 Zip	76
DRILLER INFORMATION				
Driller's Name		MS D 007		81 License No.
Firm Name				
Address				
Signature		Date		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
		14 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 <u>Howard</u> COUNTY NO. <u>(13)</u> STATE SIGNATURE <u>Brian Baker</u> INSERT S → DATE ISSUED <u>2/28/2007</u> EXP. DATE <u>2/28/2008</u> NORTH GRID <u>514</u> EAST GRID <u>819</u> 50 55 57 63				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8109</u> N <u>5104</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 		
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT other _____				
REPLACEMENT OR DEEPENED 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 DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <u>HO-2005-G007</u> PERMIT No. <u>HO-95-0729</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <u>Wells Must Be Drilled Per Approved Shared Septic Plan Health Dept. Must Collect Water Sample During Yield Test</u>				

Well Permit No. HO - 95-0729

Location of property (road)

Sheppard Manor Drive

Subdivision Sheppard Manor

Lot 7

Block

Plat

Sec.

Well Driller Compton / Fogles

Owner

David Peddicord

Depth of well 150

Distance of measuring point (M.P.) above ground. 16

Static water level (S.W.L.) below M.P. 51

Time pump started 7:00

Pumping rate 15

Total time 15 min. to reach pumping water level 59' ft. below M.P.

[illegible]

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, Inc Telephone #: 443-609-4195
Address: PO Box 219
Woodbine Md 21797

(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: W. Thompson Group Telephone #: 410-990-3300

Subdivision: Shenandoah Manor Lot #: 7 Well Tag #: HO-95-0221

Site Address: 4135 Shennandoah Manor Dr
Ellicott City Md 21042

Submersible Pump Data

Make: Cummins

Model #: 1550A02-180

Pump Capacity 15 GPM

Well Yield: 12 GPM

Depth of well encountered at time of pump installation: 150 (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: Cummins

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: 3/11/10

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

Date Insp. Requested: 3/11/10

Date Insp. Approved: OK (KW) 3/11/10

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-BUILDABLE PRESERVATION PARCEL 'A'

Area (This Sheet): 2.1417 ac.±
Total Area: 5.106 ac.±
Privately Owned and Maintained
Easement Holders:
HOA and
Howard County

S65°55'14"E

180.00'

135.31'

Proposed
Septic Easement
10,069sf

Proposed
Septic Easement
10,008sf

135.00'

30' BRL

LOT 6

33,075sf±

ite Drainage
y Easement

411.10
401.10

20' Public Sewer
Utility Easement
50' BRL

FF: 435.00
B: 425.00

10' Public Tree
Maintenance
Easement
50' BRL

LOT 8

44,316sf±

*Will Site
Staked by FSH.*

ST-6

FF: 447.00
B: 437.00

ED A-2

LOD

ST-9

20'x20' Public Sewer
and Utility Easement

ED A-2

Public Tree
Maintenance
Easement



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



Howard County
Health Department

Bureau of Environmental Health
7178 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

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

October 18, 2010

Homeowner
4627 Sheppard Manor Drive
Ellicott City, MD 21042

RE: Sheppard Manor, Lot 7
4627 Sheppard Manor Drive
BP #: B09001141
Well Tag: HO-95-0729

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 03/11/2010. Final approval of the well line connection to the dwelling was approved on 03/11/2010.**

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 03/29/2007. Results showed a Gross Alpha level of **0.4 +/- 0.4 pCi/L** and **Gross Beta** level of **1.5 +/- 0.9 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

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-95-0729. 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: 09/14/2010
Date of Well Completion: 03/29/2007

Approving Authority,

A handwritten signature in black ink that reads "Kevin M. Wolf, R.S." The signature is written in a cursive style.

Kevin M. Wolf, R.S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
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 #: 76800 Account #: 4470
Reference: Lot 7 Company: Williamsburg Group LLC
Location: 4627 Sheppard Manor Drive Requested By: Chip Lundy/ Bob Corbett
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/14/2010 1036 Site: Pressure Tank
Date/Time Rec'd: 9/14/2010 1154 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J.Yeager 6176JY Well #: HO-95-0729

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/15/2010 / 0830 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/15/2010 / 0830 / KME
Nitrate	5.37	mg/L	10	601	9/15/2010 / 1115 / CCH
Turbidity	2.07	NTU	<10	SM18 2130B	9/15/2010 / 0905 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/15/2010 / 0900 / KME

OK
KW**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 and Chlorine level tested on site

Reason for Test: Use & Occupancy
Building Permit #: B09001141

Date Reported: 9/15/2010

MD State Certification # 133



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

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#7
Well Tag: HO-95-0729

To Whom It May Concern:

A sample was collected from a yield test on March 29, 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 0.4 ± 0.4 picocuries/liter (pCi/L); while the **Gross Beta** level was 1.5 ± 0.9 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: HO-95-0729 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Sheppard Manor Lot 7 County: Howard

Sample Source: Sheppard Manor Dr Location: HO-95-0729
(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: 3/29/07

Time Collected: _____ 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>703279-002</u>	<u>0.4 ± 0.4</u>	<u>4/4/07</u>
✓	Gross Beta	4100		<u>1.5 ± 0.9</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: _____