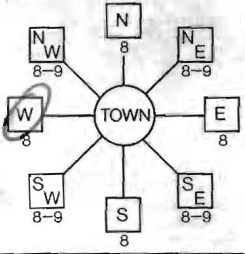

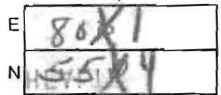
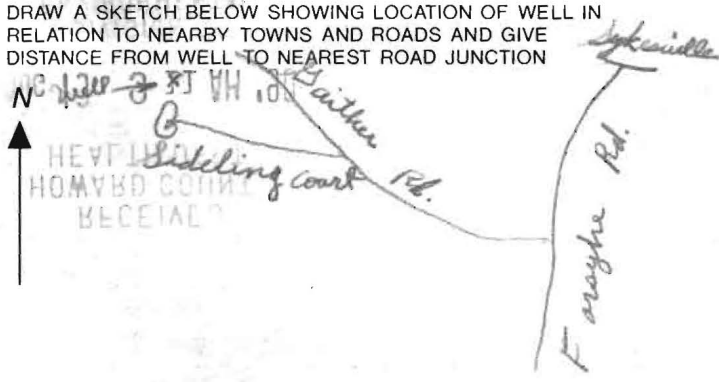


<b>C 1</b> <span style="font-size: 2em; font-weight: bold;">0807</span>		SEQUENCE NO. (DENV USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)		ST/CO USE ONLY DATE Received <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		DATE WELL COMPLETED <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		Depth of Well 22 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	
OWNER <u>Hunt</u>		last name		first name		TOWN <u>Sykesville</u>		COUNTY NUMBER <u>A 37901</u>	
STREET OR RFD		SUBDIVISION <u>BATHER SIDE LANE</u>		SECTION		LOT <u>8</u>			
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT <b>C</b> BENTONITE CLAY <b>B</b> NO. OF BAGS <u>7</u> NO. OF POUNDS <u>458</u> GALLONS OF WATER <u>42</u> DEPTH OF GROUT SEAL (to nearest foot) from <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> ft. to <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> ft. (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> PUMPING RATE (gal. per min. to nearest gal.) <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> WHEN PUMPING <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 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>C 2</b> 1 2 <b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> DEPTH (nearest ft.) 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 21 2 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 36 3 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 51 SLOT SIZE 1 <u>2</u> 2 <u>3</u> 3 <u>3</u> DIAMETER OF SCREEN <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> (NEAREST INCH) from <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> to <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 72 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 74 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 75 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> 76 <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> TELESCOPE CASING LOG INDICATOR OTHER DATA			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		Check if water bearing		<b>PUMP INSTALLED</b> DRILLER WILL INSTALL PUMP YES <b>(C)</b> NO <b>(O)</b> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> PUMP HORSE POWER <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> PUMP COLUMN LENGTH (nearest ft.) <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> CASING HEIGHT (circle appropriate box and enter casing height) <b>(+)</b> above <b>(-)</b> below LAND SURFACE <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> (nearest foot) <b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) <div style="border: 1px solid black; width: 100px; height: 100px; margin-top: 10px;"></div>	
CIRCLE 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 IDENT. NO. <u>238</u>		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

COUNTY

<b>B 1</b> 1 2 3 4 5 6 <b>3790</b> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type		<b>STATE PERMIT NUMBER</b> <b>40-88-1489</b> 70 fill in this form completely 79	
<b>Date Received (APA)</b> <b>081390</b> <b>OWNER INFORMATION</b> 8 13 <b>HUNT</b> 15 Last Name <b>JOHN</b> 34 Owner First Name <b>PO Box 309</b> 36 Street or RFD 55 <b>GLENELE</b> 57 Town <b>MD21737</b> 70 State 72 Zip 76				<b>B 3</b> 1 2 <b>LOCATION OF WELL</b> 8 COUNTY <b>HOWARD</b> 21 <b>GAITHER SIDELING</b> 23 SUBDIVISION 42 SECTION <b>44</b> 46 LOT <b>8</b> 48 50 <b>SYRESVILLE</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>3</b> 73 <b>M I</b> 76 77 78	
<b>DRILLER INFORMATION</b> <b>Joseph L. Mayne</b> 77 License No. <b>238</b> 80 <b>Joseph L. Mayne Well Drilling</b> Firm Name <b>5512 Ridge Rd. Mt. Airy, Md. 21771</b> Address <b>Joseph L. Mayne</b> 8/11/90 Signature Date				<b>B 4</b> 1 2 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>NEAR WHAT ROAD</b> <b>Sideling Court</b> 11 30 <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b>  34 <b>600</b> 37 DISTANCE FROM ROAD ENTER FT or MI <b>FT</b> 38 39	
<b>B 2</b> 1 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20				<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <b>Howard</b> COUNTY NAME <b>A37901</b> COUNTY NO. STATE SIGNATURE <b>Mark E. Palkin</b> 41 DATE ISSUED <b>082890</b> INSERT S CO SIGNATURE <b>0801000</b> EXP. DATE NORTH GRID <b>559000</b> 43 50 55 EAST GRID <b>0801000</b> 57 63 68	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				<b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b> <b>SOURCES OF DRILLING WATER</b> 1. <b>WELL</b> 2. 3. <b>WRITE THE BOX NUMBER FROM THE MAP HERE</b>  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>APPROXIMATE DEPTH OF WELL</b> <b>200</b> 24 28 FEET <b>APPROXIMATE DIAMETER OF WELL</b> <b>6</b> NEAREST INCH					
<b>METHOD OF DRILLING (circle one)</b> <b>BORED</b> (or Augered) <b>JETTED</b> Jetted & <b>DRIVEN</b> <b>AIR-ROTARY</b> <b>AIR-PERCussion</b> <b>ROTARY</b> (Hydraulic Rotary) <b>CABLE</b> <b>REVERSE-ROTary</b> <b>DRIVE-POINT</b> other _____					
<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 <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52					
<b>Not to be filled in by driller (OEP USE ONLY)</b> APPROX. PERMIT NUMBER _____ 54 <b>G A P</b> 63 FORCE <b>148</b> 67 68 WRITE INITIALS IN BOX PERMIT NO. <b>40-88-1489</b> 70 71 72 73 74 75 76 77 78 79					
<b>SPECIAL CONDITIONS</b>					

COUNTY





Date Insp. Requested: 5/9/07 Date Insp. Approved: 5/10/06 ~~5/10/06~~ Cr AC

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 ☒

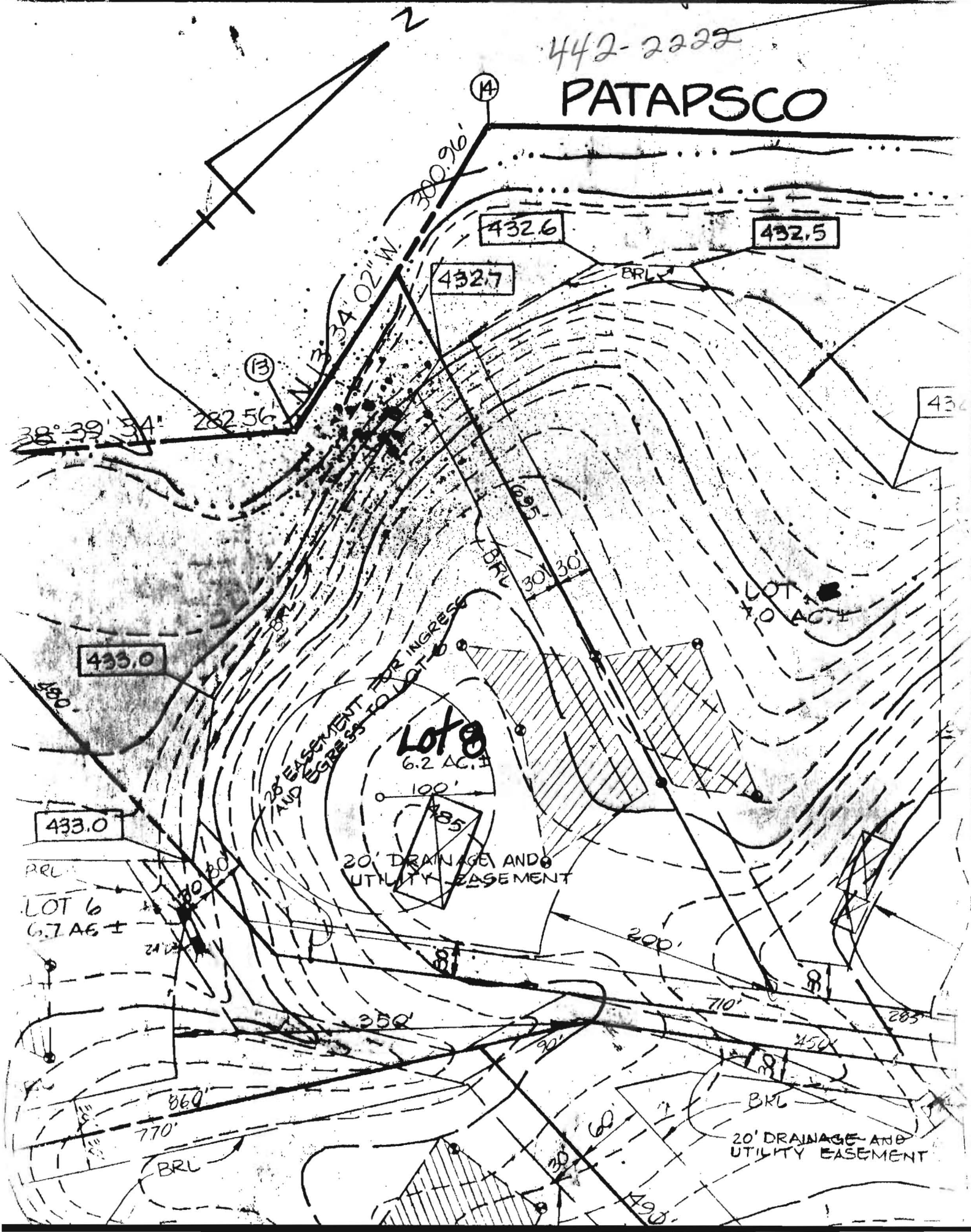
Adequate grout observed below pitless adapter ☒

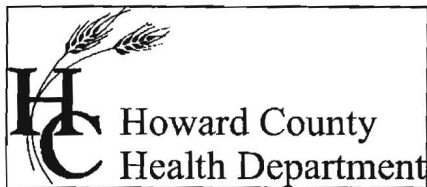
Acct 8 ?

Caithu Sideling John Hunt

442-2222

PATAPSCO





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

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 13, 2007

Mr. Joseph B. Hogan  
2055 Bandy Avenue  
Sykesville, MD 21784

**SENT VIA FACSIMILE 410-418-8866**

RE: Gaither Sideling, Lot 8  
637 Sideling Court  
Sykesville, MD 21784  
BP #: B00156993  
Well Permit # HO-88-1489

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 05/10/2006. Final approval of the well line connection to the dwelling was approved on 05/10/2006.**

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.

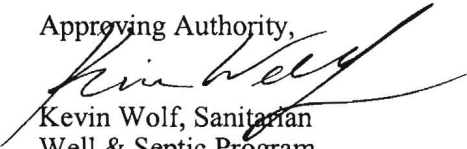
**INTERIM CERTIFICATE OF POTABILITY**

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-88-1489. 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: 02/12/2007  
Date of Well Completion: 09/21/1990

Approving Authority,

  
Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
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 #: 62235 Account #: 5945  
 Reference: Fields of Harvest Company: Fields of Harvest  
 Location: 637 Sideling Court Requested By: Josh Hockstra  
 Sykesville, MD 21784 Source: Well Water  
 Date/ Time Collected: 2/12/2007 1015 Site: Kitchen Sink Tap  
 Date/Time Rec'd: 2/12/2007 1240 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 5.6  
 Collected By: J. Yeager 6176JY Well #: HO-88-1489

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223 B.	2/13/2007 / 0845 / AD/BD
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223 B.	2/13/2007 / 0845 / AD/BD
Nitrate	1.01 ✓	mg/L	10	601	2/12/2007 / 1555 / AD/BD
Turbidity	1.31	NTU	<10	SM18 2130R	2/12/2007 / 1455 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetry	2/12/2007 / 1455 / AD/BD

**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 tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00156993

Date Reported: 2/13/2007