C 1 ·0807 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3 6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 37901		
ST/CO USE ONLY DATE Received DATE Received DATE WELL COMPLETE 8 13 15 20	D Depth of Well 22 Depth of Well 22 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 38 37		
OWNER	first name	F :110		
STREET OR RED	IOWN 24	Kesville LOT_8		
SUBDIVISION	GROUTING RECORD TO THE TRANSPORT			
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL	C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour)		
DESCRIPTION (Use FEET Check	CEMENT C M BENTONITE CLAY B C 45 46	8 9		
adultional sheets if heeded) FROM TO bearing	NO. OF BAGSNO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) fromft. toft.	PUMPING RATE (gal. per min. 11 15 to nearest gal.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)		
FOP SCIL 0 4 SAND STONE 4 16 OPMY Comments 185 1	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface) casing <u>CASING RECORD</u> types insert ST CO	BEFORE PUMPING		
GPHY Cameral 185 V	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine 27 other		
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O (describe below) J jet S submersible		
	E OTHER CASING (if used) C diameter depth (feet)	PUMP INSTALLED		
	H inch from to	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION		
*	screen type or open hole STBRHO	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)		
	appropriate code below BRONZE BRONZE BRONZE HOLE DIT PL	CAPACITY: GALLONS PER MINUTE (to nearest gallon)		
	DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) 43 47		
	$\begin{bmatrix} 1 \\ A \\ C \\ H \\ 2 \end{bmatrix} \begin{bmatrix} 1 \\ 11 \\ 15 \\ 17 \\ 21 \end{bmatrix}$	CASING HEIGHT (circle appropriate box + above 49 LAND SURFACE (nearest		
	S 23 24 26 30 32 36	49 below foot)		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS			
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES			
THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	(MEASUREMENTS TO WELL)			
ACCORDANCE WITH COMAR 26,04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	from to GRAVEL PACK I IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	1 E		
DRILLERS IDENT, NO.	180.			
(MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q 74 75 76 70 72 72	1 Juli		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR COUNTY			

	LIVIERGENUY/ IEMP NO. IF ANY		
B 1 3790 SEQUENCE NO. (DP USE ONLY) 1 2 3 (DP USE ONLY) 1 2 3 0 1 2 3 0 1 0 0	APPLICATION FOR P	MARYLAND ERMIT TO DRILL WELL rint or type	STATE PERMIT NUMBER
Date Received (APA)		B 3	LOCATION OF WELL
OWNER INFORM		HOWARD 8 COUNTY	21
15 Last Name Owner	First Name 34	CALLA CE 23 SUBDIVISION	SIDELING 42
36 Street or RFD	55	SECTION 44 46	LOT 48 50
57 Town 7 DRILLER INFORMATIO	O State 72 Zip 16	52 NEAREST TOWN	
Driegh h. Mayne	77 License No. 80	MILES FROM TOWN (enter	r 0 if in town) 3 M I 73 76 77 78
Fin Name R. River Rel	L DRILLING	B 4 1 2 DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
Address & Langer Ca. MA.	S11190		
B 2 WELL INFORMATION	Pate V		(CIRCLE APPROPRIATE BOX) ₩ 22 E WEST SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	5110		34 6 0 0 37
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)			
USE FOR WATER (CIRCLE APPR	OPRIATE BOX)		
F IRRIGATION)		Howard	HEALTH DEPARTMENT APPROVAL
22 I INDUSTRIAL, COMMERCIAL, STATE AND 21 OTHER (REQUIRES APPROPRIATION P		STATE SIGNATURE	
PUBLIC OR PRIVATE WATER COMPANY P APPROPRIATION PERMIT AND STATE F		DATE ISSUED	Mark E. Pelkin 2/28/91
APPROVAL) TEST, OBSERVATION, MONITORING (M. APPROPRIATION PERMIT)	AY REQUIRE	43 48 CC NORTH GRID 50 0 0	D SIGNATURE EXP. DATE 0 EAST 0 0 0 0 55 57 63 63 63
APPROXIMATE DEPTH OF WELL 24	FEET	SHOW MAJOR FEATURE BOX & LOCATE WELL WITH AN X	
APPROXIMATE DIAMETER OF WELL	NEAREST	1. WE CC 2.	WAIER 200
METHOD OF DRILLING (c BORED (or Augered) JETTED	ircle one) Jetted & DRI <u>VE</u> N	3.	×
30 37 ATR-ROTery AIR-PERcussion	ROTARY (Hydraulic Rotary)	FROM THE MAP HERE	ER .
CABLE REVerse-ROTary	DRive-POINT	E 86×1	
REPLACEMENT OR DEEPENE	ED WELLS	N SSR	
(CIRCLE APPROPRIATE BC		RELATION TO NEARBY	W SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL T ABANDONED AND SEALED	100	No 130 3 81 AH	aju .
39 S THIS WELL WILL REPLACE A WELL T AS A STANDBY		HEVFLBilleli	ny court as
D THIS WELL WILL DEEPEN AN EXISTIN	ED OR DEEPENDED	RECEIVE	e. 24
(IF AVAILABLE) 41 Not to be filled in by driller (OEP			hou
	AP		
FORCE WRITE INITIALS PERMIT No. HO - 70 71 72	63 8 - 7 4 8 9 73 74 75 76 77 78 79		
SPECIAL CONDITIONS	1		
	00	UNTY	and the second se

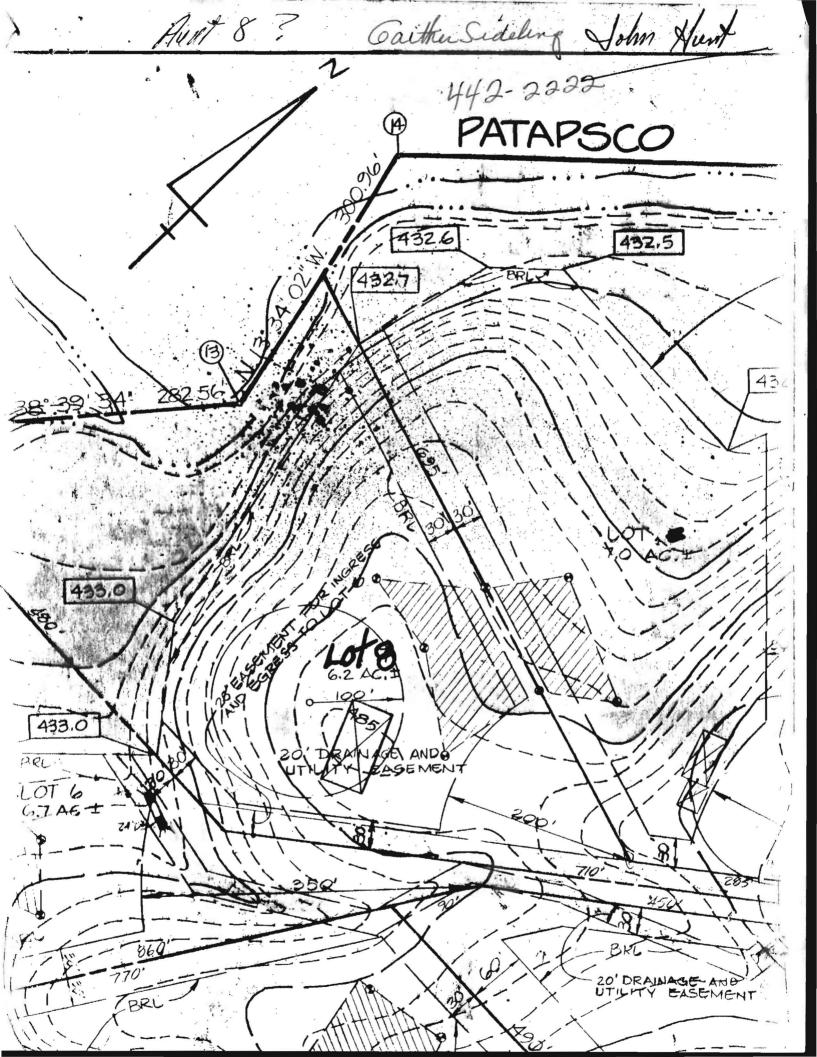
Depth of Distance	HO - <u>88-148</u> operty (road) <u>BAITHER</u> 57 J May, f well _/2 e of measuring p	oint (M.P.) above gr	YIELD TEST YIELD TEST A P C + B Block Plat F HUNA John ound 2'	
Static v . High rate	water level (S.W pumping rese	.L.) below M.P rvoir drawdown	31	
			Pumping rate <u>12 ap</u> level <u>78</u> fd. recorded every 15 minut	
TIME (in 15 minute in- tervals		PUMPING RATE time to fill \$1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	80	Sand Dacher		12
8:00	78	7		8.5
8:15	78	7		8.5
8:30	7.8	7		8.5
8:45	78	7		8.5
9:00	78	7		8.5
9:15	78	7		8.5
9:30	. 77	7		8.5
9:45	77	7		8.5
10:00	77	7		8.5
10:15	77	7		8.5
10:30	77	1		8.5
10:45	77	7		8.5
				· · · · · · · · · · · · · · · · · · ·

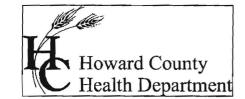
*

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: Telephone #: Address: 40 21102 MOSTOC (Must circle one) Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer License # and name of Individual responsible for the field installation; Name (Print): CAVONLO Mare License# *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. 4107994545 Name of Property Owner: Telephone #: Subdivision: Gaithera. Lot #: 🕐 Well Tag # : HO -88 - 1489 Site Address: 1037511Plino Supesville 2 2104 Pitless Adapter Submersible Pump Data Well Can and Electric Conduit Make: CAMBEL. Make: Grundto Two piece watertight cap: 14 Model #: 1550E.013 Model#: Screened, vented well cap: Depth: 42 " (36" min) Cap secured to casing: Pump Capacity GPM Well Yield: 12_GPM NSF approved: Conduit min 18" B.G.; Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 Torque arrestors of Cable guards are required - Must circle one Safety rope, if used, attached to inside of well casing with eye bolt _/ Piping to house House Connection PVC sleeved to undisturbed soil at wall penetration: YRS Type: PLASTIC 7 Approximate length of sleeve: 10 KT PSI: 200 (160 psi min) Depth of supply line: 48 (36" min) 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. 18/06 Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer 5/9/0I 10/06 Date Insp. Approved: Date Insp. Requested: 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

P.01





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 PAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	62235			Account #:	5945	
Reference:	Fields of Harve	est	(Company:	Fields of Ha	irvest
Location:	637 Sideling C	Court	1	Requested By:	Josh Hockst	ra
	Sykesville, MI	21784	4	Source:	Well Water	
Date/ Time Collected	2/12/2007	1015	:	Site:	Kitchen Sin	к Тар
Date/Time Rec'd:	2/12/2007	1240	,	Treatment:	None	
Chlorine ppm:	Free: ND	Total:	ND 1	nH:	5.6	
Collected By:	J.Yeager	6176JY	ζ	Well #:	HO-88-1489	7
PARAMETERS		RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total	1.4	<1.0	MPN/ 100 m	nt - <1.0	SM18 9223 B.	2/13/2007 / 0845 / AD/BD
Bacteria, E. coli, MPN		<1.0 /	MPN/ 100 m	nl <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 2130B	2/12/2007 / 1455 / AD/BD
Sand		NS	mg/1.	5	Visual/Gravimeti	· 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