Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046-2147
(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

November 18, 2008

BONNIE CASSIDY
3513 REYNARD DR
ELLICOTT CITY, MD 21042

RE: Water Sample Results
3513 REYNARD DR
Invoice #: 5-15634

Dear BONNIE CASSIDY,

We have received the results from the testing of the water sample(s) taken from the above referenced property on November 03, 2008. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 3.00 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was <0.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

Please contact the Health Department at (410) 313-1792 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Howard County
Health Department

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website: www.hchealth.org

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

Sincerely,

Hank Oswald

Hank Oswald, R.S.
Community Hygiene Program

Enclosures

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
201 W. Preston Street
PO BOX 2355, Baltimore, Maryland 21203
John M. Deboy, Dr. P.H., Director

INV# 5-15634

Well Tag# HO-73-1702

Category Code 4G

Lab. No. 009385

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community ☐
Non-Community ☐
Non-Transient ☐
Private ☒
Check Sample ☐
C.O.P. ☐

Source Bonnie Cassidy 1st Floor Restroom
Location: 3513 Reynard Drive
Iced: Yes ☒ No ☐
Treated Yes ☐ No ☒ Time Collected 9:45 ☒ a.m. ☐ p.m.
Collector # 3166KH Bottle No. HC3513
Collector Name Kerrie Hamilton County Howard

TEST
QUANTITATIVE ☒
P/A ☐
MTF ☐

County 13 | Plant No. | Sampling Station | Date Collected 11 3 08

pH 7.0 | Res. Cl: Free 00 | Total 00 | Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☑ Absent ☐ Undetermined ☐

PRESUMPTIVE MTF • P/A TEST*

ml of Sample	10 ml.	100 ml.
Gas. 24 hours		
Gas. 48 hours		

CONFIRMED MTF • P/A TEST

ml of Sample	10 ml.	100 ml.	No. of +
Coliforms †			
Fecal + Coliforms +			

P/A TEST (CONFIRMED) * * *

ml. of Sample	100 ml.
Total Coliforms	
E. Coli	

QUANTITATIVE TEST (CONFIRMED) * * *

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	0	<1
E. Coli	0	<1

Col-18

** Presumptive Coliforms/100 mi. (Membrane Filter) =
† Verified Total Coliforms/100 mi. (Membrane Filter) ÷
‡ Verified Fecal Coliforms/100 mi. (Membrane Filter) =

24 • 48 • 72 Hrs/Heterophic Plate Count §/ml. =

Temp. Control 2.5 °C BA

** using m Endo-Agar LES at 35° C incubation
* using Lauryl Sulfate Trypticase Broth at 35° C incubation
† using Brilliant Green Lactose Bile Broth at 35° C incubation
‡ using EC Broth at 44.5° C incubation
§ using Plate Count Agar at 35° C incubation
*** using ONPG-MCG at 35° C incubation

Remarks

Date & Hour

'08 NOV 3 PM 2:51 Rec.d BA
'08 NOV 3 PM 4:11 Exam
'08 NOV 4 AM 11:57 Rept. DK

Laboratory
E. SHORE REG. ☐ S. MD REG. ☐
CENTRAL ☑ W. MD REG. ☐

Bacteriologist L. Player

DHMH-86 1/07

PROGRAM - COPY 1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
201 W. Preston Street
PO BOX 2355, Baltimore, Maryland 21203
John M. DeBoy, Dr. P.H., Director

INV. NO. 5-15634

WATER TESTING FEES

Date Mon., 11/3/08 LAB No. _____

Collected by Kerrie Hamilton County Howard

Occupant OWNER: Bonnie Cassidy mailing address: 1091 N. Crkford Rd. Grosse Pointe Woods, Mich. 48236

Address 3513 Reynard Dr.

City Ellicott City Zip 21042 Sample type _____

(A)	☑	BACTERIOLOGY	$ 43	$ 43
	☑	NITRATE - NITRITE	$ 14	14
	☑	TURBIDITY	$ 12	12
(B)	☐	LEAD	$ 16	
	☐	COPPER	$ 16	
	☐	IRON	$ 16	
	☐	HARDNESS	$ 18	
	☐	ALKALINITY	$ 18	
		Regulated Metals . . . . . @ $ 16		
		(circle) As Ba Cd Cr Hg Se		
	☐	MISCELLANEOUS		
			TOTAL BILL $	69.00

Make check payable to LABORATORIES ADMINISTRATION and mail to the above address. (Questions, 410-767-6145)

Please send one copy of this form with payment for proper credit.

DHMH 4437 05/08

REMIT WITH PAYMENT

SEND REPORT TO:

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203

INV# 5-15634

WATER ANALYSIS

E09000954001
Received: 11/03/2008
Inorganic HC 3513

SAMPLE ID

Bottle Number HC3513 Name Bonnie Cassidy County Howard County Code 13

Source 3513 Reynard Drive 1st Floor Restroom Data Category Code 4G

Collected: Date 11/3/08 Time 9:45am Collector & Phone Kerrie Hamilton (410) 313-1784 Submitter Code

CHECK (one per box)

Drinking Water [X]	Community [ ]	Source (raw water) [X]	Emergency [ ]
Landfill [ ]	Non-community [ ]	Distribution (treated) [ ]	Routine [X]
Stream [ ]	Private [X]	MCL [ ]	Recheck [ ]
Other [ ]	Other [ ]		Special [ ]

Federal Project 5

FIELD

Plant No. Sampling Station Preservation: Iced [X] Acid [X] Type of Acid H_2SO_4 RH

pH 7.0 Chlorine: Free 0.0 Total 0.0 Specific Conductance

Notes to Lab/Remarks:

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
✓	Nitrate - Nitrite, N		3.00
	Sulfate		
	Total Solids		
✓	Turbidity*		<0.5
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief

Date Reported

DHMH 90-A 03/07

SUBMITTER'S COPY

State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis

HOWARD CO ENVIRON HLTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E09000954 Date Coll. 11/03/2008 Date Received: 11/03/2008 Submitted By: Lerrie Hamilton

Field ID: HC 3513
Lab No.: E09000954001

Analyte	Method	Result	Units	Date Analyzed
Nitrate + Nitrite, as N	EPA 353.2	3.00	mg N/L	11/07/2008
Turbidity	EPA 180.1	<0.5	NTU	11/03/2008

Comments:

Approved by: [signature] Approval date: 11/12/2008

Telephone: (410) 767 - 5034 Fax: (410) 333 - 5327

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
201 W. Preston Street
PO BOX 2355, Baltimore, Maryland 21203
John M. DeBoy, Dr. P.H., Director

INV. NO. 5-15634

WATER TESTING FEES

Date Mon., 11/3/08 LAB No. _____

Collected by Kerrie Hamilton County Howard

Occupant OWNER: Bonnie Cassidy Mailing address: 1091 N. Clifford Rd. Bronte Pointe Woods, Mich. 48236

Address 3513 Reynard Dr.

City Ellicott City Zip 21042 Sample type _____

(A)	☑	BACTERIOLOGY	$ 43	$ 43
	☑	NITRATE - NITRITE	$ 14	14
	☑	TURBIDITY	$ 12	12
(B)	☐	LEAD	$ 16	
	☐	COPPER	$ 16	
	☐	IRON	$ 16	
	☐	HARDNESS	$ 18	
	☐	ALKALINITY	$ 18	
		Regulated Metals . . . . . @ $ 16		
		(circle) As Ba Cd Cr Hg Se		
	☐	MISCELLANEOUS		
			TOTAL BILL $	69.00

Make check payable to LABORATORIES ADMINISTRATION and mail to the above address. (Questions, 410-767-6145)

Please send one copy of this form with payment for proper credit.

DHMH 4437 05/08

HOMEOWNER'S RECORD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
201 W. Preston Street
PO BOX 2355, Baltimore, Maryland 21203
John M. Delozy, Dr. P.H., Director

Well Tag# HO-73-1702
INV# 5-15634

Category Code 4G Lab. No. 009385

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Source Bonnie Cassidy 1st Floor Restroom
Location 3513 Reynard Drive
Iced: Yes ☒ No ☐ ☒ a.m. ☐ p.m.
Treated Yes ☐ No ☒ Time Collected 9:45
Collector # 3166KH Bottle No. HC3513
Collector Name Kerrie Hamilton County Howard

Community ☐
Non-Community ☐
Non-Transient ☐
Private ☒
Check Sample ☐
C.O.P. ☐

TEST
QUANTITATIVE ☒
P/A ☐
MTF ☐

13 | County | Plant No. | Sampling Station | 11 3 08 Date Collected

pH 7.6 Res. Cl. Free 0.0 Total 0.0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE MTF • P/A TEST*

ml of Sample	10 ml.	100 ml.
Gas. 24 hours		
Gas. 48 hours		

CONFIRMED MTF • P/A TEST

ml of Sample	10 ml.	100 ml.	No. of +
Coliforms †			
Fecal Coliforms ‡			

P/A TEST (CONFIRMED) *

ml. of Sample	100 ml.
Total Coliforms	
E. Coli	

QUANTITATIVE TEST (CONFIRMED) *

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	0	<1
E. Coli	0	<1

Col-18

** Presumptive Coliforms/100 ml. (Membrane Filter) =
† Verified Total Coliforms/100 ml. (Membrane Filter) ÷
‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =

24 • 48 • 72 Hr/Heterophic Plate Count §/ml. =

Temp. Control 2.5°C BVA

** using m Endo-Agar LES at 35° C incubation
* using Lauryl Sulfate Trypticase Broth at 35° C incubation
† using Brilliant Green Lactose Bile Broth at 35° C incubation
‡ using BC Broth at 44.5° C incubation
§ using Plate Count Agar at 35° C incubation
*** using ONPG-MCG at 35° C incubation

Remarks

Date & Hour
*08NOV 3PM 2:51
*08NOV 3PM 4:11
08NOV 4PM 11:57

Rec'd BVA
Exam
Rpt.

Laboratory
E. SHORE REG. ☐ S. MD REG. ☐
CENTRAL ☒ W. MD REG. ☐

Bacteriologist L. Plager

DHMH-86 1/07

ORIGINAL - LABORATORY

Pd. in full also Nitrate, Turb + Radium received 11/7/08 el

gd. bac.

APPLICATION

A 18293

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 4/18/73

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Adelphia Developers

ADDRESS 6931 Donachie Road, Balto., Md. 21239 PHONE Purdum & Jeschke 465-1635

PROPERTY LOCATION:

SUBDIVISION Adelphia LOT NO. 4

ROAD AND DESCRIPTION Unnamed road

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Purdum & Jeschke

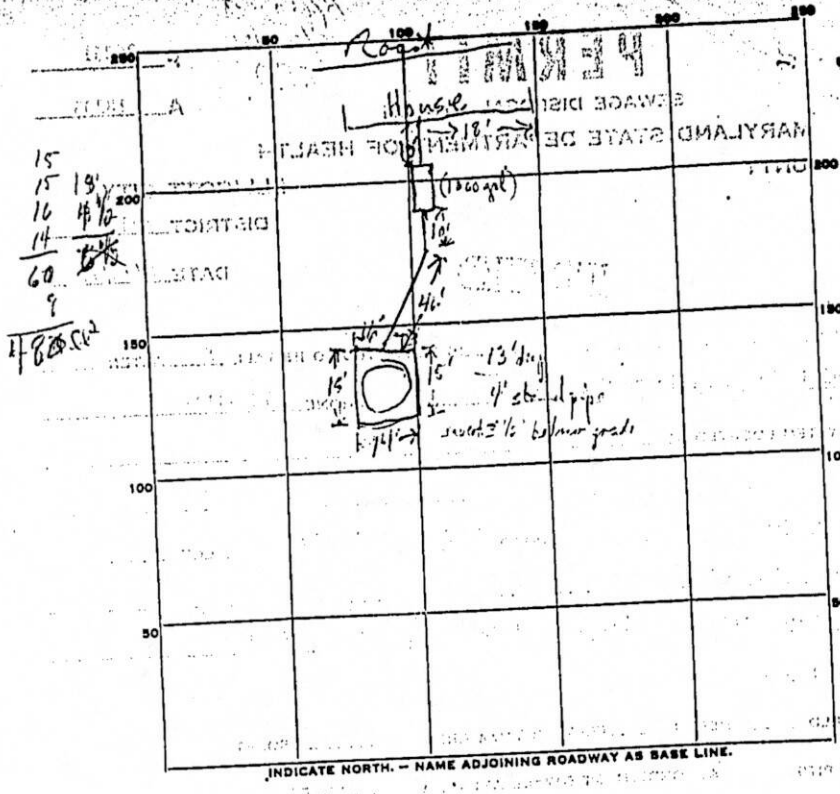
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY, _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL _____ CLEANOUTS SI / DI

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, ~~INSIDE DIAMETER~~ perimeter 60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 480 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 6/30/77 INSPECTOR Thomas L. Dyer

6/30/77

Approved 6/30/77 T.S.D.

P 26231

A 18293

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 6/28/77

INDEXED

Roland Barth IS PERMITTED TO INSTALL X ALTER

ADDRESS Clarksville Pike, Ellicott City, Md. PHONE 730-3495

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Eagles Loft ROAD 3513 Reynard Drive LOT 4

PROPERTY OWNER Nu-Homes, Inc.

ADDRESS 6655-H Dobbin Road, Columbia, Md. 21045 Phone: 997-7019

SPECIFICATIONS 3 bedrooms

DRAIN FIELD ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - Dry well to have 390 sq. ft. absorbent sidewall area. Inlet at 3½ ft. and maximum depth 11 ft. below original grade. Locate dry well 20 ft. off right lot line and 130 ft. from Reynard Drive as seen when facing lot from Reynard Drive. Okay to site dry well around 10 ft. directing out front and run trench to right line.

NOTE: NO DRY WELL IS TO EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

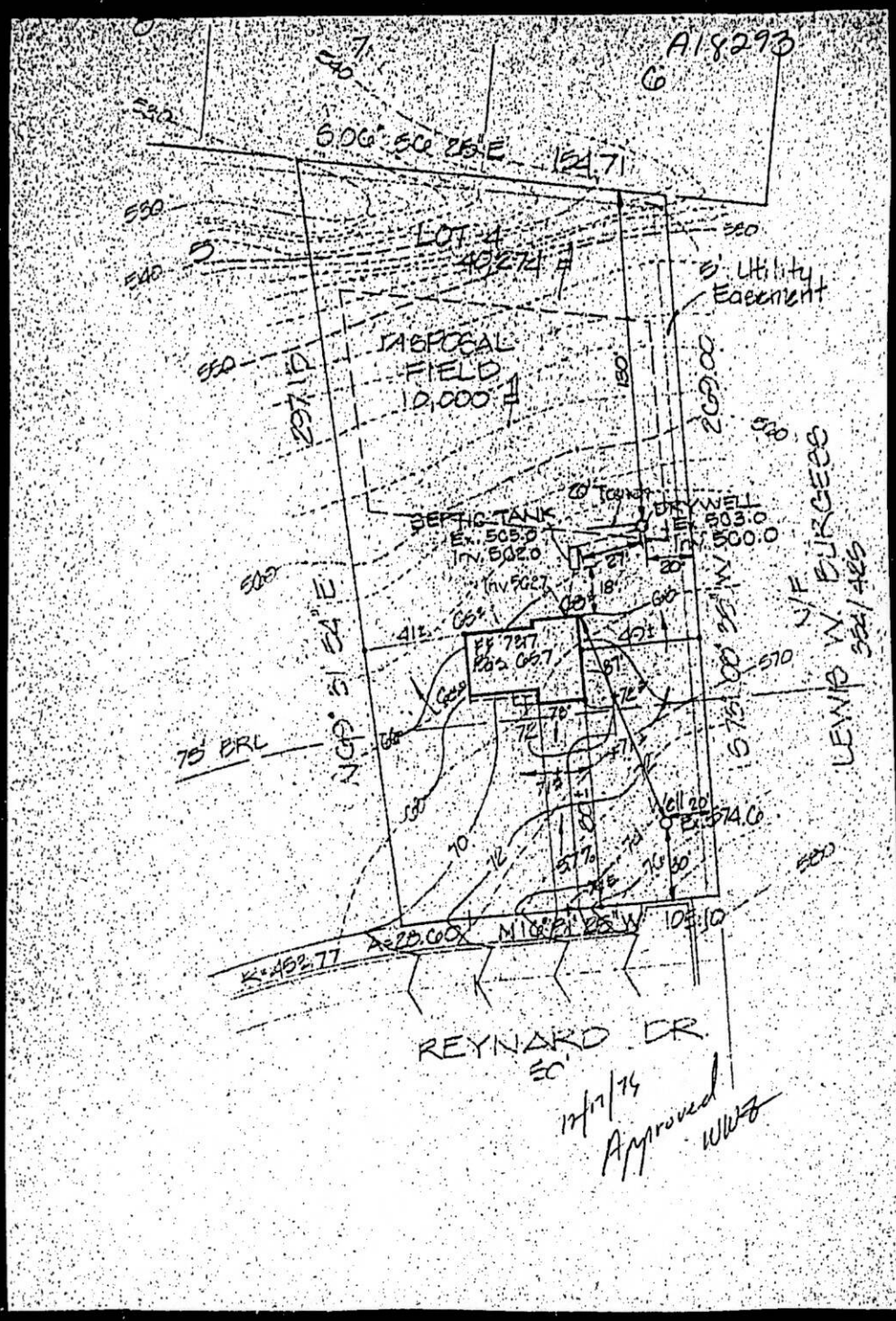
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY William W. Zepp DATE 2/18/76

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 18293


A-1-8293
S 00° 50' 25" E 124.71
LOT 4
40,274 ±
5' Utility Easement
JASPOCAL FIELD
10,000 ±
SEPTIC TANK
Ex. 505.0
Inv. 502.0
DRYWELL
503.0
500.0
Inv. 502.7
EF 727.7
PBS 727.7
75' BRL
N 89° 59' E 200.00'
S 89° 59' W 200.00'
W/E BURGESS
LEWIS W. SEC. 4 T6S
Well 20'
Ex. 574.6
R=452.77
A=28.00'
N 18° 21' 25" W
10.10'
REYNARD DR.
50'
11/17/14
Approved
WWB

4/25/08 well dependent. went from
227 To 600 Feet @ 4 to 8 gpm

HO-73-1702

SHR 214 9/71

C 1 0265 — SEQUENCE NO. (WRA USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 5-8 OF ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT A18293

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A18293

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED: January 4, 1977

DEPTH OF WELL: 503 (TO NEAREST FOOT)

DRY HOLE #1

PERMIT NO. FROM "PERMIT TO DRILL WELL": A1-73-1703

DRILLERS IDENTIFICATION NO.: 30

OWNER: New Homes, Inc. (LAST NAME / FIRST NAME)

STREET OR RFD: 6655 H. Dobbin Road — POST OFFICE: Columbia, Maryland 21044

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Dirt	0	2	
Soft Brn. Mica	2	23	
Blue Mica	23	26	
Brown Mica	26	32	
Blue Mica	32	35	
Soft Brn. Mica	35	38	
Hard Blue Mica	38	115	
Purple Mica	115	118	
Blue Mica	118	503	
DRY HOLE #			

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT [C M] BENTONITE CLAY [B C]

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM _____ FT. TO _____ FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL [S T] CONCRETE [C O] PLASTIC [P L] OTHER [O T]

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

EACH CASING — OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL [S T] BRASS OR BRONZE [B R] OPEN HOLE [H O] PLASTIC [P L] OTHER [O T]

C 2 (SEQ. NO.)

EACH SCREEN — DEPTH (NEAREST WHOLE FOOT)

	FROM	TO
1		
2		
3		

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK: FROM _____ TO _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX [F]

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING [T] — LOG INDICATOR [ ] — OTHER DATA AVAILABLE [W Q]

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) _____

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) _____

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING _____ (NEAREST FOOT)

WHEN PUMPING _____ (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR [A] PISTON [P] TURBINE [T]

CENTRIFUGAL [C] ROTARY [R] OTHER (DESCRIBE BELOW) [O]

JET [J] SUBMERSIBLE [S]

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES [Y] NO [N]

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

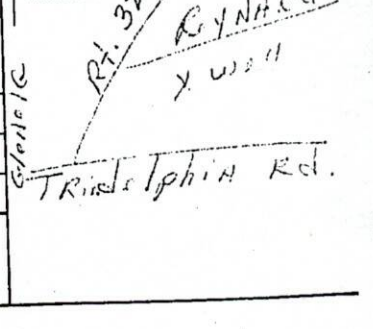
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE [+] / BELOW [-] LAND SURFACE (NEAREST FOOT) _____

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS) TO WELL.

N ↑



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT): Dana Kyker

SIGNATURE: Dana Kyker

HEALTH

OWR 214 8/71

C 1 2765 — SEQUENCE NO. (WRA USE ONLY) — (THIS NUMBER HAS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT A18293

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER W24154

DATE RECEIVED (WRA USE ONLY)
DATE WELL COMPLETED: January 6, 1977
DEPTH OF WELL: 227 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL": I-0-1-1-1
DRILLERS IDENTIFICATION NO.: 30

OWNER: New Homes, Inc. (LAST NAME / FIRST NAME)
STREET OR RFD: 6655 N. Dobbin Road — POST OFFICE: Columbia, Maryland 21044

WELL DESCRIPTION

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Dirt	0	4	
Soft Brn. Mica	4	22	
Blue Mica	22	50	
Brown Mica	50	55	X
Blue Mica	55	97	
Brown Mica	97	103	X
Blue Mica	103	227	

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES [Y] NO [N]
TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT [C M] , BENTONITE CLAY [B C]
NO. OF BAGS 20 NO. OF POUNDS 1,830
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 34.1 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD
CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL [S T], CONCRETE [C O], PLASTIC [P L], OTHER [O T]

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	36

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL [S T], BRASS OR BRONZE [B R], OPEN HOLE [H O], PLASTIC [P L], OTHER [O T]

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT) FROM	TO
1 H O	36	227
2		
3		

SLOT SIZE 1. ____ 2. ____ 3. ____
DIAMETER OF SCREEN 6.2 (NEAREST INCH)
GRAVEL PACK FROM ____ TO ____
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX [F]

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
(T) TELESCOPE CASING | (C.P.O.S.) LOG INDICATOR | W Q OTHER DATA AVAILABLE

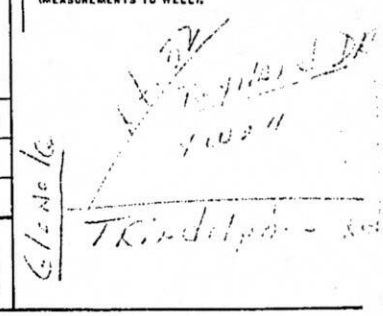
PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR): 6
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 4
METHOD USED TO MEASURE PUMPING RATE: Flowmeter
WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING: 55 (NEAREST FOOT)
WHEN PUMPING: 103 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
AIR [A], PISTON [P], TURBINE [T], CENTRIFUGAL [C], ROTARY [R], OTHER (DESCRIBE BELOW) [O], JET [J], SUBMERSIBLE [S]

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX – SEE ABOVE: A, C, J, P, R, S, T, O)
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES [Y] NO [N]
CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON)
PUMP HORSE POWER
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT
(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
[+] ABOVE / [–] BELOW LAND SURFACE: 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT
N
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

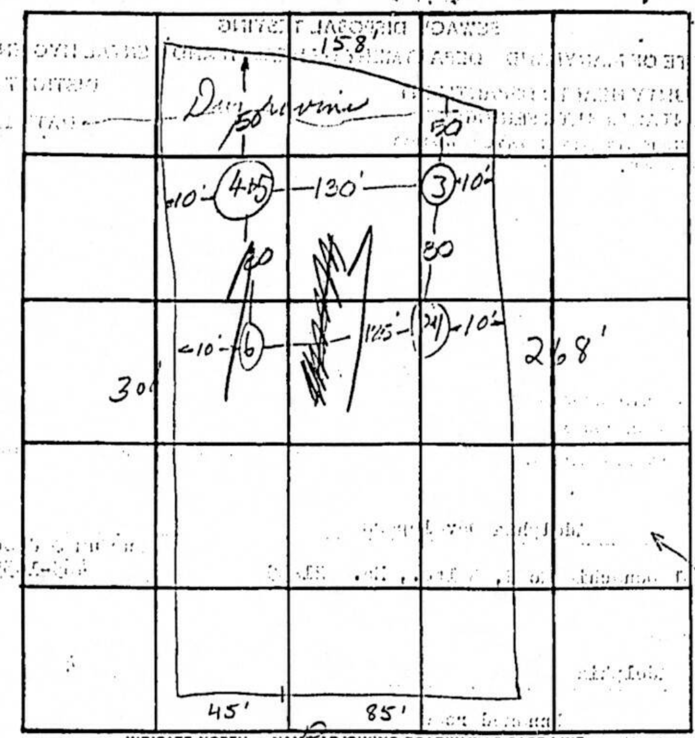


CIRCLE APPROPRIATE BOXES
[A] A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
[E] ELECTRIC LOG OBTAINED
[P] TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT): Dana Kyker
SIGNATURE: Dana Kyker

HEALTH



Lot #4

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/2/73	1 (high)	3½	9:55	9:58	9:58	10:01	3
	2 (high)	10½	9:55	9:58	9:58	10:05	7
	3	9	visual	hole	similar	to 1 & 2	
	4	4	10:12	10:17	10:17	10:25	8
Low	5	10½	10:12	10:14	10:14	10:18	4
	6	9½	visual	hole	similar	to 1 & 2	
						4	22

5 + min

REMARKS [illegible] 5/2/73

TYPE OF SOIL Sandy [illegible]