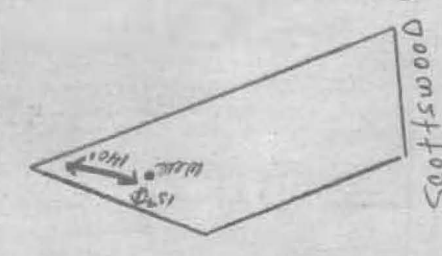
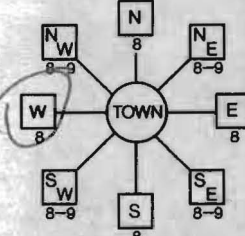
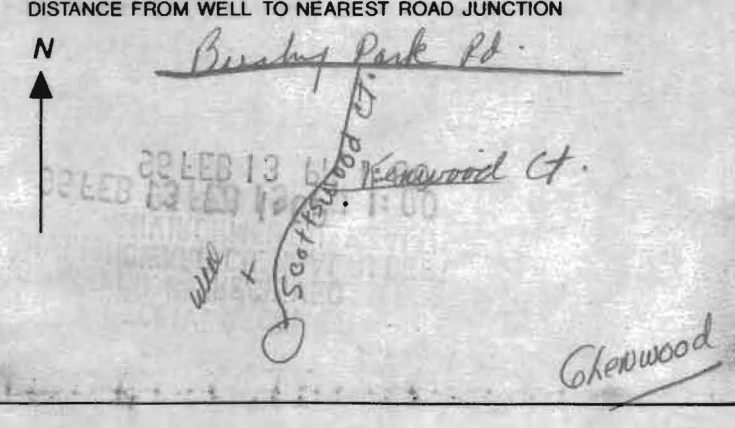


C 1 0263		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER 13-A 4247			
ST/CO USE ONLY DATE Received 8 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 13		DATE WELL COMPLETED 030496 15 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 20		Depth of Well 22 220 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0291 28 29 30 31 32 33 34 35 36 37					
OWNER CARLEN Associates last name first name		STREET OR RFD Scottdwood Ct.		TOWN Glennwood		SUBDIVISION Country Springs		SECTION		LOT 19	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 28 NO. OF POUNDS 2632 GALLONS OF WATER 168 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft. 48 TOP 52 BOTTOM 58 (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 20 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. 17 20 WHEN PUMPING 26 ft. 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27							
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST 6 43 60 61 63 64 66 70 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)		OTHER CASING (if used) EACH CASING diameter depth (feet) inch from to screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		C 2 DEPTH (nearest ft.) H0 61 220 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or 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 2 (nearest foot) 49 50 51					
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.		TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 24 Paul E. Maigne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 24 Paul E. Maigne SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) 70 <input type="checkbox"/> 72 <input type="checkbox"/> W Q 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) 					

B 1 1952 <small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 10-93-0291 <small>70 fill in this form completely 79</small>
Date Received (APA) 02/13/96 OWNER INFORMATION 8 13 CARMAN ASSOCIATES 15 Last Name 34 Owner First Name 36 40 BOX 122 Street or RFD 55 57 ELLICOTT CITY MD 21043 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 COUNTRY SPRINGS 23 SUBDIVISION 42 SECTION 44 46 LOT 19 48 50 GLENWOOD 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78	
DRILLER INFORMATION CIRCLE: MSD/MGD/MWD Joseph L. MAYNE 24 Driller's Name 77 License No. 80 Joseph L. Mayne, Well Drilling Firm Name 5512 RIDGE RD. MT. AIRY 21771 Address Joseph L. Mayne 2/12/96 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 30 Scottwood Ct. NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 37 550 DISTANCE FROM ROAD ENTER FT OR MI AA 38 39 TAX MAP: 14 BLK: PARCEL 12	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13-A42471 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 022996 43 48 CO SIGNATURE 2/29/97 NORTH GRID 539000 EAST GRID 0788000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 288 N 5389 000 000	
APPROXIMATE DEPTH OF WELL 220 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 GAP 63 FORCE 17 WRITE INITIALS IN BOX PERMIT No. 10-93-0291 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Reed and Son Services Telephone #: 240-315-6023
Address: 1070 LONG SPRING RD
MT. AIRY MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): THOMAS PATRICK REED License# 19513

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: RYAN GEORGE Telephone #: 443-629-8255
Subdivision: COUNTRY SPRINGS Lot #: 19 Well Tag #: HO 13 A42471
Site Address: 15046 SCOTTSWOOD CT
WOODBINE MD 21797 HO-93-0291 ✓

Submersible Pump Data

Make: Grundfos

Model #: 16315-14

Pump Capacity 15 GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: 220 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: American Graft

Model #: PTB0055

Depth: 40 (36" min)

NSF/WSC approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Piping to house

Type: Plastic Conduit

PSI: 250 (160 psi min)

Depth of supply line: 40 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓

Length of sleeve (5' minimum from foundation): ✓

Sleeve 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.

Signature of company representative responsible for installation

date

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

Date Insp. Requested: 7/18/17 Date Insp. Approved: 7/18/17 Inspector: SC

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓

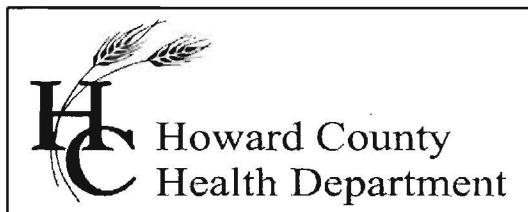
Left portion of well

line uncovered -

measure distance

off SDA when staked.

Sleeve if $\leq 10'$ from SDA.



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY **PERMANENT DEVIATION FOR NITRATES**

Expiration Date – MARCH 8, 2018

September 8, 2017

Homeowner
15046 Scottswood Court
Woodbine, MD 21797

RE: County Springs, Lot 19
15046 Scottswood Court
Building Permit: B17000150
Well Permit: HO-93-0291

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/7/2017**. Final approval of the well line connection to the dwelling was granted on **7/18/2017**. The well construction was completed on **3/4/1996**. Water samples were collected on **8/30/2017 & 9/6/2017**.

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 untreated water sample collected on **8/30/2017** indicated a nitrate level of **12.2 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **9/6/2017** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

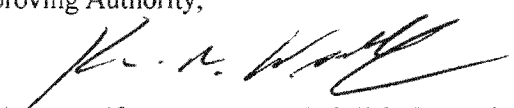
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-93-0291. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M Wolf, L.E.H.S., R.E.H.S./RS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
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 #: 116727 Account #: 26597
Reference: Ryan George Company: CASH ACCOUNT
Location: 15046 Scottswood Court Requested By: Ryan George
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 8/30/2017 0945 Site: Pressure Tank
Date/Time Rec'd: 8/30/2017 1140 Treatment: None *✓*
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Yeager 6176JY Well #: HO-93-0291

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223	8/31/2017 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/31/2017 / 0930 / CRS
Nitrate	12.2	mg/L	10	601	8/30/2017 / 1545 / CRS
Turbidity	2.05	NTU	<10	SM20 2130B	8/30/2017 / 1615 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/30/2017 / 1615 / CRS

*Fail
Bacteria +
Nitrate*

*(Signature)
8/31/17*

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B17000150

Date Reported: 8/31/2017

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 #: 116727 Account #: 26597
Reference: Ryan George Company: CASH ACCOUNT
Location: 15046 Scottswood Court
Woodbine, MD 21797 Requested By: Ryan George
Source: Well Water
Date/ Time Collected: 8/30/2017 0945 Site: Pressure Tank
Date/Time Rec'd: 8/30/2017 1140 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Yeager 6176JY Well #: HO-93-0291

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223	8/31/2017 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/31/2017 / 0930 / CRS
Nitrate	12.2	mg/L	10	601	8/30/2017 / 1545 / CRS
Turbidity	2.05	NTU	<10	SM20 2130B	8/30/2017 / 1615 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/30/2017 / 1615 / CRS

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B17000150

Date Reported: 8/31/2017

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 #: 116852 Account #: 26597
Reference: Ryan George Company: CASH ACCOUNT
Location: 15046 Scottswood Court Requested By: Ryan George
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 9/6/2017 1152 Site: Pressure Tank
Date/Time Rec'd: 9/6/2017 1241 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Yeager 6176JY Well #: HO-93-0291

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	9/7/2017 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	9/7/2017 / 1030 / LLO

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B17000150Date Reported: 9/7/2017

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 #: 116813 Account #: 26597
Reference: Ryan George Company: CASH ACCOUNT
Location: 15046 Scottswood Court Requested By: Ryan George
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 9/6/2017 1040 Site: Kitchen Reverse Osmosis Tap
Date/Time Rec'd: 9/6/2017 1203 Treatment: Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Yeager 6176JY Well #: HO-93-0291

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	9/6/2017 / 0900 / CRS

*Visual
Nitrate Agreement*

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B17000150

Date Reported: 9/6/2017

B 1	3778	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-88-1500</div> <small>fill in this form completely</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">081090</div>		OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">CARMAN ASSOCIATES</div> <small>15 Last Name Owner First Name 34</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">PO BOX 122</div> <small>36 Street or RFD 55</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ELLICOTT CITY MD 21043</div> <small>57 Town 70 State 72 Zip 76</small>		
DRILLER INFORMATION Driller's Name <u>Joseph L. Mayne</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">238</div> <small>77 License No. 80</small> Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy 21777</u> Signature <u>Joseph L. Mayne</u> Date <u>8/17/91</u>		LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div> <small>8 COUNTY 21</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">COUNTRY SPRING</div> <small>23 SUBDIVISION 42</small> SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">44</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">46</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">19</div> <small>52 NEAREST TOWN 71</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">GLENWOOD</div> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> MI <small>75 76 77 78</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SCOTTSWOOD CT.</div> <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NORTH <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> WEST <div style="border: 1px solid black; padding: 2px; display: inline-block;">W</div> </div> <div style="text-align: center;"> EAST <div style="border: 1px solid black; padding: 2px; display: inline-block;">E</div> SOUTH <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> </div> </div>		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div> <small>12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div> R# 42421 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S <u>94/91</u> <small>DATE ISSUED</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">080490</div> Charles Egan <small>43 48 CO SIGNATURE EXP. DATE</small> NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">540000</div> EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">079000</div> EXTENDED <small>50 55 57 63</small> HR 2/22/91		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> E <div style="border: 1px solid black; padding: 2px; display: inline-block;">790</div> N <div style="border: 1px solid black; padding: 2px; display: inline-block;">540</div> </div> <div style="text-align: center;"> 000 000 </div> </div>		
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">260</div> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>30 37</small> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other _____		
REPLACEMENT OR DEEPEMED 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 <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">52</div>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div> <small>54 63</small> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> WRITE INITIALS IN BOX <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-88-1500</div> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS				

Pump - 7:30 (3 hr)
3-4-96.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____; Pumping rate _____ *G.P.M.*
Total time _____ min. to reach pumping water level _____ ft. below M.P.

[illegible]

MATCH

Country Springs
Sept 19

LINE 827

SEE

SHEET

2 OF 1

$81^{\circ}55'26''E$ 286.59'

66.59'

120.00'

$S87^{\circ}00'00''E$ 480.00'

480.00'

DRAINAGE & UTILITY EASEMENT

824

$S77^{\circ}26'2''E$ 96.76'

LOT 16

3.348 AC.±

WETLAND AREA

352.80'

548.2

$N77^{\circ}54'03''W$ 370.77'

165

60'

60'

B.R.L.

$N03^{\circ}51'27''W$ 150.33'
 $N03^{\circ}51'27''W$ 104.08'

$N53^{\circ}48'18''E$

$N19^{\circ}10'10''W$
 $N19^{\circ}10'10''W$

100 YEAR FLOOD PLAIN
WETLANDS, DRAINAGE, AND UTILITY EASEMENT

LOT 18

3.057 AC.±

$N37^{\circ}44'34''W$

$N02^{\circ}00'40''E$ 231.98'

385.00'

60'

B.R.L.

LOT 19
3.020 AC.±

ok as staked C.R.D.

822.45'

$N51^{\circ}48'33''W$ 552.76' (CR)

LOT 20

3.279 AC.±

20' DRAINAGE & UTILITY EASEMENT

WOOD

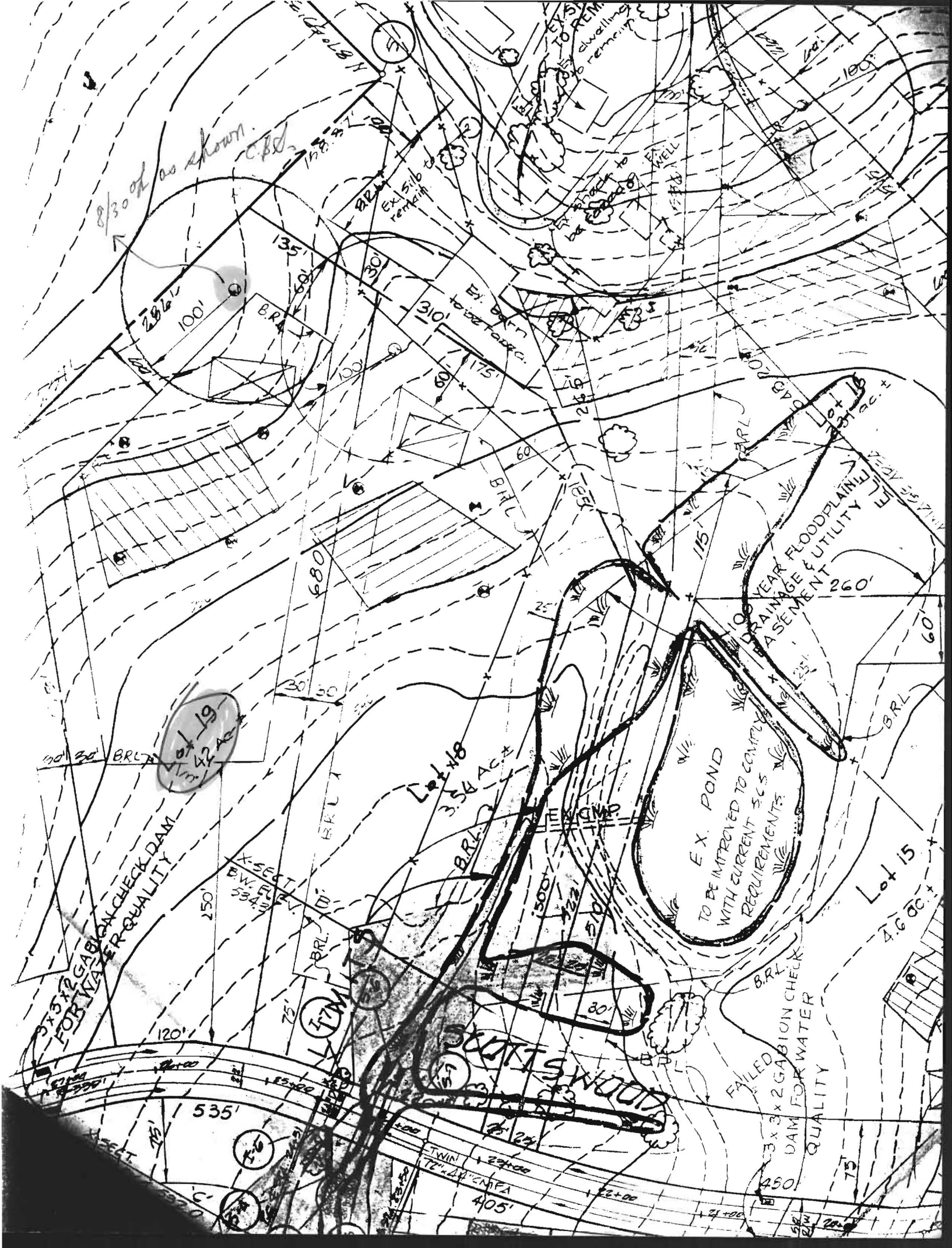
333.65'

$N68^{\circ}30'22''E$ 101.00'

511

510

507



SELLER

PURCHASER

SELLER

PURCHASER

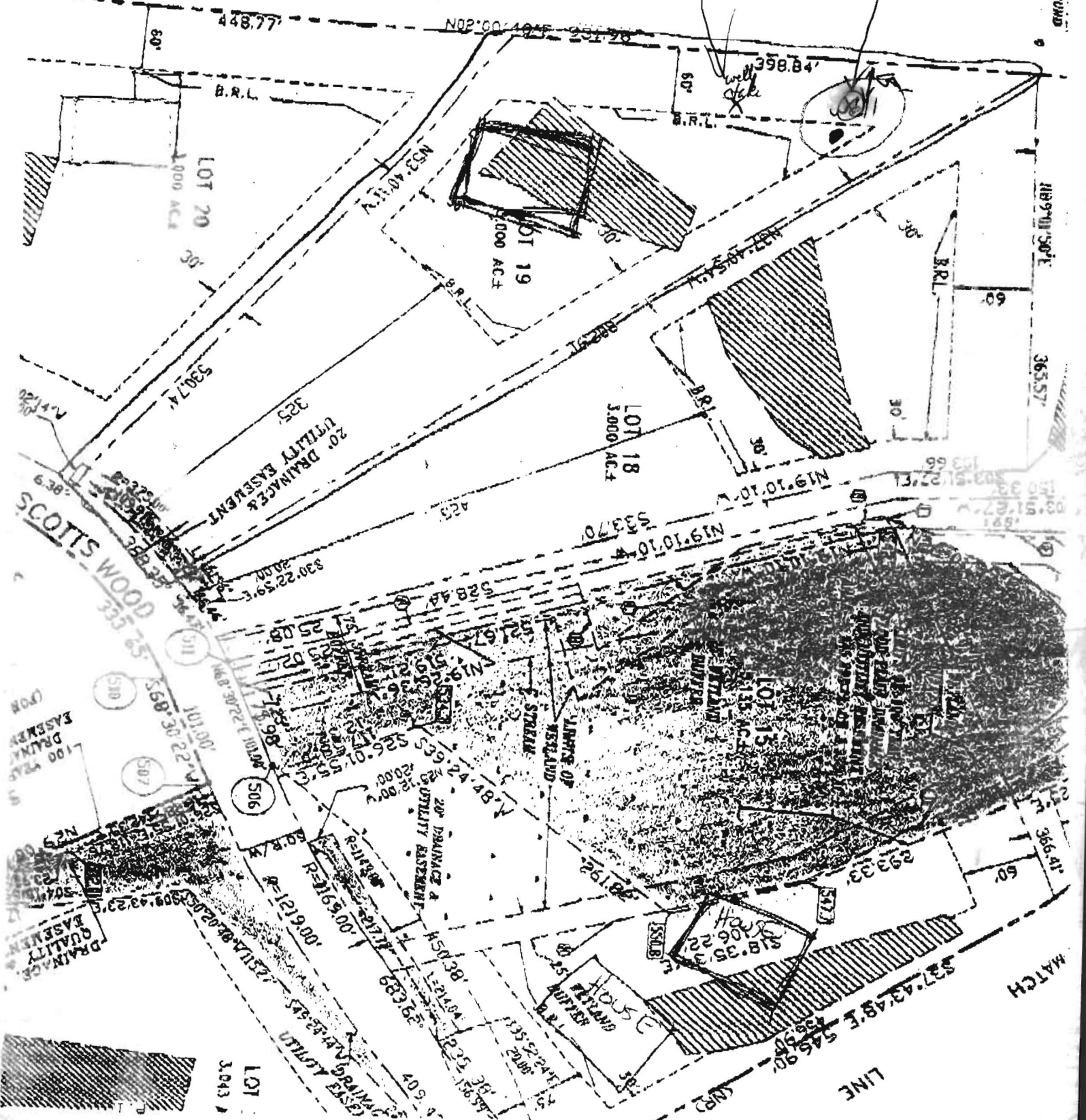
(DATE)

(DATE)

Bill to
Ron CARTER
CARMAN & ASSC
410-442-5613

MRS MAYNE
Lot 19
country springs
Sob DIV
Revised well site OK
Scotts established 2/28/96
pp

Exhibit A



Sarah

443 629 9255

Ryan George

15046 Scottswood Ct
21797

ryangeorge15@yahoo.com

Trying to get US\$0 for a new
house - sounds like he got
water results -- + back, high nitrate